

# 2012 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](mailto:CHFsouthsudan@un.org)

**Note:**

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

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

|                 |   |
|-----------------|---|
| CHF Reserve No. |   |
| Date Received:  | 29/07/2012  |
| CAP Project     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Focal point:    | Jim Kangichu  |

To be filled in by the CHF Technical Secretariat

| CHF Reserve Grant Request Summary   |  |
|---|--|
| Requesting Organisation:  | <b>Samaritan's Purse</b>   |
| Project Title:  | <b>Emergency Nutrition Program for Vulnerable Children in Yida Refugee Camp, Pariang County, Unity State</b>   |
| Project Code (if CAP project):  | <b>SSD-12/H/46329/6116</b>   |
| Cluster/Sector:   | <b>Nutrition</b>   |
| 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): | <b>Yida, Pariang County, Unity State (100%)</b>  |
| Total project budget:   | <b>USD 827,676 (plus GIK from UNICEF worth approximately USD 270,000)</b>  |
| Amount requested from CHF Reserve:  | <b>USD 827,676</b>   |
| Project Duration (indicate number of months, starting date will be Allocation approval date):   | <b>6 months</b>  |
| Total number of beneficiaries targeted by the CHF Reserve grant request (disaggregated by sex/age):   | Camp population: 55,298 (current UNHCR count)<br>Children under 5 years: 11,060 (20% of total camp population.)  |
| Implementing partners (include those that will benefit/ sub-grant from CHF funding):  | Samaritan's Purse. (No sub grantees)   |
| Project Contact Details<br>(Provide names, phone numbers, and emails of head of your organization, and the project focal person)                                    | Len Blevins – Country Director<br>E-mail: <a href="mailto:lblevins@samaritan.org">lblevins@samaritan.org</a><br>Phone: + 211 908 596 662<br>+ 211 922 473 480<br>Jim Kangichu - Project Focal Person<br>E-mail: <a href="mailto:jkangichu@samaritan.org">jkangichu@samaritan.org</a><br>Phone: + 211 956 079 030 |

## A. Humanitarian Context (Context Analysis)

- In approximately 1,000 words briefly describe the humanitarian situation in the specific region/area where CHF Reserve activities are planned for with reference to assessments and key data, including the number and type of the affected population<sup>1</sup>.
- Also explain relation to the work of other partners in the area.

On-going armed conflict in South Kordofan State between the Sudanese Armed Forces (SAF) and the Sudanese People's Liberation Movement-North (SPLM-N) intensified in May and June 2012. In addition to its primary target, SAF has continued to target the local civilian population with aerial bombardments forcing people to flee or hide in caves. Humanitarian access to the area has been blocked since June 2011, with no new food reaching the civilian population. Due to the prevailing insecurity, cultivation of crops among the people living in South Kordofan has been severely hampered. The late onset of rains and the terrorization of farmers by continuous bombardment meant that farmers could not engage in agriculture and hence the last harvest was among the worst. Household food stocks are now depleted - threatening the lives of thousands of people through hunger. According to a Famine Early Warning Systems Network (FWESENET) report released on July 5 2012, crisis and emergency levels of food insecurity (IPC Phases 3 and 4) will persist in Unity State and South Kordofan SPLM-N controlled areas through at least September. After September, harvests are likely to bring some temporary improvements. Emergency assistance to save both lives and livelihoods is required. Refugees fleeing the violence in South Kordofan are heading southward, crossing the nearby border with South Sudan to Unity State and arriving in Yida camp with few economic assets, in poor health and with significant nutritional problems.

In December 2011, the population of Yida was estimated at 30,000; this was at the peak of fighting in South Kordofan, when many people had escaped the violence. Yida camp was bombed by SAF in November 2012 with the incident attracting widespread condemnation of the perpetrators by the international community. This incident may have in-part contributed to sharp fall in population which according to the UNHCR re-registration exercise conducted in February 2012 estimated the population of Yida at 16,022. The decline in numbers showed that outmigration had been taking place during the dry season. Barely two months after the re-registration exercise, population numbers shot up again, as the security situation in South Kordofan deteriorated due to new fighting and people began to move southward once again. Moreover, the long-running blockade of humanitarian assistance to the people of South Kordofan by Sudan led to high vulnerability to hunger, forcing people to seek help from Yida where distribution of WFP food has been on-going. A refugee surge was witnessed in Yida through the months of April, May and June, with daily registration reaching 1,000 people on peak days. As a result, Yida's population has quadrupled and the malnutrition levels recorded in the camp are now among the worst in the world. Due to its close proximity to the border and the nearby fighting, the camp continues to be classified by UNHCR as a high insecurity area, a designation which has deterred relief agencies from joining in humanitarian efforts. Only two agencies are running any sort of nutritional response in the camp. These include the Samaritan's Purse Stabilization Centre (SC) and Outpatient Therapeutic Program (OTP) as well as the newly developed health and nutrition program by Médecins Sans Frontières (MSF).

