

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
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CHF Cluster Priorities for 2012 Second 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

The sections from this point onwards are to be filled by the organization requesting for CHF.

Requesting Organization

UNICEF

Project CAP Code

SSD-12/H/46186/R/124

CAP Project Title (please write exact name as in the CAP)

Support to the Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan

Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per state)

Eastern Equatoria - 8%; Jonglei -15%; Lakes -7%; Northern Bahr el Ghazal - 15%; Unity -15%; Upper Nile -15%; Warrap - 15%; Western Bahr el Ghazal - 5%; Western Equatoria - 2%; Central Equatoria -3%

Total Project Budget in South Sudan CAP

US\$ 17,090,040

Amount Requested from CHF

US\$ 1,517,341

Other Secured Funding

US\$ 7,085,139

Direct Beneficiaries (scaled appropriately to CHF request)

Women:	200,000
Men:	50
Girls:	7500
Boys:	7500
Total:	215,050

Indirect Beneficiaries (scaled appropriately to the CHF)

Catchment Population (if applicable)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

(AAA, ACF-USA, ADRA, ARC, BRAC, CARE, CECDAG, COSV, CW, CRADA, DoR, DoW, GOAL, IMC, JDF, MC, Medair, Merlin, MSF-B, MSF-CH, MSF-F, MSF-H, MSF-S, SCISS, SP, Tearfund, UNKEA, WR, WVI, MFF-F, MSF-CH, MSF-B, MSF-H, MSF-Spain, AAH, & 7 SMOH)

CHF Project Duration (max. of 12 months, starting date will be Allocation approval date)

Indicate number of months: 12 months

Address of Country Office

Project Focal Person: Email & Tel: pbayo@unicef.org, +211 956398555

e-mail country Representative: Yasmin Ali Haque yhaque@unicef.org

e-mail finance officer: Ilona Milner imilner@unicef.org

Address: UNICEF Totto Juba, Republic of South

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; 34% have access to improved water sources (30 minutes round trip), 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.

The increased projection at MYR is based on projection of the most likely scenario and deteriorating situation of severe acute malnutrition, food insecurity coupled with refugee caseload – as refugees continue to arrive in Unity and Upper Nile states, and closure of border as a result of fighting between the Sudan arm Force and the SPLA over disputes in border demarcation.

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 Nyirol counties in Jonglei state, in Tonj North and Gogrial East and Twic counties in Warrap state, and in Cueibet county in Lakes state.

2011 Post-harvest SMART surveys results showed deteriorating nutrition situation Aweil North GAM 24.6%, SAM 6.7%, Aweil South GAM 18.7%, SAM 2.7%, Abiemnom/Mayom GAM 26.6%, and SAM 9.3%.

In 2012, 24 pre-harvest SMART surveys have been conducted by cluster partners between March and June 2012. To date twenty surveys across six states have been now validated by Technical Working Group, and the average GAM across the 20 surveys is 18.5% and an average SAM across the 20 surveys is 3.9%. High mortality rates were observed in Unity, Jonglei and Eastern Equatoria 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

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 and 42 in 2012 through a Capacity Enhancement Initiative targeting health cluster NGOs so they can integrate the services into the primary health care system. This initiative will be expanded further in 2012 targeting the health facilities managed by the state Ministry of Health and Faith Based Organisation in underserved counties in order to expand coverage.

This project will enable UNICEF to provide the emergency nutrition supplies to Nutrition and Health sector partners providing humanitarian services. It will benefit 70% (114,000) of children with severe acute malnutrition in South Sudan, with main focus on the seven high risk states of Jonglei, Warrap, Unity, Upper Nile, Northern Bahr el Ghazal, Eastern Equatoria and Lakes.

C. Project Description (For CHF Component only)

i) Purpose of the grant

Briefly describe how CHF funding will be used to support core cluster priorities

The CHF funding will be used for procuring and prepositioning of emergency therapeutic supplies to the partners to effectively respond to any nutrition emergencies.

ii) Objective

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

To ensure an efficient and uninterrupted provision of core emergency nutrition pipeline supplies to 42 Nutrition Cluster partners for responding to the needs of an estimated 15,000 severely malnourished girls and boys under five years including refugees, and 200,000 pregnant and lactating women affected by humanitarian crises within the Republic of South Sudan (with a focus on the seven high risk states of Jonglei, Warrap, Unity, Upper Nile, Northern Bahr el Ghazal, Eastern Equatoria and Lakes), and increase pipeline management capacity of the cluster partners.

