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 CRP a project sheet must also be prepared and submitted into OPS.

CHF Reserve No.	14/R/504
Date Received:	
CRP Project	☒ Yes ☐ No
Focal point:	

To be filled in by the CHF Technical Secretariat

CHF Reserve Grant Request Summary

Requesting Organisation:	**UNICEF**
Project Title:	Provision of mobile services for Area Rapid Response Model (ARRM) in Health, Nutrition, Child Protection and WASH. CRP Project titles: 1. [CRP project title: Strengthening the delivery of the Minimum Maternal and Child Health Care package, including the provision of integrated community case management of early childhood illness and focussed antenatal care in an efficient, equitable and sustainable manner for the reduction of morbidity and mortality among IDPs, Returnees, Refugees and host population]; 2. [CRP project title: Life-saving nutrition intervention in South Sudan] 3. [CRP project title: Protecting boys and girls affected by conflict and other emergencies in South Sudan]; 4. [CRP project title: Strengthened coping mechanisms and capacity in emergency WASH preparedness, response and coordination in South Sudan].
Project Code (if CRP project):	SSD-14/H/60427, SSD-14/H/60303, SSD-14/P-HR-RL/60583, SSD-14/WS/61038
Cluster/Sector:	Health, Nutrition, Child Protection, and WASH,

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
	ARRM locations will be identified through the ICWG		
	Jonglei	TBD	TBD
	Unity	TBD	TBD
	Upper Nile	TBD	TBD

Targeted population	**IDPs and host communities**
Total project budget:	**US$ 77,113,336 (Health: $4,585,623; Nutrition: $43,700,000; Protection: $9,227,713; WASH:$19,600,000)**
Amount requested from CHF Reserve:	**US$ 6,748,166** (Health- **$1,343,762**; Nutrition - **$1,631,750**; Protection - **$2,642,151**; WASH - **$1,130,502**)
Are some activities in this project proposal co-funded?	Yes[1] ☒ *(if yes, list the item and indicate the amount under column in of the budget sheet)* No ☐ *(if no, indicate if additional funding will be sought to complement the CHF Reserve in section II/B)*
Project Duration	**12 months** **15 July 2014 to 14 July 2015**
Total number of direct beneficiaries targeted by the CHF Reserve grant request (disaggregated by sex/age)[2]:	Child Protection: 56,000 children (FTR: 2,000; PSS: 26,000 and integrated awareness: 28,000 WASH: 200,000 people,

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[1] At the stage of the project proposal, UNICEF 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. This information will be provided at the reporting stage.

	Health: 100,000 children Nutrition: 100,000 children under five
Implementing partners:	TBD

Project Contact Details: Organization's Address	Organization's Country Office UNICEF, Totto Chan Compound, PO Box 45, Juba, South Sudan	Organization's HQ *Name, Email, telephone* *Name, Email, telephone* *Name, Email, telephone*
Project Focal Person	Tsedeye Girma, tgirma@unicef.org, 0955 026 512	
Finance Officer	Mable Ng'andu, mngandu@unicef.org, 0955 917 123	
Country Director	Jonathan Veitch, jveitch@unicef.org, 0912 176 444	

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[2] These are targets based on the RRM missions conducted so far and average people/children reached. Targets will be update in line with cluster targets for hard to reach areas when these locations have been agreed to and targets refined.

A. Humanitarian Context Analysis
- In approximately 500 words briefly describe the humanitarian situation in the specific region/area where CHF Reserve activities are planned for with reference to assessments and key data, including the number and type of the affected population[3].
- Also explain relation to the work of other partners in the area.

People affected by the current crisis can be broadly categorized as being located in three settings: POC sites (where UNMISS provides physical protection and facilitates humanitarian assistance); settlements such as Mingkaman; and 'hard to reach' areas often with transient populations. There is also a refugee caseload.

Although more than 60 initial rapid needs assessments (IRNAs) have been conducted, in many cases response in hard to reach areas has been delayed and/or incomplete, or in some cases absent. The time lag between assessment, commitment to respond, and actual smaller number (those in POC sites and some settlements) have received a disproportionately higher level of support as compared to a much larger number of people facing life-threatening risks in hard to reach areas.

