

# 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:	International Medical Corps-UK
Project Title:	Emergency Response for Gendrassa Camp and Surrounding Villages in Maban County.
Project Code (if CAP project):	<b>SSD-12/MS/51737/R</b>
Cluster/Sector:	Multi-sector (Health, Nutrition)
Geographic areas of implementation (list State, County and if possible Payam. If the project is covering more than one State please indicate percentage per state):	Upper Nile State Maban County
Total project budget:	<b>US\$1,000,000</b>
Amount requested from CHF Reserve:	<b>US\$1,000,000</b>
Project Duration (indicate number of months, starting date will be Allocation approval date):	<b>12 months</b>
Total number of beneficiaries targeted by the CHF Reserve grant request (disaggregated by sex/age):	Total population: 30,000 in Gendrassa
Implementing partners (include those that will benefit/ sub-grant from CHF funding):	N/A
Project Contact Details (Provide names, phone numbers, and emails of head of your organization, and the project focal person)	Country Director: Sean Casey <a href="mailto:scasey@internationalmedicalcorps.org">scasey@internationalmedicalcorps.org</a> Finance Director: Tendayi Masike <a href="mailto:tmasike@internationalmedicalcorps.org">tmasike@internationalmedicalcorps.org</a> Address:  Plot # 10, Block D; Nimre Talata Extension; Juba, Central Equatoria; South Sudan  Finance Officer: Ada Vrdoljak <a href="mailto:avrdoljak@InternationalMedicalCorps.org">avrdoljak@InternationalMedicalCorps.org</a> Desk Officer: Mera Eftaiha <a href="mailto:meftaiha@InternationalMedicalCorps.org">meftaiha@InternationalMedicalCorps.org</a>  Address: 1919 Santa Monica Blvd. Suite 400 Santa Monica, CA 90404

## 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.

In Sudan's Blue Nile State, conflict has continued between the Sudan Armed Forces (SAF) and the forces of the Sudan People's Liberation Movement/Army-North (SPLM-N), which has forced thousands of people to flee into neighbouring South Sudan. The highest refugee influx has been recorded in Upper Nile State; the latest UNHCR estimates indicate 104,500 refugees are in Maban County alone. This influx has accelerated in recent weeks with over 35,000 refugees having crossed the border since mid-June 2012. The majority of the refugees are arriving in poor physical condition after walking for two to three weeks to reach the border.

The priority needs in Maban relate to the relocation of refugees from the Jamam refugee camp, which has flooded repeatedly since late June 2012 and cannot provide sustainable levels of potable water for the population. Yusuf Batil Camp started with a population of roughly 6,000 in June 2012 and has risen to over 34,000 refugees to date following the relocation of the refugees from the KM 18 transit site, as well as an estimated 2,000 individuals from Jamam. Suspected cases of cholera in Yusuf Batil recently suspended the relocation of roughly 2,300 refugees from Jamam to Yusuf Batil. On 24 July 2012, UNHCR started the relocation of Jamam refugees and 570 people are waiting in the transit camp to be relocated to Gendrassa camp on 25 July 2012. It is anticipated that the relocation will speed up after the first few days to up to 1,000 a day. The camp has the capacity to host 30,000 refugees, and could serve as the principal camp for future refugees currently crossing the border into South Sudan.

Basic health indicators for the Jamam population reflect an emergency situation; MSF-Holland reports an estimated crude mortality rate of 1.8 deaths/10,000/day, well above the emergency threshold. These key health indicators are expected to continue to deteriorate without urgent action from the humanitarian community beginning with the relocation of this population. The current physical environment in Jamam creates an increased risk for increasing incidence of diarrheal diseases, including the potential for a cholera outbreak (four cases that tested positive for cholera by rapid tests in Yusuf Batil are now pending confirmation). Additionally, On 20 July 2012, two stool samples tested positive in Yusuf Batil for *Shigella Flexneri*, a bacteria that causes diarrhea and dysentery and can explain the high trends of acute bloody diarrhea seen among the refugee population. As of 24 July 2012, International Medical Corps has confirmed sixty-eight malaria cases, with over 66% of the confirmations occurring after 15 July 2012. The number of malaria cases has risen coincidentally with the continued arrival of the peak months of the rainy season and the persistent flooding in Jamam.

