

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/506
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:	World Vision South Sudan		
Project Title:	Provision of mobile teams for NFI, FSL and nutrition in Upper Nile, Unity and Jonglei. CRP Project titles: 1. <i>Improve access to food for populations in emergencies and strengthen livelihoods for communities in crisis in Upper Nile, Jonglei, Unity and Warrap.</i> 2. <i>NFI Emergency response and coordination for IDPs, Returnees, and vulnerable host communities affected by conflict and natural disasters.</i> 3. <i>Emergency response to malnutrition for vulnerable children, pregnant and lactating women, and at risk population in Warrap state, Unity, Upper Nile and Northern Bahr el Ghazal.</i>		
Project Code (if CRP project):	NFI: SSD-14/S-NF/60952 FSL: SSD-14/F/60759 Nutrition: SSD-14/H/60749		
Cluster/Sector:	NFI, FSL, 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
	Jonglei	TBD	TBD
	Unity	TBD	TBD
	Upper Nile	TBD	TBD
Targeted population	IDPs, Returnees and Host communities		
Total project budget:	\$6,010,000 (NFI&ES: \$1,200,000 ; FSL: \$2,710,000 ; Nutrition: 2,100,000)		
Amount requested from CHF Reserve:	\$1,800,000 (NFI&ES: \$407,501 ; FSL: \$445,229 ; Nutrition: \$947,270)		
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 III/B)		
Project Duration (indicate number of months, earliest starting date will be Allocation approval date):	6 months (1 July - 31 December 2014)		
Total number of direct beneficiaries targeted by the CHF Reserve grant request (disaggregated by sex/age):	NFI: 54.000; FSL: 50.000; Nutrition: 21.000 Total: 125.000		
Implementing partners (include those that will benefit/ sub-grant from CHF funding and corresponding amounts):	n/a		
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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.

On December 15th in 2013 violent clashes started between government and opposition forces in Juba. This conflict spread across the country causing increased displacement and suffering of civilians of an already fragile state. As hostilities in South Sudan continue, humanitarian agencies struggle to provide assistance to the thousands of people caught in the violence. According to UNOCHA an estimated 1,038,000 are currently internally displaced, with over 367,260 fleeing across the border to neighbouring countries, and 75,300 seeking shelter in UN bases across the country, including Juba, Bentiu, Malakal, Bor, Pariang and Akobo (June 2014).² More than 4 Million people remain in urgent need of humanitarian assistance. There has been an alarming increase in the number of children suffering from severe acute malnutrition in some of the conflict affected areas such as in Leer, Unity State. Additionally, a recent FEWS NET (May, 2014) food security alert warns that millions of South Sudanese are food insecure. Populations in conflict affected areas face emergencies that they are unable to survive even when employing extreme coping strategies. The food security situation in South Sudan is expected to further deteriorate in coming months. Flooding is another major cause of displacement in south Sudan especially during the rainy seasons. Displacement caused by flood is cyclical, and local coping mechanisms are in place, but where it is severe some limited NFI support may be required, with provision of essential items such as mosquito nets blankets and plastic sheets. World Vision South Sudan is well placed and capable to ensure responses to IDPs needs, on the frontline, through an established mobile response team, which leads assessment, verification/registration, distribution and post-distribution monitoring in critical gap areas in World Vision operational areas country-wide.

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 Food Security & Livelihoods (FSL), Non- Food Items (NFIs) and nutrition.

In order to prevent further deterioration in food security situation and to avert famine in South Sudan and particularly the conflict affected states, there is need for assistance with agricultural inputs for farmers to plant in the 2014 season. Assistance with livestock services in areas with low coverage of services provided is necessary to safeguard the remaining productive assets for vulnerable communities displaced by the conflict. WV seeks to extend this support to the affected communities in the three most affected states and also surrounding areas that have received affected populations. Proposed support is also targeting women with nutrition and income generating opportunities as they are usually most affected by such crises.

