

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
CHF Cluster Priorities for 2013 Second Round Standard Allocation	
Cluster Priority Activities for this CHF Round	Geog. Priorities
<p>Yida Nutrition:</p> <ul style="list-style-type: none"> • Quarterly MUAC screening + yearly SENS. • Community nutrition promotion to improve nutritional knowledge and practices. • Infant and Young Child Feeding. • Vitamin A supplementation. • Deworming. • Technical support to partners. • Monitoring and information management. • BSFP and CMAM. • Micronutrient prevention/treatment using either home fortification (micronutrient powders) or LNS or fortified blended food in GFD ration. • Upgrade stabilization centre. <p>Yida WASH:</p> <ul style="list-style-type: none"> • Increase and maintain safe drinking water supply to 15 liters per person per day (lpcd). • Introduce partial water distribution system radial from the boreholes to reduce the access to the tap stand from 500 m to 250m. • Chlorination. • Water containers (buckets/jerrycans) • Promote household shared latrines and improve the ratio to 1 latrine to 20). • Water Quality and testing. • Improve drainage around water points. • Hygiene promotion, HEP E and cholera response preparedness. • Camp and latrine cleaning. • Conduct CLTS ToT. • Solid Waste management. 	<p>Unity:</p> <ul style="list-style-type: none"> • Yida. • Ajuong Thok. • Nyeel/others. • Host community.

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)	
Samaritan's Purse		State	%
		County/ies (include payam when possible)	
Project CAP Code	CAP Gender Code	Unity	100%
SSD-13/MS/55819/R/6116	2a	Pariang County	
CAP Project Title (please write exact name as in the CAP)			
Emergency WASH and Nutrition Program for Vulnerable Refugees in Pariang County, Unity State.			
Total Project Budget requested in the in South Sudan CAP	US\$ 4,150,000	Funding requested from CHF for this project proposal	US\$ 656,649
Total funding secured for the CAP project (to date)	US\$ 2,428,877	Are some activities in this project proposal co-funded (including in-kind)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Direct Beneficiaries (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)		Indirect Beneficiaries	
	CHF direct beneficiaries	CAP beneficiaries	
Women:	9,101	31,500	
Girls:	15,774	6,300	
Men:	6,067	18,900	
Boys:	14,561	6,300	
Total:	45,503	63,000	
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)		CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)	
		Number of months: 5 (1 Sep 2013 – 31 Jan 2014)	
		Catchment Population (if applicable) 70,004 (Yida population as of 22nd August 2013)	

Contact details Organization's Country Office	
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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

Introduction:

UNHCR statistics indicate that the refugee population in Yida by August 22nd 2013 was 70,004, making Yida the largest refugee camp in South Sudan. The security situation in Yida is still unpredictable, despite the relative calm experienced over the last three months. Refugees still consider Yida a haven where they not only get safety from the air raids, but also where they can get key survival services, including clean water and food from the on-going humanitarian intervention. As only a handful agencies are working in Yida, the burden of interventions for each of these agencies is extremely high, especially in the key life-saving sectors. Samaritan's Purse (SP) is one of the organizations carrying out nutrition, food aid, and WASH programs in the camp.

Nutrition:

Results of UNHCR's Standardized Expanded Nutrition Survey (SENS) conducted in Yida in February 2013 show that Global Acute Malnutrition (GAM) rate in Yida was 7.3% and Severe Acute Malnutrition (SAM) rate was 1.2%. With the previous SMART survey conducted by ACF in July 2012 recording GAM rate at 21.8% and SAM rate of 6.1%, nutrition indicators have improved remarkably. The gains could, however, be rapidly wiped out with lapses in current programming. The SENS survey showed that under-five mortality rate was high at 0.27%, and factors other than nutrition such as Measles vaccination (average 67.6%), Vitamin-A supplementation (54.1%), and diarrhoea (16.3%) could have aggravated the mortality rates. During a mass nutrition-screening exercise conducted by SP in March 2013, 33 cases of SAM and 120 MAM cases were identified. The SENS survey recommends the continuation and strengthening of existing nutrition programs, decentralization of OTP and TSFP, and strengthening linkages of programs for good quality of care. Due to high anaemia rates (50.2%), the SENS recommended a targeted intervention providing micronutrient rich foods to tackle anaemia and micronutrient deficiencies. The high stunting rates (23.3%) were attributed to low exclusive breastfeeding (EBF) rates (40.4%) with the survey endorsing IYCF programming and high-impact nutrition interventions, such as Essential Nutrition Actions (ENA) and Scaling Up Nutrition (SUN). The survey further called for enhancing the linkages between primary health care, nutrition, and WASH activities. Finally, capacity building of staff is necessary to improve quality of health and nutrition services and MUAC screenings as a means to increase coverage. In June 2013, SP closed its SC facility and handed it over to MSF-France, in order to concentrate on a robust OTP and TSFP program.