The Area Rapid Response Model aims to strengthen a coordinated approach to conducting multi-sectoral assessments and emergency response in targeted hard to reach areas. It aims to empower those who can contribute most to achieving results to be able to do so under a collective mode of results oriented planning, action, and monitoring. The model aims to engender more predictable action, and to reinforce requirements and accountability for clear and visible plans, concerted attention to overcoming practical impediments to carrying out such plans, and clear and visible tracking of progress against plans. There is residual capability dispersed across operational organisations which can be better utilised through strengthened coordination and targeted investments, extending reach on the ground.
response has often been significant. All affected people have equal rights to protection and assistance however in practice a

The nature of the crisis with fluid conflict and front lines, as well as by changes in conditions due to weather, means that there may be numerous scenarios which may require a variable combination of (A) <u>centrally deployed mobile services</u> and (B) <u>strengthened capacity on the ground for sustainable response</u>. For the purposes of describing the model, two stylised and simplified scenarios are outlined:

Scenario 1
In these hard to reach areas there are no organisations on the ground with established presence and sufficient capacity to provide the required level of response across the prioritised sectors (FSL, Health, NFI/ES, Nutrition, Protection, WASH). The objective of the model, in the first instance, is to provide mobile services to establish temporary capacity for assessment and response during time bound periods. Mobile teams will be deployed with the requisite information and tools, personnel, supplies and logistical support to assess and assist the population found in the target location, before withdrawal. (If the deployment verifies that conditions are viable, information obtained may support planning for establishing and strengthening sustained presence on the ground).

Scenario 2
In these hard to reach areas there may be one or more organisations already on the ground with established presence and ongoing operations. This is the preferred scenario, where the objective of the model is to strengthen presence and capacity on the ground and expand reach within the potential catchment area. 'First provider' organisations with an established presence on the ground, or capable of establishing themselves, will be identified, potentially two organisations in each hard to reach area which between them can have the capacity to act as first providers across all of the prioritised sectors (FSL, Health, NFI/ES, Nutrition, Protection, WASH). (Periodic deployment of mobile teams when needed can support the consolidation and expansion of operations by first providers in the viable catchment area).

List of assessments and key data, including the number and type of the affected population:
1. Interagency Rapid Needs Assessments (IRNAs) conducted in hard to reach areas (e.g. Koch, Leer, Wau Shiluk, Old and New Fangak) – overview of the situation, priority humanitarian needs, partners' presence and gaps.
2. Security Risk Assessments (SRAs) conducted in hard to reach areas (e.g. Nihaldu, Koch, Kodok) – overview of the security situation and clearance of an area before the ARRM teams can deploy.
3. Partners' reports on vulnerabilities and protection concerns in hard to reach areas (e.g. Report from Nonviolent Peaceforce: Capacities and Vulnerabilities assessment in Leer)

B. Grant Request Justification
- In approximately 300 words describe why CHF Reserve funding is sought for this project, and why this particular activity is important. Explain why the activity is time critical and need rapid funding through the CHF Reserve.
- Confirm that your organization's internal reserves or other donor funds are not immediately available and/or appropriate to fund the proposed activities. Please provide information on which donors or what other funding sources have been approached.
- Briefly describe the value added by your organization
- Describe why this activity was not funded through the CHF standard allocation process, and what has changed since that process was completed to make this project emerge as a priority.

As of 31 May, violence and fear have forced over 1.4 million people from their homes. One million people are displaced within the country, and some 366,000 people have fled to Ethiopia, Kenya, Sudan and Uganda. More than 95,000 people have fled to 8 UN bases, where they live in protection of civilians (PoC) sites with the remaining 905,000 displaced living in hard to reach areas. While needs are still significant for the IDPs living in UNMISS POC sites and Minkamen, a significant coordinated response is on-going to meet critical needs. However, 90% of the total population in need of assistance in South Sudan are in locations that are extremely

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[3] 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.

difficult to access due to security, logistical and human resources constraints. Agencies in South Sudan have struggled to access these populations and the response has been largely insufficient.

To address this UNICEF has developed a rapid response mechanism to address critical gaps in humanitarian needs of affected populations beyond PoCs and IDP sites where the situation is still fluid and the population difficult to reach. UNICEF has established mobile teams to reach this population with a minimum package of high impact lifesaving activities. To date, UNICEF has implemented missions to 15 locations and reached over 67,500 children under five.

UNICEF is able to mobilise multi-sector teams to provide an initial high impact integrated rapid response and whilst on the ground is able to assess support needed for longer term programming. A key component of this approach is to identify and support partner organizations to return to field locations to ensure longer term programming which is essential.

C. Project Description (For __CHF Component__ only)

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.

Protection Cluster Priorities:
CO1: Scale up protection monitoring, advocacy and response to mitigate the effects of the rise in violence and increased protection concerns for IDPs, host communities, and migrants
CO2: Enhance protection of children, adolescents and other vulnerable groups affected by crisis, with an emphasis on identification of separated, unaccompanied or missing children and family tracing and reunification, as access permits
CO3: Provide timely, safe, and high-quality child and gender-sensitive prevention and response services to survivors of GBV
CO4: Promote psychosocial well-being of children through community-based support

WASH:
CO1: Provide emergency water and sanitation, and promote good hygiene among displaced populations; and
CO2: Ensure provision of safe water supply and improved sanitation, and promote good hygiene within host communities and other acutely vulnerable communities

Health Cluster Priorities:
CO2: Provide emergency primary healthcare services and the minimal initial service package (MISP)
CO3: Respond to health-related emergencies, including prevention and control of communicable diseases

Nutrition:
CO1: Deliver quality, life-saving, management of acute malnutrition for at least 75 per cent of SAM cases and at least 60 per cent of MAM cases in all vulnerable groups
CO2: Provide access to programmes preventing malnutrition for at least 80 per cent of vulnerable people

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

These are targets based on the RRM missions conducted so far and average people/children reached. Targets will be update in line with cluster targets for hard to reach areas when these locations have been agreed to and targets refined.

