Common Humanitarian Fund for South Sudan

CHF Reserve Application Template

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariat CHFsouthsudan@un.org

Note:
This application shall be submitted to the cluster coordinator and co-coordinator for the relevant cluster with copy to the CHF Technical Secretariat.

If the project is not already in the CAP a project sheet must also be prepared and submitted into OPS.

CHF Reserve No.	14/R/501
Date Received:	
CAP Project	☒ Yes ☐ No
Focal point:	

To be filled in by the CHF Technical Secretariat

CHF Reserve Grant Request Summary

Requesting Organisation:	**International Organization for Migration (IOM)**
Project Title:	Improving Humanitarian Response in Hard to Reach Areas through the deployment of IOM Mobile Rapid Response Teams in South Sudan Note: this multi-sectoral intervention contributes to three CRP projects: *1. Provision of Emergency NFIs and Shelter to IDPs, returnees, and host communities in South Sudan (SSD-14/S-NF/60850)* *2. Provision of emergency WASH assistance for vulnerable populations in South Sudan (SSD-14/WS/60735)* *3. Sustaining Life-saving Primary Health Care Services and respond to epidemics for Vulnerable IDPs, Returnees and Affected Host Communities in Upper Nile, Unity, and Jonglei states (SSD-14/H/60554)*
Project Code (if CAP project):	SSD-14/S-NF/60850; SSD-14/WS/60735; SSD-14/H/60554
Cluster/Sector:	**Shelter and NFI, WASH and Health**

Geographic areas of implementation (list State, County and if possible Payam. If the project is covering more than one State please indicate percentage per state):	State	%	County, Payam
	Mobile		

Targeted population (Abyei conflict affected, IDPs, Returnees, Host Communities, Refugees)	**IDPs and host communities in hard to reach areas affected by the conflict.**
Total project budget:	**USD 45,196,387 (NFI&ES : $37,496,387; WASH: $5,000,000; Health: $2,700,000)**
Amount requested from CHF Reserve:	**USD 6,150,000 (NFI&ES : $2,236,096; WASH: $1,786,849; Health: $2,127,055)**
Are some activities in this project proposal co-funded?	Yes ☒ *(if yes, list the item and indicate the amount under column in of the budget sheet)[1]* No ☐ *(if no, indicate if additional funding will be sought to complement the CHF Reserve in section II/B)*
Project Duration (indicate number of months, earliest starting date will be Allocation approval date):	**6 months (1 Jul – 31 Dec 2014)**
Total number of direct beneficiaries targeted by the CHF Reserve grant request (disaggregated by sex/age):	At least 180,000 IDPs and individuals from host communities in remote areas
Implementing partners (include those that will benefit/ sub-grant from CHF funding and corresponding amounts):	n/a

Project Contact Details:
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[1] At the stage of the project proposal IOM cannot reflect in the budget pipeline items as co-funding as the teams do not know what the needs will be on the ground and what items will be requested for through the pipelines. IOM will provide this information at the reporting stage.

SECTION II

More than six months after the onset of the crisis, over 1 million people have been displaced and the humanitarian community continues to work together to develop effective response plans to assist the most vulnerable crisis-affected populations. Providing life-saving assistance in hard to reach areas continues to be a challenge. To date, the humanitarian community has reached over 300,000 individuals in 19 of 41 identified hard to reach displacement sites (CRP Draft 4 June). Moreover, OCHA has identified at least 164 displacement sites with IDPs in need of assistance, needs assessments have been carried out in 124 of these sites with response either ongoing or completed in 95 sites (OCHA Access Constraints map 20 May). The humanitarian community as a whole has agreed that there is a need to increase rapid humanitarian response in hard to reach areas and bridge the gap between identifying needs and addressing them.

Towards this end, the humanitarian community has adopted the Area Rapid Response Model (ARRM) to quickly assess needs and deliver a core package of lifesaving assistance in hard to reach areas, in order to stabilize the situation and reduce the harm of inaction in areas shocked by the severe shortage of basic services. In areas that do not require a permanent response, or where no partner is currently able to set up longer-term activities, assistance will be delivered by a multi-sectoral mobile team that can be deployed to deep field locations within one week of being tasked by the Inter-Cluster Working Group (ICWG) Operations Group. The services provided by the mobile team will fill the gap until the conditions improve or a longer term partner can be found to address the needs, aiming at contributing to the reduction of avoidable deaths and diseases.

