

South Sudan 2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

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	Multi Sector (Emergency Returns and Refugees)
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CHF Cluster Priorities for 2013 Second Round Standard Allocation

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<p>Health:</p> <ul style="list-style-type: none"> · Ensure adequate accessibility of health care in all areas of the camp · Upgrading of existing health outposts · Outreach – Community Health (integrated) · Capacity building health staff · HIV/AIDS/STI prevention, care and management as part of improving reproductive health services · Laboratory services and equipment <p>Nutrition:</p> <ul style="list-style-type: none"> · Outreach-Community Nutrition outreach / promotion /IYCF (integrat.) · Upgrading of existing nutrition facilities · Capacity building nutrition staff · Integrated micronutrient interventions – supplementation for pregnant women, capacity building on management of anemia, diagnostic equipment, etc. <p>WASH:</p> <ul style="list-style-type: none"> · Strengthening and upgrading current water system · Sanitation in public areas/ facilities · Household latrine construction · Strengthening of community mobilization and capacity building on hygiene promotion and hand washing (incl. innovative approaches) · Water Supply in Bunj host community 	<p>Upper Nile State, Yusuf Batil Camp</p>

SECTION II

Project details			
The sections from this point onwards are to be filled by the organization requesting CHF funding.			
Requesting Organization		Project Location(s) -	
Medair		State	% <i>County/ies (include payam when possible)</i>
Project CAP Code	CAP Gender Code	Upper Nile	100 <i>Maban, Yusuf Batil Camp</i>
SSD-13/MS/55798/R/5095	2a		
CAP Project Title <i>(please write exact name as in the CAP)</i>			
Multi-sector emergency assistance to refugees' communities in Upper Nile State through the provision of health, nutrition, water, sanitation and hygiene interventions			
Total Project Budget requested in the in South Sudan CAP	US\$ 5,842,555		
Total funding secured for the CAP project (to date)	US\$ 2,575,271		
Direct Beneficiaries <i>(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)</i>		Indirect Beneficiaries	
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	
Women:	2,634	16,264	
Girls: (u5)	804	3,967	
Men:	2,481	15,074	
Boys: (u5)	773	4,363	
Total:	6,693	39,668	
Implementing Partner/s <i>(Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)</i>		CHF Project Duration <i>(12 months max., earliest starting date will be Allocation approval date)</i>	
N/A		Indicate number of months: 7 (1 Sep 13 – 31 March 14)	
		Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>(if yes, list the item and indicate the amount under column i of the budget sheet)</i>	
		US\$ 625,380	
		21,668 people living in Bunj Town	
		Catchment Population (if applicable)	
		Yusuf Batil Camp: 37,993 <i>(as of 21 July 2013)</i>	

Contact details Organization's Country Office	
Organization's Address	Hai Matara, Airport View Juba
Project Focal Person	Dr. Trina Helderman, medicaladvisor-sds@medair.org , +211 0911 830 060
Country Director	Caroline Boyd, cd-southsudan@medair.org , +211 924 143 746
Finance Officer	Lisa Poulson, finance-southsudan@medair.org , +211 911 383 615

Contact details Organization's HQ	
Organization's Address	Chemin du Croset 9 CH-1024 Ecublens Switzerland
Desk officer	Anne Reitsema anne.reitsema@medair.org +41 (0) 21 694 35 35
Finance Officer	Angela Rey-Baltar Budget-HQ-FIN@medair.org +41 (0) 21 694 35 35

Section II

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

Maban County, Upper Nile State currently hosts 117,478 refugees who have fled conflict in neighbouring Blue Nile State of Sudan. Within Maban County there are four major refugee camps currently. Yusuf Batil Camp is the second largest of these, with a population of 37,993 (UNHCR Update 21/07/2013). With only a small village in the area of Yusuf Batil, basic services such as water, sanitation, and health care are not available within the host community itself and refugees depend on UN and NGO partners to provide all essential services.