WASH:

The level of water access in Yida is not proportionate to the large refugee population in the camp. Water consumption, currently at 14.3 liters per person per day, is below the recommended Sphere indicator of 15 lpcd and far below the UNHCR recommended consumption of 20 litres per person per day. There are fifteen working boreholes in Yida; ten are operated by SP, three by Solidarites International (SI), and one by MSF-France. Since the boreholes are motorized, substantial investment is required to operate and maintain them at reasonable working levels. SP has been operating ten boreholes without external financial assistance, but ran out of resources to keep this effort going. According to the WASH gap analysis conducted in April 2013, latrine coverage in Yida stands at 60%, and approximately 38 households share a latrine. A large proportion of the population are still practicing open defecation. Poor sanitation and hygiene conditions result in contamination of water from dirty jerry cans, water collection from surface water, and poor hand-washing practice. According to an LQAS survey conducted by SP in October 2012, the proportion of mothers of children 0-59 months who could name at least 2 of the 5 appropriate times to wash hands was 62.1%, while the percentage of households with children 0-59 months with soap present within 1 minute of request was 53.2%. From the foregoing, WASH actors in Yida need to consolidate efforts in order to sustain and improve quality of services rendered in the camp.

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.

Nutrition:

According to the SENS survey conducted in Yida in February 2013, a focussed and sustained nutrition program is needed to ensure malnutrition levels do not rise beyond the levels they currently are. Experience from 2012 shows that low malnutrition levels currently recorded for Yida camp are the result of concerted efforts by partners with various nutrition approaches, including OTP, BSFP, TSFP, CNV, and SC services. Prevalence of malnutrition is associated with multi-dimensional health issues, including low awareness of hygiene, poor sanitary practices and inadequate water supply. As the community in Yida is still food insecure, over

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.

14,001 children (20% of the population) are still at risk of malnutrition. Funding is now needed to support critical activities that are currently underfunded which without additional resourcing will have to be suspended. Targeted IYCF education to mothers and staffing for TSFP distributions are among the most crucial activities that need urgent support to keep going. SP is the only agency in Yida camp running OTP and TSFP interventions and hence requires support in the two mentioned activities to achieve the objective maintaining GAM and SAM rates in Yida camp below emergency thresholds. The rest of the funding for the remaining activities in the nutrition programs are funded through its internal funds until the end of 2013. SP has continued to collaborate with key humanitarian response partners, including UNICEF, UNHCR, and WFP.

WASH:

SP has proposed this project to maintain WASH services including water access, sanitation provision, and hygiene awareness for the refugees in Yida. The project is needed to sustain current levels of WASH-service delivery in the backdrop of declining SP financial resources. Water production in Yida is motorized, and hence requires inputs, such as fuel and manpower. SP operates over 65% of the water production, running 10 out of the 15 boreholes in the camp. The situation within the camp remains complex, as partner resources are limited, while refugee population is high. Poor or inadequate WASH services in the camp may contribute to a health crisis among the refugees during the rainy season, as seen recently in the Hepatitis-E outbreak. Experiences from the last year indicate that mortality and morbidity rates were highest during the wet season. Health and WASH studies have established a clear link between poor WASH-service delivery and high child-mortality and morbidity rates. This project will contribute to the larger public-health initiative in Yida by improving the sanitation and hygiene awareness and practice of refugees, thus addressing child mortality and morbidity.

Furthermore, women bear the responsibility of fetching water, leaving them with little time to engage in other productive activities. It is common for girls to miss school as they collect water. Water access is especially daunting for female headed HHs, being not only water collectors, but ultimate HH bread winners. Long waiting times at water points have increased vulnerability to gender-based violence. Proposed interventions are designed to reduce gender disparities and vulnerabilities to women and girls.

Alternative Fundraising and Organizational Capacity:

SP previously applied for funds to BPRM to cover nutrition interventions in Yida and presented a funding appeal for the WASH component for consideration by UNHCR. Funds were not received from the BPRM but UNHCR has already responded to the Hepatitis E and WASH funding appeal to bridge SP's WASH funding gap by signing a new agreement. The new funds although not still adequate will go a long way in supplementing the now depleted SP internal funding. Samaritan's Purse has a good understanding of the refugee community, having worked in South Kordofan where the refugees originated. These established relationships have facilitated a good community-entry process in the camp. Samaritan's Purse has a strong logistical capacity, allowing it access to Yida by air even during the wet season. Protocols and mechanisms for the nutrition, and WASH programs are already established to guarantee delivery of quality services. The multi-sector project proposed is within SP's core programming and the organization has widespread experience in similar programs worldwide. UNHCR priority matrix, compiled in July 2013, has underscored the importance of WASH and nutrition sectors in Yida being life-saving interventions that are currently financially constrained.

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.

Nutrition:

This grant will be used to support underfunded activities in the SP's decentralized OTP and TSFP program in Yida refugee camp. SP currently provides staffing for the project in which therapeutic feeding services are provided to refugee children with severe acute malnutrition and supplementary feeding administered to children with moderate malnutrition and PLWs. Therapeutic foods are provided by UNICEF as GIK while the WFP supports the program with supplementary feeding commodities. Through this project IYCF approaches will be strengthened and nutritional knowledge and practices of mothers and CNVs improved by equipping them with skills and knowledge necessary to mitigate malnutrition and related conditions.

