

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/502
Date Received:	
CRP Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focal point:	

To be filled in by the CHF Technical Secretariat

CHF Reserve Grant Request Summary

Requesting Organisation:	Medair		
Project Title:	Provision of mobile services for ARRM (Area Rapid Response Model) in Health, Nutrition and WASH CRP project titles: 1. <i>Health: Emergency preparedness and response to acute and protracted health related emergencies in South Sudan</i> 2. <i>Nutrition: Provision of emergency nutrition services to vulnerable communities in South Sudan</i> 3. <i>WASH: Access to safe water and improved sanitation and hygiene practices for emergency affected and chronically vulnerable host communities</i>		
Project Code (if CRP project):	Health: SSD-14/H/60439; Nutrition: SSD-14/H/60434; WASH: SSD-14/WS/60680		
Cluster/Sector:	WASH, Health, Nutrition		
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
	Upper Nile	tbd	Any hard to reach county/payam
	Jonglei	tbd	Any hard to reach county/payam
	Unity	tbd	Any hard to reach county/payam
	Any other	tbd	Any hard to reach county/payam
Targeted population	Conflict affected people in hard to reach areas		
Total project budget:	USD 6,306,014 (HEALTH: 1,706,014; NUT: 1,200,000; WASH: 3,400,000)		
Amount requested from CHF Reserve:	USD 1,818,000 (HEALTH: 303,000; NUT 606,000; WASH: 909,000)		
Are some activities in this project proposal co-funded?	Yes <input checked="" type="checkbox"/> (if yes, list the item and indicate the amount under column in of the budget sheet) No <input type="checkbox"/> (if no, indicate if additional funding will be sought to complement the CHF Reserve in section II/B)		
Project Duration	6 month (1 August 2014 – 31 January 2015)		
Total number of direct beneficiaries targeted by the CHF Reserve grant request	Total: 59,280 (= 57% of total 6-month project target) Girls: 14,820 Boys: 14,820 Women: 17,784 Men: 11,856		
Implementing partners	n/a		

Contact details Organization's Country Office	
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Contact details Organization's HQ	
Organization's Address	Chemin du Croset 9 CH-1024 Ecublens, Switzerland
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Finance Officer	Rebeca Golay Budget-HQ-FIN@medair.org +41 (0) 21 694 35 35

SECTION II

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 population¹.
- Also explain relation to the work of other partners in the area.

The humanitarian situation in South Sudan deteriorated sharply following the outbreak of violence in December 2013 presenting an unprecedented scale of displacement and humanitarian needs. As a consequence it is assumed that by the end of 2014, 1.5 million people will be internally displaced (seeking shelter in PoCs, other temporary relocation sites and rural areas); at least 4 million people will have experienced food insecurity and 863,000 people will have sought refuge in neighbouring countries. Inside South Sudan, IDPs at present are scattered over 186 locations mainly in Unity, Jonglei, Upper Nile, Lakes and Central Equatoria States-including 8 UN bases. However, displacement patterns are quite fluid and shifting frontlines are forcing many people to flee multiple times. The influx of displaced people is overwhelming host communities leading to tensions and further population movements (OCHA, May 2014).

Since the beginning of the conflict a multi-sector humanitarian response has been coordinated from Juba with aid agencies scaling up assistance wherever security allowed. It is estimated that about 1.4 million people have been reached with some type of humanitarian assistance, however it does not mean that the needs of these people have been comprehensively met (OCHA, 6 June 2014). More than 60 initial rapid needs assessments (IRNAs) have been conducted, however, in many hard to reach areas life-saving emergency response interventions have been delayed, and/or incomplete, or in some cases absent. As a consequence a comparatively smaller number of conflict affected people (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.

In hard to reach areas where there are no organisations on the ground with established presence and sufficient capacity to provide the required level of response across the prioritised sectors (food security and livelihoods, health, NFI/ES, nutrition, protection, WASH) flexible mobile teams are required to establish temporary capacity for assessment and responses whilst building the capacity of a partner organisation that can sustain support services.