For the refugees in Yusuf Batil, International Medical Corps' mid upper arm circumference (MUAC) screening indicates a global acute malnutrition (GAM) rate of around 23%, above the emergency threshold of 15%. The GAM rate is expected to increase due to the high incidence of diarrhea among the population; (between 16-24 July, the International Medical Corps clinic in Yusuf Batil recorded diarrhea incidence at 38% of total consultations) along with the high rates of acute respiratory infections and eye infections. Additionally, MSF-Holland, who is currently providing services in Jamam, reports that refugees to be relocated from Jamam are highly vulnerable due to the absence of any targeted supplementary feeding programs (TSFP) to address moderate acute malnutrition (MAM).

The refugee crisis in South Sudan is expected to continue to deteriorate in the midst of reports that additional refugees may cross the border within a few weeks. There is also a high likelihood of long-term displacement due to the sustained bombardment and fighting between Sudanese Forces and North NSPLA, as well as the high food insecurity in these areas through the end of the rainy season (late 2012). International Medical Corps has provided primary health care services in Yusuf Batil camp since mid-June. Their situation is precarious, the risk of cholera is high and there is no access to appropriate health care in the area. International Medical Corps' program in Gendrassa will include: outpatient medical consultations; reproductive health services including antenatal care; Expanded Program on Immunization activities; nutrition interventions including SFP; community health, hygiene, nutrition promotion; latrine construction and cholera preparedness and response. International Medical Corps will work closely with UNHCR and other health actors including MSF-Holland to implement an emergency health, nutrition and WASH response for a population estimated to grow to approximately 30,000 in the coming weeks.

Specific detail on age, gender and diversity is still unavailable, as refugees have not yet been transferred to Gendrassa; this data will be included within the submission once it becomes available. The local sheikhs (chiefs) within the camp population will be consulted and included in all pertinent project design and implementation decisions.

## 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.

<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.

The potential of a cholera outbreak represents an enormous threat to Gendrassa and will result in significant increases in population morbidity and mortality. The suspected cases of cholera in nearby Yusuf Batil camp greatly increases the likelihood of an epidemic and predicates a rapid response. International Medical Corps plans to mitigate this risk through community outreach, comprising health and hygiene promotion. Cholera preparedness and response, including the pre-positioning of a Cholera Treatment Unit (CTU) will be a central part of the program. It is projected that the transmission will be person-to-person rather than waterborne with estimated attack rate of 5%. Under current conditions, the epidemic curve is expected to be rapid with a peak incidence within 3-4 weeks. With the proposed interventions, 135 lives could be saved and the potential death rate reduced by 90%. International Medical Corps also proposes to provide a 50-bed CTU for Gendrassa camp.

In addition to cholera response, the proposed emergency nutrition activities are tailored to address the high rates of global acute malnutrition seen within the refugee population. With a projected population of 5,100 children under five, 255 and 1,020 children are expected to receive treatment for MAM. These interventions respond to the key priorities of the Nutrition Cluster to provide services for the treatment of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups. This program has a strong community component, with active case finding and behaviour change communication. Services will provide the promotion of improved infant and young child feeding. Diarrheal and other infectious diseases are closely associated with malnutrition, which makes children more susceptible to these same infections. Primary health care activities such as immunization and oral rehydration therapy will help reduce morbidity and the affects of infectious diseases. The activities also fall under the second priority, category B of CHF focusing on nutrition, protection, life-saving services in areas at high-risk with high number of displaced, refugees and returnees. The nutrition activities conducted will not only benefit the direct beneficiaries in Gendrassa and contribute to the improvement of the current nutrition emergency, but they will also indirectly benefit the complete catchment area of 30,000.

