

# 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:	
CAP 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:	GOAL South Sudan																																		
Project Title:	Emergency WASH and nutrition response for refugee communities in Batil																																		
Project Code (if CAP project):	SSD-12/MS/51736/R																																		
Cluster/Sector:	WASH; 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):	Upper Nile State, Maban County, Batil camp																																		
Total project budget:	US\$788,555																																		
Amount requested from CHF Reserve:	US\$788,555																																		
Project Duration (indicate number of months, starting date will be Allocation approval date):	1 August – 31 December 2012																																		
Total number of beneficiaries targeted by the CHF Reserve grant request (disaggregated by sex/age):	<table border="1"> <thead> <tr> <th>Activity</th> <th>Male</th> <th>Female</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Latrines</td> <td>1,232</td> <td>1,568</td> <td>2,800</td> </tr> <tr> <td>Blanket Supplementary Feeding (children 0-59 months)</td> <td>4262</td> <td>4263</td> <td>8,525</td> </tr> <tr> <td>Targeted supplementary feeding (children 0-59 months)</td> <td>980</td> <td>981</td> <td>1,961</td> </tr> <tr> <td>Targeted supplementary feeding (PLW)</td> <td></td> <td>820</td> <td>820</td> </tr> <tr> <td>Health workers trained</td> <td>TBC</td> <td>TBC</td> <td>75</td> </tr> <tr> <td>Community awareness sessions</td> <td>7,502</td> <td>9,548</td> <td>17,050</td> </tr> <tr> <td><b>All</b></td> <td><b>13,976</b></td> <td><b>17,180</b></td> <td><b>31,231<sup>1</sup></b></td> </tr> </tbody> </table>			Activity	Male	Female	Total	Latrines	1,232	1,568	2,800	Blanket Supplementary Feeding (children 0-59 months)	4262	4263	8,525	Targeted supplementary feeding (children 0-59 months)	980	981	1,961	Targeted supplementary feeding (PLW)		820	820	Health workers trained	TBC	TBC	75	Community awareness sessions	7,502	9,548	17,050	<b>All</b>	<b>13,976</b>	<b>17,180</b>	<b>31,231<sup>1</sup></b>
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Implementing partners (include those that will benefit/ sub-grant from CHF funding):	NA																																		
Project Contact Details (Provide names, phone numbers, and emails of head of your organization, and the project focal person)	Vicki Aken Emergency Coordinator, GOAL Maban <a href="mailto:vaken@goal.ie">vaken@goal.ie</a> 00211 (0) 921120951  Jonathan Edgar Acting- Chief Operating Officer, GOAL Ireland <a href="mailto:jedgar@goal.ie">jedgar@goal.ie</a> 00353 (0) 1 2809779																																		

<sup>1</sup>Age / Sex disaggregation based on figures from UNHCR accessed 25th July 2012 (<http://data.unhcr.org/SouthSudan/settlement.php?id=149&country=251&region=25>)

## 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>2</sup>.
- Also explain relation to the work of other partners in the area.

Heavy fighting between the Sudanese Armed Forces (SAF) and Sudan People's Liberation Army-North (SPLA-N) in Blue Nile State from September 2011 onwards has precipitated a mass influx of refugees into the Maban area of Upper Nile State, South Sudan. As of July 2012, more than 105,000 refugees have been registered in Maban County;<sup>3</sup> over the coming months several thousand more are expected to arrive from border areas, though this number cannot be verified due to accessibility issues. Prior to the crisis Maban County had an estimated population of 45,000; the influx of refugees, and in addition the return of over 74,024 people from Sudan to Upper Nile State since October 2010<sup>4</sup> have put considerable strain on the already limited resources of the County.