The Area Rapid Response Model has been established to strengthen a coordinated approach to conducting multi-sectoral assessments and emergency response in targeted hard to reach areas.

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.

This proposal is submitted by invitation, following pre-selection by the ICWG, to offer mobile services for the following sectors: WASH, Health and Nutrition.

Medair is currently a key partner in the multi-sector humanitarian response operation in response to the current crisis coordinated by OCHA and the different sector-specific Clusters. Medair has been part of multiple multi-agency IRNA assessments to determine health/nutrition, WASH and NFI/ES needs of displaced people and has supported the health, WASH and NFI/ES response in Juba, Malakal, Renk/Wonthow, Bentiu, Wau Shilluk, Wonthow and Ganyiel.

Medair operates multi-sectoral (WASH, Health, Nutrition, NFI/ES) mobile emergency response teams to meet acute emergency needs targeting the most vulnerable and at-risk populations. Within the scope of this funding proposal, Medair is only seeking co-funding in support of the WASH, Health and Nutrition mobile teams since the NFI/ES mobile team is currently sufficiently funded.

Medair currently has capacity to deploy 2-3 WASH emergency response teams, 3-4 health emergency response teams, 1-2 nutrition emergency response teams and 2-3 NFI/ES emergency response teams (always depending on the size of the intervention). In addition Medair has a WASH, health and nutrition team located in Renk with capacity to provide rapid assessments and respond to emergency needs in the greater Renk County area. Medair has a warehouse with emergency stock and supplies in Juba which can be quickly mobilized to support its emergency response interventions. The base in Renk can also accommodate increased supplies to support mobile emergency response.

Medair's emergency response programme is co-funded by ECHO and the programme in Renk County is co-funded by OFDA. This CHF reserve allocation will enable Medair to continue responding to multi-sectoral emergency response needs with its existing mobile teams and also increase the number of teams that can be deployed from August 2014 – January 2015. It provides the required co-funding match for the ECHO and OFDA funding. This CHF reserve allocation will follow-on the CHF funding allocated in the CHF 1st standard allocation which ends at the end of July 2014.

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.

¹ To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

CHF funding will contribute to the following cluster priority activities:

- Conduct rapid needs assessments to identify WASH, health, nutrition and NFI/ES needs
- WASH: set-up of emergency water treatment units, rehabilitation of existing water points, construction of emergency communal latrines, distribution of WASH NFIs, emergency hygiene promotion training
- Health: response to disease outbreaks, vaccination campaigns, provision of emergency primary health care, health education
- Nutrition: community based screening for malnutrition, treatment for severe and moderate acute malnutrition, IYCF education

ii) Project Objective

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

To ensure timely multi-sectoral WASH, health and nutrition assistance for emergency affected vulnerable populations in hard to reach areas in South Sudan

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).

This is a list of possible activities, final activities will depend on the given context and identified needs:

- Participate in interagency and/or Medair-led needs assessments
- Construct new/additional water points e.g. emergency Surface Water Treatment (SWAT) systems or water yards
- Rehabilitate existing water points e.g. boreholes and hand-dug wells
- Distribute WASH NFIs e.g. water containers and water purification sachets
- Train water point (SWAT) operators to facilitate handover of water structures
- Construct gender segregated emergency latrines
- Train people on hygiene promotion messages to be shared with their community
- Provide emergency outpatient health services including both preventive and curative care
- Conduct formal and on-the-job training for health care staff
- Respond to disease outbreaks with case management programmes such as outbreaks of meningitis
- Carry-out mass vaccination campaigns for prevention or in response to vaccine preventable outbreaks
- Provide community based and facility based screening with referrals and community follow up of all children under five, PLW's and vulnerable populations for acute malnutrition
- Support diagnosis and treatment of acute malnutrition and coexisting illnesses in targeted populations through establishment of SCs, OTPs and SFP according to national guidelines
- Train clinic and nutrition staff in IMSAM/MAM guidelines, provide on the job training, coaching and supervision of clinic and nutrition staff
- Promote IYCF practices to pregnant women and young mothers through supported ANC programmes, all nutrition sites, mother support groups (where appropriate) , and at the household level
- Support the delivery of key nutrition messages through health facility staff on IYCF, immunisation, safe motherhood, and early health seeking behaviours
- Provide BSFP distributions where appropriate, provide micronutrient supplementation to children and PLWs