Through SP funding, the program conducts quarterly mass screening and an active case-finding using the GOSS IMSAM guideline to ascertain eligible beneficiaries among the <5 children. Children 6 to 59 months screened and found with a W/H < 70% or WFHZ <-3 Z-score, and/or a MUAC < 11.5 cm with a length > 65 cm, and/or presence of bilateral pitting oedema, and/ failing the appetite test are referred to the stabilization centre (SC) operated by MSF-France. Infants less than 6 months (or less than 3 kg) that are too weak to suckle effectively, and/or with a W/L less than 70% or <-3 Z-score, and/or presence of bilateral oedema are referred to the SC. SP works closely with the health partner (MSF-France) to facilitate referral of SAM cases with medical complication for further treatment and management in the SC or inpatient therapeutic-feeding centre (ITFC). MSF-France, on stabilizing the SAM children with medical complications discharges them to the SP operated OTP.

The purpose of the nutrition support in this project is to promote program coverage and utilization of nutrition services, community mobilization and awareness. Active case finding is strengthened through CNVs and mother-to-mother support groups (MTMSG), selected from the villages in the camp, to help in identifying SAM and MAM cases. Two hundred mothers within twenty MTMSGs will be supported with incentives meant to motivate them and keep them active in the program. Training workshops are organized for the nutrition staff, CNVs and mothers to equip them with knowledge and skills in the IYCF approach. The mothers disseminate IYCF key messages among the child-bearing mothers aimed at demystifying breastfeeding and bringing about attitude change to breast feeding. CMAM trainings are also planned for key staff and CNVs. Identified SAM cases with complications are referred to the SC, while SAM cases without complications are enrolled and managed in the nearest OTP site. The TSFP complements OTP, since all children discharged from OTP are transitioned to a TSFP, therefore reducing the chance of the child's nutrition status deterioration. Children 6-59 months old discharged from the SC are transitioned to the nearest OTP, while children screened in their homes and found to be severely malnourished but with a good appetite and no major medical complications, are also enrolled in the nearest OTP. The TSFP staffs maintain close surveillance of MAM cases to ensure they do not lapse into SAM. Qualified health workers screen children at the OTP and TSFP to identify those suffering from severe diarrheal diseases, severe malaria, intestinal diseases

and severe acute respiratory infections.

WASH:

CHF support will ensure continued operations of the SP-run WASH program in Yida in order to increase and maintain safe drinking-water supply to 15 lpcd. The primary focus of this project is to meet the running costs of operating the 10 motorized water points. SP will continue training and supporting operators' salaries at each location. Consumables, such as fuel and chlorine, will be provided daily to each water-point site. Since the generators are run on a daily basis, their rate of wear and tear is substantially high. Generator spares parts will be procured and pre-positioned to ensure that water production does not stall at any one point. Maintenance of generators is done on a regular schedule, to prevent breakdown. Water management committees (WMC) will be re-trained for each water point, with input from the Refugee Council and community leaders. WMCs are made up of at least 50% women. Also, WMCs will be trained to assist in keeping records for each of the water points.

Water points will be equipped with a generator house, bladder stands, bladders, tap stands, and storage tanks, and a permanent drainage structure will be constructed. Water-quality testing, in the form of a simple bacteriological test, will be conducted on a semi-annual basis at all the existing water points. SP will increase its inventory of water-supply parts and equipment in order to maintain an adequate cushion of parts to operate the 10 water points. Fencing will be added around tap stands where animals may congregate, particularly at water points on the perimeter of the market where animal presence is likely higher. Water points will also be rehabilitated by building water yards and waiting areas, and digging drainage trenches to remove stagnant water that is likely to cause water contamination. Following the successful construction of a water point based piped distribution water system; SP will construct two additional piped distribution water systems around two additional boreholes. In each of the 2 points a raised platform will be constructed and Oxfam-type water tank mounted. The piped distribution water system will increase water access and utilization by camp residents closer to UNHCR standards.

SP will continue to operate the household-latrine program, providing digging kits to bomas, and latrine slabs and plastic sheets to households. A training curriculum that is carried out with households in the latrine-construction program exists. This basic curriculum covers the basic WASH messages contained in hygiene training, as well as instruction and basic specifications for proper latrine and hand-washing-station construction. SP staff will visit the boma groups to conduct sanitation training, confirm appropriate latrine-hole locations, assess completed holes, distribute slabs, and assess completed latrines and hand-washing stations. SP will maintain capacity to respond with blocks of emergency communal latrines, should there be a sudden influx of refugees. SP will ensure adequate WASH facilities at other SP program facilities, including the nutrition compound and the new-arrivals centre.

Through this project SP will continue providing hygiene-promotion training to hygiene promoters, who will then reach households with hygiene messaging. Health and hygiene-promotion (HHP) teams will be overseen by an HHP supervisor. Hygiene promotion training will continue to be given at the arrival center, consisting of a 15-minute hygiene lesson and distribution of a 250g bar of soap per person. New HHP teams will be mobilized and trained as boma groups arrive in Yida. Hygiene promotion training for new HHPs will be scheduled on a monthly basis. HHP teams will be given an SP hygiene-promotion flipchart for use in their boma settlement, as well as responsibility over the household-latrine-digging tools distributed by SP. The HHP teams will be clearly instructed on the three key hygiene messages during the emergency phase. Global WASH celebrations will be promoted within the community, led by the HHP teams, including October 15, Global Hand-Washing Day, and November 19, World Toilet Day. WASH NFIs, including soap, jerry cans and rubbish-disposal container, will be distributed to the entire camp population. Hygiene and sanitation messaging is a collaborative effort with other WASH, health, and nutrition programs and partners designed to, among other things, prevent HEP-E and cholera outbreaks in the camp.

ii) Project Objective

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

Improve nutrition and WASH service delivery Yida camp and ultimately reduce morbidity and mortality of refugees living in Yida.