The refugee population includes a large population of women (22%), boys and girls (59% children in total, 21% of children u5). In Yusuf Batil camp, lack of clean water and sanitation, overcrowding, and poor hygiene practices had resulted in a hepatitis E outbreak in late 2012 with increasing cases at the beginning of 2013: 158 new cases in week 52 of 2012, to 271 in week 1 and 471 in week 2 (MSF Clinical Records). Other alarming figures in Batil Camp include 15.3% Global Acute Malnutrition (above the emergency threshold of 15%), 3.5% Severe Acute Malnutrition and 11.8% Moderate Acute Malnutrition (SMART survey, UNHCR/partners, Feb/March 2013). Though there were minor differences in the rates of acute malnutrition between boys (4.4% SAM with Z-score) and girls (2.6% SAM with Z-score), these do not appear to be significant, but require further analysis and monitoring to determine if special attention is needed to address gender disparities in incidence and also in treatment access. Although Sphere standards for water quantity and sanitation are being met (19.7/person/day and approximately 1:18 coverage of semi-permanent latrines (UNHCR update 07/07/2013), hygiene and sanitation concerns remain. Acute watery diarrhoea was the leading cause of morbidity in Batil camp (75% in week 27) and though numbers are reducing, the Hepatitis E outbreak continues to pose risk to especially pregnant women in the refugee communities.

B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

Medair's response in health and WASH began in Maban County in July and August 2012. Medair initiated emergency preparedness for cholera within Batil camp through coordination with the CHD, WHO, UNHCR and other local partners for the establishment of a cholera treatment unit (CTU) as well as an additional health post to increase access to health services. In May 2013, at the request of UNHCR, Medair increased WASH activities and accepted the handover of 50% of all WASH services in Yusuf Batil Camp, splitting duties evenly with Solidarites International. In July 2013, UNHCR requested Medair to take on the health and nutrition services which used to be supported by GOAL to ensure continued access to quality health and nutrition services. This means that Medair will target 2/3 of the camp population with health services and in addition cover nutrition services for all children with severe acute malnutrition without complications as well as those with moderate acute malnutrition as of August 2013. The remaining 1/3 of the health and inpatient nutrition services are covered by MSF. Medair will provide blanket supplementary feeding to all children under 5 years as planned by UNHCR and WFP. Medair will make efforts to ensure that both male and female refugees have equal access to health and nutrition services and monitor caseloads to identify gaps as they present.

Medair's WASH, health and nutrition support in Yusuf Batil Camp is partly funded by ECHO. CHF funding will ensure that access to quality services can continue to be provided to the refugee community in Yusuf Batil Camp despite partners closing down services at very short notice. The requested CHF funding will help to close funding gaps for 4 months in 2013 and the beginning of 2014.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

CHF funding will be used to contribute towards the achievement of 5 out of the 6 prioritized health activities for Yusuf Batil Camp: ensure adequate accessibility of health care in all areas of the camp, upgrading of existing health outposts, Outreach – Community Health (integrated), Capacity building health staff, HIV/AIDS/STI prevention, care and management as part of improving reproductive health services;

CHF funding will be used to contribute towards all of the prioritized nutrition activities for Yusuf Batil Camp: Community Nutrition

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.

outreach, upgrading of existing nutrition facilities, capacity building of nutrition staff, integrated micronutrient interventions – supplementation for pregnant women, capacity building on management of anemia, diagnostic equipment, etc. CHF funding will be used to contribute towards all of the prioritized WASH activities for Yusuf Batil Camp and Bunj host community: strengthening and upgrading of current water system, sanitation in public areas/ facilities, household latrine construction, strengthening of community mobilization and capacity building on hygiene promotion and hand washing; Overall the CHF funding will cover 34 % of the planned project activities.

ii) Project Objective

State the objective/s of this CHF project. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

Project Objective

- Reduced morbidity and mortality among targeted refugee population

Results – Outcomes

- Increased access to quality health and nutrition services for targeted refugee population
- Increased access to essential lifesaving WASH services for targeted refugee population

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 (broken down by age and gender to the extent possible).

Health: direct beneficiaries: 2,655 people (51% female, 49% male) through CHF

- Provision of outpatient services for men, women, boys and girls including curative and preventive services, Integrated Essential Child Health Care, antenatal/postnatal/newborn care, EPI services, and health education
- Provision of reproductive health services including emergency delivery assistance for those presenting in the 3rd stage of labour, emergency referrals for skilled birth attendance, HIV/AIDS/STI prevention, health education including family planning practices, and referrals for suspected cases of HIV/AIDS and sexual gender based violence
- Upgrading of existing two health posts and potentially opening another health post (if needed) to ensure adequate accessibility of health care in all areas of the camp as per the guidelines for South Sudan and UNHCR
- Organize continuous household health promotion through 50 male and female health and nutrition outreach promoters

Nutrition: direct beneficiaries: 60 children u5 (48% female, 52% male), 315 pregnant and lactating women