Preliminary results of ACF's SMART survey (Standardized Monitoring and Assessment of Relief and Transitions) conducted in Yida released in July 2012 show that the Global Acute Malnutrition (GAM) rate in the camp is currently at 21.8%, and the Severe Acute Malnutrition (SAM) rate is at 6.1%, using the WHO index (2006). According to this survey, the prevalence of malnutrition is especially high among children under five years and has already surpassed the emergency SAM threshold of 5.5%. Surveillance data gathered from the Samaritan's Purse SC shows that the caseload admission averages 50 children per night. On July 5<sup>th</sup> 2012, the SC in Yida had 76 admitted children; the highest number ever recorded on a single day since it became operational last year. On July 16<sup>th</sup>, 57 new cases were enrolled in the OTP, raising alarm over the state of malnutrition in the camp. The Samaritan's Purse nutrition program records show that 1,258 children with SAM are currently enrolled in the OTP. It is feared that the poor nutritional status of children is the result of various factors, including an increase in childhood illnesses during the rainy season and poor awareness among mothers of nutritional issues leading to late identification of malnutrition. Despite the disturbing trends in malnutrition, there has been adequate food available through the WFP distribution program in the camp. As the rainy season began, many people returned to Yida, including those that had moved to Pariang and Nyeel. Logistical difficulties in providing humanitarian access to the camp are quickly emerging as the newest challenges in providing food to the people. This is an issue that could gravely impact the already high levels of malnutrition throughout the camp.

In addition to refugees currently fleeing violence and severe food insecurity in the north, major influxes of returnees have continued to arrive in the border states since the signing of the Comprehensive Peace Agreement in 2005 and the formation of the new country in 2011. An IOM report from July 19, 2012 shows that between February 2007 and June 2012, Unity State recorded an influx of 282,699 returnees - the second highest number among all the states in South Sudan. These influxes are expected to continue and increase even further through 2012 due to deteriorating relations between South Sudan and Sudan. The presence of this elevated number of vulnerable people, coupled with the serious limitation of resources and services, has the potential to intensify the results of any natural or man-made disaster that may occur in the region. Any lapse in efforts by SP and MSF in their current nutritional interventions could prove catastrophic to the camp population and, in particular, to the 15,891 children under the age of five who are currently living in Yida.

<sup>1</sup> 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.

## B. Grant Request Justification

- In approximately 500 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.

Samaritan's Purse and MSF are the only organizations implementing nutrition interventions for the 55,298 refugees in Yida Camp. The population in the camp has rapidly increased in recent months (the February camp population was 16,022, compared to 55,298 currently) and this has resulted in a drastic increase in the number of reported MAM and SAM cases among children under-five years. During the month of July, ACF conducted a nutritional SMART survey, the preliminary results of which, show that malnutrition has surpassed emergency levels. This report showed a SAM prevalence of 6.1% and a GAM rate of 21.8%. The current caseload in the Samaritan's Purse OTP program is 1,258 children under-five with SAM. The program can barely cope with the enormous needs in the camp and is therefore seeking opportunities to scale-up operations. Recent demographic data shows that Yida camp has at least 15,891 children under-five. Of these, it is expected that at least 675 will be assessed and diagnosed with SAM through 2012 and, hence, will benefit from the proposed project. The conflict situation in Southern Kordofan has only worsened in recent months and this is expected to persist, which will result in further migration from the north to Yida. The nutritional emergency response that SP is thus a key life-saving intervention for vulnerable refugees and, in particular, for the large population of children under the age of five years living in the camp.

Since the refugees began settling in Yida in August 2012, SP has sustained nutritional interventions for the camp population. Yida is known for its logistical challenges, especially regarding accessibility during the rainy season. Despite this, SP directed all of its resources to the refugee response to meet the most pressing needs. The nutrition response has included purchasing therapeutic foods and transporting it via aeroplanes when no other options were available. In addition, SP has consistently provided qualified professionals to run the program amid daunting security concerns for these personnel. UNICEF has augmented this program with therapeutic supplies since last year. Due to security concerns, humanitarian agencies' efforts to support a thriving nutrition program in Yida have been minimal and, SP has had an ever-increasing malnutrition caseload as the refugee population has skyrocketed in recent months. The demands on the current program are unexpectedly high; financial resources have run out and urgent help is needed to cope with the situation.

