*To be completed by the **CERF secretariat***				Type of submission	☐ New ☒ Revised
CERF No.	**14-UFE-CEF-020**	**Date**	**21 February 2014**	**Sector**	**Nutrition**

III. AGENCY PROJECT PROPOSALS (2 PAGES EACH)

1. Requesting Agency:		**United Nations Children's Fund (UNICEF)**	
2. Project Title:		Integrated approach to address malnutrition through nutrition, health and care practices in northern part of Rakhine State	
3. CAP/Flash Appeal Project Code: *Note: Where more than one CAP/FA project code applies to a single CERF project proposal, please also specify in this field the amount of CERF funding requested against each project code.*		Not Applicable	
4. Cluster/Sector/Cross-Cutting Issue:		Nutrition	
5. Geographic Areas of Implementation Targeted with CERF Funding:		Three townships in the northern Rakhine State: 1) Buthidaung, 2) Maungdaw and 3) Rathedaung townships	
6. Implementation start date of CERF funded activities (Rapid Response projects only) a. Will implementation of the CERF funded activities start prior to disbursement of funds (YES or NO)? b. <u>If YES</u> please provide start date (date/month/year): *Please note that for Rapid Response projects the implementation deadline is six months from the date of disbursement or, where specified, from the start date provided above (which must not exceed more than six weeks prior to the disbursement date). If an earlier start date is to be specified please ensure that justification is included in the project proposals.*			
7. Total number of individuals targeted with CERF funding (provide a breakdown by sex and age):		a. Female (PLW + U5)	33,400 (9,400 PLW, 24,000 U5)
		b. Male (U5)	26,000
		c. Total Individuals (Female and Male):	59,400
		d. Of total, children <u>under</u> 5	50,000
Funding	8a. Total Project Budget: 8b. Total Project Funding received so far:	US$ 3,200,000 US$ 1,900,000	
Funding	9. Total amount of CERF funding requested: Please provide the total amount and include an estimation of the planned breakdown of funds by type of partner: *Note: The total requested from CERF should not be 100 per cent of the total budget for this project, as CERF funding should be complemented by other funding sources.*	a. UN Agencies/IOM:	US$ 422,551 (of US$500,001)
		b. NGOs: Action Contre la Faim (ACF)	US$ 77,450 to ACF
		c. Government:	US$ 0
		d. **Total:**	**US$ 500,001**

10. Briefly describe the overall project, including information on how CERF funding will be used to support life-saving/core humanitarian activities[1]. Describe the profile of beneficiaries and how gender equality is mainstreamed in project design and implementation (ensuring that the needs of women, girls, boys, and men are met equally). Include relevant assessment data.

NUTRITION CONTEXT

Rakhine State is one of the least developed areas of Myanmar, and is historically prone to natural disasters as well as chronic communal tensions. In recent years, two major disasters occurred: floods and mudslides in northern part of Rakhine in June 2010 and Cyclone Giri around Sittwe areas in October 2010. Additionally, since July and October 2012, inter-communal violence resumed, resulting in massive displacement in Rakhine.

In the northern part of Rakhine State, humanitarian agencies report the presence of over 800,000 people with unclear citizenship status and lack of freedom of movement, resulting in chronic humanitarian consequences, namely limited access to basic services including basic health care, livelihoods, markets, and education. The displacements and the ongoing tensions have exacerbated an already poor nutrition status, affecting even infant and young child feeding and care practices at household level especially in the northern townships. An inter-agency needs assessment held in late 2012 found that 85 per cent of IDPs rely on food aid, while almost none of them have access to local markets. Moreover, 60 per cent of IDPs seem to have insufficient access to drinking water and 74 per cent lack availability of functioning latrines. While no such assessment has been done for 2013, it is highly unlikely that the situation has improved since then.