UNHCR has expressed concerns about the significant unmet needs in targeted areas, and requested International Medical Corps to implement health and nutrition activities as a key health partner in Gendrassa. International Medical Corps will be focusing on primary health care, emergency nutrition programming, community health outreach, outbreak preparedness, and initial response for cholera outbreak given the recent suspected cases in Yusuf Batil. These activities are currently partially funded by ECHO and International Medical Corps is waiting a formal response to be co-financed by UNHCR.

International Medical Corps has been providing health services in South Sudan since 1994. Since June 2012, International Medical Corps has been working in Maban, primarily in Yusuf Batil camp, but also has provided services in neighbouring Jamam camp. In Yusuf Batil, between 22 June and 24 July, International Medical Corps health staff has provided 5,350 medical consultations, screened over 6,000 children under five years of age for acute malnutrition, and have utilized both static and mobile clinical services in an effort to best match population needs.

## 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 project will focus on reducing population morbidity and mortality by counteracting communicable diseases through community based preventative measures and establishing mechanisms for communicable disease outbreak prevention and response, targeting the most vulnerable people in the population including children under five and women. In the context of already poor health indicators and arrival of the peak months of the rainy season, there is a serious increased short-term risk of communicable disease outbreaks that could further overwhelm the population. There is an urgent need to build upon existing prevention and health promotion activities required to mitigate outbreaks by increasing the number of community health workers (CHWs) to provide positive health and hygiene messaging.

As the incidence of diarrheal cases increase and the occurrence of four suspected cholera cases in Yusuf Batil, the threat for cholera to be introduced into the nearby Gendrassa site is probable. If an outbreak were to occur, the attack rate estimated by UNHCR is at 5% with an estimated total of 1,500 cases. International Medical Corps is preparing a cholera response with a 50-bed cholera treatment unit (to cover 75% severe cases). International Medical Corps's current capacity for diarrheal disease surveillance and treatment will urgently need to be augmented to meet the needs for cholera response and treatment. International Medical Corps proposes that the planned CTU size supports 50 beds in order provide better coverage for the population for 3 months. This CTU could also be used for the treatment of other diarrheal diseases such as Shigella, which requires in-patient treatment.

The proposed nutrition interventions will manage and prevent moderate acute malnutrition among the refugee population through the provision of supplementary feeding and nutrition education services within International Medical Corps' health facilities in Gendrassa camp. CHWs will be used to reinforce behaviour changes needed for long term improvement in the health and hygiene situation in the camp.

### **ii) Objective**

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

Nutrition

- To provide emergency nutrition services to malnourished children and pregnant and lactating women. 1,053 children under 5 and pregnant and lactating women will receive curative nutrition services, 1,350 under 5 children will receive preventive nutrition services and 30,000 women and men will receive nutrition promotion by the end of the project.

Health

- To build capacity to initiate 50-bed cholera treatment unit(s) within 24 hours of declaration of cholera outbreak. (If an outbreak occurs, to sustain an uninterrupted 3 month response to cholera for CTU(s)) in Gendrassa
- To implement a 12-month community health worker outreach program combining surveillance data-collection of health indicators and health and hygiene promotion

**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.

Nutrition

**Objective 1: Provide community-based management of acute malnutrition to acutely malnourished children under five.**

- **Activity 1:** Refer all children under five with SAM without medical complications to the IMC-OTP sites and refer those with medical complications to SC of MSF Holland located in Gendrassa.
- **Activity 3:** Manage all children under five, and pregnant and lactating women (PLW) with MAM through a *TSFP* using ready to use supplementary food for the children, and CSB+, oil and sugar for PLW
- **Location:** Gendrassa camp.
- **Direct Beneficiaries:** 16 children referred to the SC, 155 children referred to OTP and 729 children admitted in *TSFP*, 324 PLW admitted in *TSFP* in Gendrassa.