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. Prepare supply plan and requisitions for therapeutic, anthropometric and micronutrient supplies and IEC materials
2. Procure and pre-position the supplies in the UNICEF warehouses in the focus states

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.

3. Prepare Programme Cooperation Agreements with NGO partners (AAA, ACF-USA, ADRA, ARC, BRAC, CARE, CECDAG, COSV, CW, CRADA, DoR, DoW, GOAL, IMC, JDF, MC, Medair, Merlin, MSF-B, MSF-CH, MSF-F, MSF-H, MSF-S, SCiSS, SP, Tearfund, UNKEA, WR, and WVI) for management of acute malnutrition among children under the age of five years. (This is for the provision of the therapeutic supplies procured by this grant to the NGO partners and does not include any cash component.)
4. Provide additional storage for partners with limited capacity
5. Train Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management
6. Establish a UNICEF partners streamlined pipeline monitoring process for South Sudan country program
7. Transport the supplies to end user points, such as NGO partners and their facilities, in the seven high risk states based commitments in the Project Cooperation Agreements.
8. Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partners

iv). Cross Cutting Issues

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

114,000 children both boys and girls refugees and host community will benefit from this project. Children affected/infected with HIV/AIDS, Kalaa zar and TB with severe acute malnutrition will receive therapeutic supplies

v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to have at the end of the CHF grant period.

36 NGO partners and 7 state MOHs have uninterrupted access to therapeutic supplies for treatment of severely malnourished children from IDP, returnee, refugees and host communities that have been affected by humanitarian crises
 114,000 children (57,000 girls and 57,000 boys with severe acute malnutrition treated in line with the SPHERE Standards
 200 Mother Support Groups with capacity to promote appropriate infant and young child feeding in emergencies
 200,000 pregnant and lactating women provided the minimum package of micronutrient supplements.
 30 UNICEF and NGO nutrition and logistics staff to receive training and support for improved pipeline management.

List below 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 (annexed).

	Indicator	Target (indicate numbers or percentages)
1	Cure rate, Defaulter rate and death rate	>75% SPERE Standard, <15% SPERE Standard & <10%
2	Number of children admitted in program	15,000
3	Pregnant & lactating women supplemented with multiple micronutrient supplement	200,000
4	Joint monitoring missions to the implementation sites	5 joint monitoring and supportive supervision missions

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.

Since UNICEF does not implement directly, UNICEF will assess the capacity of all existing and potential partners to deliver the services through developing and signing of (PCA) Programme Cooperation Agreements or SSFA (Small Scale Funding Agreements) with NGOs/CBOs/FBOs and AWP(Annual Work Plan) with the partners.

vii) Monitoring Plan

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

The progress and achievement will be monitored through reporting where consolidated monthly pipeline updates are submitted to the Nutrition Cluster and disseminated to OCHA and cluster partners. Monitoring missions will be conducted to the project sites to ensure supplies are utilized correctly and end user monitoring will also be conducted to ensure supplies reached the intended beneficiaries.

E. Committed funding

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

Source/donor and date (2012)	Amount (USD)
Secured Funding from various donors (ECHO, OFDA, Japan, CHF)	7,085,139



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		Organisation:	UNICEF
CHF ref./CAP Code:	SSD-12/H/46186	Project title:	Support to the Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan
<p>Overall Objective: What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</p> <ul style="list-style-type: none"> To ensure an efficient and uninterrupted provision of core emergency nutrition pipeline supplies to 42 Nutrition Cluster partners for responding to the needs of an estimated 15,000 severe malnourished girls and boys under five years including refugees, and 200,000 pregnant and lactating women affected by humanitarian crises within the Republic of South Sudan (with a focus on the seven high risk states of Jonglei, Warrap, Unity, Upper Nile, Northern Bahr el Ghazal, Eastern Equatoria and Lakes), and increase pipeline management capacity of the cluster partners. 	<p>Indicators of progress: What are the key indicators related to the overall objective?</p> <ul style="list-style-type: none"> Number of partners with no stock out of therapeutic foods for severe malnourished children under five and micronutrient tabs for pregnant and lactating women (95% of Partners at any given time) 	<p>How indicators will be measured: What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> Monthly reports from Nutrition Cluster partners Field visit report 	
<p>Specific Project Objectives: 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.</p> <ul style="list-style-type: none"> To procure and preposition emergency therapeutic supplies to the partners in order to effectively respond to any nutrition emergencies with a focus on the seven high risk states of Jonglei, Warrap, Unity, Upper Nile, Northern Bahr el Ghazal, Eastern Equatoria and Lakes To increase pipeline management capacity of the 42 cluster partners in order to build efficient supply management system. 	<p>Indicators of progress: What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</p> <ul style="list-style-type: none"> Quantity of therapeutic Food (F75, F100 and RUTF) procured and distributed to partners to cover 15,000 children (Target- target 15,000 RUTF, 500 cartons F-75, 300 cartons F-100) Number pack of micronutrient supplements procured to supplement 200,000 pregnant and lactating mothers (Target- 50 PACs micronutrient Tab) Number of partners received training on supply management (Target -70% of partners) 	<p>How indicators will be measured: What are the sources of information that exist and can be collected? What are the methods required to get this information?</p> <ul style="list-style-type: none"> Procurement report Monthly reports from Nutrition Cluster partners Field visit report 	<p>Assumptions & risks: 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?</p> <ul style="list-style-type: none"> Partners have all supplies required for the program Insecurity remains calm to allow program implementation and insecurity will prevent program implementation