Despite the concerted efforts of humanitarian agencies over the last few years, the northern part of Rakhine State continues to suffer dismal rates of food insecurity and access to basic social service, and of the highest levels of poverty in the country. While the majority of humanitarian aid was concentrated in the IDP camps in rural Sittwe during 2012 and 2013, the situation in the northern part of Rakhine State is in many ways direr. A recent SMART(Standardized Monitoring and Assessment of Relief and Transitions)Nutrition survey conducted by ACF among children aged 6 to 59 months (November and December 2013) showed alarming data concerning the prevalence of Global Acute Malnutrition (GAM) in Buthidaung (21.4 per cent) and Maungdaw (20 per cent) which is beyond the critical threshold of 15 per cent identified by the World Health Organization (WHO). Severe Acute Malnutrition (SAM) rates in Buthidaung and Maungdaw are also worrying, reaching 3.7 per cent and 3.0 per cent respectively, when compared with the 2 per cent critical threshold. It was obviously noted among admitted children to ACF's feeding centres that more girls suffered from acute malnutrition than boys. Further nutritional indicators showed that stunting prevalence was 47.6 per cent in Maungdaw and 58.6 per cent in Buthidaung, while underweight prevalence was 42.9 per cent and 51.9 per cent in each township respectively.

Even with nutrition intervention support by ACF in targeted townships, the documented acute malnutrition rates remained unchanged over recent years, indicating a critical situation requiring urgent, accelerated and sustained life-saving intervention from Nutrition actors as well as stakeholders in WASH, Health, Livelihood, Food Security, and Agriculture. It is estimated that in 2014, there will be 9,100 girls and boys with SAM and 12,350 girls and boys with MAM that require urgent life-saving support. In the therapeutic feeding centres operating in Maungdaw and Buthidaung, children from Rathedaung township are being received for SAM treatment. This indicates an imperative unmet need and hence a nutritional situation that has to be investigated. Overall, Rathedaung is recognized as one of the most underserved townships in the entire humanitarian response. Since the conflict began, no nutrition survey has been conducted in this township, so no official figure on expected case load of SAM and MAM cases is available to date. It is therefore critical that the nutrition situation in this marginalized township is determined to inform appropriate life-saving interventions immediately. In addition to this population of children, particular attention has to be given to identifying and responding to the nutritional needs of pregnant and lactating women.

CERF funds will also be used to treat children suffering from SAM in Maungdaw and Buthidaung, as this is a serious life-threatening concern for children in these townships. In addition these funds will allow ACF to conduct one anthropometric survey to further evaluate the baselines and nutritional context for the affected population in this township. This data is critical to developing a more nuanced understanding and implementation strategy to provide lifesaving nutritional support to these beneficiaries.

[1] *The CERF Life-Saving Criteria, which specify sectoral activities that CERF can fund, are available in the CERF website www.unocha.org/cerf/*

OVERALL PROJECT

The Nutrition Sector has been constantly supporting nutritional interventions in Rakhine State through community-based management of malnutrition with the provision of therapeutic food, micronutrient supplementation and infant and young child feeding (IYCF) support in the affected communities.

Since the start of the humanitarian response, a total of 9,372 severe acute malnourished (SAM) and 14,164 moderately acute malnourished (MAM) children have been admitted to therapeutic and supplementary feeding programs in Sittwe and other affected townships, not including northern part of Rakhine. Moreover, 11,800 pregnant and lactating women and 38,250 under five children benefitted from micronutrient supplementation through micronutrient tablets and powders respectively. In August 2013, the Nutrition Sector supported the State Health Department in rolling out Vitamin A supplementation and deworming services to IDP camps. Almost 16,000 children under-5 and 8,250 children from 2-5 years old were provided with Vitamin A supplementation and deworming, respectively, representing as high as 75 per cent coverage but with some areas where coverage is poor. Lastly, the nutrition sector has mobilized 157 local counsellors to support infant and young child feeding practices, and a total of 3,449 pregnant and lactating women have benefited from breastfeeding support to date.

The sector continues to monitor its outcomes, aligned with humanitarian standard benchmarks. In the past year, rates of defaulters and non-responders remain major constraints to achieving targets in cure rates, currently averaging below the 75 per cent benchmark. This is very much related to persistent food insecurity, and limited access to basic and specialized health care.