SP previously applied for funds from CIDA and UNHCR to cover nutrition interventions. Because funds were not received, the project has relied solely on internal SP funding. The CIDA application in November 2012 was not funded due to insecurity at a time when UNHCR was encouraging refugees to leave Yida and relocate to safer areas. The UNHCR application was withdrawn by SP due to a misunderstanding between SP and UNHCR regarding the organisation's stand to assist the refugees that were still residing in Yida. Samaritan's Purse is working to mend the relationship with UNHCR for the benefit of the unfortunate people in the camp. Samaritan's Purse has a good understanding of the refugee community, having worked in South Kordofan where the refugees originated. These established relationships have facilitated a good community entry process in the camp. SP has a strong logistical capacity allowing it access to Yida by air even during the wet season. Protocols and mechanisms for the nutrition program are already established and only require scaling up. The program is within SP's core and SP has widespread experience in similar programs worldwide.

Samaritan's Purse also applied for the 1<sup>st</sup> round CHF funding; however, that call was targeting primarily non-refugees and the proposal was rejected. This occurred at the same time that SP withdrew its UNHCR proposal. The nutrition cluster has encouraged SP to renew its relationship with UNHCR and pursue funding for this highly financially constrained but life-saving program.

The project addresses all of the three nutrition cluster objectives:

1. Improving access to therapeutic food, drugs and medical supplies
2. Enhancing health care service delivery through training of health workers
3. Increasing community awareness and social mobilization

## C. Project Description

### *j) Purpose of the Grant*

In approximately 500 words, briefly describe how CHF funding will be used to support core humanitarian activities

This grant will be used to reduce nutrition related morbidity and mortality in the Yida area of Pariang County by providing therapeutic feeding services to refugee children with severe acute malnutrition. This program will also train community nutrition volunteers on nutrition education and screening for malnutrition and will provide monitoring/surveillance of the nutrition situation in Yida.

This project will support the Samaritan's Purse, Stabilization Centre (SC) to respond more effectively to severe malnutrition and complicated cases. The scale and quality of services provided at the current SC will be improved to handle a bigger caseload. Children 6 to 59 months screened and found with a W/H < 70% or WFHZ < -3 Z-score, and/or a MUAC < 11.5 cm with a length > 65 cm, and/or presence of bilateral pitting oedema, and/or failing the appetite test will be referred to the SC. Infants less than 6 months (or less than 3 kg) that are too weak to suckle effectively, and/or with a W/L less than 70% or < -3 Z-score, and/or presence of bilateral oedema will also be referred to the SC. SP will work closely with MSF's health and nutrition program, referring children with SAM with complicated medical conditions for further treatment.

Support to the outpatient therapeutic program (OTP) in Yida will also be enhanced. The existing OTP will be strengthened through provision of additional staff and nutritional supplies. The OTP centre, through community nutrition volunteers will reach out to the 58 villages in the camp to identify SAM and MAM cases. Identified SAM cases with complications will be referred to the SC while SAM cases without complications will be enrolled in the OTP. Cases of MAM are referred to the targeted supplementary feeding program (TSFP) supported by WFP. Children 6-59 months old discharged from the SC will transition to the nearest OTP. Children who are screened in their homes and found to be severely malnourished but with a good appetite and no major medical complications will also be enrolled in the nearest OTP. The OTPs will maintain close surveillance of MAM cases to ensure that these children do not develop into SAM cases. Health workers will screen children at the OTP and SC to identify those suffering from diarrheal diseases, malaria, intestinal diseases and acute respiratory who will then be referred to MSF. This will be an integrated part of malnutrition screening and treatment.

The project will also develop and disseminate basic health and nutrition information to the refugee community. Two hundred and fifty community nutrition workers (100% women) and professional health workers will be trained. Trained CNVs will disseminate information through outreach and education about nutrition with a focus on mothers. The mother-to-mother approach will be used. At the SC site, the project will provide health and nutrition education daily to caregivers focusing on convalescence during illness, malnutrition and diarrhoea prevention.

Through this grant, the current project capacity will be bolstered to match current needs and anticipating any future surges such as the one witnessed in June-July period. Operational and logistical capacity is enhanced through the provision of road and air transport necessary for moving supplies and staff during all seasons. The project aims at solving frequent pipeline breaks that have previously been experienced, once and for all. Moreover referral is bolstered through linkages with MSF who will receive complicated cases with medical conditions. Staff capacity is revamped through the provision of additional, professional and operations staff. A full time paediatrician will be hired to work alongside 3 professional nurses covering both the SC and OTP. A data clerk is hired to collect and compile quantitative data which is synthesized into reports and shared with the nutrition cluster by the nutrition program manager. Support visits by program staff, finance staff and nutrition advisor are also planned to improve accountability and reporting. This project will also avail critical nutritional food and medical supplies as a contingency measure, should there be delays in accessing UNICEF supplies. In the SC, medical equipment will be provided whereas support infrastructure including building temporary facilities such as *rakubas* and tents to host the SC and OTP are provided. Admitted mothers continue to receive food during the time which their children are hospitalised in the SC.