Yusuf Batil camp (where GOAL is working in health, nutrition and WASH) currently hosts 34,500 refugees,<sup>5</sup> both new arrivals and refugees recently transferred from flooded areas of Jamam 1 camp. It is understood that this number will ultimately reach 36,000 but this does not include unregistered residents and any unplanned arrivals which circumstantial evidence suggests could be present in notable numbers. This is significantly larger than the original planning number of 25,000 with the result that response plans have to be rapidly adapted and new financial streams sourced to bridge the gap and ensure full coverage of services. 23.7% of Batil camp residents are children under five and 3.9% elderly over 60 years of age. 36.8% are adults 18-59 years old.<sup>6</sup>

Adapting and scaling up the response is particularly important given the poor health status of the new and relocated refugees at Batil. GOAL's clinical services in Batil have been heavily utilised, already having provided 4,476 curative consultations (female: 2188; male: 2,288) in the few weeks since the commencement of services on June 15th.<sup>7</sup> For the week ending Sunday July 22nd daily rates of over 110 patients were recorded at each GOAL managed static clinic giving an approximate utilisation rate of 2.7 visits per person/per year. Major morbidities include eye infections (20.5%) and diarrhoea (17.6% - watery 15.7% and bloody - 1.9%).<sup>8</sup> Significant concerns exist in Batil over a current outbreak of acute watery diarrhoea and tests are currently being run to ascertain whether cholera may be present.

Health issues in Batil are directly impacted by standards of hygiene and sanitation, and access to WASH infrastructure. In Batil, where GOAL is the lead WASH partner, a recent Knowledge, Attitudes and Practices (KAP) survey found that "48% of the population do not use latrine and prefer to go to the bush. The main reasons for not using latrines are the ownership and/or the distance."<sup>9</sup> Currently there are 881 emergency (681) and semi-permanent latrines (200) in Batil built by GOAL and its partners providing a resident: latrine coverage of 1:40.<sup>10</sup> However, as pointed out by the KAP survey, the emergency latrines are only a temporary solution and a concerted focus needs to be maintained on replacing them with semi-permanent structures. The emergency latrines will likely reach capacity by the end of August. Additionally, certain areas of the camp, particularly more recently inhabited areas, are underserved by sanitation infrastructure dramatically increasing the risk of ill health in these areas. Recently confirmed cases of shigella have been found in Batil and three positive results were found on rapid tests for cholera, further samples of which are currently being analysed in Nairobi.

Hygiene behaviours practiced by the community are also intrinsically linked to the burden of morbidities, and increases susceptibility to disease outbreaks. Knowledge of positive behaviours varies and 53% of the camp's population do not know they can get sick because of poor hygiene or faeces management.<sup>11</sup> Promotion of safe water use; the use, cleaning and covering of latrines; and hand washing (complemented by soap distribution) are identified as key topics for actors in Batil by the KAP survey.

Related to the above, malnutrition rates amongst the communities of Batil have remained consistently at unacceptable levels. In June 2012, a nutrition rapid assessment was undertaken by GOAL amongst the new arrivals from Blue Nile revealing a 31% Global Acute Malnutrition (GAM) rate (6.4% Severe Acute Malnutrition - SAM, 24.8% Moderate Acute Malnutrition - MAM).<sup>12</sup> Subsequent GOAL community MUAC screenings have consistently demonstrated rates of above 6% SAM, reaching 7.4% as of Monday 24<sup>th</sup> July; this contributes towards a current proxy GAM rate of 25.7%, indicating that the GAM is likely to be significantly higher than the 15% 'Critical' threshold of the World Health Organisation's crisis classification, its most severe rating. General food distributions are on-going though occasionally delayed, and not all

<sup>2</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.

<sup>3</sup> <http://data.unhcr.org/SouthSudan/region.php?id=25&country=251> Accessed: 23/07/2012

<sup>4</sup> UNOCHA *Humanitarian Bulletin South Sudan*, 9-15 July 2012

<sup>5</sup> <http://data.unhcr.org/SouthSudan/region.php?id=25&country=251> Accessed: 23/07/2012

<sup>6</sup> UNHCR registration data.