- Organize continuous household nutrition promotion through 50 male and female health and nutrition outreach promoters
- Upgrading of 3 nutrition centers to ensure access to essential nutrition services
- Provision of outpatient nutrition services for boys and girls under 5 years with severe and moderate acute malnutrition
- Integrated micronutrient supplementation for pregnant women as part of antenatal care and for boys and girls from 6 months-59 months
- Capacity building of male and female nutrition staff through supervision and training both on the job and formal lectures as available

WASH: direct beneficiaries: 3,780 refugees (51% female, 49% male), 1,533 people in Bunj town (51% female, 49% male)

- Strengthening and upgrading of current water system run by 3 boreholes linked to 20+ tap stands and a water distribution network (installing HDPE pipes and elevated tanks), train one water committee for each water point
 - Maintain coverage of male and female semi-permanent latrines (1:18) through maintenance, de-sludging, decommission and replacement
 - Construction of household latrines, school latrines, market/public area latrine in the camp ensuring equal access to both males and females
 - Strengthening of community mobilization and capacity building on hygiene promotion and hand washing through 50 male and female hygiene promoters
 - Support host community infrastructure: upgrade of water system Bunj Town hospital, rehabilitation of hand pumps
- In order to avoid double counting between the direct beneficiaries for nutrition, health and WASH services in Yusuf Batil Camp, the total number of direct beneficiaries is the annual sum of 24,572 total refugees + 7,300 people in Bunj town. The CHF contribution will cover a total of 6,693 direct beneficiaries.

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

Gender: Medair aims to ensure that women are equitably represented on camp-based committees and amongst health, nutrition and hygiene promoters. Health interventions will be monitored through data review as well as exit interviews of patients in health facilities to ensure both males and females are being treated equally as well as determine and overcome any obstacle that may exist preventing care to men or women, boys or girls. With regards to the WASH interventions all latrines are separated by men and women as a protection principle. Accessible latrines and safe water points eliminate the need for women and girls to walk significant distances from their homes in potentially unsafe conditions.

Environment: Medair strives to implement activities which have as little detrimental impact on the natural environment as possible. During health related interventions Medair trains health workers in appropriate medical waste management. Health and hygiene promotion is also directed at environmental issues, Medair strongly promotes the use of clean water, proper sanitation habits and clean-up campaigns through health and hygiene promotion activities at all levels in the community

HIV/AIDS: During interventions, Medair trains relevant staff in universal precautions. Medair supported health care staff are made aware of HIV transmission and symptoms. HIV/AIDS/STI prevention forms part of the reproductive health care package provided at the health posts. Individuals suspected of having HIV or AIDs will be referred to the nearest testing facility.

v) Expected Result/s

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

- 2,655 refugees have access to quality lifesaving health services
- 60 children under 5 and 315 pregnant and lactating women have access to nutritional services

- 7,978 refugees have access to increased health, hygiene and nutrition awareness
- 3,780 refugees have access to safe water supply
- 3,780 refugees have access to sanitation facilities

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	# of liters of water supplied per day through water tanking/motorized water taps	Minimum of 20l/day/person
X	2.	# of households supported to construct and maintain individual family pit latrines	53 family latrines constructed
X	3.	# of existing temporary health facilities rehabilitated and/or equipped	2 health facilities serving 2/3 of the Yusuf Batil Camp
X	4.	# of nutrition feeding centers established/maintained	3 centers in Yusuf Batil Camp providing OTP (2 sites) and TSFP (3 sites)
X	5.	# of consultations made at the health facility during project	2,655 Total Consultations: 284 girls, 273 boys; 1069 women, 1029 men
X	6.	# of pregnant women provided with 2nd dose of IPT for malaria	104 women
X	7.	# of under 5 children vaccinated during the project period	105 children in total: 54 girls, 51 boys
X	8.	# of people reached with Health and Hygiene messages through IPC using IEC/BCC materials	7,978 men and women
X	9.	# of individuals benefitting from TSFP	26 children under 5 years: 13 boys, 13 girls
X	10.	# of individuals benefitting from OTP	10 children under 5 years: 5 boys, 5 girls

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.

Medair will directly implement all support services in Yusuf Batil Camp with a team of 37 national and international recruited WASH, health and nutrition specialists as well as logistics, finance and human resources support staff based in Maban as well as support teams based in Juba and Nairobi.

Medair and other partners meet on a weekly basis with Yusuf Batil Camps sheiks – the community leaders, each of whom is in charge of a section of the camp. In this meeting the sheiks provide feedback into the major needs and priorities of refugees at any given time and partners then use this feedback to target activities and set priorities for the days ahead, reporting back to the sheiks on the issues raised the next week.