Protection:
To ensure core child protection and gender based violence services are established and functional in 10 new hard to reach locations, reaching at least 56,000 children (cumulatively – average of 1,800 children per mission).

WASH:
The main objective of the project is to provide minimum WASH services to 200,000 IDPs and vulnerable host communities (average of 6,600 people per mission) in hard to reach areas of Upper Nile, Jonglei and Unity states.

Health:
- At the completion of every RRM mission 90% (100,000 – average of 3,300 children per mission)) of all children under 15 years who have not been reached with integrated measles/polio vaccination at least within last 6 months have received vaccination and are protected against polio and measles disease and receive emergency curative Primary Health Care services for vulnerable populations with limited or no access to health services focusing in particular on malaria, ARI and AWD
- Re-establish cold chain system for safe storage of vaccines in all locations during and after RRM missions.

Nutrition
The objectives for the nutrition component of the multi-sectoral approach (RRM) are to:
- Conduct rapid sectoral assessment on the nutritional situation of children (Acute malnutrition for children 6-59 months old and IYCF for children under two years of age) – 100,000 children under five screened (average of 3,300 children per mission).
- Assess the nutrition response capacity in the newly accessed areas.
- Identify potential support personnel/partners for service delivery.
  Initiate and expand the essential nutrition emergency response (IYCF, Severe Acute Malnutrition, micronutrients) and support nutrition sensitive response (Health, WASH).

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.
<u>List the main activities and results to be implemented with CHF funding.</u> As much as possible link activities to the exact location of the operation and the corresponding number of <u>direct beneficiaries (broken down by age and gender to the extent possible).</u>

Protection:
During RRM missions and immediately following these missions, UNICEF will:**FTR:**
- Identify, register and commence tracing (where possible) of unaccompanied, separated and missing girls and boys; where necessary, ensure temporary care placements and other emergency support, including mobilising community volunteers where necessary
- Establish partnerships, where necessary, to provide ongoing monitoring and follow up to children in interim care; and support reunification, where possible.

Psychosocial Support
- Assess immediate psychosocial needs and capacities of the affected community
- Strengthen and/or develop and commence community based psychosocial support activities, including mobilising community volunteers, establishing child-friendly spaces and initiating wider-ranging community based psychosocial support programmes

Prevention
- Conduct prevention of family separation and GBV prevention and response awareness campaigns at food distribution sites and other identified community gatherings to build resilience and self-protection skills, particularly in adolescents.

Monitoring and Reporting
- Where relevant and appropriate, support the monitoring and reporting of grave child rights violations, and monitoring of the broader child protection situation, through direct identification and verification; training and ongoing mentoring of new partners

Coordination
- Support children who have other child protection risks with referrals and assist to access other protection services, where available.

In addition, UNICEF will provide day to day technical support, including training and regular onsite and remote coaching and mentoring to enable community networks and partners to maintain minimum standards of service delivery, strengthen internal M&E systems and link these networks and partners with the broader Protection and Humanitarian community. UNICEF will continue to provide information and technical support to partners and the broader Protection Cluster to ensure continuity of service delivery.

WASH:
- Distribution of Emergency WASH supplies including soap, hygiene kits and water containers
- Demonstration and distribution of water purification items
- Training of hygiene promoters and hygiene promotion
- Rehabilitation of water points and training of pump attendants
- Rehabilitation of WASH facilities in health centres and schools

Health:
- Conduct mapping of health partners, cold chain network or existence and government structures in areas of possible RRM missions.
- Train 200 health cadres (community cadres) on micro-planning and rapid immunization sessions in RRM locations.
- Monitor and provide supportive supervision during rapid integrated immunization sessions at RRM locations.
- Institute follow-up mechanisms for immunization against measles/polio including missed children after RRM missions.
- Conduct cold chain repairs and establish temporary cold chain facilities during RRM missions.
- Provide support to health facilities on the ground as appropriate, including the provision of technical support, public health materials, basic primary healthcare kits (PHC kits) and midwifery kits and receive emergency curative Primary Health Care services for vulnerable populations with limited or no access to health services focusing in particular on malaria, ARI and AWD
- Rapid capacity building of NGO personnel or community individuals to ensure identified gaps in service provisions are covered

Nutrition
- Rapid assessment of the nutrition situation of children, pregnant and lactating women
- Assessment of identified nutrition service providers including review of existing technical and human resource capacity, commodities management capacity
- Rapid capacity building of NGO personnel or community individuals to ensure identified gaps in service provisions are covered
- Direct/indirect service delivery for the Initiation/expansion of selected nutrition specific interventions for young children, pregnant lactating women such as: SAM management, IYCF-E, immunization, management of diarrhea.
- Direct/indirect service delivery for the promotion of nutrition sensitive interventions, particularly water, sanitation and hygiene interventions.
- Planning for the continuation of service provision with pre-existing or newly identified partners and defining programme progress milestones including follow-up RRM-Nutrition monitoring visits after the first deployment of the RRM-Nutrition team.