iv). Cross Cutting Issues

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

Gender: During the assessment of emergency needs in targeted locations, the particular needs of women, men, girls and boys will be identified. Men and women will be consulted in the design, implementation and evaluation of the programmes to ensure their needs are taken into account. Medair mainstreams gender into WASH programming, primarily by ensuring women are integrated into trainings such as hygiene promotion, community water management and pump mechanic trainings. Female community leaders will be sought out and consulted on placement of water supply, sanitation facilities and other WASH activities to ensure equal gender access. Focus group and key informant interviews, as well as less formal consultations will be performed identifying vulnerable populations and gender disparities that can be addressed to prevent unequal access to WASH services. Women and girls are the greatest beneficiaries of accessible safe water points, reducing the burden placed on collecting household water supplies. During preparation for hygiene campaigns, Medair aims to target vulnerable groups through gender specific messaging. Within emergency primary health care the particular needs of children under 5 and pregnant and lactating women will be prioritized. Medair will train both men and women from the local communities to staff nutrition facilities and implement emergency interventions.

Protection: Medair constructs separate institutional latrines for women and men as a protection measure. Safe access to latrines and safe water points eliminate the need for women and girls to walk significant distances from their homes in potentially unsafe conditions.

Environment: Medair strives to implement activities which have as little detrimental impact on the natural environment as possible. During health related interventions, Medair trains health and nutrition workers in appropriate medical waste management. Health and nutrition promotion is also directed at environmental issues, Medair strongly promotes the use of clean water and proper sanitation habits, through health and hygiene promotion activities at all levels in the community. Medair takes into account issues such as drainage and keeping latrines safe distances away from water points. Sludge water which is a left over product from the emergency surface water treatment process will be disposed into sludge pits avoiding direct contact with surface water sources.

HIV/AIDS: During interventions, Medair trains relevant staff in universal precautions. Medair supported health care staff are made aware of HIV transmission and symptoms. Patients with suspected HIV infection are referred to the nearest voluntary counselling and testing (VCT) centre. Treatment is provided for opportunistic infections during case management interventions.

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.			
<p>Outcomes:</p> <ul style="list-style-type: none"> - Increased access to life saving WASH services for people in acute emergency situations - Improved availability, utilisation and quality of life saving health services for people in acute emergency situations - Improved availability, utilisation and quality of emergency preventative and curative nutrition services <p>Outputs:</p> <ul style="list-style-type: none"> - People affected by emergencies are provided with safe drinking water - People affected by emergencies are provided with sanitation facilities and hygiene messages - Affected populations are provided with quality emergency Primary Health Care - Mitigation and response implemented for communicable diseases and outbreaks - Quality, life-saving, management of acute malnutrition provided for (girls and boys <5yrs, PLW) - Preventive nutrition services for PLW and children under five are provided including promotion of improved IYCF practices and BSFP when indicated 			
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)
Response indicators			
			<i>All targets stated represent the respective sector % CHF allocation towards the 6-month total project targets</i>
X	1.	# of people provided with access to adequate quantities to safe water	Total: 33,920 Girls: 8,480; Boys: 8,480 Women: 10,176; Men: 6,784
x	2.	# of new/additional water points constructed (no of tap stands)	1 new water point with 2 tap stands
X	3.	# of existing water points rehabilitated	5
X	4.	# of people provided with sustained access to hygienic latrine facilities	Total: 28,832 Girls: 7,208; Boys: 7,208 Women: 8,650; Men: 5,766
X	5.	# of new latrines constructed	576
X	6.	# of people trained on hygiene promotion messages to be shared with their community	Total: 58 Women: 29; Men: 29
X	7.	Total # of outpatient consultations disaggregated by sex and age	Total: 1,960 Girls: 392; Boys: 392 Women: 588 Men: 588
X	8.	# of <5 children who received measles vaccinations in emergency or returnee situation	Total: 1,050 Girls: 525 Boys: 525
X	9.	# of >5 and 15 children who received measles vaccinations in emergency or returnee situation	Total: 1,050 Girls: 525 Boys: 525
X	10.	# of SAM cases admitted for treatment (disaggregated by sex and age)	Total: 1,280 Girls: 640; Boys:640
X	11.	Quality of SAM program - Overall SAM program cure rate (SPHERE standards)	>75%
X	12.	# of MAM cases admitted for treatment (disaggregated by sex and age)	Total: 2,134 Girls: 1067; Boys: 1067
X	13.	Quality of MAM program - Overall SAM program cure rate (SPHERE standards)	>75%
	14.	# of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	Women: 2,000
Performance indicators			
X	15.	Average time between ICWG Operations Group highlighting the gap and assessment team on the ground	7 days
X	16.	Average time between decision to respond and response team on the ground	7 days
X	17.	Average duration of deployment on the ground (ensuring quality response and achievement of objectives as set in ToR)	21 days (indicative, to be broken down by cluster at reporting stage)