<p>Results - Outputs (tangible) and Outcomes (intangible):</p> <ul style="list-style-type: none"> • Please provide the list of concrete DELIVERABLES - outputs/outcomes, leading to the specific objective/s: • 36 NGO partners and 7 state MOHs have uninterrupted access to therapeutic supplies for treatment of severely malnourished children from IDP, returnees, refugees and host communities that have been affected by humanitarian crises • 114,000 children (57,000 girls and 57,000 boys) with severe acute malnutrition treated in line with the SPHERE Standards • 200 Mother Support Groups with capacity to promote appropriate infant and young child feeding in emergencies • 200,000 pregnant and lactating women provided the minimum package of micronutrient supplements. • 30 UNICEF and NGO nutrition and logistics staff to receive training and support for improved pipeline management. 	<p>Indicators of progress: What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</p> <ul style="list-style-type: none"> • Number/quantity of supplies procured and distributed to partners • Number of PCAs signed with NGO partners • Percentage of severe acute malnourished children cured, defaulted and death (Target- Cured rate - 75%, defaulter rate- < 15% and death rate < 10%) 	<p>How indicators will be measured: What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> • Procurement report • Signed PCAs available • Monthly Nutrition report 	<p>Assumptions & risks: What external factors and conditions must be realized to obtain the expected outcomes and results on schedule?</p> <p>No disruptions in the timeline for the receipt of supplies received in country and preposition with partners at implementation level</p> <p>Insecurity remains calm to allow program implementation and insecurity will prevent program implementation</p>
<p>Activities: What are the key activities to be carried out and in what sequence in order to produce the expected results?</p> <ol style="list-style-type: none"> 1. Prepare supply plan and requisitions for therapeutic, anthropometric and micronutrient supplies and IEC materials 2. Procure and pre-position the supplies in the UNICEF warehouses in the focus states 3. Prepare Programme Cooperation Agreements with NGO partners (AAA, ACF-USA, ADRA, ARC, BRAC, CARE, CECDAG, COSV, CW, CRADA, DoR, DoW, GOAL, IMC, JDF, MC, Medair, Merlin, MSF-B, MSF-CH, MSF-F, MSF-H, MSF-S, SCISS, SP, Tearfund, UNKEA, WR, and WVI) for management of acute malnutrition among children under the age of five years. (This is for the provision of the therapeutic supplies procured by this grant to the NGO partners and does not include any cash component.) 4. Provide additional storage for partners with limited capacity 5. Train Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management 6. Establish a UNICEF partners streamlined pipeline monitoring process for South Sudan country program 7. Transport the supplies to end user points, such as NGO partners and their facilities, in the seven high risk states based commitments in the Project Cooperation Agreements. 8. Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partners 	<p>Inputs: What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</p> <ul style="list-style-type: none"> • Presence of Nutrition Specialists in UNICEF Country Office and Nutrition Officers at UNICEF Zonal offices • Procurement of 15,000 RUTF, 500 cartons F-75, 300 cartons F-100 and 50 PACs micronutrient Tab • Signed Programme Cooperation Agreements with NGO partners • Training (basic, refresher and on-site training) • Monitoring of utilization of the supplies of NGO partners and SMoH 	<p>Assumptions, risks and pre-conditions: 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?</p> <p>Insecurity remains calm to allow program implementation as insecurity will prevent accessibility to the project sites</p>	<p>Assumptions, risks and pre-conditions: What external factors and conditions must be realized to obtain the expected outcomes and results on schedule?</p> <p>No disruptions in the timeline for the receipt of supplies received in country and preposition with partners at implementation level</p> <p>Insecurity remains calm to allow program implementation and insecurity will prevent program implementation</p>