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

Gender
Gender mainstreaming will be promoted at all stages of project implementation. The hygiene kits include components that support menstrual health. The water collection containers will include smaller ones to enable boys and the weaker adults carry water. This will

assist reduce the burden on girls and women, as well as support aids sufferers who are weaker. In addition women will be equally represented in the WASH committees and the hygiene promoters engaged by the project.

During RRM mission all children (male and female) will be given equal opportunity to access child protection services, integrated measles/polio, deworming, vitamin supplementation and nutrition services. In addition, the GBV activities will focus predominantly on females.

UNICEF technical support to the FTR and PSS activities will place special emphasis on adherence to agreed SOPs and minimum service delivery standards, including gender-sensitive provisions and requirements to ensure that the most appropriate psychosocial response with regards to gender and age. All activities in this project will be planned and implemented based on the recommendations of the IASC gender-handbook in humanitarian actions.

Environment
In general the targeted activities in this project are not expected to have an adverse environment impact. However environmental assessment of project activities will be mainstreamed in the overall Monitoring and Evaluation system of the emergency project. The project will ensure consultation with communities and ensure mitigation measures for any possible environmental impact.

HIV/AIDS
Promotion of household water treatment and distribution of emergency WASH items will ensure that the patients drink safe water, thus protecting them from WASH related diseases. The hygiene messages promoted will assist improve the life practices like hand-washing, protecting them from attacks by WASH related diseases. HIV/AIDS will be included in the life skills for the child friendly centers and community based psychosocial activities. To the extent possible, PEP kits will be supplied to health centers (one per centre), and health workers trained on its usage.

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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.

Protection:
- 100% identified unaccompanied or separated children are reunited with their families/caregivers or placed in protective alternative care arrangements (estimated reach of 2000 children)
- 26,000 children reached with ongoing community based psychosocial support services strengthened or commenced during the RRM
- At least 28,000 girls and boys from 30 communities reached with family separation prevention, GBV behaviour change messages and MRE (where appropriate) (these will be the same girls and boys reached through psychosocial support services)
- Service delivery is continued in at least 8 targeted sites, with sufficient capacity and systems to continue service delivery where future resources are available; and to contribute to MRM and broader child protection situation monitoring where appropriate.

WASH:
- 200,000 IDPs and vulnerable host communities reached with basic emergency WASH supplies including soap, hygiene kits, water purification tablets and water containers
- 100,000 people reached with hygiene promotion messages
- 1,500 hygiene promoters trained
- 50,000 people provided with safe water supply through rehabilitation of water points
- 15 schools and health centres provided with improved water and sanitation facilities

Health:
- Over 100,000 Children are protected against measles and polio which are deadly childhood conditions and receive emergency curative Primary Health Care services for vulnerable populations with limited or no access to health services focusing in particular on malaria, ARI and AWD
- Cold chain facilities functioning in all RRM locations.
- Children received potent and viable vaccines.
- Health cadres at RRM locations have basic knowledge of rapid integrated immunization session and primary healthcare services (including maternal health) and are able to extend this to nearby locations.

Nutrition
- At least 100,000 children 6-59 months old screened for acute malnutrition
- Severely malnourished children (at least 6,000) admitted into a SAM programme and programme performance falls within the sphere standards
- At least 100,000 children aged 6-59 months supplemented with vitamin A
- At least 90,000 children aged 12-59 months dewormed

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.	# mobile teams formed/available for the response	3 full multi-sectoral teams to be deployed as part of this project