Further scale-up is required in nutrition surveys and support to nutrition services in other townships, mainly, Rathedaung, Buthidaung and Maungdaw in the northern part of Rakhine State. These townships have many malnourished children, limited access to health care facilities and the lowest coverage in terms of health care services. Moreover, only parts of these areas were included in the Nutrition Sector Response Plan of 2013 because of security concerns and lack of accessibility.

Based on the needs mentioned above, UNICEF will support ACF to continue its activities towards detection, prevention and treatment of Moderate and Severe Acute Malnutrition in Rakhine State, through procurement and provision of essential nutrition supplies, e.g. therapeutic food and standard routine medicines for management of acute malnutrition.

The target population of the Nutrition Sector Response Plan in the northern part of Rakhine State is 140,000 people. Based on the triangulation of multiple data sources, the percentage of children under 5 years of age in the northern part of Rakhine state is estimated to be higher that the country estimates, The humanitarian community operating in this area estimates children under 5 to be around 50,000. Moreover, 9,400 pregnant and lactating women will be targeted (nutritional screening in ANC services, health education on hygiene and child care practices).

GENDER APPROACH

Beneficiary data are disaggregated by sex and age group. This allows the implementation of a gender-based approach, especially in the psychosocial support and care practices activities. The MHCP team works closely with mothers, families and communities, contributing to women's empowerment, as well as providing support services to the most vulnerable women in case of need.

During the psychosocial follow-up in the centres, cases of violence, neglect and abuse in the domestic environment are often reported or referred. MHCP team offers a safe place where women can express their feelings and fears and supports mothers to cope with difficulties through individual counselling and group sessions.

As the caretakers of ACF beneficiaries in OTP (Out-Patients Treatment Program) centres are mainly women, the health and nutrition education topics are especially designed for them. They will be empowered through health education, psychosocial support and breastfeeding counselling in order to improve caretaking practices and family resources (in terms of wellbeing and parents-child bonding) to provide adequate care to the child and to properly stimulate the child according to his/her needs and age.

Gender balance has been taken into account for the SCCT selection in the previous project by ensuring as much as possible equal participation of men and women to make sure that peer-to-peer education is promoted, as women are the main children's caretakers. The percentage of women is 44 per cent.

ACF is also participating to Gender Based Violence data collection, referral pathways, advocacy, and capacity building in Humanitarian Protection Working Groups led by UNHCR-UNICEF-UNFPA.

11. Description of the CERF component of the project (2 pages). Please describe the project as per the three headers provided below.

The nutrition intervention in this proposal supports and is in line with the 2014 Myanmar Humanitarian Strategy. Specifically, this intervention will contribute to the achievement of Nutrition Sector Objective 1A: To reduce malnutrition-related deaths in girls and boys under-5 by ensuring access to quality life-saving interventions for management of acute malnutrition, guided by global standard.

The specific objectives, activities, and outcomes for this project are listed below:

(a) Objective(s)

- To contribute to reduce malnutrition-related morbidity and mortality in Maungdaw, Buthidaung and Rathedaung townships.

(b) Activities

- Implement 2 Stabilization Centres (SC), and 7 ACF OTP with 14 distribution points and 2 Ministry of Health (MoH) -ACF pilot OTPs in Maungdaw district
- Provide activities to promote nutrition, health, hygiene and positive care practices in Maungdaw district
- Conduct passive screening in nutrition centres in Maungdaw district
- Provide training and refresher sessions facilitated for the SCCTs on malnutrition, MUAC/oedema measurement and health education
- Conduct active screening by the SCCTs in the community
- Support training on Ministry of Health's personnel on CMAM national guideline
- Conduct SMART survey in Rathedaung Township

(c) Expected Outcomes and Indicators (please use SMART[2] indicators)

Outcome 1:
Treatment of acute malnutrition is accessible and adequate for beneficiaries in Buthidaung and Maungdaw Townships

Indicators of Outcome 1:

- 4,100 beneficiaries with severe acute malnutrition (SAM) (around 50 per cent of the 7,858 beneficiaries estimated for this period)received treatment in the Therapeutic Feeding Programme (TFP) as per the SPHERE Standards:
  - Cured rate > 75 per cent
  - Defaulter rate < 15 per cent
  - Mortality rate < 10 per cent

Outcome 2:
The Ministry of Health and the community are supported to incorporate the Community-based Management of Acute Malnutrition (CMAM) approach in their healthcare activities.