**Objective 2: Provide preventative nutrition interventions to target both immediate and underlying causes of malnutrition.**

- **Activity 1:** Conduct community-based and clinic-based screening of children under five and pregnant and lactating women for acute malnutrition
- **Activity 3:** Provide nutrition, hygiene and health education, focusing on *IYCF* and care and the essential nutrition actions to program beneficiaries and their families both during treatment and home visits.
- **Activity 4:** Run *mother-support groups* for all PLWs and mothers with children under two to strengthen BCC activities and help increase compliance with treatment programs. PLWs and mothers of children under two will be gathered in groups of up to 15. Those groups are then gathered under leader mothers who oversee 12 groups of 15 households. CHWs and nutrition assistants also help oversee activities, which include BCC sessions, during which *ICYF*, health and hygiene topics are discussed in depth and challenges caregivers face are addressed. Cooking demonstrations and new recipes can also be part of the activities to help caregivers diversify their families' diets and make better use of locally available foods.
- **Activity 5:** Refer all children under five in the program to PHC services such as the expanded program on immunizations
- **Location:** Gendrassa Camp
- **Direct Beneficiaries:** 1,350 children 6-36 months  
480 caretakers in mother-support groups, and 30,000 community members receive nutrition, health and *IYCF* education in Maban County.

**Objective 3: Provide continuous capacity strengthening to International Medical Corps nutrition staff in compliance with the MoH Integrated Management of Acute Malnutrition (IMAM) protocol and capacity building to Community Nutrition Volunteers within Gendrassa camp.**

- **Activity 1:** Provide in-class and on-the-job *training and mentoring* to International Medical Corps nutrition staff on CMAM, *IYCF* and reporting. Training will be based on the national South Sudan guidelines and protocols.
- **Activity 2:** Provide in-class and on-the-job-training to 60 Community Nutrition Volunteers on screening, nutrition education and defaulter tracing.
- **Activity 3:** Provide one training to 30 sheikhs to provide male group leaders with the information and techniques they need to share information and encourage discussions on gender issues and optimal infant and young child feeding.
- **Location:** Gendrassa Camp
- **Direct Beneficiaries:** 35 International Medical Corps staff, 60 Community Nutrition Volunteers and 30 sheikhs.

Health

**Objective 1: To prepare for 3 month cholera outbreak response by establishing emergency cholera treatment unit Gendrassa**

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- **Activity 1:** Prepare one 50 bed cholera treatment unit (CTU) or two cholera treatment units (totalling 50 beds) to respond to potential cholera outbreak within 24 hours from outbreak threshold for three months. Of the total beneficiary population, there will be an estimated 1,500 cholera patients – 25% (375) estimated moderate cases and

- 75% (1,125) estimated severe.
- **Activity 2:** Maintain uninterrupted clinical officers and nurse coverage as well as comprehensive sanitation and disinfection
- **Activity 3:** Prepare medicines, infusions, and supplies in 2 phases:
  - *Phase 1:* supplies will be available for 600 treatments
  - *Phase 2:* If an outbreak occurs, supplies will be available to treat epidemic with an average facility treatment of 2 – 3 days
- **Location:** Gendrassa Camp
- **Direct Beneficiaries:** Estimated 30,000 refugees from Jamam site

**Objective 2: To train and provide refresher courses to CHW's on common diseases, initial treatment and early referral to health facilities.**

- **Activity 1:** Identify and train CHW's on community mobilization, active case referrals, and health and hygiene education. Sixty community health workers will be identified (2 CHW per community group covering 140 households). CHW supervisors will be comprised of six national staff, a CHW coordinator, and a Public Health Coordinator to oversee activities.
- **Activity 2:** Establish referral mechanism for CHW's who will provide information to beneficiary population on accessing health care services at health facilities
- **Location:** Gendrassa Camp
- **Direct Beneficiaries:** Estimated 30,000 refugees from Jamam site (divided into approximately 30 community groups)

**iv) Cross Cutting Issues**

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

**Gender:** Gender-sensitive messages and services specifically targeting men and women as separate groups will be designed to ensure women and their children are empowered and able to access all services provided. The role of women in the household and their ability to make decisions concerning health, child care, and feeding will be taken strongly into consideration when designing health, hygiene, and nutrition promotion messages and selecting nutrition distribution sites. In addition, gender issues will be accounted for when analyzing possible barriers to access to services, as well as specific lines of communication to reach isolated populations and individuals such as pregnant women and the elderly. In particular pregnant and lactating women will be targeted during Ramadan to encourage non-fasting behaviour. To this end, their husbands and local sheiks will be worked with to promote health seeking behaviours.