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).

Nutrition:

Activity 1: Training of staff, community resource persons (mothers), caregivers, and community members in nutrition

- Training of program staff and partners in IYCF and CMAM (in-house training and on-job training). Direct number of beneficiaries: 80 women.
- Provide nutrition information on IYCF to CNVs and mothers in the MTMSGs: 200 women.
- Providing mothers in the MTMSGs with incentives (including khangas, t-shirts, soap and blankets)
- Community mobilization and awareness creation on nutrition issues/topics.

Direct number of beneficiaries: At 200 mothers and 80 total staff/CNV's (20 staff 60 CNVs).

Activity 2: Continue with OTP/TFP in Yida

- Active case finding of children under 5 with SAM
- Quarterly mass screening for malnutrition
- Therapeutic feeding for children identified with SAM

Number of OTP beneficiaries: 187 children for 4 months. (SAM estimated at 2% for children under 5)

Number of beneficiaries screened: 17,501 people (14,001 children under 5 - (estimated at 20% of camp population) and 3500 PLW - (estimated at 5% of camp population))

WASH:

Activity 1: Continue operating water-access activities in Yida.

- Maintenance and repairs of 10 boreholes.
- Provision of key inputs for generators including fuel, bladders, and other spares.
- Rehabilitation of 10 water-supply areas, creating tap stands and water yards.

- Provide 2 partial piped water water-distribution systems of up to 2,000m pipes laid to address the distance to water source to maximum 250m.
- Provide trenches for drainage of water from supply areas.
- Fencing and drainage of 10 water-supply areas.
- Distributing WASH NFIs.

Number of beneficiaries: At least 45,503 people (65% of 70,004 people in Yida camp) with water supply (15 lpcd). 4,500 people will have water source to within 250m of their homestead through the 2 new piped water systems.

Activity 2: Continue providing sanitation access to refugees in Yida camp.

- Distributing latrine slabs, latrine-digging materials, and walling plastic sheets. Beneficiaries: 12,000 persons through 600 HH latrines (1 latrine for 20 people).
- Mobilizing households to dig latrines in the camp.
- Conducting sanitation training, targeting boma groups.
- Constructing hand-washing stations.

Number of beneficiaries: At least 12,000 people (17% of 70,004 people in Yida camp).

Activity 3: Continue health and hygiene awareness, providing sanitation access to refugees in Yida camp.

- Conduct hygiene-promotion training to hygiene promoters.
- Carry out hygiene messaging among households and in public places
- Distribute 500g bar of soap per person.
- Carry out Global WASH celebrations

Number of beneficiaries: At least 45,503 people (65% of 70,004 people in Yida camp).

iv). Cross Cutting Issues

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

Gender:

The link between gender issues, including disempowerment and gender-based violence, and maternal and child health are well documented through interventions by protection partners in the camp. Emergency situations that increase stress on household members and resources can further increase the risk of violence or gender discrimination for females within families and communities. Samaritan's Purse recognises the vulnerability of women in the camp regarding mobility and travel after dark and, therefore, will be offering the OTP services to these women in their homes. WASH services are also decentralized to various sites near the bomas. Hospital and nutrition activities resulting in reduced mortality and morbidity will also assist in decreasing the burden on mothers to care for their sick children and family members. Samaritan's Purse will promote gender empowerment through health messages that are given by the nutrition team in Yida and shared with key influencers of the target communities.

Complementarity:

Samaritan's Purse will work in partnership with relevant stakeholders in nutrition and WASH programming in the camp. SP's program managers participate and actively contribute to nutrition and WASH cluster meetings organized in Yida. At the Juba level, SP's programs team is represented in the bi-weekly emergency response meeting convened by UNHCR in collaboration with the multi-sector cluster. Samaritan's Purse, in recognition of UNHCR mandate for refugees, will support UNHCR goals within this response providing necessary sectoral information regarding the refugee response to all interested stakeholders. SP maintains a partnership with UNICEF and WFP, and collaborates with MSF and SI in the nutrition and WASH interventions respectively. The project will adhere to relevant Sphere and UNHCR standards wherever possible. The changing security environment means the target populations may be in transition, hence there may be times when it is important to maintain flexibility, in coordination with other implementers, regarding certain practices and contextual realities. This project runs concurrently with other SP initiatives in Unity state, including food distribution. Inter-sectoral linkages and integration will be explored wherever possible. SP will continue to implement project activities in conjunction with all these aforementioned local and international stakeholders in an effort to avoid duplication of efforts or the creation of a parallel delivery system.