IOM proposes to contribute to the overall humanitarian efforts to reach populations in hard to reach areas by formally establishing its own multi-sectoral rapid response team that will consist of Shelter / NFI, WASH and Health experts that can be immediately deployed to field locations as the need is identified by the ICWG.

As mentioned in the previous section, providing lifesaving assistance in hard to reach areas has been identified by the humanitarian community as both a critical need and a major gap in the response to date. This project aims to address this though the establishment of a mobile rapid response team, deployable within a week of being tasked by the ICWG. The mobile team will consist of Shelter/NFI, WASH and health operations experts with the capacity to respond in two field locations simultaneously. The project is developed in line with the parameters outlined in the CHF reserve policy paper released on 30 May 2014.

IOM is in discussions with OFDA to support this rapid response mechanism, though funding has not yet been confirmed to date. Should OFDA formalize support of this intervention, this will enable IOM to further increase its rapid response team capacity, potentially increasing the number of locations where a response can be carried out simultaneously.

Contributions from CHF in 2014 do not provide co-funding support for this initiative. Health and WASH projects funded by CHF support IOM's static programmes, primarily in PoCs while funding received for Shelter/NFI EP&R teams was received in January and will support these teams up to June 2014, as this current initiative will likely begin in July 2014 there will be no overlap in funding the Shelter/NFI rapid response teams and the DTM team.

IOM's in country capacity and expertise in Shelter/NFI, WASH and Health provide IOM with a unique capacity to immediately mobilize experts and deploy field teams with technical expertise, experience and understanding of the context of South Sudan. IOM is able to immediately scale up and directly implement interventions as soon as resources become available. The mandate of the mobile team will also include undertaking assessments, aiming at providing valuable information from hard to reach areas for other humanitarian partners as well as monitoring of the conditions after the service delivery.

Moreover, IOM's strategy in responding to emergencies in South Sudan as well as institutionally has always been based on a holistic approach, developing separate sectoral programmes (e.g. Shelter/NFI, WASH. Health, CCCM) but ensuring all interventions are coordinated and interlinked to maximize the capacities of the teams while also improving the impact of IOM's overall response.

It is with this experience and institutional capacity that IOM aims to support the humanitarian communities' objective of delivering core lifesaving services in hard to reach areas.

C. Project Description (For _CHF Component_ only)

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[2] 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.

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

[Note the objectives below are derived from the Cluster Objectives (COs) from the draft Crisis Response Plan/Cluster Strategy].

Shelter/NFI:

- Ensure timely, targeted, and accountable delivery of basic NFI and emergency shelter materials in acute emergency (including assessment, distribution and post-distribution monitoring);

WASH

- Provide emergency water and sanitation, and promote good hygiene among displaced populations;
- Ensure provision of safe water supply and improved sanitation, and promote good hygiene within host communities and other acutely vulnerable communities

Health:

- Provide basic primary health care curative services to treat common causes of morbidity and mortality including malaria, Acute Respiratory Infections, Acute Watery Diarrhea and worm infestation
- Support PHC facilities in targeted areas with emergency buffer stock whenever required
- Conduct emergency mass vaccination campaigns in targeted communities. Support to national immunization campaigns whenever possible.
- Mentoring of existing staff if available on;
    - Emergency preparedness and communicable disease control and outbreak response
    - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues

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

To strengthen and maintain capacity to respond to an acute onset emergency through rapid deployment of a multi-sectoral mobile response team that can provide core lifesaving services (Shelter/NFI, WASH and Health) in 12 locations over a period of six months.

iii) Proposed Activities
Present the project strategy (**what the project intends to do, and how it intends to do it).** There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.   List the main activities and results 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).

IOM will establish a mobile team consisting of Shelter/NFI, WASH and Health operations staff that can respond in two locations simultaneously. Depending on the needs identified during the Inter-Agency Rapid Assessment (IRNA) the team can be quickly modified as needed (e.g. Should the ICWG task IOM to deploy the mobile team to a location where WASH response is not needed, IOM can deploy the team with only Shelter/NFI and Health responders). The proposed intervention will build upon IOM's existing capacity, as a lead of Shelter/NFI Cluster, to deploy mobile Shelter and NFI response teams, and further scale up/strengthen the response capacity by integrating a multi-sectoral approach, with a designated team leader appointed to coordinate and manage the mobile teams' responses. In addition a displacement tracking component will be imbedded into the teams to assist in gathering key information on demographics and needs of the population. The information gathered will be used specifically to support / inform activities funded through the CHF reserve allocation.