Indicators of Outcome 2:

- 350 SCCT trained.
- 75% of SCCT trained show improved knowledge on CMAM 6 months after training.
- More than 70 per cent of the malnourished children referred by SCCT admitted in TFP and SFP programmes.
- 10 MoH staff demonstrate improved knowledge of the CMAM National guidelines.

Outcome 3:
An improved understanding of the current nutrition situation is acquired by nutrition stakeholders, thereby contributing to the development of relevant programme and advocacy strategies in Rakhine State.

Indicator of Outcome 3:

- 1 Nutrition survey conducted in Rathedaung with adequate information contained therein provide evidence for lifesaving, targeted, nutrition intervention.

[2] SMART indicators are: specific, to avoid differing interpretations; measurable, to allow monitoring and evaluation; appropriate to the problem statement; realistic and able to achieve; time-bound indicating a specific period of time during which the results will be achieved. Indicators must be designed to enable you to identify the different impacts (intended and unintended) your project has on women, girls, boys, and men.

12. Implementation Plan: Please include information on the mechanisms for implementation, grants to cooperating partners, the duration for implementing CERF-funded activities, monitoring and reporting provisions

This project has already commenced. ACF has been conducting nutrition surveys in northern Rakhine State – which were used to influence the specifics of this project – and this funding will help follow-up on those surveys and provide more detailed information for strategic implementation of lifesaving nutrition assistance. The timeline below indicates planning that has already begun for March, and will continue through December 2014 with the provided funding.

Implementation Plan

Activities – April-December 2014	M1	M2	M3	M4	M5	M6	M7	M8	M9
Outcome 1									
Running of 2 Stabilization Centres (SC), and 7 ACF Out-patient Treatment Programmes (OTP) with 14 distribution points and 2 MoH-ACF pilot OTPs.									
Provision of activities to promote nutrition, health, hygiene and positive care practices in Maungdaw district									
Passive screening in nutrition centres									
Outcome 2									
Training and refresher sessions facilitated for the SCCTs on malnutrition, MUAC/oedema Measurement and Health education									
Active screening by the SCCTs in the community									
Training/support of Ministry of Health's personnel on CMAM									
Outcome 3									
SMART Nutrition survey in Rathedaung Township									

Outcome 1: Treatment of acute malnutrition is accessible and adequate for beneficiaries in Maungdaw District.

A Community-based Management of Acute Malnutrition (CMAM) approach is used in this project. Activities for the treatment of Severe Acute Malnutrition (SAM) are carried out in the following centres:

- 2 ACF Stabilization Centres
- 14 ACF Outpatient Therapeutic Programmes
- 2 MoH/ ACF joint Outpatient Therapeutic Programmes (pilot component).

Admission, discharge and patients follow up will be carried out as per recommended guidelines endorsed by MOH.

SAM Children without complications attend the OTP centres weekly for medical checks and for distribution of ready-to-use therapeutic products while SAM children with medical complications attend the SC.TFP beneficiaries with acute medical complications not manageable at TFP level are referred to MoH hospitals or Primary Health Structure run by NGOs.

Home visits are carried out by the nutrition and care practices team to assess the nutrition and care practices at home, investigate the reasons for non-responding, provide additional support and reinforce sensitization.

In order to increase our programme coverage, four additional OTPs sites will be set up in collaboration with DOH, of which two will be for the DoH-ACF joint OTP.

1.1 Provision of activities to promote nutrition, health, hygiene and positive care practices

At admission in TFP, all caretakers participate in health education sessions on the causes and consequences of malnutrition and use of RUTF. These sessions are designed to increase the understanding of malnutrition, help ensure good compliance to treatment and reduce risks of sharing and/or selling the therapeutic products.

Others health education sessions on balanced diet and hygiene related diseases will be provided during the follow-up visits

Specific Care Practices and Psychosocial Support is provided in ACF TFP centres to all children admitted.