In this environment it is essential that the all male sheiks are involved and engaged with in special meetings so that they can promote health messages and advise international Medical Corps on how best to change behaviours that are detrimental to health. Regular meetings will be held with all local sheiks.

International Medical Corps also advocates for greater female participation at all levels. International Medical Corps will ensure a gender balance for the Community Volunteers and will engage the Sheikhs to improve their role in health and nutrition outreach. International Medical Corps will also encourage men to be engaged in and support good infant and young child feeding practices, since prevailing gender roles often discourage men from engaging in this activity. Studies have shown that providing men with correct information and encouraging them to take an interest in their children's feeding practices can lead to improvements in infant feeding practices, therefore International Medical Corps will provide a training to 30 Sheikhs on Infant and Young Child Feeding (IYCF) and gender.

**Elderly and disabled:** International Medical Corps community health volunteers will identify disabled and elderly people within the population who are unable to visit the PHC clinic and work with the medical team to provide access to health care services. This will include making the latrines accessible for all.

**Social Status:** Community outreach will inherently involve community groups and community leaders (through shiehks) in the selection of volunteers. Recruitment is based on their social standing to the community group and carry with them group partiality.

**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.

Nutrition

- At least 1,350 Under 5 children will benefit from a blanket ration of 200g of CSB++/day (or Plumpy Doz/Plumpynut if not available) and at least 547 moderately malnourished children will be cured from acute malnutrition (>75% cured rate), and at least 243 moderately malnourished pregnant and lactating women will be cured from acute malnutrition (>75% cured rate)
- At least 480 mothers of children 2 years old will benefit from Infant and Young child feeding support and education (>60% coverage)
- 35 International Medical Corps staff will be trained in CMAM, 60 Community Nutrition Volunteers will be trained in screening, nutrition education and defaulter tracing and 30 sheikhs on IYCF and gender.