SP will also conduct a post-harvest SMART nutritional assessment throughout Yida after the rainy season, in keeping with nutrition intervention standards.

### **ii) Objective**

The objective should be specific, measurable, achievable, relevant and time-bound.

To reduce child morbidity and mortality in the Yida camp, Pariang County by providing medical treatment and therapeutic to under-five with acute malnutrition between August 2012 and January 2013.

### **iii) Proposed Activities**

List the main activities to be implemented with CHF Reserve funding. State the exact location of the operation (provide map if relevant). As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

Activity 1: Continue supporting a stabilization centre for severe malnutrition cases with complication.

Area targeted: Yida camp, Unity State

Direct number of beneficiaries: 675 children under five. (Based on the lower limit confidence level, ACF SMART Survey, July 2012)

Activity 2: Continue the outpatient therapeutic program (OTP) in Yida. Specifically, the project will conduct screening, identify

Area targeted: Yida camp, Unity State

Direct number of beneficiaries: 1006 children under-five. (Based on the upper limit confidence level, ACF SMART Survey, July 2012)

Activity 3: Provide basic health and nutrition information for the refugee community

Area targeted: Yida camp, Unity State

Direct number of beneficiaries: 250 community nutrition workers and professional health workers

11,060 (Children under five estimated at 20% of total camp population).

Activity 4: Conduct a nutritional assessment in Yida after the rainy season in keeping with nutrition cluster recommendations.

Area targeted: Yida camp, Unity State

#### **iv) Cross Cutting Issues**

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

##### **Gender:**

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

##### **Complementarity:**

Samaritan's Purse will work in partnership with relevant stakeholders in nutrition programming in Yida. SP's Nutrition Manager and Logistics Officer participate and actively contribute to health, nutrition, and logistics sector cluster meetings organized in Yida while at the Juba level, SP's Programs Manager and Nutrition Advisor represent the organization in the weekly emergency response meeting convened by UNHCR. Samaritan's Purse in recognition of UNHCR mandate for refugees will support UNHCR goals within this response and provide the necessary information regarding the nutrition response to all interested stakeholders. SP will cooperate with the government, INGOs and local organizations to deliver the services to refugees. SP has already worked with ACF to collect information for the July 2012 SMART survey led by ACF. The project will adhere to relevant Sphere and UNHCR standards wherever possible. The changing security environment means the target population may be mobile and hence there may be times when it is important to maintain flexibility, in coordination with other implementers, regarding certain practices and contextual realities. This project runs concurrently with other SP initiatives in Unity State, including food distribution, WASH and protection. Linkages and integration with these projects will be explored wherever possible. Samaritan's Purse will continue to implement project activities in conjunction with all these aforementioned local and international stakeholders in an effort to avoid duplication of efforts or the creation of a parallel delivery system.

##### **HIV/AIDS:**

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

##### **Environment:**

The activities under this program should not have any adverse effects on the environment. Samaritan's Purse will ensure that all trash and hazardous waste produced through this program, including therapeutic feeding wrappers and containers are properly disposed of and/or incinerated.

#### **v) Expected Outcomes**

List the results you expect to have at the end of the CHF grant period, and provide no more than three measurable indicators you will use to measure your achievement. Please use the defined CHF Standard Output Indicators whenever possible.

|          | <b>Indicator</b>  | <b>Target</b>  |                        |
|----------|---|--|------------------------|
| <b>1</b> | Children admitted/treated for SAM   | Boys   | <b>503</b>             |
|          |   | Girls  | <b>503</b>             |
| <b>2</b> | Children screened in the community  | Boys   | <b>5,530</b>           |
|          |   | Girls  | <b>5,530</b>           |
| <b>3</b> | Quality of SAM treatment  | Overall program cure rate (> 75%, SPHERE standards)    | <b>Sphere standard</b> |
|          |   | Overall program default rate (< 15%, SPHERE standards) | <b>Sphere standard</b> |
|          |   | Overall program death rate (< 10%, SPHERE standards)   | <b>Sphere standard</b> |
| <b>4</b> | Health and nutrition workers trained (includes facility and community level health workers) | Inpatient treatment of SAM                             | <b>30</b>              |
|          |   | Outpatient treatment of SAM                            | <b>110</b>             |
|          |   | Screening and referral                                 | <b>110</b>             |

**vi) Implementation Plan**

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

Samaritan's Purse will be responsible for the implementation of this initiative.