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

Activities	Q3/2012			Q4/2012			Q1/2013			Q2/2013			Q3/2013		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Prepare supply plan and requisitions for therapeutic, anthropometric and micronutrient supplies and IEC materials			X												
Prepare supply plan and requisitions for therapeutic, anthropometric and micronutrient supplies and IEC materials			X												
Procure and pre-position the supplies in the UNICEF warehouses in the focus states			X	X	X	X	X	X	X						
Prepare Programme Cooperation Agreements with NGO partners (AAA, ACF USA, ADRA, ARC, BRAC, CARE, CECODAG, COSV, CW, CRADA, DoR, DoW, GOAL, IMC, JDF, MC, Medair, Merlin, MSF B, MSF CH, MSF F, MSF H, MSF S, SC/SS, SP, Tearfund, UNKEA, WR, and WV) for management of acute malnutrition among children under the age of five years. (This is for the provision of the therapeutic supplies procured by this grant to the NGO partners and does not include any cash component.)				X	X	X	X	X	X						
Provide additional storage for partners with limited capacity				X	X	X	X	X	X	X	X				
Activity 5 Train Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management					X	X	X	X	X	X	X				
Establish a UNICEF partners streamlined pipeline monitoring process for South Sudan country program				X	X	X	X	X	X	X	X				
Transport the supplies to end user points, such as NGO partners and their facilities, in the seven high risk states based commitments in the Project Cooperation Agreements				X	X	X	X	X	X	X	X				
Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partners				X	X	X	X	X	X	X	X				

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

CHF reference code: SSD 12/H/46186

Support to the Nutrition Pipeline for Emergency Therapeutic Responses in South

Project title: Sudan

Organization: UNICEF

1,517,341

PART I						
Items Description (insert more budget line rows as needed)	** Cost Type	Unit of measurement	Quantity	Unit Cost	Total Cost (USD)	*Other secured funding
	D or I					
1 SUPPLIES/COMMODITIES/EQUIPMENT/TRANSPORT (please itemize expendable operational inputs including asset purchases)						
1.1		carton	27.0	25.59	691	
1.2		carton	500.0	57.90	28,950	
1.3		carton	300.0	57.80	17,280	
1.4		carton	15,000.0	54.00	810,000	
1.5		Pac	50.0	16.40	820	
1.6		Percentage			428,871	
1.7		Percentage			34,310	
1.8		Percentage			17,155	
Sub-total SUPPLIES, COMMODITIES ...					1,338,076	-
2 PERSONNEL (provide detailed information on responsibility/title, post location and the percentage dedicated to the CHF project)						
2.1		Months	4.0	3,000.00	12,000	
2.2		Months	6.0	3,000.00	18,000	
2.3		Months	6.0	5,000.00	30,000	
Sub-total PERSONNEL COSTS					60,000	-
3 STAFF TRAVEL (Flights, DSA, Perdiem, Terminals - Provide detailed description of staff members title, post location ...)						
3.1					0	
3.2					0	
3.3					0	
3.4					0	
Sub-total STAFF TRAVEL					0	-
4 TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS - (Describe type of training, number of participants, location, duration)						
4.1					0	
4.2					0	
4.3					0	
Sub-total TRAINING, WORKSHOPS...					0	-
5 CONTRACTS (Specialized services for the project provided by outside contractors or partners/NGOs)						
5.1					0	
5.2					0	
5.3					0	
Sub-total CONTRACTS					0	-
6 VEHICLE OPERATING & MAINTENANCE COSTS (provide detailed information on item/activity, location)						
6.1		Lumpsum			20,000	
6.2					0	
Sub-total VEHICLE OPERATING & MAINTENANCE COSTS					20,000	-
7 OFFICE EQUIPMENT & COMMUNICATIONS (provide detailed information on item/activity, location)						
7.1					0	
7.2					0	
Sub-total OFFICE EQUIP. & COMMUNICATIONS					0	-
8 OTHER COSTS (e.g. bank charges) - provide itemized description of costs.						
8.1					0	
8.2					0	
Sub-total OTHER COSTS					0	-
(A) SUBTOTAL Project Costs					1,418,076	-
(B) Programme Support costs Not to exceed 7% of Project requirements(A)						
						99,265
(C) AUDIT COSTS for NGO implemented projects NOT LESS THAN 1% of the Project Costs(A) and PSC(B)						
GRAND TOTAL (A+B+C)					1,517,341	