World Vision South Sudan has been implementing food security and economic development programs in Warrap and Upper Nile since 1989. Multiple donors, including OFDA, Irish AID, the Dutch Government, DFID, and WFP, support WV's current food security programming in South Sudan. Aligned with the objectives of the Food Security and Livelihood cluster and in response to food insecurity for millions of South Sudanese, WV will work to improve access to food for communities in crisis and provide support for farmers to safeguard their livelihoods in the 2014 season. World Vision (WV) will focus on communities in crisis and emergency in Jonglei, Unity, and Upper Nile states. World Vision through support from the FAO, OFDA and CHF is already assisting 12,889 households in Fashoda, Melut, Renk and Manyo counties with inputs for the 2014 season. In this proposed intervention, World Vision proposes to assemble mobile teams in order to reach IDP communities settled Upper Nile, Unity State and Jonglei with vegetable production inputs, fishing kits and veterinary services to preserve the remaining livestock assets that they have. Currently nutrition project is being implemented in Kodok, Gogrial East and West and Tonj North. The programme admitted children under five and pregnant and lactating women with severe and moderate acute malnutrition under the Outpatient Therapeutic Programme (OTP) and Targeted Supplementary Feeding Programme (TSFP). The funding will be utilized to strengthen and expand on-going activities as well as establishment of mobile teams in order to increase coverage and provide services to hard to reach areas. Also, WV is the State Focal Point for NFIs in Warrap and is looking to re-establish its role in Unity and Western Equatoria. Additionally, WV is one of the key actors intervening in Upper Nile. WV is also the National cluster co-lead for NFIs and actively contributes to the coordination and implementation of rapid responses to population needs in deep field locations. WV has the current operational presence, capacity, and technical expertise to continue and scale-up interventions in targeted conflict/flood-affected locations. Therefore, this funding is critical to support the identified NFI needs in south Sudan as well as to fund an expansion in staff – that will allow the program to respond more flexibly and quickly to emergencies

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.

World Vision interventions in this proposal will contribute to the two main objectives of the CRP FSL Cluster priorities. World Vision already provides food assistance, in partnership with WFP, to IDP and host populations in Malakal POC, Wau Shilluk, Lul, Kodok

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.

² <http://reliefweb.int/sites/reliefweb.int/files/resources/a9eedb4f-2d55-4a0e-b58d-08687a50eb44.pdf>

and Rom, and has plans to start general food distributions in Manyo and Renk counties. This is in line with the objective of ensuring access to food for communities in emergency phase. This proposal will complement the above assistance by contributing to the second FSL Cluster objective of supporting livelihoods for the population in the IPC Crisis phase and a portion of the population in Emergency and boost production to improve general availability of food and livestock products.

This intervention will also contribute to the achievement of nutrition cluster priority activities as it will help the most vulnerable households, the displaced population, and returnees by saving the lives of under-fives and unborn babies. WVSS would like to screen and refer acutely malnourished children under-five years of age and pregnant and lactating women and other disadvantaged groups for management in therapeutic and community-based programmes.

The proposed CHF funding will contribute towards achieving the agreed NFI & ES Cluster priorities of:

- (1) Timely provision of emergency shelter and basic NFIs to conflict /disaster affected populations in acute emergencies
- (2) Prepositioning of essential NFIs/ES materials

In order to ensure adequate and timely response, World Vision has recruited dedicated NFI staff. It will support in building the capacity of the staff and all partners in the areas where WV acts as State Focal Point. In addition, WV holds the NFI Cluster Co-Coordinator position and supports coordination country wide. The proposed project will pay special focus in coordinating with all relevant partners in all of its response activities; and will actively participate in the cluster meetings and in inter-agency assessments and Post Distribution Monitoring (PDMs).

A total of 54.000 people will benefit from NFI interventions. FSL activities will cover 50.000 beneficiaries through providing seeds, agricultural kits and fishing kits to around 36.000 people while around 14.000 community members will benefit from vaccination of livestock. Around 21.000 children and PLW will be reached by nutrition interventions. All numbers have been calculated based on an estimate on how many community members can be reached during a period of 6 months through mobile teams but also based on items available from the FAO pipeline and the Nutrition pipeline. The beneficiary numbers for nutrition interventions have also been calculated based on an average of children with moderate acute malnutrition and severe acute malnutrition rates across conflict affected areas Upper Nile, Unity and Jonglei.

ii) Project Objective

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

1. To ensure that malnourished children under five years (boys and girls), pregnant and lactating women and the vulnerable population have access to and utilize quality nutrition services
2. Increase food production, livelihood diversification and market access among target populations in crises and emergencies
3. Vulnerable population are supported with NFIs to strengthen their coping mechanism

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).

The Area Rapid Response Model aims to strengthen a coordinated approach to conducting multi-sectorial assessments and emergency response in targeted hard to reach areas.