X	18.	# of locations to which a mobile response team has been deployed for an intervention	5 (considering the CHF %), out of a total of 10 multi-sectoral interventions planned
	19.	# of emergency-affected individuals whose immediate needs are met through the ARRM	59,280 beneficiaries

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 implemented by operating multi-sectoral (where the needs require a multi-sectoral response) mobile emergency response teams, constituted of WASH technicians, community liaison officers, health and nutrition professionals and logisticians, who can be deployed into any area in South Sudan (with particular focus on the hard to reach areas in the three states of Jonglei, Unity and Upper Nile) to provide timely relief and essential life-saving services to people affected by public health emergencies including conflicts, natural disasters, disease outbreaks, and other causes of excess morbidity and mortality in the absence of existing local capacities. All mobile teams are already operational; however this additional funding will allow Medair to recruit additional technical team members to expand its current scope of operations. Each emergency intervention will be coordinated through the respective clusters and the ICWG Operational Working Group, will abide by core humanitarian principles ensuring acceptable standards of direct delivery, accountability, and monitoring and will observe closely for any unnecessary risks to which beneficiaries might be exposed. Wherever needed Medair will apply an integrated approach with provision of health and nutrition services, water, sanitation and hygiene and NFI/ES services to emergency affected populations.

Provision of supplies and logistical support will be accessed through the Health, Nutrition, WASH and NFI/ES pipelines and the Logistics Cluster. Medair's emergency response teams are supported from the Medair Juba office and deployed for emergency assessments and interventions. The WASH, health and nutrition team based in Renk are able to conduct assessments and provide services in the greater Renk County area. Medair will regularly compile and circulate assessment and intervention reports.

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 techniques 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)².

WASH, Health & Nutrition and NFI/ES Project Managers are responsible for the implementation of the emergency intervention in accordance with the set objectives and the ERT Projects Coordinator provides overall guidance and monitoring support. The WASH and Health & Nutrition Advisor provide technical guidance to the project managers and are responsible for the quality of the implemented projects. Medair releases summary reports for each emergency assessment and intervention conducted (multi-agency reports may be substituted if Medair worked with other partners), this makes it transparent to track the exact activities which have been conducted. Medair will disaggregate beneficiaries by sex when possible, though this will be difficult in tracking exact beneficiaries numbers with water supply and sanitation activities. These reports are circulated to the respective clusters and relevant partners on the ground and in Juba, thereby allowing greater accountability within the humanitarian community. Activities will be assessed and reported on using qualitative and quantitative methods appropriate to the context and activities completed. Specific monitoring activities depend on the nature of the intervention but typically include: tracking of beneficiary numbers by tally sheets, keeping nutrition registers, daily or weekly consolidation of data by project managers and monthly compilation of project monitoring reports, keeping attendance sheets with trainings, monitoring water quality for safe water supply activities.