HIV/AIDS:

The prevalence of HIV/AIDS in the target area is unclear; HIV/AIDS may be one of the factors leading to increased vulnerability of affected populations. Therefore, it is essential that the response include measures to prevent and control further illnesses that could contribute to excess morbidity and mortality. Because the planned activities will result in decreased vulnerabilities to illness and malnutrition, they will reduce the exposure of children/people who are living with HIV and AIDS to life-threatening diseases.

Environment:

The activities under this program are designed to have minimal or no adverse effects on the environment. Samaritan's Purse will ensure that all trash and hazardous waste produced through this program, including therapeutic feeding wrappers and containers, are properly disposed of and/or incinerated. At the water points in the camp, trenches will be dug to remove stagnant water from the supply points. The WASH project has successfully piloted the use of large plastic T70 tanks for water storage and distribution which will replace the bladder system that currently uses large amounts of wood in the construction of platforms for the hoisting the bladders, exacerbating vegetation degradation in Yida . SP will substitute two bladder-system boreholes with the T70 tanks through this project.

v) Expected Result(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

For the next six months, planned activities will:

Nutrition:

- Uphold or lower current malnutrition levels among children under five and PLWs through effective community-based capacity building response in Yida refugee camp.

WASH:

- Improve access to safe drinking water to the refugee population in Yida to Sphere indicators.
- Improve sanitation access and utilization and reduce incidences of water-borne diseases among refugee population in Yida particularly by addressing the issue of open defecation.
- Improve hygiene awareness and sanitary practices among households and communities targeted in Yida by fostering better appreciation of hygiene and sanitation issues and affecting positive behaviour change and ultimately healthy practices.

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)	#	Standard 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)
	2.1.1	1. # of nutrition feeding centers established/maintained	6
	2.1.4	2. # of individuals benefitting from OTP-TFP	14,001 Screened.
		< boys	97 treated
		< girls	90 treated
	2.3.1	3. # of workshops on nutrition issues organized	4
	2.3.2	4. # of NGO staff trained on nutrition issues	20
	2.3.4	5. # of Community Nutrition Workers/Volunteers trained on nutrition issues	60
	2.3.5	6. # of refugees participating in nutrition awareness workshops	200
	2.2.3	7. # of people reached with nutrition messages through IPC using IEC/BCC materials	(Approx. 30% of camp population)
		Women	8,000
		Girls	4,001
		Boys	4,000
		Men	5,000
	3.1.1	8. # of liters of portable water supplied per day through motorized water taps	1,103,960
	3.1.6	9. # of motorized boreholes rehabilitated and regularly maintained	10
	3.1.8	10. # of active water management committees	10
	3.2.4	11. # of households benefitting from the distribution of basic household hygiene items	3226
	3.2.3	12. # of people reached with WASH messages through IPC using IEC/BCC materials	(Approx. 30% of camp population)
		Women	8,000
		Girls	4,001
		Boys	4,000
		Men	5,000
	3.3.5	13. # of shared family pit latrines constructed and regularly maintained	600
	3.3.3	14. # of households supported to construct and maintain individual family pit latrines	600
	3.5.1	15. # of training/workshops/seminars on WASH issues conducted	3
	3.2.2	16. # of mass sensitization activities on WASH issues conducted	4
	3.5.4	17. # of Community WASH Promoters/Volunteers trained on WASH issues	
		Women	45
		Men	45
SP	18.	# of people with access to safe drinking water supply (to 15 liters per person per day).	

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.

Samaritan's Purse will implement all of the project activities and will coordinate and work closely with the cluster leads, county focal points, local government, and other stakeholders regarding emergency responses, and to avoid duplication of efforts in program areas.

The implementing modality is direct engagement with the beneficiaries, as SP already has program presence in the locations. SP has engaged qualified expats and hired national staffers who understand the local context and culture in order to mobilize the beneficiaries to participate fully in the project. This project will be building upon local capacity and already existing refugee-community systems where appropriate, but where such community systems do not exist, SP will work closely with local leaders, UNHCR, partners, and the government to engage with the beneficiaries.

SP will contract transport services from vendors to move materials from Kampala, Nairobi, or Juba to the project sites where it has warehousing facilities. Air transport through SP aircraft will be explored where supplies are urgently required and/or during times when road transport is not feasible. SP logisticians will procure project supplies and manage the supplies chain from the aforementioned cities. Security in fragile locations is ensured through coordination with UNMISS and intelligence by SP security manager who works closely with the area and project managers. Overall management of the project rests with the WASH and nutrition project managers in Yida refugee camp. Administration of the project requires the splitting of the budget, to be managed as three operations.

The project will cover the staff salaries, as outlined in the budget, as well as the purchase of necessary supplies, equipment and transportation costs. Current programming to engage, train, and equip an increased number of local community members is explored for the WASH and nutrition programs. SP will work closely with agencies implementing life-saving programs within the camps. It currently has a signed Program Cooperation Agreement (PCA with UNICEF that provides in-kind nutrition and WASH supplies, in addition to Field Level Agreements (FLAs) signed with WFP that provides TSFP supplies and GFD rations for refugees). Coordination with partners will be enhanced through regular meetings to identify joint intervention strategies and minimize duplication. Information sharing and sector coordination is done with UNHCR, both at the state level and in Juba, through the multi-sector cluster meetings, to review progress and share updates on emerging needs.