Project Activities

Output 1: To ensure that malnourished children under five years (boys and girls), pregnant and lactating women and the vulnerable population have access to and utilize quality nutrition services

The funding will be used to conduct routine mobile outreach activities for treatment and prevention of malnutrition as below:

- Screen and admit children with severe malnutrition without complications in OTP and SC and treat children with therapeutic foods
- Provide blanket supplementary feeding (BSFP) and provide Vitamin A, iron tablets and folic acid to children and PLWs
- Screen, admit children with moderate malnutrition and treat with supplementary food (CSB+)
- Maintain stabilization centers, OTPs and SFPs at optimal operational capacity in the target area offering care to U5 Children and P&LW
- Establish or strengthen the referral system with partners on ground and within the integrated program
- Assess, monitor and improve quality of care in the therapeutic feeding programmes addressing severe acute malnutrition
Conduct routine medication for children admitted in OTP

- Train CHD staff and community leaders in emergency nutrition response and production of contingency plans. Conduct IYCF session to lead mothers, PLW and community leaders (30 males & 60 females) to support, promote and protect breastfeeding (BF) and support IYCF practices at community level and management of common illness.
- Promote and advocate for acceptable, adequate and (locally) available complementary foods for breastfed and non-breastfed children 6-23 months to be given with age-appropriate feeding practices.
- Conduct HIV awareness/mobilization on prevention of mother to child transmission of HIV & AIDS
- Provide health education on proper disposal of sharps and other medical supplies to avoid environmental hazards
- Conduct awareness sessions with male and female service providers in Gender and youth service provision
- Conduct Hygiene promotion community campaigns through distribution of hygiene messages to the community, PLW and Lead mothers
- Conduct periodic monitoring and reporting on project sites
- Deployment of dedicated nutrition mobile team staff in hard to reach areas of intervention to fill response gaps

Output 2: Increase food production, livelihood diversification and market access among target populations in crises and emergencies

- Provide vegetable seeds, training and extension to farmers to plant in the 2014 season, ensuring 70% female participation
- Train women on vegetable production
- Provide follow up extension support to monitor farmer production increases
- Provide emergency animal vaccination & treatment to preserve productive assets for conflict affected communities
- Train community animal health workers
- Deployment of dedicated FSL mobile team staff in hard to reach areas of intervention to fill response gaps

Output 3: Vulnerable population are supported with NFIs to strengthen their coping mechanism

- Conduct assessments of NFI needs for conflict/natural disaster IDPs
- Identification and registration of IDPs
- Distribute NFIs to identified beneficiaries
- Conduct post distribution monitoring
- Participate in cluster coordination meetings and monitoring mechanism
- Deployment of dedicated NFI mobile team staff in hard to reach areas of intervention to fill response gaps

iv). Cross Cutting Issues

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

Gender:

An assessments will investigate gender specific differences and needs in the prevention and treatment of acute malnutrition. Information collected from assessments and performance reports will be disaggregated into boys and girls, women so as to identify any unique needs to the gender. In order to improve equity and sustainability of health provisions, specific measures shall also be taken to promote active involvement of women and children in planning and design of rural schemes, which are appropriate to their own needs and priorities. All activities will include at least 50% females where possible. Specific measures shall therefore be taken to promote active involvement of women and children in planning and design to ensure that the project is appropriate to their own needs and priorities. In addition, the nutrition interventions specifically targets Pregnant and Lactating women. To ensure that people with disability are actively engaged in the project, measures to encourage involvement of all community members, especially the most vulnerable, including those with disabilities, will be made to ensure their contribution to the project.

Environment:

The proposed project will work to enhance sustainability, including environmental sustainability, of project impact and service delivery. Activities will support proper disposal of waste and will pay attention to location and sustainability so that the environment is conserved. The techniques promoted will result in environmental enhancement and sustainable use of resources.

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.

More vulnerable children and PLW are reached and treated for malnutrition, community awareness is raised and ensure that future malnutrition cases are easily detected, managed within the community and strengthen the referral system of the severely acute malnourished with medical complications. The project will raise awareness of the causes of malnutrition to the community to help prevent and reduce the cases of malnutrition among children under the age of five years. In addition 6000 households from vulnerable groups (IDPs, host), women, and host communities in the targeted counties will have improved livelihood diversification. 100, 000 livestock belonging to IDPs will be treated for different diseases in order to assist communities to preserve remaining livestock assets. 54,000 Individual served with NFI kits (of which 35,100 are women/girls and 18,900 men/boys) by mobile team.