Below is a comprehensive list of activities that the IOM team aims to carry out within the 6 month timeframe of the project. Note that not all activities will be carried out in all locations. Most activities will be implemented on a case by case based on the needs identified through the IRNA.

Targets and activities are based on the assumption that IOM rapid response teams will cover up to 12 locations within a 6 month timeframe. With an average population in need estimated at 15,000[3] individuals per location. Total beneficiaries targeted are therefore: 180,000 individuals (12 locations with an average of 15,000 individuals per location = 180,000 individuals). All sector specific activities have been developed using this as the working assumption.

Specific Activities by Sector:

Shelter/NFI

- Assess emergency shelter (ES) and NFI needs of those displaced by conflict and/or natural disaster.
- Facilitate/coordinate transport of pipeline items to field locations.
- Register/verify beneficiaries where needed to ensure that vulnerable populations (female headed household, the elderly, disabled, etc.) will be prioritized for emergency shelter and NFI distribution.
- Identify and distribute appropriate items, taking into consideration needs of men/women/boys/girls and protection aspects, based on assessments.
- Liaise with the inter-cluster operational working group, RRC and ES/NFI cluster for constant information sharing on priority areas, needs and gaps.
- Participate in coordination, assessment and monitoring mechanisms.

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[33] 15,000 per location is based on the figures IOM's Shelter/ NFI Emergency Response Teams have encountered in frontline operations since the start of the crisis.

- Conduct post-distribution monitoring exercises to measure the effectiveness and appropriateness (including gender appropriateness) of responses, and ensure accountability to beneficiaries.

WASH
Water
- Repair and maintenance of hand pumps.
- Installation of emergency water treatment and distribution systems.
- Set up of motorized boreholes in IDP sites.
- Establish and train water management committees.
- Distribute emergency relief items to be supplied by the WASH cluster core pipeline.

Sanitation and Hygiene
- Construct emergency latrines where conditions permit and/or mobilization and awareness raising for adequate excreta disposal.
- Train hygiene promoters.
- Conduct at least one hygiene awareness campaign in each location.

Health
- Conduct rapid health and nutrition assessments, including coordination with the Health cluster on possible medical evacuations; and with the Nutrition cluster on nutritional screenings to assess if the levels of malnutrition are above the emergency threshold.
- Provide life-saving and sustaining primary health care services including reproductive health care through the Minimum Initial Service Package for Reproductive Care in Emergencies (MISP).
- Provide logistical support of critical drugs and medical supplies to local government and NGO primary health care partners
- Provide mass and routine vaccinations to the community, particularly children under five years of age and women of child bearing age.
- Support rapid, refresher trainings on epidemic prone diseases to local primary health care partners to build their capacity to respond to the emergency.
- Support existing efforts on early warning and disease surveillance to monitor disease trends among IDP populations.

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

IOM requires all programming to implement human rights based approaches and target interventions using a gender based analysis. IOM strives to mainstream gender analysis in all of its operations in order to ensure equitable access to services for women and men and to meet specific needs of vulnerable people such as female-headed households, pregnant and lactating women, disabled, elderly, people living with HIV/AIDS, infants and minors without guardians. Sector-specific considerations are summarized as follows:

Shelter NFI response:

Due to the nature of the mobile team's interventions, the cross cutting issues are addressed during the assessment and distribution stages of the interventions. During assessments, IOM teams ensure that all marginalized and vulnerable groups are included in information-gathering processes, be it through focus groups meetings exclusively with women or through the actual questions which are targeted to assess the unique needs of marginalized groups. During distributions, IOM ensures that all groups are treated equally and, through work with protection actors, ensures that those with special needs are given special consideration. Additionally, women's unique needs are taken into account through the distribution of kangas, which can be used as clothes, swaddling clothes, or to provide privacy.

WASH
The participation of men, women, boys and girls will be encouraged in the establishment of water management committees and hygiene promotion teams to ensure that the special needs of each group are taken into consideration. Moreover, separate sanitation facilities constructed for males and females in all locations.