<sup>7</sup> GOAL Health Information Systems (HIS) data, Batil. June 15<sup>th</sup> – July 22<sup>nd</sup>, 2012.

<sup>8</sup> GOAL Health Information Systems (HIS) data, Batil for week ending July 22<sup>nd</sup>, 2012.

<sup>9</sup> *Ibid.*

<sup>10</sup> GOAL WASH Monitoring data, July 2012

<sup>11</sup> Solidarités International, KAP Survey Batil, July 2012

<sup>12</sup> GOAL, *Rapid Assessment of Nutrition status of children 0-59 Months in Batil refugee settlement, Maban County, Upper Nile State*, June 2012

components of the standard food basket are always available. In tandem with contributing factors such as the abovementioned increase in diarrhoea, outpatient and inpatient therapeutic feeding services are increasingly stretched and a scale up of services, decentralised from the north of the camp, is required to meet growing demand.

In conclusion, although significant efforts by GOAL and other international actors in Batil camp continue to yield results, the unexpected expansion of the camp is stretching services and gaps are evident. Underpinned by factors such as inadequate access to sanitation infrastructure, a lack of awareness of positive hygiene practices, and unmet nutritional requirements, high rates of morbidity exists within the camp and the population remains at risk of disease outbreaks. With the onset of the rainy season and increased fears of a possible cholera outbreak, immediate action is required to prevent a significant deterioration in the health and wellbeing of this extremely vulnerable population.

In Batil GOAL works in collaboration with Solidarités, Save the Children, Médecins' Sans Frontières, the Danish Refugee Council (DRC) and UN High Commission for Refugees (UNHCR) amongst others, and is actively engaged in multiple coordination mechanisms at the local and national level. GOAL also participates on the Sheiks Meeting which provides local feedback and input for the humanitarian community.

## 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.

Under the proposed programme GOAL will undertake a surge of its current emergency response intervention to ensure that the acute and changing needs of the Batil population are being effectively met. As described in greater detail below, GOAL proposes to utilise CHF Reserve funding to address current gaps in sanitation and preventative and curative nutritional services, targeted at the needs of the beneficiaries as detailed in Section A. Given the recent expansion of Batil camp and the annexing of new areas not served by previously planned infrastructure, expanding and strengthening these key services is of critical importance to ensure that full sanitation and hygiene coverage is achieved. There are increasing reports of outbreaks of acute watery diarrhoea within this camp, which is worrying given the susceptibility of the refugee population to communicable diseases. Ultimately the effect of this work will be to reduce the burden of morbidities on vulnerable refugee communities in Batil, and prevent potential disease outbreaks. This is made particularly urgent given the onset of the rainy season as the flooding which customarily accompanies it is expected to negatively impact on the health status of the population by decreasing access to humanitarian services and increasing the prevalence of water borne diseases. There are increasing reports of outbreaks of acute watery diarrhoea within this camp, which is extremely concerning given the poor health status of the people in the camp.

GOAL's programme in Batil is in receipt of GOAL internal funding and grants from UNHCR and Irish Aid, but given the unexpected increase of numbers in Batil from 25,000 to 36,000, at the time of year when road access to Maban is effectively cut off, this funding is no longer sufficient to meet all needs and a further source of funding is urgently required. GOAL is also in communication with other donors, but thus far no donor has been able to guarantee a sufficient distribution of funds within an effective timeframe.

GOAL has been undertaking emergency nutrition interventions in Sudan since 1984 and has managed integrated primary health care interventions, including WASH and nutrition components, in Upper Nile State since 1997. In addition to its significant experience, expertise and local knowledge, GOAL South Sudan brings strong logistics and financial systems and a staff of over 800 expats and local staff members. GOAL first responded in Maban in November 2011 and as the crisis deepened, has recently deployed significant surge emergency support to strengthen the intervention. This includes technical team members, head office and emergency team staff members, as well as staff from other GOAL South Sudan and numerous other country programmes. GOAL has more than 120 expats and local staff on the ground in Maban.