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 <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(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)</small>
Performance indicators			
	1.	Average time between ICWG Operations Group highlighting the gap and assessment team on the ground	7 days
	2.	Average time between decision to respond and response team on the ground	7 days
	3.	Average duration of deployment on the ground (ensuring quality response and achievement of objectives as set in ToR)	21 days (indicative standard across proposals, to be broken down by cluster at reporting stage)
	4.	# of locations to which a mobile response team has been deployed for an intervention	18 (6 per sector)
	5.	# mobile teams established and functional / # of staff available for deployment in emergency	4
	6.	# of emergency-affected individuals whose immediate needs are met through the ARRM	125,000
		Men	60,000
		Women	65,000

Response indicators		
	Output 1: To ensure that malnourished children under five years (boys and girls), pregnant and lactating women and the vulnerable population have access to and utilize quality nutrition services	
	# of sensitization meetings in communities conducted	24
	# of nutrition sites - No of stabilisation centres	2
	# of nutrition sites - No of OTP sites	13
	# of nutrition sites - No of TSFP sites	13
	# of children (under-5) admitted for the treatment of SAM	7,356
	Quality of SAM program - Overall SAM program cure rate (SPHERE standards)	85%
	Quality of SAM program - Overall SAM program default rate (SPHERE standards)	<5%
	Quality of SAM program - Overall SAM program death rate (SPHERE standards)	0%
	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	5.300
	Quality of MAM program - Overall MAM program cure rate (SPHERE standards)	95%
	Quality of MAM program - Overall MAM program default rate (SPHERE standards)	<5%
	Quality of MAM program - Overall MAM program death rate (SPHERE standards)	0%
	# of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	10,500
	# of Pregnant women receiving iron-folate	10,500
	# of children (3-35 months) receiving supplementary foods through Blanket Supplementary Feeding Programmes (BSFP)	12,000
	# of functional mother-to-mother support groups	13
	# of health workers trained in Infant and Young Child Feeding	24
	# of children screened in the community	11,000
	# of SMART surveys undertaken - Pre-harvest	4
	# SMART surveys undertaken - Post-harvest	4
	# Coverage surveys undertaken	2
	Estimated girls and boys (Under 5) reached by RUTF supplies from the pipeline	5,500
	Estimated girls and boys (6-59) reached by RUSF supplies from the pipeline	1,000
	Estimated girls and boys (6-35) reached by BSFP supplies from the pipeline	5,000
	Estimated PLWs reached by supplies from pipeline	10,500
	# of joint monitoring missions to the implementation sites	6
	Output 2: Increase food production, livelihood diversification and market access among target populations in crises and emergencies	
	Quantity of vegetable seeds distributed (Kgs)	1200
	# of people provided with vegetable seeds	36.000
	# of agricultural tools distributed/kits	6.000
	# of fishing gears/kits distributed	6.000
	# of heads of livestock treated	100.000
	# of heads of livestock vaccinated	100.000
	Output 3: Vulnerable population are supported with NFIs to strengthen their coping mechanism	

	# of assessments conducted	8 (5 inter-agency + 3 WVSS)
	# of distributions conducted (total)	6
	# of beneficiaries identified and served with NFIs	54.000
	# of PDMs conducted	3 (2 WVSS + 1 inter-agency)
	# of dedicated NFI mobile team staff for deployment	4

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 project will be implemented by WVSS. The mobile team will be making periodic outreach services to fixed locations including PHCUs/PHCCs hence the project will work closely with the Communities, CHDs and the partner on ground. The project will collaborate with other partners i.e. NGOs operating in the same locations in order to ensure equity distribution of services high coverage and avoid duplication of efforts. The project supplies medical and non-medical will be provided by UNICEF through the existing Partnership Cooperation Agreement (PCA) with WVSS and WV gift in kind (GIK). The supplies for the Targeted supplementary feeding programme will be provided by WFP through the existing Field Level Agreement (FLA) between WVSS Food Assistance programme and WFP.

The mobile team will have one team leader based in Juba who is responsible for ensuring a consistent and quick response to emergencies in World vision operational areas throughout the country. National staff for the mobile team has been recruited from their respective states and will be based in their states. However, they will operate across World Vision operational areas in the country depending on where the emergency occurs. Where necessary, international staff will be recruited and based in crisis affected states to guide the mobile team operations and participate in coordination meetings. The nutritional component of the mobile team may be semi-mobile and more stationary in areas where this is possible.