<b>Health</b>		
<ul style="list-style-type: none"> <li>• Early identification and referral of sick persons among refugee population to health facilities</li> <li>• Provision of health education messages by CHWs through regular outreach within camp sites</li> <li>• Emergency preparedness of cholera outbreaks through EP plan and stockpile and rapid initiation of functional CTU(s)(water treatment products, disinfectants, WASH facilities, water trucking)</li> </ul>		
	<b>Indicator</b>	<b>Target (indicate numbers or percentages)</b>
<b>Nutrition</b>		
1	Total direct beneficiaries	509 women, 28 men, 1,172 boys (52% of the population is male) and 1,072 girls covered
3	Quality of MAM services	At least 547 MAM U5 and 243 MAM PLW will be cured from acute malnutrition (> 75%, SPHERE standards) Overall program default rate (< 15%, SPHERE standards) Overall program death rate (< 3%, SPHERE standards)
4	Coverage of Preventive services	At least 480 mothers of children under 2 will receive education and support for and Young child feeding (60% coverage)
5	Capacity Building	At least 35 International Medical Corps staff receive a CMAM training, 60 Community Nutrition Volunteers receive a training on screening, nutrition education and defaulter tracing and 30 sheikhs attend a training on IYCF and gender.
<b>Health</b>		
1	Community Health Worker site coverage	30 community groups (averaging 140 households each) per each trained CHW
2	Community mortality and morbidity surveillance data	12 months continued collection and reporting data from epidemiological trends of community groups
3	Rapid initiation of functional CTU(s)	Operations within 24 hours of onset of cholera outbreak
4	Uninterrupted care in CTU(s)	24-hour coverage and operations
4	Cholera treatment unit(s) water, sanitation and hygiene	2,200 Kg HTH, 170,000 Aquatabs 20 mg (NADCC 30 mg) 5L are stock in IMC warehouse 3 technicians are trained on chemical handling, mother solution preparations and use of protective gear
<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>International Medical Corps will work with local authorities in identifying, involving, and implementing activities in both host and displaced community. Resident community health workers will be used to disseminate key hygiene and health messages in both set ups. Community health workers will be recruited through community groups, tribal leader (sheikh), and pre-existing staff utilized by MSF-Holland. Community health workers will be trained in using WHO weekly community mortality and morbidity surveillance tools and health promotion. CHWs will be trained, recruited and rolled out as each community group is moved to the Gendrassa site. For nutrition activities, International Medical Corps will recruit 35 nutrition staff in addition to 60 Community Nutrition Volunteers.</p> <p>In coordination with UNHCR site planners, a centrally located space for CTU(s) has been allocated to the International Medical Corps for the implementation of CTU(s). Space will be separated from the adjacent clinic with exclusive latrines, water source, morgue, storage and incinerator. An ash pit will be dug near the incinerator.</p> <p><i>Infrastructure:</i></p> <ul style="list-style-type: none"> <li>• Separation of space from neighbouring clinic with strict control on staff, patient, and designated carers</li> <li>• Exclusive accessible latrines and showers</li> <li>• Food preparation and laundry including water supply and drainage</li> <li>• Hand-washing stations with adequate drainage through the facilities, and footbath or foot spraying at entry and exit</li> <li>• Sanitation and storage rooms</li> <li>• Multiple tent spaces of quality easy to disinfect</li> <li>• Human Resources</li> </ul> <p><i>24-hour coverage divided on day, night, and off-duty shifts</i></p> <ul style="list-style-type: none"> <li>• Medicines, supplies, infusions</li> </ul>		

- Prepare initial operations
- Ensure that if an outbreak occurs a supply pipeline is sustained through duration of outbreak

International Medical Corps will directly implement the activities due to the emergency of the response and the lack of MoH services in Gendrassa.

**vii) Monitoring Plan**

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

For all aspects of the project, there will be on-going monitoring on several levels: institutional monitoring (financial, physical and organizational issues that affect the project), context monitoring (tracking the context in which the project is operating, such as changes in critical assumptions and/or risks, policy changes, or other areas that may affect the capacity of the project to respond), and objectives and results monitoring (assessing whether objectives and strategies developed are relevant to the changing situation on the ground, and if the results are on track).

International Medical Corps will use standardized performance monitoring and work plan formats to monitor project progress and track activities. Furthermore, to ensure quality of M&E data submitted by implementing partners, International Medical Corps will periodically review the procedures used for data collection for accuracy and completeness. International Medical Corps monitoring activities for the proposed project can be grouped into routine monitoring and outcome/impact evaluation.

*Comprehensive Routine Monitoring:* International Medical Corps' routine monitoring system will be managed by the Monitoring and Evaluation Officer in Maban. International Medical Corps will institutionalize an active monitoring system which involves all project staff to achieve four main aims: a) assess the impact of the project activities in the lives of the beneficiaries, b) assess the achievement of the project against its planned objectives, c) identify the strengths and weaknesses of a project activity, and d) make recommendations based on collected evidence for upgrading the quality and coverage of services. Sources for monitoring include management reports, community reports, training records, attendance reports, and supervisory records.

The periodic and systematic review and analysis of the information will be used to improve program activities and to adjust plans, as necessary. Furthermore, coordination with other internal and external stakeholders is part of the routine monitoring process to ensure that activities are implemented in a timely and efficient manner. This includes meetings with communities, beneficiaries, MoH officials, community leaders, NGOs, and other relevant entities. Regular meetings will be organised with the sheikhs, the community volunteers and the beneficiaries to hear their feedback on the quality of the program and its adaptation to the needs of the refugees.