At the time of completing the 2012 work plan, the Maban emergency had not yet occurred. GOAL could not subsequently add Maban into its CHF proposals for 2012.

## C. Project Description

### i) Purpose of the Grant

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

The purpose of the grant is *to improve the nutrition and health status of refugees in Yousif Batil camp, Maban County, Upper Nile State.*

Towards the achievement of this aim, and as described in greater detail below, CHF reserve funding will be utilised to increase sanitation coverage across the camp with the construction of a further 350 semi-permanent latrines. These will

replace emergency latrines and complement the existing infrastructure installed by GOAL and partner organisations. Concurrent with this development, GOAL will train local Sanitation Committees (SCs) to ensure the correct operation and maintenance of latrines, and promote their use within the community. SCs can also play a key role in the facilitating the adoption of hygienic behaviours.

In terms of the humanitarian nutrition activities proposed for funding by CHF reserve, GOAL will seek to simultaneously prevent vulnerable beneficiaries from becoming severely malnourished, whilst strengthening services for those who do. Blanket and Targeted Supplementary Feeding Programmes (B/T SFP), will serve to curb the worryingly increasing levels of Severe Acute Malnutrition by ensuring that the general ration is complimented, thus ensuring that the nutritional requirements of all camp residents are being fully met. As outlined below, this will be complemented by an increased focus on training Community Nutrition Workers (CNWs) to screen for malnutrition, refer cases and deliver targeted nutrition messaging to mothers and caregivers particularly around Infant and Young Child Feeding (IYCF) practices.

### **ii) Objective**

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

- To improve sanitation coverage in Batil refugee camp maintaining a 50:1 ratio of latrines per resident during 2012
- Strengthened provision of supplementary feeding programmes covering >90% of Batil camp residents during 2012
- Construct 350 community latrines

### **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.

- Construct 350 family latrines
- Construct 175 handwashing stations
- Establish 30 Sanitation Committees
- Foster improved understanding of sanitation practices and behaviour, through sanitation committees, in close coordination with GOAL's community health team<sup>13</sup>.
- Undertake BSFP to all children aged 6-59 months in Batil camp
- Undertake TSFP delivering ration to all children aged 6-59 months and pregnant/ lactating women
- Recruit and train Community Health and Nutrition Promoters on screening and referral
- Deliver targeted nutrition messaging to mothers and caregivers on infant and young child feeding (IYCF)

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

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

GOAL systematically mainstreams several key issues internally through its policies and procedures, and externally through its programmes.

#### **Gender**

GOAL takes into account the fact that emergencies impact differently upon men, women, boys and girls and regularly reviews the programme design including those stakeholders. GOAL works to prevent and respond to cases of Gender Based Violence (GBV) through staff training on gender, as well as more technical skills such as the clinical management of rape; as well as ensuring staff awareness of the organisations internal regulations relating to Sexual Exploitation and Abuse. GOAL will continue to ensure all latrines are sited in safe areas and are gender disaggregated to prevent cultural barriers from impacting on utilisation. GOAL's approach to siting male and female latrines was developed based on feedback from the Batil community. GOAL also collects, analyses and reports gender disaggregated data so far as possible in all its programmes.

#### **HIV and AIDS**

The response to the HIV pandemic in South Sudan generally is still at an early stage with no agreed prevalence baseline, very low levels of understanding and low access to treatment and counselling services. HIV prevention is generally limited to information provision and condom distribution. GOAL recognises the increased possibility of risky behaviour in a camp situation and therefore includes HIV prevention as a key part of the community health messaging for populations (with funding from other donors). GOAL also ensures that staff are trained HIV in order to reduce possibility of contracting the virus and to reduce stigma for people living with HIV or AIDS. GOAL does not discriminate against any staff members who may be HIV positive. GOAL carries out an annual Knowledge, Attitude Behaviour and Practice Survey among all staff in relation to HIV and AIDS and aims to improve awareness and reduce stigma and risky behaviour of staff and improved quality for programme implementation in all sectors. Women who have been brought in to GOAL health facilities with GBV related injuries will be counselled on HIV and will be offered referral to MSF in Doro for HIV testing and further services.