Besides, the mobile team will cover underserved and hard to reach areas where there are no cluster partners present. World Vision has conducted needs assessments in various areas and has already identified vulnerable communities and areas with very high demand for humanitarian assistance. Furthermore, the team will be deployed to carry out timely assessment, distribution and post-distribution monitoring activities in those locations.

Hence the World Vision mobile team will be essential for timely NFI, FSL and nutrition response in the conflict affected areas, vast areas of which are underserved, without partners present on the ground, and facing constant complex emergencies often involving multiple incidents in remote areas.

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

At the time of submission of the final proposal to CHF World Vision has a complete NFI team of 4 staff ready for deployment while 2 staff are being recruited for the FSL and the nutrition team each. The recruitment process has already started and it is anticipated that there will be no delays and mobile teams will be available for deployment to hard to reach areas within July 2014.

viii) Monitoring and Reporting Plan

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.
Describe how you will monitor and report on the progress and achievements of the project. Notably:
 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.
Field staff will be oriented on expected results, indicators to be used within the context of baselines and time frames, means of verification and data collection methods. M&E activities will be designed in a manner that emphasizes effective participatory approaches between WVSS and the beneficiary communities, households and Government. M&E data collection activities will provide opportunities for active participation from programme beneficiaries.
 3. Describe how you will analyse the data collected and report on the project achievements in comparison with the project strategy.
It is expected that results of programme activities, outputs, and outcomes will be shared with assisted communities, to foster a greater sense of buy-in and ownership. Best practices and evidence-based monitoring findings from this project will be considered as inputs to improve programme design and implementation.
- 4- Ensure key monitoring and reporting activities are included in the project work plan (Section III)³.
The project will generate weekly progress reports, monthly progress reports, bi-monthly reports and end of project reports.

The monitoring of the project activities will be based on WV participatory approach through consultation with key stakeholders such as women, children, community leaders and local authorities at state, county and payam levels. In addition, WVSS M&E staff will provide regular guidance and monitoring of the project progress to ensure standards of project implementation and CHF resources are used effectively. WV will use the Clusters standard reporting formats as a way to collect necessary data required by the CHF. Sample of on-site monitoring and observation by the M&E officer which consists of directly interviewing the beneficiaries' right after they receive assistance at the distribution sight whereas observation will involve the M&E officer observing the distribution sight and process following an agreed checklist. WV currently has these tools developed which will be shared with the NFI, FSL and nutrition cluster for review and approval.

World Vision will conduct PDM for all 3 sectors prior to the end of project to ensure coverage, effectiveness and the quality of items and appropriateness of the items distributed to beneficiaries. In order to ensure transparency, the PDM exercise will incorporate household surveys, focus group discussion with female and male beneficiaries and interviews with key informants.

³ 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.

Finalized PDM reports generated by the staff will be shared with the cluster and cluster partner to ensure adherence to cluster recommendations and standards as well as to proper follow up for any corrective measures required.

The spot check monitoring and PDMs will be analysed by the senior M&E officer and NFI project manager, identifying gaps and best practices and coming up with recommendations. These will be discussed with the program management team and with the cluster and will be reflected into the current project.

Moreover, World Vision will be sharing monthly stock / distribution reports with the cluster to inform on the distribution activities but also reports on screening of children/ PLW and numbers of beneficiaries reached with nutrition activities. World Vision South Sudan will be using the newly introduced cluster reporting document templates which captures the essential information for monitoring of the non-food items program as well as nutrition interventions.

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)
OFDA (FSL), 1 st March 2014- 31 st May 2015	792,174 USD
FAO (FSL), 2014	160,000 USD
CHF (FSL), 1 st April 2014- 30 th June 2014	155,021 USD
DFATD (Nutrition), 1 st April 2014-	292,199 USD
World Vision (Nutrition), 1 st April 2014- 30 th June 2014	217,830 USD
DFID (NFI), 1 st January 2014- 15 th July 2015	405,844 USD
CHF (NFI), 1 st May 2014	476,210 USD