*Health:*

Community health worker outreach activities will be monitored through the delivery of reported community health data. Deviations from site norms will be actively investigated by International Medical Corps medical staff for accuracy and follow-up. Cholera outbreak response will be monitored through administrative and cholera clinic registers as well as case report forms. The cholera treatment coordinator (clinical officer or nurse) will be responsible for daily supervision of CTU operations, frequent monitoring of triage/intake space and case management.

*Nutrition:*

International Medical Corps will follow the IMAM protocol for monitoring and reporting on CMAM activities in Gendrassa camp. Data collection will be done by International Medical Corps to monitor program performance in terms of relapse, defaulter, cure, death and non response rates according to the SPHERE standards. International Medical Corps will also monitor and track distributions and how effective referrals are between different program components (SC, OTP, SFP, and PHC) as well as the coverage of the program.

International Medical Corps will monitor program progress bi-monthly. The expatriate program staff and project nutritionists will be responsible for data collection and reporting on routine activities or changes in the beneficiary needs that may require donor attention.

**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.

Source/donor and date	Amount (USD)
ECHO (July 6, 2012 to January 5, 2012)	1,500,000 Euros
UNHCR (June 16, 2012 to December 16, 2012)	1,032,856 USD

**SECTION III:**

LOGFRAME			
<b>CHF ref. Code:</b>	<b>Project title:</b> Emergency response for Gendrassa camp and surrounding villages in Maban County.	<b>Organisation:</b> <u>International Medical Corps</u>	
Nutrition			
<b>Overall Objective:</b> To provide emergency nutrition services to malnourished children and pregnant and lactating women.	<b>Indicators of progress:</b> 30,000 individuals will benefit from health and nutrition services	<b>How indicators will be measured:</b> Daily surveillance	<b>Comments:</b>
<b>Specific Project Objective/s:</b> <ul style="list-style-type: none"><li>• 1,053 children under 5 and pregnant and lactating women will receive curative services ,</li><li>• 30,000 women and men will receive nutrition promotion by the end of the project.</li></ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"><li>• 1,053 admissions to curative program</li><li>• 15,600 men and 14,400 women received health and nutrition promotion services</li></ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"><li>• Program records at SFP</li><li>• Community health workers reporting records</li><li>• Health facility reporting records</li></ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"><li>• No cholera outbreak</li><li>• Security will continue to permit programs to operate</li><li>• Access continues to permit beneficiaries to be reached and for supplies to be delivered</li><li>• International Medical Corps will receive additional supplies from WFP and UNICEF</li></ul>
<b>Results - Outputs (tangible) and Outcomes (intangible):</b> <ul style="list-style-type: none"><li>• <b>Result 1:</b> Malnourished children under 5 and PLWs will receive treatment. Of those beneficiaries, at least 75% will be discharged cured.</li><li>• <b>Result 2:</b> Mothers of under 2 will improve their practices in IYCF.</li><li>• <b>Result 3:</b> International Medical Corps Staff, Community Nutrition Volunteers will gain new knowledge on IYCF, nutrition and health behaviors to help prevent malnutrition.</li></ul>	<b>Indicators of progress:</b> Quality of services reached based on sphere standards <ul style="list-style-type: none"><li>• <b>MAM:</b> At least 547 MAM U5 and 243 MAM PLW will be cured from acute malnutrition (&gt; 75%, SPHERE standards)</li><li>• Overall program default rate (&lt; 15%, SPHERE standards)</li><li>• Overall program death rate (&lt; 3%, SPHERE standards)</li></ul> 75 % of the International Medical Corps staff and CNVs will retain 75% of key knowledge	<b>How indicators will be measured:</b> <ul style="list-style-type: none"><li>• Program records at SFP levels</li><li>• Training reports</li><li>• Pre/Post test of Mother support groups</li></ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"><li>• No cholera outbreak</li><li>• Security will continue to permit programs to operate</li><li>• Access continues to permit beneficiaries to be reached and for supplies to be delivered</li><li>• International Medical Corps will receive additional supplies from WFP and UNICEF</li></ul>