#### **Environmental Protection**

GOAL works to ensure that programmes do not have an adverse effect on the local environment. GOAL proposes the construction of pit latrines for families, which can be safely filled in when full. After being given sufficient time, usually the length of the dry season, to compost GOAL promotes the use of this compost for small gardens. The superstructure can then be removed and placed over another pit in a different location.

<sup>13</sup> Community health activities will be covered through funding from other donors.

<b>v) Expected Outcomes</b>		
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 <u>defined CHF Standard Output Indicators whenever possible</u> .		
	<b>Indicator</b>	<b>Target</b>
1	# People provided with sustained access to hygienic latrine facilities	2,800
2	Community members trained on management of water, sanitation and hygiene services.	210
3	% quality of MAM treatment	Cure rate >75%; Default rate <15%; Death rate:
<b>vi) Implementation Plan</b>		
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.		
<p>Given the nature of this crisis, GOAL plans to directly implement the proposed project. In the longer term, past the initial emergency response, GOAL will investigate the potential for implementing with and through local partners, but given the immediacy of the needs as they stand, direct implementation is currently seen as being the most efficacious approach.</p> <p>GOAL will continue to exert a concerted focus on effective coordination both with humanitarian partners and community representatives however, and will gladly share information with state sources as requested. GOAL will also continue to form local committees such as the Sanitation Committees planned under this grant, to ensure beneficiary participation and ownership of the programme.</p>		
<b>vii) Monitoring Plan</b>		
Describe how you will monitor progress and achievements of the project.		
GOAL will undertake the following monitoring activities in relation to its programme in Maban:		
<p>Output data:</p> <ul style="list-style-type: none"> <li>• Nutrition output data including information on screenings undertaken, malnutrition rates and referrals. Collated from community screenings, data from GOAL Oral Rehydration Points, etc.</li> <li>• Routine Supplementary Feeding Programme reports covering all elements of distribution. Collated from beneficiary registers, etc. from distribution days.</li> <li>• Community Health weekly and monthly reports, including data on hygiene and IYFC promotion.</li> <li>• WASH programme monitoring data collated into a standard weekly report shared with all partners.</li> <li>• Routine Health Information Systems (HIS) Data. HIS data is collected from all GOAL supported facilities including data on consultations, morbidities, nutrition screenings, referrals, etc.</li> </ul> <p>Outcome data:</p> <ul style="list-style-type: none"> <li>• GOAL Nutrition rapid assessment planned for December 2012.</li> <li>• Distinct Nutrition and WASH Knowledge, Attitudes, Practices and Behaviours (KAPB) surveys.</li> </ul> <p>All information will be collected, collated and analysed by GOAL staff, then disseminated to all relevant partners.</p>		

<b>D. Secured funding</b>	
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>
GOAL, December 2011	<b>EUR€150,000</b>
Irish Aid, December 2011	<b>EUR€200,000</b>
UNHCR, May 2012	<b>USD\$3,043,219.96</b>