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

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)
CHF (Jan – July 2014)	USD 1,400,000
ECHO (Jan – Dec 2014)	USD 1,000,000
OFDA (Jan – Sept 2014)	USD 1,806,313

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

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/502 CRP Code: WASH: SSD-14/WS/60680 Health: SSD-14/H/60439 Nutrition: SSD-14/H/60434		Project title: Provision of mobile services for ARRM in Health, Nutrition and WASH CRP project titles: 1. <i>Health: Emergency preparedness and response to acute and protracted health related emergencies in South Sudan</i> 2. <i>Nutrition: Provision of emergency nutrition services to vulnerable communities in South Sudan</i> 3. <i>WASH: Access to safe water and improved sanitation and hygiene practices for emergency affected and chronically vulnerable host communities</i>		Organisation: Medair
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Goal/Impact (cluster priorities) Life-saving multi-sectoral support in response to humanitarian crisis in South Sudan				
CHF project Objective To ensure timely multi-sectoral WASH, health and nutrition assistance for emergency affected vulnerable populations in hard to reach areas in South Sudan	<ul style="list-style-type: none"> - # of crisis affected individuals provided with assistance - # of hard to reach locations where mobile teams were deployed and assistance provided 	<ul style="list-style-type: none"> - Emergency assessment reports - Emergency intervention reports - Monthly project monitoring reports 	<ul style="list-style-type: none"> - Access to supplies through core pipeline and logistics and air services through the Logs cluster to access hard to reach areas by air - Local authorities are willing and able to support emergency interventions - No major changes in logistical or economic conditions in South Sudan including the availability of fuel - No major fluctuations in the exchange rate - Security situation allows for staff members to access hard to reach areas and access is granted by all parties 	
Outcome 1 Increased access to timely life-saving services for emergency affected vulnerable populations	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - Emergency assessment reports - Emergency intervention reports - Monthly project monitoring reports 	<ul style="list-style-type: none"> - 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 1.1	Multi-sectoral mobile emergency response teams are deployed for service provision in hard to reach areas	<ul style="list-style-type: none"> - # of locations to which a mobile response team has been deployed for an intervention - # of staff available for deployment in emergency 	<ul style="list-style-type: none"> - Emergency intervention reports - Monthly project monitoring reports 	<ul style="list-style-type: none"> - International staff are able to obtain necessary visas and work permits - Ability to hire staff with suitable skills is not affected by RoSS labour law procedures
Activity 1.1.1	Mobilise emergency response teams for Health, Nutrition, WASH			
Outcome 2	Increased access to life saving WASH services for people in acute emergency situations	<ul style="list-style-type: none"> - # of people provided with access to adequate quantities to safe water - # of people provided with sustained access to hygienic latrine facilities 	<ul style="list-style-type: none"> - WASH emergency assessment and intervention reports - Monthly project reports - Population data 	<ul style="list-style-type: none"> - Emergency sites targeted for interventions are secure and accessible
Output 2.1	People affected by emergencies are provided with safe drinking water	<ul style="list-style-type: none"> - # of new/additional water points constructed - # of existing water points rehabilitated 	<ul style="list-style-type: none"> - WASH emergency assessment and intervention reports - Monthly project reports - Surface Water Treatment (SWAT) system operator records - Training attendance list 	<ul style="list-style-type: none"> - Local communities and authorities willing and able to support the safe drinking water provisions
Activity 2.1.1	Construct new/additional water points e.g. emergency Surface Water Treatment (SWAT) systems or water yards			
Activity 2.1.2	Rehabilitate existing water points e.g. boreholes and hand-dug wells			
Activity 2.1.3	Distribute WASH NFIs e.g. water containers and water purification sachets			
Activity 2.1.4	Train water point (SWAT) operators to facilitate handover of water structures			
Output 2.2	People affected by emergencies are provided with sanitation facilities and hygiene messages	<ul style="list-style-type: none"> - # of new latrines constructed - # of people trained on hygiene promotion messages to be shared with their community 	<ul style="list-style-type: none"> - WASH emergency assessment and intervention reports - Monthly project reports - Training attendance list 	<ul style="list-style-type: none"> - Local communities and authorities willing and able to support the provision of sanitation facilities and hygiene messages