Health:
Empowering women and girls to make decisions about their own health as well as promoting women's active participation at the community-level overall is a key objective of this proposal. To ensure gender equality and an increased level of trust among women beneficiaries, the project will make special emphasis on recruiting as many female staff as male (Target: 50%) and training opportunities will be extended equally to woman and men.
Health sensitization sessions will be organised at each clinic site in order to discuss important public health concerns such as prevention of water-borne illnesses such as cholera and Hepatitis E, HIV/AIDS, and SGBV. Efforts will be made to link with the WHO to provide local health partners with the necessary drugs to provide HIV treatment.

The environmental impact of health activities will be minimal as IOM will pack out all medical waste for disposal in Juba.

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.

Shelter/NFI
Outcome 1: NFI and acute emergency shelter kits are distributed based on need and are being utilized by conflict affected populations in hard to reach areas identified by ICWG.
Outputs:
- 36,000 HHs in need are assessed and distributed a life-saving basic NFI package, and 5,500 HHs are assessed and delivered a package of emergency shelter materials.

WASH

Outcome 2: Emergency water and sanitation, and promote good hygiene provided in hard to reach areas identified by the ICWG
Outputs:
- Access to safe water in remote areas improved through the installation or rehabilitation and management of water points and through the establishment of water treatment and distribution systems.
- Sanitation conditions improved through the provision and maintenance of emergency latrines.
- Good hygiene practices promoted through capacity building and awareness campaigns.

Health

Outcome 3: Emergency health care provided in hard to reach areas identified by the ICWG
Outputs:
- Health and nutrition assessments are conducted and partners are made aware within 72 hours of completing the assessment if malnutrition rates are above the emergency threshold levels and/or for coordination of a medical evacuation.
- Direct frontline and life-saving assistance is provided through the provision of primary health care for IDPs and affected host communities, including routine and mass vaccinations for children under five years of age and women of childbearing age .
- Local government and NGO health partners, if present, receive capacity building on communicable disease control, outbreak response and early warning surveillance mechanisms as well as are provided with key emergency drug kits and supplies in order to continue the provision of health care services (subject to the availability of drugs/supplies and the capacity of the partners on the ground).

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. Add as many indicators as relevant to measure your project results. Ensure these indicators will be measurable during the project implementation.

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)
Performance indicators			
	1	Number of Mobile Teams established and functional / # of staff available for deployment in emergency	1 team able to serve two locations simultaneously for multisectoral response (Wash and Health component to be scaled up through funding)
	2	Average time between ICWG Operations Group highlighting the gap and assessment team on the ground	7 days (standard across proposals)
	3	Average time between decision to respond and response team on the ground	7 days (standard across proposals)
	4	# of locations to which a mobile response team has been deployed	12
	5	Average duration of deployment on the ground	21 days (indicative, to be broken down by cluster at reporting stage)
	6	# of emergency-affected individuals whose immediate needs are met through the ARRM	180,000 beneficiaries served (93,600 women and girls, 86,400 men and boys)
Response indicators			
x	1	# of conflict affected or disaster affected people provided with NFI support	180,000 individuals (36,000 HHs)
		Women and girls	93,600 beneficiaries
		Men and boys	86,400 beneficiaries
x	2	# of conflict affected or disaster affected people provided with acute emergency shelter support	27,500 individuals (5,500 HHs)
		Women and girls	14,300 beneficiaries
		Men and boys	13,200 beneficiaries
x		# of distributions conducted (total)	Distributions carried out in 100% of the locations where the need is identified.
x		# of needs assessments conducted (total)	12 needs assessments carried out
x	5	Average time between assessment and distribution of NFI and/or ES	7 days
x		# of Post-Distribution Monitoring exercises conducted (total)	Post distribution monitoring exercises carried out in 25% of the locations where distributions took place.
x	6	# of people provided with access to safe water supply (Sphere Standard)	180,000 individuals
x	7	# of existing water points rehabilitated	48 water points
x	8	# of new latrines constructed	200 emergency latrines

x	10	# of people provided with sustained access to hygiene latrine facilities (Sphere Standard)	10,000 individuals
	9	# of people trained on health and hygiene promotion messages to be shared with their community	360 individuals (joint health and wash activity)
x	11	# of outpatient consultations, 5 years or older (disaggregated by sex)	At least 48,000 consultations provided (24,480 women and 23,520 men)
x	12	# of outpatient consultations, under 5 years (disaggregated by sex)	At least 12,000 consultations provided (6,240 girls and 5,760 boys)
x	13	# of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	180,000 individuals
x		Number of local health workers trained in emergency preparedness and response	at least 80% of local health workers identified are trained.
x	14	# measles vaccinations given to children under 5 in emergency or returnee situation	80% of under 5 boys and girls are vaccinated for measles (4,992 girls and 4,608 boys)

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.