Medair will coordinate with MSF who is currently providing 1/3 of health and inpatient nutrition services for severe acute malnutrition in Yusuf Batil Camp as well as all secondary care and accepting referrals, to ensure patients have access to appropriate care. All Medair health facilities will provide weekly and monthly reports to UNHCR and the MoH based on standard templates and protocols. At a national level, Medair also actively participates in cluster meetings and coordination and is currently a member of the health forum advisory team and nutrition strategic advisory group. Medair works closely with the Ministry of Health and WHO, particularly in coordination relating to outbreaks. Medair is also one of ten NGOs currently serving on the International NGO Forum Steering Committee.

vii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².

The WASH, Health & Nutrition Project Managers are responsible for monitoring of activities during the project period. Health Monitoring is done through the weekly and monthly provision of clinic data to UNHCR and the County, State, and National Ministry of Health through established reporting mechanisms. With regards to WASH monitoring there is regular testing of water quality and monitoring of groundwater levels at each borehole as well as on-going latrine monitoring. The Medair Maban Projects Coordinator is responsible for ensuring quality of interventions, through oversight of the Medair Project Managers. In addition, technical advisors based in Juba and at Medair's HQ provide technical input and quality assurance for this programme. Household surveys will be utilized annually to measure quantitative indicators. The Medair Monitoring and Evaluation Officer assumes responsibility for tracking all required indicators and for survey design of household surveys.

D. Total funding secured for the CAP project

Please add details of secured funds from other sources for the project in the CAP.

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

Source/donor and date (month, year)	Amount (USD)
ECHO, April 2013	2,575,271
Pledges for the CAP project	
ECHO	1,915,786

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.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/MS/55798/R		Project title: Multi-sector emergency assistance to refugees' communities in Upper Nile State through the provision of health, nutrition, water, sanitation and hygiene interventions		Organisation: Medair
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <ul style="list-style-type: none"> • Ensure adequate accessibility of health care in all areas of the camp • Upgrading of existing health outposts • Outreach – Community Health (integrated) • Capacity building health staff • HIV/AIDS/STI prevention, care and management as part of improving reproductive health services • Laboratory services and equipment • Outreach-Community Nutrition outreach / promotion /IYCF (integrat.) • Upgrading of existing nutrition facilities • Capacity building nutrition staff • Strengthening and upgrading current water system • Sanitation in public areas/ facilities • Household latrine construction • Strengthening of community mobilization and capacity building on hygiene promotion and hand washing (incl. innovative approaches) • Water Supply in Bunj host community 	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> • Crude Mortality Rates for Yusuf Batil Camp (<1/10,000/day) • Under 5 Mortality Rate for Yusuf Batil Camp (<2/10,000/day) 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • UNHCR collected health data – weekly • Household survey – semiannual 	
	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> • Reduced morbidity and mortality among targeted refugee population 	<p>Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <ul style="list-style-type: none"> • Crude Mortality Rates for Yusuf Batil Camp (<1/10,000/day) • Under 5 Mortality Rate for Yusuf Batil Camp (<2/10,000/day) 	<p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> • UNHCR collected health data – weekly • Household survey – semiannual 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • No significant deterioration in the South Sudan security situation • Maban continues to be accessible by air • Refugees seek medical care for their illnesses
Purpose				