**SECTION III:**

LOGFRAME			
CHF Ref. No. or CAP code: .....	Project title: <b>Emergency WASH and nutrition response for refugee communities in Yousif Batil</b>	Organisation: <b>GOAL</b>	
<p><b>Overall Objective:</b> <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i></p> <ul style="list-style-type: none"> <li>Improving nutrition and health status of refugees in Yousif Batil camp, Maban County, Upper Nile State</li> </ul>	<p><b>Indicators of progress:</b><sup>14</sup> <i>What are the key indicators related to the overall objective?</i></p> <ul style="list-style-type: none"> <li>Reduction in the prevalence of SAM as measured by MUAC (Target: 1% decrease from baseline)</li> <li># of outbreaks of infectious diseases (Target: 0)</li> <li>% decrease in crude and under five mortality rates (Target 1% decrease from baseline)</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>GOAL Nutrition rapid assessment in December 2012</li> <li>MSF Nutrition survey July/August</li> <li>GOAL screening data</li> </ul>	
<p><b>Specific Project Objectives/s:</b> <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></p> <ul style="list-style-type: none"> <li>To improve sanitation coverage in Batil refugee camp maintaining a 50:1 ratio of latrines per resident during 2012</li> <li>Strengthened provision of supplementary feeding programmes covering &gt;90% of Batil camp residents during 2012</li> </ul>	<p><b>Indicators of progress:</b> <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i></p> <ul style="list-style-type: none"> <li>Ratio of latrines to residents (Target: 50:1)</li> <li># People provided with sustained access to hygiene latrine facilities (Target: 2,800)<sup>15</sup></li> <li>% coverage of SFP services (Target &gt;90%)</li> <li>% quality of MAM treatment (Target: Cure rate &gt;75%; Default rate &lt;15%; Death rate: &lt;3%)</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information that exist and can be collected? What are the methods required to get this information</i></p> <ul style="list-style-type: none"> <li>Project data</li> <li>WASH KAPB December 2012</li> <li>Screening data – monthly</li> <li>Nutrition Monthly reports</li> </ul>	<p><b>Assumptions &amp; risks:</b> <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></p> <ul style="list-style-type: none"> <li>Assumptions: that general food distribution is provided to families on time and with an appropriate KCAL content.</li> <li>Assumption: WFP provide appropriate and sufficient commodities to treat MAM.</li> <li>Assumptions: That by providing latrines (with other donor funded HP and water) the risks of diarrhoeal disease will be reduced.</li> </ul>

<sup>14</sup> For all relevant indicators gender disaggregated data will be provided if available. Targets will also be disaggregated by data.

<sup>15</sup> Based on average HH size of 8 as per Solidarités International, KAP Survey Batil, July 2012

<p><b>Results - Outputs (tangible) and Outcomes (intangible):</b>          • Please provide the list of concrete DELIVERABLES - outputs/outcomes (<b>grouped in Workpackages</b>), leading to the specific objective/s:          Outputs</p> <p><b>WASH</b></p> <ul style="list-style-type: none"> <li>• 350 family latrines constructed</li> <li>• 175 Handwashing stands (one for 1 every 2 latrines, and soap 500g p/family/month)</li> <li>• 30 Sanitation committees established for operation and maintenance of latrines</li> <li>• Improved understanding of sanitation practices and behaviour</li> </ul> <p><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• BSFP established delivering ration to all children aged 6-59 months in Batil camp</li> <li>• TSFP established delivering ration to all children aged 6-59 months and pregnant and lactating women</li> <li>• Community health and nutrition promoters recruited and trained on screening and referral</li> <li>• Targeted nutrition messaging delivered to mothers and caregivers on infant and young child feeding (IYCF)</li> </ul>	<p><b>Indicators of progress:</b>  <i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i></p> <p><b>WASH</b></p> <ul style="list-style-type: none"> <li>• # of new latrines constructed (Target: 350)</li> <li>• # of people provided with sustained access to hygienic latrine facilities (Target: 2,800)</li> <li>• # of sanitation committees established (Target: 30)</li> <li>• # of trainings conducted (Target: 30)</li> <li>• Number of WASH KAPB surveys undertaken (Target: 1)</li> </ul> <p><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• # of beneficiaries in blanket supplementary feeding programmes (Target: 8,525 children 6-59 months)</li> <li>• # of beneficiaries in targeted supplementary feeding programmes (Target: children 6-59 months: 1,961; PLWs: 820)</li> <li>• # of community health and nutrition workers trained (Target: 75 )</li> <li>• Community members made aware through community awareness sessions (Target: 17,050 )</li> <li>• Number of feeding and care practices reports prepared and disseminated (Target: 1)</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <p><b>WASH</b></p> <ul style="list-style-type: none"> <li>• Project reports</li> <li>• Monitoring data</li> </ul> <p><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Project reports (weekly and monthly data)</li> <li>• Distribution records</li> <li>• Training attendance records</li> <li>• Community nutrition worker reports</li> <li>• KAPB for feeding &amp; care practices?</li> </ul>	<p><b>Assumptions &amp; risks:</b>  <i>What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?</i></p> <ul style="list-style-type: none"> <li>• Risk: that some agencies who have pledged latrines will not be able to deliver as promised – thus coverage is affected.</li> <li>• Risk: overwhelming outbreak of diarrhoeal disease (cholera, Dysentery) results in a change of strategy and move to more emergency latrines</li> </ul>
<p><b>Activities:</b>  <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>WASH  <b>Work package 1: Construction of 350</b></p>	<p><b>Inputs:</b>  <i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <ul style="list-style-type: none"> <li>• International and local staff – \$147,475</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b>  <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</i></p>