This project will be directly implemented by IOM in close coordination with the ICWG Operational Group.
IOM will regularize and strengthen its existing capacity to deploy a rapid response team, based in Juba, in response to acute onset of emergency/protracted emergency situations in hard to reach locations where no responders are on the ground to deliver life-saving services and/or assess/monitor humanitarian conditions. The multi-sectoral team, comprised of experienced staff in Shelter/NFI, WASH and Health will be made available for the duration of six months, with a capacity to respond in two locations simultaneously. In addition to field teams an overall coordinator will be based in Juba, regularly communicating with the team and relevant stakeholders to reduce delays and ensure that field teams are provided with sufficient support to carry out activities is identified field locations. The composition of the team deployed to the field is determined based on the needs, and assessed per deployment.
It is important to highlight that the multi-sectoral rapid response team is a new structure that is being created within IOM with components of the team already in place. The CHF funding will ensure appropriated scale-up of the existing multisectoral team to increase its reach and ensure 2 locations can be served simultaneously in NFI, WASH and/or Health based on assessed needs. For instance, the Shelter/NFI and DTM field staff are already in place and the technical experts for WASH and Health are already in place. Establishment of the team is ongoing with new staff ready to be deployed to South Sudan once funding is confirmed.

viii) 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[4].

Project operations will be monitored under the overall management of the Rapid Response Team Leader based in Juba. The Mission's main office in Juba will also provide overall financial management and oversight of activities. Regular internal reporting will be provided by all field teams on a regular basis. Technical experts (in Health, WASH and Shelter/NFI) will provide guidance to the teams and will also work with the Rapid Response Team leader to provide the technical oversight and monitoring of activities.

Technical staff from these teams will be ready to participate in IRNAs to locations where IOM may be asked to respond. In addition to this, separate in depth technical assessments, particularly for WASH and Health, may be carried out in field locations if the need is identified.

IOM will produce regular updates on the progress of field activities that will be shared with the ICWG Operations Group. Internal reporting, monitoring and evaluation will take note of all constraints or impediments to activities in order to undertake a regular evaluation of project goals and implementing strategies. As with all past projects supported by the CHF, IOM will adhere to the reporting requirements and submit narrative and financial reports within the agreed upon timeframe.
In addition to the regular monitoring of selected output indicators, IOM will inform the CHF Technical Secretariat at the beginning of the project on the establishment and operationalization of the mobile teams. At the end of the project, IOM will report on the follow-up to the response by the mobile team, notably whether the mobile response was followed by the establishment or the return of an NGO in the area.

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[4] 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.

E. 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)
CHF SA1 (January 2014) NFI frontline response (01.01.2014 to 31.12.2014)	1,048,800

SECTION III:

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. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		
CHF Allocation I.D: 14/R/501 **CAP Code:** NFI&ES **-** SSD-14/S-NF/60850; WASH - SSD-14/WS/60735; Health - SSD-14/H/60554	**Project title**: Improving Humanitarian Response in Hard to Reach Areas through the deployment of IOM Mobile Rapid Response Teams in South Sudan CRP Project titles: *1. Provision of Emergency NFIs and Shelter to IDPs, returnees, and host communities in South Sudan (SSD-14/S-NF/60850)* *2. Provision of emergency WASH assistance for vulnerable populations in South Sudan (SSD-14/WS/60735)* *3. Sustaining Life-saving Primary Health Care Services and respond to epidemics for Vulnerable IDPs, Returnees and Affected Host Communities in Upper Nile, Unity, and Jonglei states (SSD-14/H/60554)*	*Organisation: International Organization for Migration (IOM)*