1.2 Passive screening in nutrition centres

The TFP teams take anthropometric measurements (MUAC and weight / height as well as oedema check) of spontaneous new arrivals or children referred by partners or SCCTs and refer the detected cases to SFP, OTP or to SC according to measurement results, age, appetite test and medical condition of the child.

Outcome 2: The Ministry of Health and the community are supported to incorporate the Community-based Management of Acute Malnutrition (CMAM) approach in their healthcare activities.

1.3 Training and refresher sessions for the SCCTs on malnutrition, MUAC/oedema measurement and health education

SCCTs have been already identified and trained on basics nutrition, health, hygiene and caring practices during the previous projects.

Gender balance has been taken into account by ensuring equal participation of men and women as SCCTs to make sure that peer-to-peer education is promoted, as women are the main children's caretakers.

These motivated members of the community (community leaders, women…) have been trained on active case screening, promoting community awareness on specific health topics and on follow-up of children admitted to the programme. They will take anthropometric measurements (MUAC, oedema check, etc.) of all under five children in their community, and refer to respective treatment centres as per measurements results. The SCCTs prioritize the villages with low turn up for the implementation of the above-mentioned activities. In order to improve the quality of the screening at community level, the SCCTs participate in refresher training as well as training on new topics based on ACF's Community Awareness strategy.

2.1 Training of and support to Ministry of Health's personnel on CMAM

ACF wants to enhance the collaboration with the Ministry of health at local and national levels by strengthening the partnership established in the previous years.

Due to the June 2012 unrest, the implementation of an OTP integrated within MoH facilities in Buthidaung, had to be postponed. Considering different context of Maungdaw and Buthidaung townships, this pilot integrated program would help in better understanding on nutrition situation in these townships. These pilot projects should start in the second quarter of 2014 after having approval from higher level.

In collaboration with respective TMOs, ACF will support on capacity building of the MoH staff based on the national CMAM protocol including logistics management. Moreover will support training for some 15 midwives and auxiliary midwives on the prevention, causes and detection of malnutrition. The OTP integrated into MoH structures will be initiated and an assigned ACF staff will provide continuous support to the MoH teams. Based on a logistics evaluation for both health facilities to be conducted jointly with TMOs, ACF will provide rehabilitation, as well as additional furniture and equipment in order to guarantee the quality of the working conditions and services.

ACF hopes to be able to support some training, especially for infants under six months, to hospital staff. Further discussions will be conducted with both TMOs and higher level on this point with UNICEF support. Moreover, ACF will support training for some 15 midwives and auxiliary midwives on the prevention, causes and detection of malnutrition.

Outcome 3: An improved understanding of the current nutrition situation is acquired by nutrition stakeholders, thereby contributing to the development of relevant programme and advocacy strategies in Rakhine state.

3.1 SMART survey in Rathedaung Township

So far the nutrition situation in Rathedaung has not been evaluated. This is a clear gap in the overview of the nutrition situation in Rakhine State. The main objective of the survey is to assess the prevalence of severe and moderate acute malnutrition among under five children in Rathedaung township.

A standard SMART two stage random clustering method[3] will be applied for the anthropometric data collected. This SMART survey should take ideally place in May 2014.

Note that this study has been endorsed by the nutrition cluster and included in the Nutrition Rakhine response plan document. The final reports on the surveys methodology and results will be presented and disseminated to

[3] SMART. June 2012. Sampling Methods and Sample Size Calculation for the SMART Methodology

nutrition/health stakeholders and donors working in the area. This will enable stakeholders to have a better knowledge of the nutrition situation, to reorient their strategy if needed and to do advocacy at different levels.

MONITORING& REPORTING

Monthly programme statistics are monitored and analysed by the programme team as well as by the Head of Nutrition department at national level and nutrition technical advisor in ACF HQ, to follow up on the programme's outputs and to determine the negative and positive changes in the programme's outcomes. These statistics are compiled in ACF internal monthly Activity Progress Reports which include quantitative and narrative sections. This helps identify potential problems for programme implementation and provide internally coordinated solutions. These are then used to supply UNICEF with monitoring data on the progress of the project.