- To support the activities of the SC (Activity 1) and the OTP (Activity 2), Samaritan's Purse will continue with current programming while ramping up activities to better meet the needs of the rising camp population. Grant funding will be used to cover the salaries of the SC and OTP staff as well as the purchase of all necessary medicine and related medical materials. Supplies for the SC and OTP will be transported to the camp using Samaritan's Purse flights and/or ground transport when possible.
- For the community health and nutrition education (Activity 3), SP will continue with current programming to engage, train, and equip an increased number of community health and nutrition volunteers (CHNVs) to conduct household visits and share relevant messages on nutrition and health.
- For the SMART survey (Activity 4) SP will recruit a qualified consultant to conduct the nutrition survey using SMART standards. This survey will be covered under the grant and will allow SP to estimate the prevalence of malnutrition and monitor the nutrition status of the refugee community as the program unfolds.
- Throughout the program, SP will work closely with agencies implementing health support programs within the camp, including MSF, UNICEF and UNHCR. Samaritan's Purse currently has a signed PCA with UNICEF which provides in-kind nutrition supplies. Coordination with MSF will be enhanced through regular meetings identify joint intervention strategies and minimize duplication. All SAM cases with critical medical complications are referred to the MSF clinic for the SP SC. Information sharing and sector coordination is done with UNICEF and UNHCR both at the state level and in Juba through cluster and emergency response meetings, to review progress and share updates on emerging needs.

**vii) Monitoring Plan**

Describe how you will monitor progress and achievements of the project.

Three separate but connected monitoring and evaluation (M&E) processes will be undertaken during the life of the project: program monitoring, internal evaluation and external evaluation. The internal and external evaluation will include the SMART survey planned. The data collected through these different processes will complement each other. An M&E visit will be conducted by the Program Advisor and Nutrition Advisor to the project location at least thrice using an agreed supervision checklist. Recommendations will be produced each time. The results of the M&E visits will be discussed at the internal review meetings.

UNICEF, as the cluster lead, organizes monthly cluster meetings to discuss progress, share experiences and troubleshoot where necessary. Moreover, UNHCR places importance of the nutrition intervention in the weekly emergency response meeting for Yida in Juba. SP's Programs Advisor will update Juba based meetings convened by UNHCR and UNICEF on the state of nutrition in the camp. In addition, UNICEF has developed standard monitoring tools comprising a weekly reporting framework and a monthly report. Samaritan's Purse will be using these tools to ensure the results of on-going M&E will be reported effectively. CHF reports are produced on a quarterly basis by the Nutrition Coordinator based in Yida and sent to the Samaritan's Purse Juba based Grants Manager who reviews the reports and sends them to the UNDP/OCHA office. As much as possible, Samaritan's Purse will welcome visits by cluster representatives and any other interested stakeholders.

**D. Secured funding**

Please provide details of secured funds for the project from other sources. Indicate the date (month and year) when the funding was secured.

| <b>Source/donor and date</b>                         | <b>Amount (USD)</b> |
|--|---------------------|
| UNICEF GIK (Value as of 1 <sup>st</sup> August 2012) | <b>50,000</b>       |
|  | -                   |
|  | -                   |