	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.	Average duration of deployment on the ground	3-5 weeks (indicative)
	5.	# of locations to which a mobile response team has been deployed	30 locations to be reached, at minimum once, during the funding period
	6.	# of emergency-affected individuals whose immediate needs are met through the ARRM	400,000 people, including a minimum of 200,000 children (Overall target based on results of RRM missions from March – June 2014.)
Response indicators			
x		# of Post-Distribution Monitoring exercises conducted (total)	Post distribution monitoring exercises carried out in 25% of the locations where distributions took place.
CP	7.	# of protection teams deployed in disasters and emergencies, and other vulnerable locations	30
CP	8.	# of outreach initiatives providing lifesaving information conducted	30
CP	9.	# of identified and registered separated / unaccompanied children reunited with their families or alternative care arrangements assured	2,000
WASH	10.	# # of people trained on hygiene promotion messages to be shared with their community	1,500
WASH	11.	# of people provided with sustained access to safe water supply (SPHERE Standard)	200,000
WASH	12.	# of people provided with safe water supply through rehabilitation of water points	50,000
Health	13.	# of children reached with measles, polio, deworming and vitamin A interventions	100,000 (0-15 years, 40% girls)
Health	14.	% of cold chain facilities functioning in RRM locations	100%
Nutrition	15.	# of children 6-59 months old screened for acute malnutrition via the RRM	100,000
Nutrition	16.	# of children 6-59 months admitted on a SAM management programme	6,000 (6-59 months, 40% girls)
Nutrition	17.	# of PLW women accessed IYCF-E messaging	40,000
X WASH	18.	# of people provided with sustained access to hygienic latrine facilities	40,000
X WASH	19.	# of new latrines constructed *This is part of the follow up interventions of RRM missions, in support to the community and partners. During the RRM, UNICEF will support in the identification of sites and provision of technical support to build quality latrines.*	400
X WASH	20.	# of rehabilitated latrines *This is part of the follow up interventions of RRM missions, in support to the community and partners. During the RRM, UNICEF will support in the identification of sites and provision of technical support to build quality latrines.*	400

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.

The Area Rapid Response Model builds on important existing practices and established coordination architecture, including the ICWG, individual clusters with coordinators and co-coordinators and pipeline managers / pipeline lead agencies, under the leadership of the HC supported by the HCT.

The ICWG is accountable to the HC/HCT for the implementation of the model. OCHA is tasked to ensure that this and other ongoing initiatives (including the ECHO funded EP&R initiative; the OFDA funded RRF through IOM; and ongoing coordinated response in hard to reach areas by FAO/UNICEF/WFP) are closely coordinated so that the maximum number of people in need can be reached. Overviews of progress and challenges will be a priority agenda item at ICWG meetings. In addition, a smaller Operational Working Group of the ICWG will meet frequently with representation of the six prioritised clusters as well as the Logistics Cluster. Other organisations such as ICRC and MSF will ideally be part of these meetings to ensure synergy with their ongoing operations. Donors may participate in order to enhance coherence between operations and financial flows.

ICWG Operational Working Group meetings will be focused on concrete planning, on following up on practical requirements for delivery of assistance on the ground, and on tracking of progress against previously established plans. The outputs of these meetings will be planning and reporting documents, to be made visible to all stakeholders. The Operational Working Group will produce updates on financial requirements, for donor information and coordination.

Organisations providing mobile services and organisations acting as first providers on the ground will have sight of ICWG planning processes and outputs, including information related to supplies and logistical support through pipeline managers and the Logistics Cluster. The ICWG operational working group will establish the schedule and composition of cross sectoral mobile deployments in line with priorities for response, calling upon the participation of organisations pre-funded to provide mobile services. Similarly the ICWG operational working group will maintain close liaison with organisations pre-funded to be first providers on the ground, ensuring linkages to mobile deployments as may be required.

UNICEF aims at ensuring that an integrated response in the 4 key sectors is provided. UNICEF is ready to intervene simultaneously in 4 sectors but will adapt each intervention and therefore sectors to be covered to the specific context:

- Where partners are on the ground or ready to move into the field with UNICEF support, UNICEF will prioritize implementing in collaboration with these partners, provide them with additional supplies if needed and will support their response capacity with on-site training and supervision.
- In locations where no partners are found, UNICEF will provide direct implementation.
- In both cases UNICEF and partners will mobilise the local community to identify people able to support activities with direct supervision by UNICEF staff

UNICEF mobile teams comprise of technical specialists in their field capable of direct implementation where no partners are on the ground. In locations where there are no partners UNICEF will deploy 2 staff for nutrition and 2 staff for health and for other locations where there are partners UNICEF will deploy 1 staff for nutrition and 1 staff for health. Each team will also comprise a child protection staff who will mobilise local community volunteers – and where possible, local NGOs or CBOs – when necessary to support the protection related activities. All teams will be accompanied by an experienced security officer. The security officer on the ground will assess and monitor the security environment and provide the teams with a secure working environment. Furthermore, the security officer will be able to provide a professional assessment of the short and longer term security context and the appropriateness of increased presence of humanitarian staff in each location to encourage partners to strengthen their presence on the ground.

During the first phase, UNICEF staff on the ground will be able to work with partners to assess the needs in each sector specific information and identify gaps that will inform a follow on assistance strategy for each location. For every location, the UNICEF team will develop a follow up assistance strategy based on the situation on the ground. This may include, the development of partnership agreements with existing partners (CBOs and faith-based organizations) already present, or advocacy with specific partners to deploy to these location. Follow-up missions will also be scheduled, with an increased frequency if there are little to no partners on the ground and should a change in the situation and needs arise. For partnership agreements with NGOs/CBOs, UNICEF agrees with the partner on the overall expected results, and jointly prepares a workplan and budget. The activities outlined in the joined workplan are related to each of the expected results of the partnership works.