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		
<p>CHF Allocation ID:14/R/506 CRP Code: NFI: SSD-14/S-NF/60952; FSL: SSD-14/F/60759; Nutrition: SSD-14/H/60749</p>	<p>Project title: Provision of mobile teams for NFI, FSL and nutrition in Upper Nile, Unity and Jonglei CRP Project titles: 1. <i>Improve access to food for populations in emergencies and strengthen livelihoods for communities in crisis in Upper Nile, Jonglei, Unity and Warrap.</i> 2. <i>NFI Emergency response and coordination for IDPs, Returnees, and vulnerable host communities affected by conflict and natural disasters.</i> 3. <i>Emergency response to malnutrition for vulnerable children, pregnant and lactating women, and at risk population in Warrap state, Unity, Upper Nile and Northern Bahr el Ghazal.</i></p>	<p>Organisation: World Vision</p>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	What are the Cluster Priority activities for this CHF funding round this project is contributing to?	What are the key indicators related to the achievement of Cluster Priority activities?	What are the sources of information on these indicators?	
CHF project Objective	Support of vulnerable communities in hard to reach areas through the provision of NFIs, FSL and nutrition services	# of children and PLW treated for malnutrition # of communities who have received non-food items # of communities who have received agricultural tools, seeds and livestock-services # of awareness raising sessions provided # of assessments conducted	<ul style="list-style-type: none"> • Project reports • Activity reports • Monthly field monitoring reports • Assessment reports • Participant lists in mobilization meetings • Distribution lists 	<ul style="list-style-type: none"> • Access to programme areas is possible • Security does not deteriorate significantly and the rural population maintains its access to OTPs and distribution sides • No major emergency that may trigger mass displacements is reported in the outreach project area • Stock out (supplies) food, medicine pipeline and agricultural tools and seeds breaks during the implementation of this project

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 1	Increased access to vulnerable children and PLW are reached and treated for SAM and MAM, community awareness is raised to ensure that future malnutrition cases are easily detected, managed within the community and Strengthen the referral system of the Severely acute malnourished with medical complications	# of sensitization meetings conducted # of community volunteers selected # of mobile teams formed # of Rapid Needs Assessments and surveys conducted # of mobile outreaches conducted # of < 5, and PLW screened to identify malnutrition cases. # of < 5 Screened, admit and refer children to BSFP, TSFP,OTP and SC and provide micronutrients (Vitamin A and Folic acid # of the defaulters cases, absentees and the non-respondents identified # of < 5 children referred to SC /OTP /TSFP/BSF with the partner on ground	<ul style="list-style-type: none"> Project reports Activity reports Monthly field monitoring reports Assessment reports Participant lists in mobilization meetings 	<ul style="list-style-type: none"> Access to programme areas is possible Security does not deteriorate significantly and the rural population maintains its access to OTPs and SCs No major emergency that may trigger mass displacements is reported in the outreach project area. Stock out (supplies) food and medicine pipeline breaks during the implementation of this project
Output 1.1	Output 1.1 Malnourished under-five children and PLW are accessing community based integrated management of acute malnutrition programmes	<ul style="list-style-type: none"> # of children under 5 admitted for the treatment of severe acute malnutrition (SAM) % of SAM children cured # of children under 5 admitted for the treatment of moderate acute malnutrition (MAM) % of MAM children cured # of PLWs admitted for the treatment of moderate acute malnutrition (MAM) # of the defaulters cases, absentees and the non-respondents identified # of sensitization meetings conducted # of community volunteers selected # of Rapid Needs Assessments and surveys conducted # Of mobile outreaches conducted and Routine screening of < 5, and PLW to identify malnutrition cases # of children < 5 screened, admitted and referred to BSFP, TSFP,OTP and SC and provided with micronutrients (Vitamin A and Folic acid) 	<ul style="list-style-type: none"> Project reports Project reports tracking malnourished children on treatment Monthly field monitoring reports Assessment reports Participant lists in mobilization meetings 	<ul style="list-style-type: none"> Access to programme areas is possible Security does not deteriorate significantly and the rural population maintains its access to OTPs and SCs No major emergency that may trigger mass displacements is reported in the outreach project area. are no (supplies) food and medicine pipeline breaks during the implementation of this project Sufficient importance attached to programme implementation and ownership by beneficiaries.
Activity 1.1.1	Screen and admit children with severe malnutrition without complications in OTP and SC and treat children with therapeutic foods			
Activity 1.1.2	Provide blanket supplementary feeding (BSFP) and provide Vitamin A, iron tablets and folic acid to children and PLWs			
Activity 1.1.3	Screen, admit children with moderate malnutrition and treat with supplementary food (CSB+)			
Activity 1.1.4	Maintain stabilization centers, OTPs and SFPs at optimal operational capacity in the target area offering care to U5 Children and P&LW			
Activity 1.1.5	Establish or strengthen the referral system with partners on ground and within the integrated program			
Activity 1.1.6	Assess, monitor and improve quality of care in the therapeutic feeding programmes addressing severe acute malnutrition Conduct routine medication for children admitted in OTP			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.2	Train community health workers and community leaders on IYCF and integrated management of community based acute malnutrition (CMAM) to ensure quality community based management of acute malnutrition programmes	<ul style="list-style-type: none"> # of Conducted IYCF promotion sessions for Lead Mothers, PLWS, and the community leaders (30 male and 60 female) at the community level including management of common illnesses # of HIV awareness/mobilization conducted on prevention of mother to child transmission of HIV & AIDS to be done in collaboration with the existing partner # of health education conducted on proper disposal of sharps and other medical supplies to avoid environmental hazards # of conducted awareness sessions with male and female Service providers in Gender and youth service provision 	<ul style="list-style-type: none"> Activity report Participant lists in mobilization meetings 	<ul style="list-style-type: none"> Access to programme areas is possible Sufficient importance attached to programme implementation and ownership by beneficiaries.
Activity 1.2.1	Promote and advocate for acceptable, adequate and (locally) available complementary foods for breastfed and non-breastfed children 6-23 months to be given with age-appropriate feeding practices.			
Activity 1.2.2	Conduct HIV awareness/mobilization on prevention of mother to child transmission of HIV & AIDS			
Activity 1.2.3	Provide health education on proper disposal of sharps and other medical supplies to avoid environmental hazards			
Activity 1.2.4	Conduct awareness sessions with male and female service providers in Gender and youth service provision			
Output 1.3	Output 1.3 Improved awareness of 6 women groups and 30 County Health Department Staff of the underlying causes of malnutrition related to infant and young child care practices, poor public health and environment	<ul style="list-style-type: none"> # of Hygiene promotion and community campaigns conducted through distribution of hygiene messages to the community, PLW and Lead mothers # of trainings conducted to mother leader groups and CHD on nutrition education # of periodic monitoring and reporting on project sites conducted 	<ul style="list-style-type: none"> Activity report Project reports Project reports tracking malnourished children on treatment Monthly field monitoring reports Participant lists in mobilization meetings 	<ul style="list-style-type: none"> Access to programme areas is possible Security does not deteriorate significantly and the rural population maintains its access to OTPs and SCs No major emergency that may trigger mass displacements is reported in the outreach project area. No (supplies) food and medicine pipeline breaks during the implementation of this project
Activity 1.3.1	Conduct periodic monitoring and reporting on project sites			
Activity 1.3.2	Train CHD staff and community leaders in emergency nutrition response and production of contingency plans Conduct IYCF session to lead mothers, PLW and community leaders (30 males & 60 females) to support, promote and protect breastfeeding (BF) and support IYCF practices at community level and management of common illness.			
Activity 1.3.3	Conduct Hygiene promotion community campaigns through distribution of hygiene messages to the community, PLW and Lead mothers			
Outcome 2	Increase food production, livelihood diversification and market access among target populations in crises and emergencies	<ul style="list-style-type: none"> # of beneficiaries with improved food security # of people with improved access to market 	<ul style="list-style-type: none"> Observation of distribution Distribution beneficiary registration data Evaluation 	