Activity 2.2.1	Construct gender segregated emergency latrines			
Activity 2.2.2	Train people on hygiene promotion messages to be shared with their community			
Outcome 3	Improved availability, utilisation and quality of life saving health services for people in acute emergency situations	<ul style="list-style-type: none"> - Total # of outpatient consultations 	<ul style="list-style-type: none"> - ERT Intervention Summary Reports - circulated following completion 	<ul style="list-style-type: none"> - Emergency sites targeted for interventions are secure and accessible
Output 3.1	Affected populations are provided with quality emergency Primary Health Care	<ul style="list-style-type: none"> - # of >5 outpatient consultations disaggregated by sex - # of <5 outpatient consultations disaggregated by sex 	<ul style="list-style-type: none"> - Clinic registers - Monthly DHIS reports 	<ul style="list-style-type: none"> - Acceptance by and participation of authorities, local leaders and communities during the interventions
Activity 3.1.1	Carry-out rapid health assessments in event of public health emergencies			
Activity 3.1.2	Provide emergency outpatient health services including both preventive and curative care			
Activity 3.1.3	Conduct formal and on-the-job training for health care staff			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 3.2	Mitigation and response implemented for communicable diseases and outbreaks	<ul style="list-style-type: none"> - # of measles vaccinations given to < 5 in emergency situation - # of measles vaccinations given to > 5 and 15 years in emergency situation 	<ul style="list-style-type: none"> - Training attendance sheets - Vaccination campaign tally sheets 	<ul style="list-style-type: none"> - Timely and adequate provision of vaccination supplies from UNICEF and WHO
Activity 3.2.1	Respond to disease outbreaks with case management programmes such as outbreaks of meningitis			
Activity 3.2.2	Carry-out mass vaccination campaigns for prevention or in response to vaccine preventable outbreaks			
Outcome 4	Improved availability, utilisation and quality of emergency preventative and curative nutrition services	<ul style="list-style-type: none"> - # of community health workers (women, men) trained on the management of acute malnutrition - # of health facility workers (women, men) trained on the management of acute malnutrition 	<ul style="list-style-type: none"> - Training attendance sheets 	<ul style="list-style-type: none"> - Health workers/promoters are available in local communities
Output 4.1	Quality, life-saving, management of acute malnutrition provided for (girls and boys <5yrs, PLW)	<ul style="list-style-type: none"> - # of SAM cases admitted for treatment (disaggregated by sex and age) - % of SAM admissions recovered: target > 75% - # MAM cases admitted for treatment (disaggregated by sex and age) - % of MAM admissions recovered target > 75% 	<ul style="list-style-type: none"> - OTP/SFP/SC registers and monthly nutrition reports - ERT Intervention Summary Reports - Health facility reports 	<ul style="list-style-type: none"> - Access to nutrition supplies through core pipeline and logistics and air services through the Logs cluster to access hard to reach areas by air
Activity 4.1.1	Provide community based and facility based screening with referrals and community follow up of all children under five, PLW's and vulnerable populations for acute malnutrition			
Activity 4.1.2	Support diagnosis and treatment of acute malnutrition and coexisting illnesses in targeted populations through establishment of SCs, OTPs and SFP according to national guidelines			
Activity 4.1.3	Train clinic and nutrition staff in IMSAM/MAM guidelines, provide on the job training, coaching and supervision of clinic and nutrition staff			
Output 4.2	Preventive nutrition services for PLW and children under five are provided including promotion of improved IYCF practices and BSFP when indicated	<ul style="list-style-type: none"> - # and % of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions - # and % of children (disaggregated by sex) aged 6-59 months reached with blanket supplementary feeding 	<ul style="list-style-type: none"> - Monthly IYCF and BCC reports - Exit interviews - SFP registers and monthly nutrition reports 	<ul style="list-style-type: none"> - Community nutrition promoters are available in target community
Activity 4.2.1	Promote IYCF practices to pregnant women and young mothers through supported ANC programmes, all nutrition sites, mother support groups (where appropriate) , and at the household level			
Activity 4.2.2	Support the delivery of key nutrition messages through health facility staff on IYCF, immunisation, safe motherhood, and early health seeking behaviours			
Activity 4.2.3	Provide BSFP distributions where appropriate, provide micronutrient supplementation to children and PLWs			