With regards to protection, following each mission, protection actors will be supported to continue the core child protection activities (when required), including following up children in interim care, supporting reunification efforts, scaling up community based psychosocial support activities; and delivery of key prevention messaging. The combination of prevention of recruitment, GBV and family separation messaging and life skills information, together with FTR and psychosocial support services, is designed to bolster boys' and girls' resilience and self-protection. In addition to direct financial grants to partners to continue service delivery, UNICEF will provide both regular onsite and remote support through field and country office staff and will provide training for partners who are willing and able to contribute to the Monitoring and Reporting Mechanism.

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].

The follow-up monitoring and reporting will be an integral part of the existing UNICEF emergency M&E mechanism. Implementation of all project activities will be monitored through the established UNICEF and partner monitoring systems involving UNICEF staff at the field and Country Office level, allowing for the complex emergency situation. The UNICEF M&E Officer and Information Management staff will gather all required information from the mobile teams and ensure documentation and monitoring of results against indicators. UNICEF RRM mission reporting formats will be used for each deployment and used for documentation and monitoring of progress, challenges and lessons learned.

All the reports will be analysed by UNICEF, and emerging issues will feed into the internal, cluster, government and donor reporting systems. The information will also be used to improve on the subsequent planning service delivery. Bottlenecks identification and

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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.

removal process will be conducted systematically to enhance project effectiveness.

UNICEF will carry out targeted post distribution monitoring for each sector to ensure that the supplies and services are reaching the beneficiaries, that interventions continue and identify potential gaps and bottlenecks. The data will be analyzed on a regular basis and the progress will be communicated via the cluster mechanisms. The information will also be used to improve on the subsequent planning of service delivery.

Prior to signing any partnership agreement, a financial management capacity assessment is carried out by UNICEF Quality Assurance Officer. If the expected total program expenditure exceeds $100,000, a Micro assessment is carried out by an audit firm (to assess the financial management capacity (for capacity building) and overall risk rating (to help UNICEF identify the appropriate cash transfer modality for advancing funds to the IP). After the agreement is signed, a spot check plan is designed for the partner based on the risk rating-the higher the risk the more frequent the spot checks. Based on the risk rating and feedback from spot checks, schedule audit by an independent audit firm, is carried out, minimum every 2 years to obtain assurance on the program management and delivery by the IP. Additionally, apart from the monthly progress reports submitted by the partners, regular programme monitoring visits are made to the locations where implementation is taking place to verify progress.
At the stage of the project proposal UNICEF 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. = This information will be provided at the reporting stage.

In addition to the regular monitoring of selected output indicators, UNICEF 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, UNICEF 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.

Finally, UNICEF has a comprehensive Integrated Monitoring, Research and Evaluation Plan that includes key studies, surveys and evaluations to be conducted – a number of these will be undertaken in the RRM locations to provide additional programmatic evidence, which can be used to adjust the programme for better results for children.

E. Total funding secured for the CRP project	
Please add details of secured funds from other sources for the project in the CRP .	
Source/donor and date (month, year)	**Amount** (USD)
Swedish National Committee for UNICEF (April 2014)	US$1,367,989

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 ID: 14/R/504 **CRP Code:** **Health -** SSD-14/H/60427, **Nutrition** - SSD-14/H/60303, **Protection** - SSD-14/P-HR-RL/60583, **WASH** - SSD-14/WS/61038	**Project title**: Provision of mobile services for Area Rapid Response Model (ARRM) in Health, Nutrition, Child Protection and WASH. CRp project titles: 1. [CRP project title: Strengthening the delivery of the Minimum Maternal and Child Health Care package, including the provision of integrated community case management of early childhood illness and focussed antenatal care in an efficient, equitable and sustainable manner for the reduction of morbidity and mortality among IDPs, Returnees, Refugees and host population]; 2. [CRP project title: Life-saving nutrition intervention in South Sudan] 3. [CRP project title: Protecting boys and girls affected by conflict and other emergencies in South Sudan]; 4. [CRP project title: Strengthened coping mechanisms and capacity in emergency WASH preparedness, response and coordination in South Sudan].	*Organisation: UNICEF.*

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: 400,000 individuals) *2)* % of hard to reach locations identified and referred to UNICEF by ICWG and reached by the mobile team. (Target: 100%)	UNICEF reports, including DTM reports	
CHF project Objective	**Provide affected populations, and in particular children, with a minimum package of services to meet their priority needs**	*% of people and children reached with a multi-sector package of services (Nutrition, WASH, health, child protection)* *# of hard to reach locations reached by the RRM teams*	RRM Field Reports Project progress reports	*What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?*
Outcome 1	All identified vulnerable children are protected through tracing and reunification; and psychosocial support services.	% identified children registered in Rapid FTR % targeted communities reached with package of emergency psychosocial services	CPIMS Reports RRM Field Reports	Security situation remains stable throughout RRM and access to population remains stable and accessible.