	<p>Results - Outcomes (intangible): <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p> <ul style="list-style-type: none"> Increased access to quality health and nutrition services for targeted refugee population Increased access to essential lifesaving WASH services for targeted refugee population 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> Household water consumption greater than 15 l/p/d Clinic utilization rates within international standards of 1 - 4 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Household survey – semiannual HIS data, UNHCR population data. Divide the number of consultations reported by clinic(s) by the estimated population figure (for catchment area) 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> No significant deterioration in the South Sudan security situation Refugee population in Batil camp is kept at a manageable level Maban continues to be accessible by air WFP and UNICEF provide agreed nutrition supplies in a timely manner
Results	<p>Immediate-Results - Outputs (tangible): <i>List the products, goods and services (grouped per areas of work) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.</i></p> <ul style="list-style-type: none"> 2,655 refugees have access to quality lifesaving health services Pregnant women have access to malaria prevention through antenatal care 36 children under 5 have access to nutritional services Children under 5 years have access to immunization services 3 Nutritional Feeding Centres maintained 7,978 refugees have access to increased health, hygiene and nutrition awareness 3,780 refugees have access to safe water supply 3,780 refugees have access to sanitation facilities 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?</i> <i>Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <p>Health-Indicators of progress</p> <ul style="list-style-type: none"> # of existing temporary health facilities rehabilitated and/or equipped (Target = 2) # of consultations made at the health facility during project period (Target = 2,655) # of pregnant women provided with 2nd dose of IPT for malaria (Target = 104) # of under 5 children vaccinated during the project period (Target = 105) # of people reached with Health and Hygiene messages through IPC using IEC/BCC materials (Target = 7,978) (this includes health, wash, and nutrition messages as the populations are all overlapping) <p>Nutrition-Indicators of progress</p> <ul style="list-style-type: none"> # of nutrition feeding centers established/maintained (Target = 3) # of individuals benefitting from TSFP (Target = 26) # of individuals benefitting from OTP (Target = 10) <p>WASH-Indicators of progress</p> <ul style="list-style-type: none"> # of litres of water supplied per day through water tanking/motorized water taps (Target = 20 litres/person/day) # of households supported to construct and maintain individual family pit latrines (Target = 53) 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Reports by pump operators – circulated weekly Monthly management reports Registers at health posts and nutrition centers Weekly and monthly health facility and nutrition reports 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> No significant deterioration in the South Sudan security situation Refugee population in Batil camp is kept at a manageable level Maban continues to be accessible by air WFP and UNICEF provide agreed nutrition supplies in a timely manner Refugees seek medical care for their illnesses Mothers are committed to complete the supplementary nutrition support for their children

<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ul style="list-style-type: none"> • Provision of outpatient services • Provision of reproductive health services • Upgrading of existing two health posts and potentially opening another health post to ensure adequate accessibility of health care in all areas of the camp • Organize continuous household health and nutrition promotion • Upgrading of 3 nutrition centers to ensure access to essential nutrition services • Provision of outpatient nutrition services for children under 5 years with severe and moderate acute malnutrition • Integrated micronutrient supplementation for pregnant women and children under 5 • Capacity building of nutrition staff through supervision and training • Strengthening and upgrading of current water system in Batil camp • Maintain coverage of semi-permanent latrines (1:18) through maintenance, de-sludging, decommission and replacement • Construction of household latrines, school latrines, market/public area latrine in Batil camp • Strengthening of community mobilization and capacity building on hygiene promotion and hand washing • Support host community water infrastructure 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> • Full time WASH staff: 1 project manager, 4 technicians, 40 pump operators/security guards/mechanic, 50 hygiene promoters • Full time health and nutrition staff: 2 project managers, 2 health managers, 40 clinic staff, 50 health and nutrition outreach workers, • Logistics, HR and finance support staff • Casual labour • Medical supplies: drugs, soap, mosquito nets • WASH supplies and consumables • Warehouse for WASH and medical supplies • Equipment: medical equipment, communications, vehicles, office equipment • Transport by air, road and barge for transporting staff and supplies 		<p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> • No significant deterioration in the South Sudan security situation • Refugee population in Batil camp is kept at a manageable level • Maban continues to be accessible by air • WFP and UNICEF provide agreed nutrition supplies in a timely manner • Refugees seek medical care for their illnesses • Mothers are committed to complete the supplementary nutrition support for their children • No major changes in logistical or economic conditions in South Sudan, including the availability of fuel
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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.

Project start date: 1 Sep 2013 **Project end date:** 31 March 2014

Activities	Q3/2013			Q4/2013			Q1/2014			Q2/2014			Q3/2014		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1. Provision of outpatient services			x	x	x	x	x	x	x						
2. Provision of reproductive health services			x	x	x	x	x	x	x						
3. Upgrading of existing two health posts			x	x											
4. Organize continuous household health and nutrition promotion			x	x	x	x	x	x	x						
5. Upgrading of 3 nutrition centers to ensure access to essential nutrition services			x												
6. Provision of outpatient nutrition services for children u5 with SAM and MAM			x	x	x	x	x	x	x						
7. Integrated micronutrient supplementation for pregnant women and children u5			x	x	x	x	x	x	x						
8. Capacity building of nutrition staff through supervision and training			x	x	x	x	x	x	x						
9. Strengthening and upgrading of current water system in Batil camp			x	x	x	x	x	x	x						
10. Maintain coverage of semi-permanent latrines through maintenance, de-sludging, decommission and replacement			x	x	x	x	x	x	x						
11. Construction of household latrines, school latrines, market/public area latrines in Batil camp			x	x	x	x	x	x	x						
12. Strengthening of community mobilization and capacity building on hygiene promotion and hand washing			x	x	x	x	x	x	x						
13. Support host community water infrastructure			x												

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