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	*Assumptions and Risks*
Goal/Impact (cluster priorities)	Improve overall ability of the humanitarian community to provide core lifesaving assistance to affected populations in hard to reach areas	1) Number of crisis affected individuals provided with assistance (Target: 180,000 individuals) 2) % of hard to reach locations identified and referred to IOM by ICWG and reached by the mobile team. (Target: 100%)	IOM reports, including DTM reports	*Sufficient supply and transport assets are available, and access is possible considering both security and weather.*
CHF project Objective	To strengthen and maintain capacity to timely respond to an acute onset emergency through rapid deployment of a multi-sectoral mobile response team that can provide core lifesaving services (Shelter/NFI, WASH and Health) in two hard to reach areas simultaneously for a period of six months.	1) Number of crisis affected individuals provided with assistance (Target: 180,000 individuals) 2) Number of hard to reach locations where mobile teams were deployed and assistance provided (Target: 12 locations). 3) Rapid Response Team established and deployed to field locations upon the request of the ICWG (Target: 1 Rapid response team able to respond in 2 locations simultaneously. Total 12 locations)	IOM reports, including DTM reports Feedback from Shelter/NFI, WASH and Health clusters.	ICWG are able to identify locations in need of assistance and task the IOM team to respond.

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	*Assumptions and Risks*
Outcome 1 (Shelter NFI)	NFI and acute emergency shelter kits are distributed based on need and are being utilized by conflict affected populations in hard to reach areas identified by ICWG.	Number of NFI/ES kits distributed in hard to reach areas	Response team mission TORs Assessment, verification and distribution reports Cluster stock and distribution database Port-distribution monitoring reports	Areas prioritized for response are secure and accessible. Pipeline has sufficient stock to withstand additional stress brought on by the proliferation of mobile teams. Sufficient transport assets are available for both cargo and personnel. Lack of partners on the ground triggers a response by the IOM mobile response team
Output 1.1	*Households in need are assessed and distributed a life-saving basic NFI package and/or emergency shelter materials.*	*Number of people provided with NFI support* *Number of people provided with emergency shelter materials/support* *Number of needs assessments conducted* *Number of distributions conducted* *Number of post-distribution monitoring exercises conducted* *Average response time between assessment and distribution of NFI and/or ES*	Response team mission TORs Assessment, verification and distribution reports Cluster stock and distribution database Post-distribution monitoring reports	Areas prioritized for response are secure and accessible. Pipeline has sufficient stock to withstand additional stress brought on by the proliferation of mobile teams. Sufficient transport assets are available for both cargo and personnel. Lack of partners on the ground triggers a response by the IOM mobile response team
Activity 1.1.1	Assess emergency shelter (ES) and NFI needs of those displaced by conflict and/or natural disaster.			
Activity 1.1.2	Facilitate/coordinate transport of pipeline items to field locations.			
Activity 1.1.3	Register/verify beneficiaries where needed to ensure that vulnerable populations (female headed household, the elderly, disabled, etc.) will be prioritized for emergency shelter and NFI distribution.			
Activity 1.1.4	Identify and distribute appropriate items, taking into consideration needs of men/women/boys/girls and protection aspects, based on assessments.			
Activity 1.1.5	Liaise with the inter-cluster operational working group, RRC and ES/NFI cluster for constant information sharing on priority areas, needs and gaps.			
Activity 1.1.6	Participate in coordination, assessment and monitoring mechanisms.			
Activity 1.1.7	Conduct post-distribution monitoring exercises to measure the effectiveness and appropriateness (including gender appropriateness) of responses, and ensure accountability to beneficiaries.			
Outcome 2 (WASH)	Emergency water and sanitation, and promote good hygiene provided in hard to reach areas identified by the ICWG	*Number of people that gained access to safe water supply* *Number of people provided with access to hygiene latrines facilities*	IOM report, including DTM reports IRNA assessment	Security conditions allow the implementation of the activities Weather conditions allow for the construction/rehabilitation of WASH facilities Communities are willing to participate in the project activities and access the services provided by the team. Lack of partners/insufficient response capacity on the ground triggers a response by the IOM mobile response team

	Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	*Assumptions and Risks*
Output 2.1	*Access to safe water in remote areas improved through the installation or rehabilitation and management of water points; through the establishment of water treatment and distribution systems; and/or the distribution of emergency relief items*	Number of existing water points rehabilitated Number of water treatment and distribution systems installed Number of WASH relief items distributed	IOM report WASH cluster report WASH pipeline report	Security conditions allow the implementation of the activities Weather conditions allow for the construction/rehabilitation of WASH facilities Communities and authorities are supportive to the project activities Lack of partners/insufficient response capacity on the ground triggers a response by the IOM mobile response team WASH emergency relief supplies are provided by the cluster core pipeline in a timely manner.
Activity 2.1.1	Repair and maintenance of hand pumps			
Activity 2.1.2	Installation of emergency water treatment and distribution systems.			
Activity 2.1.3	Set up of motorized boreholes in IDP sites.			
Activity 2.1.4	Establish and train water management committees.			
Activity 2.1.5	Distribute emergency WASH relief items subject to the provision of the supplies from the cluster core pipeline.			
Output 2.2	*Sanitation conditions improved through the provision and maintenance of emergency latrines.*	Number of new emergency latrines constructed	IOM report WASH Cluster report	Security conditions allow the implementation of the activities Weather conditions allow for the construction/rehabilitation of WASH facilities Communities are willing to participate in the project activities and access the services provided by the team Lack of partners/insufficient response capacity on the ground triggers a response by the IOM mobile response team
Activity 2.2.1	Construction of emergency latrines.			
Output 2.3 [Note: This is a common output for WASH and Health response]	*Good health and hygiene practices promoted through capacity building and awareness campaigns.*	*Number of locations where trainings were conducted Number of locations where awareness campaign were conducted Number of awareness campaign conducted Number of trainings conducted Number of people trained on health and hygiene promotion messages to be shared with their communities*	IOM report	Sites remain accessible to implement the project activities Communities are willing to participate in the project activities Lack of partners/insufficient response capacity on the ground triggers a response by the IOM mobile response team
Activity 2.3.1	Training of health and hygiene promoters in all locations.			
Activity 2.3.2	At least one hygiene awareness campaign conducted in each location			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	*Assumptions and Risks*
Outcome 3 (Health)	Emergency health care provided in hard to reach areas identified by the ICWG	# of direct beneficiaries from drugs supplies	drug consumption reporting as compared to the number of consultations	that 100% consultations will include prescription of medication.
Output 3.1	*Health and nutrition assessments are conducted and partners are made aware within 72 hours of completing the assessment if malnutrition rates are above the emergency threshold levels and/or for coordination of a medical evacuation.*	*Percentage of cases identified and referred to partners*	Health Cluster report Referral record	Security conditions allow the implementation of the activities Lack of partners/insufficient response capacity on the ground triggers a response by the IOM mobile response team
Activity 3.1.1	Conduct rapid health and nutrition assessments, including coordination with the Health cluster on possible medical evacuations; and with the Nutrition cluster on nutritional screenings to assess if the levels of malnutrition are above the emergency threshold			
Output 3.2	*Direct frontline and life-saving assistance is provided through the provision of primary health care for IDPs and affected host communities, including routine and mass vaccinations for children under five years of age and women of childbearing age .*	*Number of outpatients consultations under five* *Number of outpatients consultations of five and older* *Number of measles vaccinations given to < 5 in emergency or returnee situation*	IOM mobile team report Health Cluster state focal point report EPI reports	Security conditions allow access to the target population Beneficiaries are willing to access services in IDP sties Lack of partners/insufficient response capacity on the ground triggers a response by the IOM mobile response team
Activity 3.2.1	Provide life-saving and sustaining primary health care services including reproductive health care through the Minimum Initial Service Package for Reproductive Care in Emergencies (MISP).			
Activity 3.2.2	Provide mass and routine vaccinations to the community, particularly children under five years of age and women of child bearing age.			
Output 3.3	*Local government and NGO health partners, if present, receive capacity building on communicable disease control, outbreak response and early warning surveillance mechanisms as well as are provided with key emergency drug kits and supplies in order to continue the provision of health care services (subject to the availability of drugs/supplies and the capacity of the partners on the ground).*	*Number of healthcare units provided with key emergency drug kits and supplies* *Number of local health workers trained in emergency preparedness and response*	Receipts of the kits by healthcare units Training attendance sheets	Security conditions allow the implementation of the activities Drugs/supplies are available (to be provided by WHO/UNICEF) Functional healthcare units exist on the ground to be qualified for receiving drugs and supplies
Activity 3.3.1	Provide logistical support of critical drugs and medical supplies to local government and NGO primary health care partners			
Activity 3.3.2	Support rapid, refresher trainings on epidemic prone diseases to local primary health care partners to build their capacity to respond to the emergency.			
Outcome 4	Increased access to timely life-saving services for emergency affected vulnerable populations	- Average time between ICWG Operations Group highlighting the gap and assessment team on the ground - Average time between decision to respond and response team on the ground - Average duration of deployment on the ground	- Emergency assessment reports - Emergency intervention reports - Monthly project monitoring reports	- Security situation allows for staff members to access hard to reach areas and access is granted by all parties - Good cooperation with the Logs Cluster and transport options allow for timely deployment