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	*Assumptions and Risks*
Output 1.1	Registration and family tracing undertaken in targeted communities	# of identified and registered separated / unaccompanied children reunited with their families or alternative care arrangements assured	Rapid FTR and CPIMS reports	Community perceptions of links between registration and other emergency services are managed effectively to prevent inaccurate or inflation of reporting
Activity 1.1.1	Register identified children, including using Rapid FTR, commence tracing where possible			
Activity 1.1.2	Facilitate reunification where possible; or ensure the safe placement of identified children in temporary care and referrals to other relevant emergency services			
Activity 1.1.3	Conduct integrated community awareness initiatives focused on the prevention of family separation and child recruitment, together with other awareness activities as outlined in other Outputs			
Activity 1.1.4	Regularly share information and assessments with partners and the broader Protection Cluster to facilitate continuity and coordination of child protection services.			
Output 1.2	Psychosocial support services are delivered to children in targeted communities	# of crisis affected children receiving psychosocial support and services	RRM field reports	Suitable non-distressed community actors are available and willing to be trained to provide ongoing support
Activity 1.2.1	Assess emergency psychosocial support needs and capacities and develop a temporary strategy for the delivery of emergency psychosocial support			
Activity 1.2.2	Identify and provide preliminary capacity building support to community partners to commence or strengthen delivery of community based psychosocial support			
Activity 1.2.3	Facilitate referrals, where possible, for children in need of additional care and support services			
Output 1.3	Targeted beneficiaries sensitised on gender based violence prevention and response priorities.	# of beneficiaries reached with behaviour change messages on GBV and available services in emergency settings	RRM field reports	
Activity 1.3.1	Conduct community behaviour change message dissemination focused on the prevention of and response to GBV (and referral pathways where services are available) and conduct ongoing integrated awareness activities (also including FTR, psychological first aid, MRE where relevant)			
Activity 1.3.2	Distribute available dignity kits (already pre-positioned)			
Activity 1.3.3	Conduct training and provide ongoing technical support to partners to contribute to the MRM, where appropriate			
Outcome 2	200,000 IDPs and vulnerable host communities in hard to reach areas of Upper Nile, Jonglei and Unity states provided with basic WASH services and supplies			Security situation remains stable throughout RRM and access to population remains stable and accessible.
Output 2.1	100,000 IDPs and vulnerable host communities reached with basic emergency WASH supplies including soap, hygiene kits, water purification tablets and water containers	# of people receiving a hygiene kit, soap, water containers and purification supplies	*RRM Mission Reports, Project progress Reports*	Supplies can be delivered in a timely manner to reach the maximum people possible.
Activity 2.1.1	Transportation and prepositioning of supplies to RRM locations			
Activity 2.1.2	Distribution of WASH supplies including education of use of supplies specially water purification chemicals.			
Output 2.2	100,000 people reached with hygiene promotion messages	# of people reached on hygiene promotion messages	*RRM Mission Reports, Project progress Reports*	Community actively participation in hygiene promotion session and training of promoters
Activity 2.2.1	Identification and training of hygiene promoters			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Activity 2.2.2	Hygiene promotion at distribution sites, health centres, schools and other communal gathering locations			
Output 2.3	50,000 people provided with safe water supply through rehabilitation of water points	# of people provided with sustained access to safe water supply (SPHERE Standard) through the rehabilitation of water points rehabilitated	*RRM Mission Reports, Project progress Reports*	Community actively participates in the rehabilitation work of water points
Activity 2.3.1	Assessment of existing water points and water facilities in RRM locations			
Activity 2.3.2	Identification and training water technicians and water management committees			
Activity 2.3.3	Rehabilitation of water points			
Output 2.4	15 schools and health centres provided with improved water and sanitation facilities	# of school and health centre latrines constructed/rehabilitated	*RRM Mission Reports, Project progress Reports*	Schools and health centres are not occupied by armed forces.
Activity 1.4.1	Assessment of WASH facilities in Key institutions in RRM locations			
Activity 1.4.2	Identification and purchasing of local construction materials and building of water and sanitation facilities			
Outcome 3	All children are protected from disease and death due to measles and polio and other vaccine preventable disease in RRM locations and receive emergency Primary Health Care services for vulnerable populations with limited or no access to health services focusing in particular on malaria, ARI and AWD	# of children with measles and deaths attributable to measles. # of children vaccinated against measles and polio and receiving frontline curative services	- Surveillance reports. - Follow-up RRM missions reports - Community discussions and reports.	Security situation remains stable throughout RRM and access to population remains stable and accessible.
Output 3.1	90% children under 15 years reached with integrated measles/polio interventions in RRM locations.	% of children U15 reached with measles and polio vaccinations.	- Rapid coverage survey - Report of immunization - RRM follow-up visits	- Community supports immunization session - Security allows for vaccines and accessories to bed livered to RRM location.
Activity 3.1.1	Develop micro plan to guide integrated immunization activity			
Activity 3.1.2	Train available cadres on immunization and management of AEFI			
Activity 3.1.3	Implement integrated immunization session including deworming and vitamin supplementation.			
Activity 3.1.4	Conduct monitoring and supervision during integrated immunization session.			
Output 3.2	Children receive potent and viable vaccine to confer protection against vaccine preventable diseases	% of cold chain facilities functional and stocked with basic vaccines.	- Cold chain reports - RRM mission reports	Security allows for medicines, vaccines and accessories to bed livered to RRM location.
Activity 3.2.1	Conduct repair of chain facilities			
Activity 3.2.2	Provide basic and fast moving spares for cold chain maintenance			
Activity 3.2.3	Conduct basic cold chain maintenance and vaccine management training for cadre with partner in RRM locations.			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	*Assumptions and Risks*
Outcome 4	75 % of the severely malnourished children aged 6-59 months old are admitted into a treatment program who recovered	Recovery rate, Death Rate, Defaulter rate (Sphere standards)	Activity reports	Main risks are (1) access difficulty to start or continue the RRM at the defined site (2) population movement and increased defaulted rates thus a reduced recovery rate, (3) Difficulty to set and maintain a SC facility at the RRM site
Output 4.1	MUAC screening conducted systematically in RRM sites to identify and refer severely malnourished to SAM treatment sites	# of children aged 6-59 months screened for acute malnutrition # of children aged 6-59 months severely malnourished refereed for admission	Screening reports	
Activity 4.1.1	Identification of MUAC measurements personnel on the RRM sites			
Activity 4.1.2	On the spot training or refresher of individual in RRM sites on the undertaking of MUAC measurement			
Activity 4.1.3	Provision of MUAC tapes to MUAC measurers			
Activity 4.1.4	Undertaking of MUAC measurements on children 6-59 months and referral of sick children for admission			
Output 4.2	Severely malnourished children aged 6-59 months are admitted into SAM treatment facilities (SC and OTP)	# of admissions of severely malnourished children aged 6-59 months % of severely malnourished children aged 6-59 months who recovered	SAM treatment facility weekly (admissions) and monthly reports (recovery)	
Activity 4.2.1	Analysis of SC and OTP needs (HR, Supply)			
Activity 4.2.2	On the spot training or refresher of individual in RRM sites on the management of an OTP/SC			
Activity 4.2.3	Provision of supplies to run an OTP/SC			
Activity 4.2.4	Set-up/reactivation and monitoring of OTP/SC sites			
Output 4.3	Severely malnourished children aged 6-59 months are admitted into SAM treatment facilities (SC and OTP)	# of admissions of severely malnourished children aged 6-59 months % of severely malnourished children aged 6-59 months who recovered	SAM treatment facility weekly (admissions) and monthly reports (recovery)	
Activity 4.3.1	Identification of target children for vitamin A supplementation and deworming			
Activity 4.3.2	On the spot training or refresher of individual in RRM sites on the undertaking of the VA supplementation and deworming			
Activity 4.3.3	Provision of vitamin A capsules bottles and deworming tablets			
Activity 4.3.4	Undertaking and monitoring of the deworming and vitamin A supplementation			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	*Assumptions and Risks*
Outcome 5	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
Output 5.1	*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 5.1.1	Mobilise emergency response teams for Protection, Nutrition, Health and Wash in 30 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:	15 July 2014	Project end date:	14 July 2015