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 August 2014	Project end date:	31 January 2015
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Activities	Q3/2014			Q4/2014			Q1/2015			Q2/2015	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1.1.1 Mobilise emergency response teams for Health, Nutrition, WASH		X	X	X	X	X	X				
Activity 2.1.1 Construct new/additional water points e.g. emergency Surface Water Treatment (SWAT) systems or water yards		X	X	X	X	X	X				
Activity 2.1.2 Rehabilitate existing water points e.g. boreholes and hand-dug wells		X	X	X	X	X	X				
Activity 2.1.3 Distribute WASH NFIs e.g. water containers and water purification sachets		X	X	X	X	X	X				
Activity 2.1.4 Train water point (SWAT) operators to facilitate handover of water structures		X	X	X	X	X	X				
Activity 2.2.1 Construct gender segregated emergency latrines		X	X	X	X	X	X				
Activity 2.2.2 Train people on hygiene promotion messages to be shared with their community		X	X	X	X	X	X				
Activity 3.1.1 Carry-out rapid health assessments in event of public health emergencies		X	X	X	X	X	X				
Activity 3.1.2 Provide emergency outpatient health services including both preventive and curative care		X	X	X	X	X	X				
Activity 3.1.3 Conduct formal and on-the-job training for health care staff		X	X	X	X	X	X				
Activity 3.2.1 Respond to disease outbreaks with case management programmes such as outbreaks of meningitis		X	X	X	X	X	X				
Activity 3.2.2 Carry-out mass vaccination campaigns for prevention or in response to vaccine preventable outbreaks		X	X	X	X	X	X				
Activity 4.1.1 Provide community based and facility based screening with referrals and community follow up of all children under five, PLW's and vulnerable populations for acute malnutrition		X	X	X	X	X	X				
Activity 4.1.2 Support diagnosis and treatment of acute malnutrition and coexisting illnesses in targeted populations through establishment of SCs, OTPs and SFP according to national guidelines		X	X	X	X	X	X				
Activity 4.1.3 Train clinic and nutrition staff in IMSAM/MAM guidelines, provide on the job training, coaching and supervision of clinic and nutrition staff		X	X	X	X	X	X				
Activity 4.2.1 Promote IYCF practices to pregnant women and young mothers through supported ANC programmes, all nutrition sites, mother support groups (where appropriate), and at the household level		X	X	X	X	X	X				
Activity 4.2.2 Support the delivery of key nutrition messages through health facility staff on IYCF, immunisation, safe motherhood, and early health seeking behaviours		X	X	X	X	X	X				
Activity 4.2.3 Provide BSFP distributions where appropriate, provide micronutrient supplementation to children and PLWs		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

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Reviewer			Justification/clarification/recommendations
Function/Title:	Cluster Coordinator or co-coordinator		
Name:			
Organisation:			
Date:			
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Function/Title:	State-level focal point		
Name:			
Organisation:			
Date:			
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Function/Title:	CHF Technical Secretariat		
Name:			
Organisation:			
Date:			
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Function/Title:			
Name:			
Organisation:			
Date:			
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No		
PRT Recommendation, DATE:			Key points:
Names	Organisation:	Title	

Grant recommended :			
1. <input type="checkbox"/> Yes with no further revision			
2. <input type="checkbox"/> Yes subject to revision (TS to confirm revision)			
3. <input type="checkbox"/> Yes subject to revision (PRT to confirm revision)			
4. <input type="checkbox"/> Not recommended			