ACF field and coordination teams regularly monitor the programme through site visits, collecting observations and discussions with beneficiaries, community and staff implementing the activities. Analysis, evaluations and recommendations will be drawn and communicated to the project team for re-adjustments if needed.

Complementary monitoring is done by TFP agents through home visits conducted for most defaulters, non-responders and potential non-responders as well as for newly admitted children. A specific Home visit form has been designed to investigate reasons for programme failures.

FUNDING GAP SUPPORT

The overall funding needs for the Nutrition Sector intervention in Rakhine State are USD $9.2 million, of which around USD $3.2 million is specifically needed for the northern part of Rakhine state. To date, for the response in the northern townships, around USD $2 million has been granted by ECHO and other donors' funds, leaving a funding gap of about USD $1.2 million. To date, resource mobilization with other bilateral donors is ongoing, though there are still no concrete funding commitments. The USD $500,000 requested through the Under-funded CERF will significantly help close this gap for lifesaving nutrition needs in the northern part of Rakhine State.

13. CERF Project Budget				
BUDGET LINES	***Cost Breakdown***			
	Unit	**Quantity**	**Unit Cost**	**Total (US$)**
A. STAFF AND OTHER PERSONNEL COSTS *(please itemize costs of staff, consultants and other personnel to be recruited directly by the agency for project implementation)*				
Nutrition officer (emergency) (UNICEF)	Person/month	18	2,000.00	36,000
Sub-Total A:				**36,000**
B. SUPPLIES, COMMODITIES, MATERIALS *(please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)*				
Therapeutic spread (RUTF), sachet 92g/CAR-150	carton	5,670	56.00	317,520
ReSoMal, 42 g sachets/1L/CAR-100 (0.4 sachet/child)	carton	1	22.00	22
F-75, therapeutic diet, sachets 102.5g/ CAR-120 (8 sachets/child)	carton	28	57.90	1,621
F100, therapeutic diet, sachet 114g/CAR-90 (108 sachets/child)	carton	47	57.60	2,707
Retinol 200,000IU soft gel.caps/PAC-500 (1 cap/child)	packet	16	9.17	147
Amoxici.pdr/oral sus 125mg/5ml/BOT-100ml (1 bottle/child)	bottle	2,490	0.46	1,145
Albendazole 400mg tabs/PAC-100	packet	10	2.10	21
Freight costs – approximately 8.5% of the total cost per each item.	Lump sum	1	28,007	28,007
Sub-Total B:				**351,191**
C. EQUIPMENT *(please itemize costs of non-consumables to be purchased under the project)*				
Sub-Total C:				
D. CONTRACTUAL SERVICES *(please list works and services to be contracted under the project)*				
Sub-Total D:				
E. TRAVEL*(please itemize travel costs of staff, consultants and other personnel for project implementation)*				
TA for monitoring visit to Maungdaw and Buthidaung	Person day	5	150.00	750
DSA for monitoring visit	Person day	5	380.00	1,900
Sub-Total E:				**2,650**
F. TRANSFERS AND GRANTS TO COUNTERPARTS *(please list transfers and sub-grants to project implementing partners)*				
ACTION CONTRE LA FAIM (ACF)				
Staffing				
Staff and Other Personnel Costs	Lump sum			40,000
Direct Operational Costs				
Supplies and Commodities	Lump sum			10,000
Travel	Lump sum			11,200
Direct Admin Costs				
General Operations and Other Direct Costs	Lump sum			16,250

Sub-Total F:				**77,450**
G. GENERAL OPERATING AND OTHER DIRECT COSTS *(please include general operating expenses and other direct costs for project implementation)*				
Sub-Total G:				0
SUBTOTAL DIRECT PROJECT COSTS				
Subtotal direct project costs				**467,291**
INDIRECT PROGRAMME SUPPORT COSTS (PSC) *(not to exceed 7 per cent of subtotal direct project costs)*				
PSC rate				**7%**
PSC amount				**32,710**
TOTAL CERF PROJECT COST				**500,001**