**SECTION III:**

| <b>LOGFRAME</b>   |  |   |   |
|---|--|---|---|
| <b>CHF Ref. No. or CAP code:</b><br><b>SSD-12/H/46329/6116</b>  | <b>Project title:</b> <b>Emergency Nutrition Program for Vulnerable Refugees in Yida, Pariang County, Unity State</b>  | <b>Organisation:</b> <b>Samaritan's Purse.</b>  |   |
| <b>Overall Objective:</b><br><i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i> <ul style="list-style-type: none"> <li>Reduce nutrition related morbidity and mortality in Yida.</li> </ul>  | <b>Indicators of progress:</b><br><i>What are the key indicators related to the overall objective?</i> <ul style="list-style-type: none"> <li>Level of malnutrition in Yida camp</li> <li>Number of malnutrition-related deaths in the camp.</li> </ul>  | <b>How indicators will be measured:</b><br><i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> <li>Results from the SMART undertaken by ACF in July 2012</li> <li>Results from the SMART survey to be undertaken in January 2013</li> </ul>  |   |
| <b>Specific Project Objective/s:</b><br><i>What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.</i> <ul style="list-style-type: none"> <li>Address severe acute malnutrition among refugee children under five years in Yida camp. SAM reduced from 6.1% to less than 2%.</li> <li>Reduce the GAM rate in Yida camp from 22% to less than 15%</li> </ul>   | <b>Indicators of progress:</b><br><i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i> <ul style="list-style-type: none"> <li>Number of SAM cases among children under-five in Yida camp.</li> <li>Overall GAM rate in Yida camp.</li> </ul>   | <b>How indicators will be measured:</b><br><i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i> <ul style="list-style-type: none"> <li>OTP and SC monthly admittance and discharge reports.</li> <li>SMART survey, to be undertaken in 2013.</li> </ul> | <b>Assumptions &amp; risks:</b><br><i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i> <ul style="list-style-type: none"> <li>It is assumed that the security situation will remain at the current level and that no large-scale attacks will occur on the camp in the coming months.</li> </ul>   |
| <b>Results - Outputs (tangible) and Outcomes (intangible):</b><br><i>Please provide the list of concrete DELIVERABLES - outputs/outcomes (grouped in Work packages), leading to the specific objective/s:</i> <p><b>Result 1: Reduced levels of severe acute malnutrition.</b></p> <p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>675 boys and girls under-five with severe acute malnutrition (SAM) and medical complications admitted in stabilization centre.</li> <li>1006 boys and girls enrolled in the OTP</li> <li>SAM rate for children under-five years in Yida decreases to below 2%.</li> <li>1006 boys and girls cured of SAM.</li> </ul> | <b>Indicators of progress:</b><br><i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i> <ul style="list-style-type: none"> <li>Number of SAM cases in Yida.</li> <li>Number of children needing the therapeutic feeding program.</li> <li>Number of boys and girls graduating from therapeutic feeding to supplementary feeding.</li> </ul> | <b>How indicators will be measured:</b><br><i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> <li>Monthly project reports from Samaritan's Purse and health offices</li> <li>Weekly reports</li> <li>Admission records</li> </ul>   | <b>Assumptions &amp; risks:</b><br><i>What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?</i> <ul style="list-style-type: none"> <li>All the needed supplies are provided by UNICEF/SP on time.</li> <li>Access to the camp is not further hampered by security issues and logistical difficulties</li> <li>Sustained relative stability within the region</li> <li>Ongoing cooperation and transparency with UNHCR and NGO partners.</li> </ul> |
| <p><b>Result 2: Improved capacity of health care workers and CNVs in management of severe acute malnutrition.</b></p> <p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>20 professional health workers (nurses) working in the SC and OTP trained in inpatient and outpatient treatment of SAM.</li> <li>10 CNVs trained in outpatient treatment of SAM.</li> <li>220 CNVs trained in malnutrition screening and referral.</li> <li>11060 children screened in the community.</li> <li>Operational referral system from supplementary feeding program in place.</li> </ul>  | <ul style="list-style-type: none"> <li>Number of nurses, nurse assistants and CNVs trained in SAM management who pass the post test.</li> <li>Number of active CNVs trained in screening and referral.</li> <li>Number of SAM cases admitted with complications.</li> <li>Number of families defaulting on nutritional program.</li> </ul>   | <ul style="list-style-type: none"> <li>Monthly project reports from SP and health offices</li> <li>Weekly reports</li> <li>Admission records</li> <li>Training reports</li> </ul>   | <ul style="list-style-type: none"> <li>Sustained relative stability within the region</li> <li>On-going cooperation and transparency between SP, UNHCR and other NGO partners</li> </ul>  |