Common Humanitarian Fund for South Sudan - CHF Reserve Application

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 2.1	Communities receive seeds, agricultural tools and livestock- services	<ul style="list-style-type: none"> • # of people provided with vegetable seeds • # of agricultural tools distributed/kits • # of fishing gears/kits distributed • # of heads of livestock treated • # of heads of livestock vaccinated 	<ul style="list-style-type: none"> • Distribution reports • Activity reports 	
Activity 2.1.1	Provide vegetable seeds, training and extension to farmers to plant in the 2014 season, ensuring 70% female participation			
Activity 2.1.2	Train women on vegetable production			
Activity 2.1.3	Provide follow up extension support to monitor farmer production increases			
Activity 2.1.4	Provide emergency animal vaccination & treatment to preserve productive assets for conflict affected communities			
Activity 2.1.5	Train community animal health workers			
Outcome 3	Vulnerable population are supported with NFIs to strengthen their coping mechanism	# of vulnerable population reached with NFIs	Post distribution monitoring reports	
Output 3.1	Vulnerable communities receive NFIs	<ul style="list-style-type: none"> • # of assessments conducted • # of beneficiaries identified and served with NFIs • # of PDMs conducted • # of dedicated NFI mobile team staff for deployment • # of distributions conducted (total) 	<ul style="list-style-type: none"> • Distribution reports • Activity reports 	
Activity 3.1.1	Conduct assessments of NFI needs for conflict/natural disaster IDPs			
Activity 3.1.2	Identification and registration of IDPs			
Activity 3.1.3	Distribute NFIs to identified beneficiaries			
Activity 3.1.4	Conduct post distribution monitoring			
Activity 3.1.5	Participate in cluster coordination meetings and monitoring mechanism			
Activity 3.1.6	Deployment of dedicated NFI mobile team staff in hard to reach areas of intervention to fill response gaps			