Activities	Q2	Q3/2014			Q4/2014			Q1/2015			Q2/2015	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1 Mobilisation of emergency response teams for Protection, Nutrition, Health and Wash in 30 locations	X	X	X	X	X	X	X	X	X	X	X	
Activity 2 Registration of identified children, including using Rapid FTR, commence tracing where possible	X	X	X	X	X	X	X	X	X	X	X	X
Activity 3 Identification and provision of preliminary capacity building support to community partners to commence or strengthen delivery of community based psychosocial support	X	X	X	X	X	X	X	X	X	X	X	X
Activity 4 Distribution of WASH supplies including education of use of supplies specially water purification chemicals.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 5 Hygiene promotion at distribution sites, health centres, schools and other communal gathering locations	X	X	X	X	X	X	X	X	X	X	X	X
Activity 6 Rehabilitation of water points	X	X	X	X	X	X	X	X	X	X	X	X
Activity 7 Implementation of integrated immunization session including deworming and vitamin supplementation.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 8 Basic cold chain maintenance and vaccine management training for cadre with partner in RRM locations.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 9 Undertaking of MUAC measurements on children 6-59 months and referral of sick children for admission	X	X	X	X	X	X	X	X	X	X	X	X
Activity 10 Provision of supplies to run an OTP/SC	X	X	X	X	X	X	X	X	X	X	X	X
Activity 11 Post distribution monitoring exercises	X	X	X	X	X	X	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

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, DATE:		
Names	Organisation:	Title	**Key points:**

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