|   |  |  |  |
|---|--|--|--|
| <p><b>Result 3: Improved SC and OTP capacity in infrastructure, staffing and supplies to provide uninterrupted SAM treatment and handle SAM patient surges.</b></p> <p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>• Adequate SC and OTP supplies, materials and equipment provided per budget.</li> <li>• Adequate staff provided per budget.</li> </ul>  | <ul style="list-style-type: none"> <li>• Number of supply shortages or pipeline breaks.</li> <li>• Number of qualified staff working at the SC and OTP.</li> <li>•</li> </ul>  | <ul style="list-style-type: none"> <li>• Monthly project reports from SP and health offices</li> <li>• Weekly reports</li> <li>• Stores records</li> <li>• Inventory</li> <li>• Meeting minutes</li> </ul> | <ul style="list-style-type: none"> <li>• All the needed supplies are provided by UNICEF/SP on time.</li> <li>• Access to camp is not hampered by security issues and logistical difficulties</li> <li>• Sustained relative stability within the region</li> <li>• On-going cooperation and transparency with UNHCR and NGO partners</li> </ul>   |
| <p><b>Result 4: Improved information management and inter-agency coordination.</b></p> <p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>• Accurate weekly, monthly and quarterly reports produced on time and shared with relevant stakeholders</li> <li>• One post-harvest SMART survey conducted.</li> </ul>   | <ul style="list-style-type: none"> <li>• Whether or not timely reports are submitted and shared with stakeholders.</li> <li>• Whether or not SMART survey is conducted.</li> </ul>   | <ul style="list-style-type: none"> <li>• Monthly project reports from SP and health offices</li> <li>• Weekly reports</li> <li>• Meeting minutes</li> </ul>  | <ul style="list-style-type: none"> <li>• On-going cooperation and transparency with UNHCR and NGO partners</li> </ul>  |
| <p><b>Activities:</b><br/><i>What are the key activities to be carried out (grouped in Workpackages) and in what sequence in order to produce the expected results?</i></p> <p><b>Result 1: Reduced levels of severe acute malnutrition.</b></p> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Admission per appropriate admission criteria</li> <li>• Monitoring of admitted cases on a weekly basis and discharging when cured</li> <li>• Referring patients with serious medical complications and under -six months for inpatient care at SP stabilization centre</li> <li>• Screening of children in Yida Camp and within the host community.</li> <li>• Diagnosis and triage</li> <li>• Management of SAM-inpatient care</li> <li>• Management of SAM-outpatient care.</li> </ul> | <p><b>Inputs:</b><br/><i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.? (See Budget)</i></p> <ul style="list-style-type: none"> <li>• Additional qualified staff at the SC and OTP</li> <li>• Medical supplies and materials as outlined in the budget.</li> </ul> |  | <p><b>Assumptions, risks and pre-conditions:</b><br/><i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> <li>• This is an on-going project. CHF funding takes up this project as SP is fully stretched.</li> </ul> <p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• All of the needed supplies are provided by UNICEF/SP on time.</li> <li>• Access to camp is not hampered by security issues and logistical difficulties</li> <li>• Sustained relative stability within the region</li> <li>• On-going cooperation and transparency with UNHCR and NGO partners</li> </ul> |
| <p><b>Result 2: Improved capacity of health care workers and CNVs in management of severe acute malnutrition.</b></p> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Continuous screening of under-fives for SAM/MAM</li> <li>• Referrals completed through the new Arrival Registration Point; the use of community mobilizers; CARE and MSF-F referrals</li> <li>• Capacity building of health workers in the stabilization centre through formal trainings and continuous on-the-job training.</li> <li>• Training of selected health workers from Yida camp in IMSAM guidelines topics.</li> <li>• Community mobilisation and sensitisation on malnutrition</li> </ul>   | <ul style="list-style-type: none"> <li>• Additional qualified staff to conduct training</li> <li>• Medical Supplies and materials as outlined in the budget.</li> </ul>  |  | <p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• All of the needed supplies are provided by UNICEF/SP on time.</li> <li>• Access to camp is not hampered by security issues and logistical difficulties</li> <li>• Sustained relative stability within the region</li> <li>• On-going cooperation and transparency with UNHCR and NGO partners</li> </ul>  |
| <p><b>Result 3: Improved SC and OTP capacity in infrastructure, staffing, supplies to facilitate uninterrupted SAM treatment and handle SAM patient surges.</b></p> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Facilitate procurement and supply of essential nutrition materials and</li> </ul>   | <ul style="list-style-type: none"> <li>• Medical supplies and materials as outlined in the budget.</li> <li>• Additional qualified staff.</li> </ul>   |  | <p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• All of the needed supplies are provided by UNICEF/SP on time.</li> <li>• Access to camp is not hampered by security issues and logistical difficulties</li> </ul>   |

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| <p>equipment.</p> <ul style="list-style-type: none"> <li>• Hire additional staff.</li> <li>• Support one existing OTP field centre</li> <li>• Compile and submit reports, work plans and evaluations.</li> </ul>   |   |  | <ul style="list-style-type: none"> <li>• Sustained relative stability within the region</li> <li>• On-going cooperation and transparency with UNHCR and NGO partners</li> </ul>   |
| <p><b>Result 4: Improved information management and inter-agency coordination</b></p> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Preparation of appropriate project reports</li> <li>• Conducting post-harvest SMART survey</li> <li>• Dissemination of survey with relevant stakeholders.</li> </ul> | <ul style="list-style-type: none"> <li>• Continued coverage of salaries for field management staff.</li> <li>• Resources to hire a consultant to conduct the SMART survey.</li> </ul> |  | <p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• All of the needed supplies are provided by UNICEF/SP on time.</li> <li>• Access to camp is not hampered by security issues and logistical difficulties</li> <li>• Sustained relative stability within the region</li> <li>• On-going cooperation and transparency with UNHCR and NGO partners</li> </ul> |