<p><b>semi- permanent latrines and 175 handwashing stands</b></p> <ul style="list-style-type: none"> <li>• Procure and transport supplies</li> <li>• Organise community consultation</li> <li>• Undertake latrine citing, planning of where latrines will be placed</li> <li>• Construct latrines including squat hole covers</li> <li>• Install handwashing facilities</li> <li>• Distribute soap monthly</li> <li>• Monitor latrine usage and cleanliness monthly</li> </ul> <p><b>Work package 2: 30 Sanitation committees trained</b></p> <ul style="list-style-type: none"> <li>• Identify community members ensuring an appropriate male / female balance</li> <li>• Train community members</li> <li>• Monitor and provide support supervision</li> </ul> <p><b>Work package 3: Monitor trends in sanitation and hygiene practices and adjust programme accordingly</b></p> <ul style="list-style-type: none"> <li>• Plan KAPB questionnaire</li> <li>• Provide training to staff on survey implementation</li> <li>• Implement survey</li> <li>• Analyse and share findings</li> <li>• Plan sanitation responses for 2013</li> </ul> <p><b>Work package: 4. BSFP established delivering ration to all children aged 6-59 months in Batil camp</b></p> <ul style="list-style-type: none"> <li>• Undertake community screenings and refer children aged 6 to 59 months</li> <li>• Train staff on management of BSFP</li> <li>• Perform monthly registration and provision of routine medication</li> <li>• Distribute food and promote ICYF during this process</li> <li>• Monitor ration usage – follow up random children monthly</li> </ul> <p><b>Work package 5: TSFP established delivering ration to all children aged 6-</b></p>	<ul style="list-style-type: none"> <li>• Vehicle – Tractor</li> <li>• Laptops</li> <li>• Communication equipment</li> <li>• Visibility materials</li> <li>• Materials for constructing latrines and handwash stands</li> <li>• Soap for 5 months for 16 families</li> <li>• Medical Stationery and stationery for training</li> <li>• Food - WFP</li> </ul>		<p><i>activities?</i></p> <ul style="list-style-type: none"> <li>• Risks: That a steady supply chain for food and materials exists</li> </ul>
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<p><b>59 months and pregnant/ lactating women</b></p> <ul style="list-style-type: none"> <li>• Undertake Community screening and referral of children 6-59 months and pregnant and lactating women</li> <li>• Train staff on management of TSFP</li> <li>• Meet with other nutrition partners in Batil / UNHCR and reach agreement for protocols for referral of SAM/MAM and nature of collaboration</li> <li>• Registration and provision of routine medication/ soap</li> <li>• Monitor ration usage</li> <li>• Undertake community follow up and defaulter tracing</li> <li>• Implement nutrition coverage survey</li> </ul> <p><b>Work package 6: Targeted nutrition messaging delivered to mothers and caregivers on infant and young child feeding (IYCF)</b></p> <ul style="list-style-type: none"> <li>• Conduct staff training and targeted IYCF messaging in refugee communities</li> <li>• Implement cooking demonstrations for mothers at SFPs</li> <li>• Organise and implement FGDs to establish knowledge of existing feeding practices</li> <li>• Develop targeted messages</li> <li>• Establish Mother to Mother groups – focus on IYCF and behaviour change approaches</li> <li>• Undertake a Nutrition KAPB survey</li> </ul>			
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<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	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Work package 1: Construction of 350 latrines and 175 hand washing stands</b>															
Activity (1.1) Procure and transport supplies								X	X						