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.

Two separate, but connected, monitoring and evaluation (M&E) processes will be undertaken during the life of the project: program monitoring and internal evaluation. Data collected through these different processes will complement each other. M&E visits to the project locations will be conducted by the SP program advisors, the programs/grants manager and the M&E officer using agreed supervision tools and checklists. Recommendations will be produced each time visits are finalized. The results of the M&E visits will be discussed at the internal review meetings.

1. Measuring results:

Since the project is designed to address emergency needs, baseline data will be established by way of rapid inter-agency assessments and community surveys. Project managers, in collaboration with the SP national M&E officer, will formulate the refugee-response plan detailing activities for each of the refugee responses. SP utilizes a results based framework that tracks planned quantitative results against achieved completed results on a monthly-based reporting frame. Field-based monitoring officers help the project managers track key results on a quarterly basis, with qualitative and quantitative indicators. Reports are compiled and submitted to the programs/grants manager. Regular communication is maintained between the field managers and Juba-based staff to identify and trouble-shoot any emerging challenges. The project management in Juba makes strategic decisions to ensure that corrective measures, if needed, are implemented, project objectives are realized, and donor reporting is timely. A final evaluation on the project will be conducted to establish the extent to which objectives were achieved.

Part of the responsibility of the project managers is to ensure that cross-cutting issues are addressed throughout the life of the project. SP has hired high-capacity and experienced technical managers that ensure that staff members clearly understand gender, protection, HIV/AIDS, and environment issues. Among the gender related aspects documented by the project is how improved access to water affects the time available for women to undertake other activities. The project team will conduct interviews with women to collect this information. Occasional debriefs are done with the staff to sensitize them on these issues. The project manager will document any emerging concerns and together with relevant protection partners working in the camp, a response plan to address the issues will be formulated. Final reports are designed to capture information on the cross-cutting issues.

2. Monitoring Tools:

SP has designed several monitoring tools to help monitor this project. They include:

- Activity-monitoring sheets
- Results-monitoring sheet
- Seasonal calendars
- Grant-tracking sheet
- Project report
- SP and UNHCR Health Information System
- Rapid assessment reports
- Project-visit reports

- Malnutrition surveillance system
- KAP/Latrine use survey
- SENS/SMART survey

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.

- OTP admission register
- Training report
- Training attendance sheets
- IYCF sessions/home visit form
- Borehole water production form (using borehole meters)
- WASH Engineer report
- Minutes of WMCs meetings
- WASH NFI distribution list
- WASH NFI Stock inventory report
- IEC/BCC distribution form
- Hygiene promotion session form
- Information campaigns reports.
- Latrine GPRS Points Report
- Latrine construction materials distribution list

In addition to the above tools, SP regularly prepares and submits standard monthly reports to the relevant (WASH, nutrition and multi-sector) clusters on a wide range of indicators that the clusters are monitoring in the South Sudan humanitarian response. Occasional project visits are conducted by the M&E and grants managers to verify information received in reports and to provide reporting support to the implementing teams.

3. Analysis and reporting:

The Samaritans' Purse M&E and grants managers, on receiving field reports, compile final reports for onward dissemination with the relevant stakeholders, including the multi-sector cluster, nutrition cluster, WASH cluster, UNDP, and Samaritan's Purse head office. Reports are reviewed by the program team in Juba against set targets, in consideration of the project work plan and time frame. SP program advisors will visit SP field project sites to ensure quality in all activities. Any emerging issues or implementation concerns likely to affect the achievement of project objectives are dealt with consultatively in conjunction with UNHCR and other departments, such as HR and operations. Donor reporting is done on a quarterly basis.

4. Work plan:

SP has developed a comprehensive work plan matrix that details the activities to be implemented at specific times, and possible completion dates of the activities. This plan is developed by the program team with support from the program operations department. A standard master checklist, to collect program information on completed activities on a weekly basis, is available. These checklists provide a basis for measuring progress made by the project.

D. Total funding secured for the CAP project

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

Source/donor and date (month, year)	Amount (USD)
Private (Individuals & Organizations)	\$2,428,877.00
UNICEF (WASH and Nutrition Pipeline supplies)	\$150,150
Pledges for the CAP project	

SECTION III:

LOGICAL FRAMEWORK				
CHF ref./CAP Code: <u>SSD-13/MS/55819/6116</u>		Project title: <u>Emergency WASH and Nutrition Program for Vulnerable Refugees in Pariang County, Unity State.</u>		Organisation: <u>Samaritan's Purse</u>
Overall Objective	Cluster Priority Activities for this CHF Allocation: <ul style="list-style-type: none"> Reduced morbidity and mortality among children and vulnerable persons in Yida refugee camp. 	Indicators of progress: <ul style="list-style-type: none"> Under 5 children mortality rates Morbidity rates among refugee population 	How indicators will be measured: <ul style="list-style-type: none"> UNHCR Health Information System. SENS/SMART Survey. 	
	CHF Project Objective: <ul style="list-style-type: none"> Uphold or lower current malnutrition levels among children under five and PLWs through effective community-based capacity building response in Yida refugee camp. Improve access to safe drinking water to 45,503 (65%) refugees in Yida to Sphere indicators. Improve sanitation access and utilization among refugee population in Yida 	Indicators of progress: <ul style="list-style-type: none"> Under five GAM <10% and SAM <1% Safe drinking water supply. 15 litres per person per day (lpcd). Ratio to 1 latrine to 20 persons for target population. 	How indicators will be measured: <ul style="list-style-type: none"> SENS/SMART survey KAP survey 	Assumptions & risks: <ul style="list-style-type: none"> Sustained state of security. Ongoing cooperation and transparency with community, WFP, UNICEF, UNHCR and NGO partners. Sustained state of security. On-going cooperation and transparency with community, UNICEF, UNHCR and NGO partners.
Results	Results - Outcomes (intangible): <ul style="list-style-type: none"> Improved knowledge and practices on nutrition by staff, mothers and care givers. 65% of refugees in Yida have sustained access to adequate safe drinking water Improved latrine access by 17% of the camp population Improved hygiene awareness to at least 65% of the camp households and Hep-E/Cholera preparedness in place. 	Indicators of progress: <ul style="list-style-type: none"> Decreasing trend of therapeutic feeding program admissions. # of nutrition topics covered by nutrition service providers. % population with safe drinking water supply. 15 litres per person per day (lpcd). % increase of population with access to and utilization of appropriate sanitation facilities (1 latrine to 20 persons). % of the targeted population demonstrating hygiene awareness and with sanitary practices. 	How indicators will be measured: <ul style="list-style-type: none"> Malnutrition surveillance system Weekly/monthly project reports KAP/Latrine use survey SENS/SMART survey 	Assumptions & risks: <ul style="list-style-type: none"> Sustained conflict-free state On-going cooperation and transparency with, WFP, UNICEF, UNHCR and NGO partners. UNHCR conducts SENS survey
	Feeding Programs <ul style="list-style-type: none"> Nutritional Feeding/Treatments provided 	Feeding Programs <ul style="list-style-type: none"> # of individuals benefitting from TSFP - Screening (Target = 17,501) # of individuals benefitting from OTP-TFP (Target = 187) 	How indicators will be measured: Feeding Programs <ul style="list-style-type: none"> Screening registers OTP Admission Register 	Assumptions & risks: <ul style="list-style-type: none"> Sustained conflict-free state On-going cooperation and transparency with, WFP, UNICEF, UNHCR and NGO partners.