| <b>PROJECT WORK PLAN</b>  |           |     |     |           |     |     |           |     |     |           |     |     |           |     |     |  |  |
|---|-----------|-----|-----|-----------|-----|-----|-----------|-----|-----|-----------|-----|-----|-----------|-----|-----|--|--|
| 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. |           |     |     |           |     |     |           |     |     |           |     |     |           |     |     |  |  |
| Activity  | Q3 / 2012 |     |     | Q4 / 2012 |     |     | Q1 / 2013 |     |     | Q2 / 2013 |     |     | Q3 / 2013 |     |     |  |  |
|   | Jul       | Aug | Sep | Oct       | Nov | Dec | Jan       | Feb | Mar | Apr       | May | Jun | Jul       | Aug | Sep |  |  |
| <b>Result 1: Reduced levels of severe acute malnutrition.</b>   |           |     |     |           |     |     |           |     |     |           |     |     |           |     |     |  |  |
| Activity 1.1: Admission per appropriate admission criteria  |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 1.2: Monitoring of admitted cases weekly and discharging when cured  |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 1.3: Referring patients with serious medical complications and under -six months for inpatient care at SP stabilization centre and MSF-F clinic  |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 1.4: Screening of children in Yida Camp and within the host community.   |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 1.5: Diagnosis and triage  |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 1.6: Management of SAM-inpatient care  |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 1.7: Management of SAM-outpatient care.  |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
|   |           |     |     |           |     |     |           |     |     |           |     |     |           |     |     |  |  |
| <b>Result 2: Improved capacity of health care workers and CNVs in management of severe acute malnutrition.</b>  |           |     |     |           |     |     |           |     |     |           |     |     |           |     |     |  |  |
| Activity 2.1: Continuous screening of under-fives with SAM/MAM  |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 2.2: Referrals completed through the new Arrival Registration Point; the use of community mobilizers; CARE and MSF-F referrals   |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 2.3: Capacity building of health workers in the stabilization centre through formal trainings and continuous on-the-job training.  |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 2.4: Training of selected health workers from Yida camp in IMSAM guidelines topics.  |           |     | X   |           |     | X   |           |     |     |           |     |     |           |     |     |  |  |
| Activity 2.5: Community mobilisation and sensitisation on malnutrition  |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
|   |           |     |     |           |     |     |           |     |     |           |     |     |           |     |     |  |  |
| <b>Result 3: Improved SC and OTP capacity in infrastructure, staffing and supplies to facilitate uninterrupted SAM treatment and handle SAM patient surges.</b>   |           |     |     |           |     |     |           |     |     |           |     |     |           |     |     |  |  |
| Activity 3.1: Facilitate procurement and supply of essential nutrition materials and equipment.   |           | X   | X   | X         | X   | X   |           |     |     |           |     |     |           |     |     |  |  |
| Activity 3.2: Hire additional staff.  |           | X   | X   | X         |     |     |           |     |     |           |     |     |           |     |     |  |  |
| Activity 3.3: Equip existing SC and OTP field centre  |           | X   | X   |           |     |     |           |     |     |           |     |     |           |     |     |  |  |
| Activity 3.4: Compile and submit reports, work plans and evaluations.   |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
|   |           |     |     |           |     |     |           |     |     |           |     |     |           |     |     |  |  |
| <b>Result 4: Improved information management and inter-agency coordination</b>  |           |     |     |           |     |     |           |     |     |           |     |     |           |     |     |  |  |
| Activity 4.1: Preparation of appropriate project reports  |           | X   | X   | X         | X   | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 4.2: Conducting post-harvest SMART survey  |           |     |     |           |     | X   | X         |     |     |           |     |     |           |     |     |  |  |
| Activity 4.3: Dissemination of survey to relevant stakeholders.   |           |     |     |           |     |     | X         | X   |     |           |     |     |           |     |     |  |  |

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

**CHF Reserve Grant Request Review Section – Internal**

| Reviewer        |  | Justification/clarification/recommendations |
|-----------------|--|---|
| Function/Title: | Cluster Coordinator or co-coordinator  |   |
| Name:           |  |   |
| Organisation:   |  |   |
| Date:           |  |   |
| Recommendation: | Grant recommended : <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 |   |
| Function/Title: |  |   |
| Name:           |  |   |
| Organisation:   |  |   |
| Date:           |  |   |
| Recommendation: | Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No |   |