Activity (1.2) Organise community consultation								X							
Activity (1.3) Undertake latrine siting, planning of where latrines will be placed								X							
Activity (1.4) Construct latrines including squat hole covers									X	X					
Activity (1.5) Install handwashing facilities									X	X					
Activity (1.6) Distribute soap monthly									X	X	X	X			
Activity (1.7) Monitor latrine usage and cleanliness monthly															
<b>Work package 2: 30 sanitation committees trained</b>															
Activity (2.1) Identify community members ensuring an appropriate male / female balance								X							
Activity (2.2) Train community members								X	X						
Activity (2.3) Monitor and provide support supervision								X	X	X	X	X			
<b>Work package 3: Monitor trends in sanitation and hygiene practices and adjust programme accordingly</b>															
Activity (3.1) Plan KAPB questionnaire										X					
Activity (3.2) Provide training to staff on survey implementation											X				
Activity (3.3) Implement survey										X	X				
Activity (3.4) Analyse and share findings											X				
Activity (3.4) Plan sanitation responses for 2013											X				
<b>Work package 4: BSFP established delivering ration to all children aged 6-59 months in Batil camp</b>															
Activity (4.1) Undertake community screenings and refer children aged 6 to 59 months								X	X	X	X	X			
Activity (4.2) Train staff on management of BSFP								X	X	X	X	X			
Activity (4.3) Perform monthly registration and provision of routine medication								X	X	X	X	X			
Activity (4.4) Distribute food and promote IYCF during this process								X	X	X	X	X			
Activity (4.5) Monitor ration usage – follow up random children monthly								X	X	X	X	X			
<b>Work package 5: TSFP established delivering ration to all children aged 6-59 months and pregnant/ lactating women</b>															
Activity (5.1) Undertake Community screening and referral of children 6-59 months and pregnant and lactating women								X	X	X	X	X			
Activity (5.2) Train staff on management of TSFP								X							
Activity (5.3) Meet with other nutrition partners in Batil / UNHCR and reach agreement for protocols for referral of SAM/MAM and nature of collaboration								X							
Activity (5.4) Registration and provision of routine medication/ soap								X	X	X	X	X			
Activity (5.5) Monitor ration usage								X							
Activity (5.6) Undertake community follow up and defaulter tracing								X	X	X	X	X			
Activity (5.7) Implement nutrition coverage survey												X			
<b>Work package 6: Targeted nutrition messaging delivered to mothers and caregivers on infant and young child feeding (IYCF)</b>															
Activity (6.1) Conduct staff training and targeted IYCF messaging in refugee communities								X	X	X	X	X			
Activity (6.2) Implement cooking demonstrations for mothers at SFPs								X	X	X	X	X			
Activity (6.3) Organise and implement FGDs to establish knowledge of existing feeding								X	X						

<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.															
<b>Activity</b>	<b>Q1 / 2012</b>			<b>Q2 / 2012</b>			<b>Q3 / 2012</b>			<b>Q4 / 2012</b>			<b>Q1. / 2013</b>		
practices – exclusive breastfeeding introduction of complimentary feeding from 6 months and promotion of continued breastfeeding to 24 months and understanding coping strategies employed.															
<b>Activity (6.4)</b> Develop targeted messages to improve IYCF behaviours									X						
<b>Activity (6.5)</b> Establish Mother to Mother groups – focus on IYCF and behaviour change approaches									X	X	X	X			
<b>Activity (6.6)</b> Undertake a Nutrition KAPB survey												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	