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	*Assumptions and Risks*
Output 4.1	*Multi-sectoral mobile emergency response teams are deployed for service provision in hard to reach areas*	*# of locations to which a mobile response team has been deployed for an intervention* *# of staff/teams available for deployment in emergency*	*Emergency intervention reports* *Monthly project monitoring reports*	*International staff are able to obtain necessary visas and work permits*
Activity 4.1.1	Mobilise emergency response teams for Health, Wash and NFI&ES in 12 locations			

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	1 July 2014	Project end date:	31 December 2014

Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Roll out DTM in all locations where field teams are deployed							x	x	x	x	x	x
Assess emergency shelter (ES) and NFI needs of those displaced by conflict and/or natural disaster							x	x	x	x	x	x
Facilitate/coordinate transport of pipeline items to field locations.							x	x	x	x	x	x
Register/verify beneficiaries where needed to ensure that vulnerable populations (female headed household, the elderly, disabled, etc.) will be prioritized for emergency shelter and NFI distribution.							x	x	x	x	x	x
Identify and distribute appropriate items, taking into consideration needs of men/women/boys/girls and protection aspects, based on assessments.							x	x	x	x	x	x
Liaise with the inter-cluster operational working group, RRC and ES/NFI cluster for constant information sharing on priority areas, needs and gaps.							x	x	x	x	x	x
Participate in coordination, assessment and monitoring mechanisms.							x	x	x	x	x	x
Conduct post-distribution monitoring exercises to measure the effectiveness and appropriateness (including gender appropriateness) of responses, and ensure accountability to beneficiaries							x	x	x	x	x	x
Repair and maintenance of hand pumps							x	x	x	x	x	x
Installation of emergency water treatment and distribution systems.							x	x	x	x	x	x
Set up of motorized boreholes in IDP sites.							x	x	x	x	x	x
Establish and train water management committees							x	x	x	x	x	x
Distribute emergency relief items to be supplied by the WASH cluster core pipeline.												
Construct emergency latrines where conditions permit and/or mobilization and awareness raising for adequate excreta disposal.							x	x	x	x	x	x
Train hygiene promoters.							x	x	x	x	x	x
Conduct at least one hygiene awareness campaign in each location.							x	x	x	x	x	x
Conduct rapid health and nutrition assessments, including coordination with the Health cluster on possible medical evacuations; and with the Nutrition cluster on nutritional screenings to assess if the levels of malnutrition are above the emergency threshold.							x	x	x	x	x	x
Provide life-saving and sustaining primary health care services including reproductive health care through the Minimum Initial Service Package for Reproductive Care in Emergencies (MISP).							x	x	x	x	x	x
Provide logistical support of critical drugs and medical supplies to local government and NGO primary health care partners							x	x	x	x	x	x
Provide mass and routine vaccinations to the community, particularly children under five years of age and women of child bearing age.							x	x	x	x	x	x
Support rapid, refresher trainings on epidemic prone diseases to local primary health care partners to build their capacity to respond to the emergency.							x	x	x	x	x	x
Support existing efforts on early warning and disease surveillance to monitor disease trends among IDP populations.							x	x	x	x	x	x
Activity 4.1.1 - Mobilise emergency response teams for Health, Wash and NFI&ES							x	x	x	x	x	x

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

CHF Reserve Grant Request Review Section – Internal

Reviewer		Justification/clarification/recommendations
Function/Title:	Cluster Coordinator or co-coordinator	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : ☐ Yes ☐ No	
Function/Title:	State-level focal point	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : ☐ Yes ☐ No	
Function/Title:	CHF Technical Secretariat	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : ☐ Yes ☐ No	
Function/Title:		
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : ☐ Yes ☐ No	
PRT Recommendation		
Names	Organisation:	Title	

Grant recommended :		

Grant recommended :

1. ☐ Yes with no further revision

2. ☐ Yes subject to revision (TS to confirm revision)

3. ☐ Yes subject to revision (PRT to confirm revision)

4. ☐ Not recommended