Common Humanitarian Fund for South Sudan - CHF Reserve Application

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 4	Mobile teams are functional and are operating in hard to reach areas	# Mobile Teams established and functional / # of staff available for deployment in emergency 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 # of locations to which a mobile response team has been deployed for an intervention # of emergency-affected individuals whose immediate needs are met through the ARRM	<ul style="list-style-type: none"> • Activity reports • Project reports • Distribution reports 	
Output 4.1	Mobile teams are formed and deployable	<ul style="list-style-type: none"> • # of dedicated NFI staff ready for deployment • # of dedicated nutrition staff ready for deployment • # of dedicated FSL staff ready for deployment 	<ul style="list-style-type: none"> • Activity reports • Project reports • Distribution reports 	
Activity 4.1.1	Complete recruitment of additional FSL staff and nutrition staff			
Activity 4.1.2	Form mobile teams			

PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The work plan 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 Jul 2014	Project end date:	31 Dec 2014
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Activities	Q2	Q3/2014			Q4/2014		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Complete recruitment of additional FSL staff and nutrition staff		x					
Form mobile teams		x					
Conduct assessment of NFI needs for conflict / natural disaster IDPs		X	X	X	X	X	X
Identification and registration of IDPs		X	X	X	X	X	X
Distribute NFIs to identified beneficiaries			X	X	X	X	X
Conduct post distribution monitoring						X	X
Participate in cluster coordination meetings and monitoring mechanism		X	X	X	X	X	X
Deployment of dedicated NFI, FSL and nutrition mobile team staff in hard to reach areas of intervention to fill response gaps		X	X	X	X	X	
Provide vegetable seeds, training and extension to farmers to plant in the 2014 season, ensuring 70% female participation		x	x	x	x	x	
Train women on vegetable production		x	x	x	x	x	X
Distribute fishing kits to fishing communities		X	x	x	x	x	x
Provide training and extension advice to fisher folk in targeted areas		x	x	x	x	x	X
Provide follow up extension support to monitor farmer production increases		X	x	x	x	x	x
Provide emergency animal vaccination & treatment to preserve productive assets for conflict affected communities		x	x	x	x	x	X
Train community animal health workers		x	x	x			
Conduct sensitization meetings with community leaders		x	x	x	x	x	x
Screen and admit children with severe malnutrition without complications in OTP and SC and treat children with therapeutic foods		x	x	x	x	x	x
Provide blanket supplementary feeding (BSFP) and provide Vitamin A, iron tablets and folic acid to children and PLWs			x	x	x	x	x
Screen, admit children with moderate malnutrition and treat with supplementary food (CSB+)			x	x	x	x	x
Maintain stabilization centers, OTPs and SFPs at optimal operational capacity in the target area offering care to U5 Children and P&LW			x	x	x	x	x
Establish or strengthen the referral system with partners on ground and within the integrated program			x	x	x	x	x
Assess, monitor and improve quality of care in the therapeutic feeding programmes addressing severe acute malnutrition Conduct routine medication for children admitted in OTP			x	x	x	x	x
Train CHD staff and community leaders in emergency nutrition response and production of contingency plans Conduct IYCF session to lead mothers, PLW and community leaders (30 males & 60 females) to support, promote and protect breastfeeding (BF) and support IYCF practices at community level and management of common illness			X	x			x
Promote and advocate for acceptable, adequate and (locally) available complementary foods for breastfed and non-breastfed children 6-23 months to be given with age-appropriate feeding practices			X	x	x	x	x
Conduct HIV awareness/mobilization on prevention of mother to child transmission of HIV & AIDS			X	x	x	x	x
Provide health education on proper disposal of sharps and other medical supplies to avoid environmental hazards			X	x	x	x	x
Conduct awareness sessions with male and female service providers in Gender and youth service provision			X	x			x
Conduct Hygiene promotion community campaigns through distribution of hygiene messages to the community, PLW and Lead mothers			X	x	x	x	x
Conduct periodic monitoring and reporting on project sites					x		
Assessments and surveys						x	

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 : <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	

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