<p>Nutrition Trainings</p> <ul style="list-style-type: none"> Capacity Building for Staff, CNVs and caregivers provided <p>Behavior Change Communication on Nutrition</p> <ul style="list-style-type: none"> Community outreach activities on nutrition conducted <p>Water Supply</p> <ul style="list-style-type: none"> Adequate supply of portable water provided <p>Hygiene Promotions</p> <ul style="list-style-type: none"> Housed provided with household basic sanitation items Community outreach/hygiene promotion activities conducted <p>Excreta Disposal (Sanitation Facilities)</p>	<p>Nutrition Trainings</p> <ul style="list-style-type: none"> # of workshops on nutrition issues organized (Target = 4) # of NGO staff trained on nutrition issues (Target = 20) # of Community Nutrition Workers/Volunteers trained on nutrition issues (Target = 60) # of refugees participating in nutrition awareness workshops (Target = 200) <p>Behavior Change Communication on Nutrition</p> <ul style="list-style-type: none"> # of people reached with nutrition messages through IPC using IEC/BCC materials (Target = 21,001) <p>Water Supply</p> <ul style="list-style-type: none"> # of liters of portable water supplied per day through motorized water taps. (Target = 1,103,960) # of motorized boreholes rehabilitated and regularly maintained (Target = 10) # of active water management committees (WMC) (Target = 10) # of people with water source to within 250m of their homestead (Target = 4,500) # of piped water systems constructed. (Target = 2) <p>Hygiene Promotions</p> <ul style="list-style-type: none"> # of household benefiting from the distribution of basic household hygiene items (Target = 3,226) # of people reached with WASH messages through IPC using IEC/BCC materials (Target = 21,001) # of people reached with WASH # of mass sensitization activities on WASH issues conducted (Target = 4) 	<p>Nutrition Trainings</p> <ul style="list-style-type: none"> Training Report Training Attendance sheet <p>Behavior Change Communication on Nutrition</p> <ul style="list-style-type: none"> IYCF sessions/Home Visit Form <p>Water Supply</p> <ul style="list-style-type: none"> Borehole water production form (using borehole meters) WASH Engineer Report Minutes of WMCs meetings <p>Hygiene Promotions</p> <ul style="list-style-type: none"> WASH NFI distribution list WASH NFI Stock Inventory Report IEC/BCC Distribution Form Hygiene Promotion Session Form Information campaigns reports. 	
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<ul style="list-style-type: none"> Sanitation facilities provided <p>WASH Trainings Capacity building on WASH conducted</p>	<p>Excreta Disposal (Sanitation Facilities)</p> <ul style="list-style-type: none"> # of shared family pit latrines constructed and regularly maintained (Target =600) # of households supported to construct and maintain individual family pit latrines (Target = 600) <p>WASH Trainings</p> <ul style="list-style-type: none"> # of training/workshops/seminars on WASH issues conducted (Target=3) Promoters/Volunteers trained on WASH issues (Target=90) 	<p>Excreta Disposal (Sanitation Facilities)</p> <ul style="list-style-type: none"> Latrine GPRS Points Report. Latrine Construction Materials Distribution list. <p>WASH Trainings</p> <ul style="list-style-type: none"> Training Report Training Attendance sheet 	
<p>Activities:</p> <ul style="list-style-type: none"> TFP for children under 5 with SAM. Quarterly malnutrition mass screening Active case finding of SAM Under 5s Training program staff and community nutrition volunteers through workshops. Disseminating nutrition information on IYCF to CNVs and mothers in the MTMSGs. Distribution of incentives to mothers in the MTMSGs. Community mobilization and awareness creation for the program Maintenance and repairing of 10 motorized boreholes including chlorination and water quality testing Rehabilitation of water-supply areas, creating tap stands, water yards, fencing of water-supply areas and trenches for drainage of water from supply areas. Construction of a partial piped water water-distribution system. Distributing WASH NFIs. Distributing latrine slabs, latrine-digging materials and walling plastic sheets Mobilizing households to dig latrines in the camp. Conducting sanitation training, targeting boma groups. Constructing hand-washing stations. 	<p>Inputs:</p> <ul style="list-style-type: none"> TFP foods Project staff Screening materials Training materials and curriculum Trainers Meals or meal allowance Training venue Information packages Project materials including khangas, t-shirts, soap and blankets IEC materials. Sound system Community leaders Technical staff - mechanics, engineers Support staff & Casual labour - watchmen, generator operators Fuel Bladders Spare parts Road transportation Air transportation Chlorine and point test strips Fencing materials Construction materials Casual labour Trenching/digging tools T45 and T70 tanks Digging tools Cement 	<p>Inputs/Source:</p> <ul style="list-style-type: none"> TFP foods: UNICEF Core pipeline and SP Screening materials: UNICEF Core pipeline Workshops: CHF project budget Curriculum: UNICEF Trainers: CHF project Workshops: CHF project budget Nutrition Staffing: SP internal funds Allowances: CHF project Information packages: UNICEF Staffing: SP internal funds Allowances/incentives: CHF project Staffing: SP internal funds Materials: CHF project Staffing: SP internal funds WASH/Nutrition IEC Materials: CHF project WASH Staffing: CHF project WASH materials and NFIs: UNICEF Core pipeline/ CHF project WASH construction & digging tools/materials: CHF project WASH spares: CHF project WASH consumables including generator fuel: CHF project Sound equipment hire: SP internal funds Latrine materials: CHF project Soap distribution staff: WFP/SP GFD 	<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> UNICEF core supplies pipeline will provide HH latrine slabs WASH, NFIs, nutritional supplies. Cooperation from Community leaders Smooth integration between WFP/SP GFD program and CHF project

<ul style="list-style-type: none"> • Conduct hygiene-promotion training for hygiene promoters. • Carry out hygiene messaging among households and in public places (Including Hep E and Cholera prevention messaging). • Carry out 4 hygiene awareness campaigns throughout the camp. • Distributing soap 	<ul style="list-style-type: none"> • Sand • Buckets • 5 liter jerry cans for tippy-tap hand washing stations • Latrine slabs • Digging tools • Plastic sheeting • Community mobilizers • Construction materials 	project	
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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:	01/09/2013	Project end date:	31/01/2014
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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
Activity 1 Therapeutic feeding of Under 5 children with SAM.			X	X	X	X									
Activity 2 Mass screening for children with malnutrition			X			X									
Activity 3 Active case finding of SAM Under 5s			X	X	X	X									
Activity 4 Training program staff and community nutrition volunteers through workshops.			X	X	X	X									
Activity 5 Disseminating nutrition information on IYCF to CNVs and mothers in the MTMSGs.			X	X	X	X									
Activity 6 Distribution of incentives to mothers in the MTMSGs.			X		X										
Activity 7 Community mobilization and awareness creation for the nutrition program			X	X	X	X									
Activity 8 Maintenance/repairing of 10 motorized boreholes including chlorination and water quality testing			X	X	X	X									
Activity 9 Rehabilitation of water-supply areas			X	X	X	X									
Activity 10 Construction of a partial piped water water-distribution system.				X	X										
Activity 11 Distributing WASH NFIs.			X	X	X	X									
Activity 12 Distributing latrine slabs, latrine-digging materials and walling plastic sheets			X	X	X	X									
Activity 13 Mobilizing households to dig latrines in the camp			X	X	X	X									
Activity 14 Conducting sanitation training, targeting boma groups.			X	X	X										
Activity 15 Constructing hand-washing stations.			X	X	X										
Activity 16 Conduct hygiene-promotion training for hygiene promoters.			X	X	X										
Activity 17 Carry out hygiene messaging among households and in public places			X	X	X	X									
Activity 18 Carry out 4 hygiene awareness campaigns throughout the camp			X	X	X	X									
Activity 19 Distributing soap			X	X	X	X									
Finalization of outstanding activities and preparation of reports							x								

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