<b>Activities:</b>  <b>Activity 1.1</b> Refer all children under 5 with SAM without medical complications to IMC-OTP and those with medical complications to the SC for inpatient care by MSF Holland in Gendrassa. <b>Activity 1.2</b> Manage all children under 5 and pregnant and lactating women (PLW) with MAM through a SFP  <b>Activity 2.1</b> Conduct community-based and clinic-based screening of children under five and pregnant and lactating women for acute malnutrition <b>Activity 2.2</b> Provide nutrition, hygiene and health education, focusing on IYCF and care and the essential nutrition actions in the community and in the nutrition centers <b>Activity 2.3</b> Run mother-support groups for all PLWs and mothers with children under 2 <b>Activity 2.4</b> Refer all children under 5 in the program to PHC services such as the expanded program on immunization  <b>Activity 3.1</b> Provide in-class and on-the-job training and mentoring to International Medical Corps nutrition staff on CMAM, IYCF and reporting. <b>Activity 3.2</b> Provide in-class and on-the-job-training to 60 Community Nutrition Volunteers on screening, nutrition education and defaulter tracing. <b>Activity 3.3</b> Provide one training to 30 sheikhs to provide male group leaders with the information and techniques they need to share information and encourage discussions on gender issues and optimal infant and young child feeding. <b>Activity 3.4</b> Monitor and facilitate the dissemination of the messages given to the sheikhs to the rest of the male population.		<b>Inputs:</b>  <ul style="list-style-type: none"> <li>• Program and support staff</li> <li>• Nutrition supplies</li> <li>• Transport by air and car (fuel and maintenance)</li> <li>• Training materials</li> <li>• Construction of Community Nutrition Centers</li> <li>• Furniture</li> <li>• Stationeries</li> <li>• Other operational costs</li> </ul>		<b>Assumptions, risks and pre-conditions:</b>  <ul style="list-style-type: none"> <li>• Effective relocation of beneficiaries from Jamam to Gendrassa</li> <li>• Security will continue to permit programs to operate</li> <li>• Access continues to permit beneficiaries to be reached and for supplies to be delivered</li> <li>• Qualified staff will be available and timely recruited</li> </ul>			
<b>Health</b>							
<b>Overall Objective:</b>  Improve the access to cholera treatment and increase community outreach among beneficiary population		<b>Indicators of progress:</b>  <ul style="list-style-type: none"> <li>• Rapid initiation of functional CTU(s)</li> <li>• Uninterrupted operation of CTU(s)</li> <li>• Continued surveillance and education of each community group through CHW feedback mechanisms</li> </ul>		<b>How indicators will be measured:</b>  <ul style="list-style-type: none"> <li>• Weekly data reporting from community health worker</li> <li>• Active investigation and intervention of concerning trends in surveillance data</li> <li>• Daily CTU(s) surveillance and reporting</li> </ul>		<b>Comments:</b>	
<b>Specific Project Objective/s:</b>  <ul style="list-style-type: none"> <li>• 12 month community health surveillance of 30,000 people</li> <li>• 30,000 men and women receive health and hygiene promotion and education in Gendrassa</li> </ul> If a cholera outbreak occurs, one or two CTU(s) will provide cholera treatment of cases in Gendrassa for three months after onset		<b>Indicators of progress:</b>  <ul style="list-style-type: none"> <li>• Number of referrals</li> <li>• Number and type of follow-up cases</li> <li>• 15,600 men and 14,400 women receive health promotion and education</li> <li>• Number and percent of cholera cases treated</li> </ul>		<b>How indicators will be measured:</b>  <ul style="list-style-type: none"> <li>• Weekly reporting of CHW surveillance data</li> <li>• Clinic HIS data</li> <li>• Cholera treatment unit records</li> </ul>		<b>Assumptions &amp; risks:</b>  <ul style="list-style-type: none"> <li>• No cholera outbreak</li> <li>• Security will continue to permit programs to operate</li> <li>• Access continues to permit beneficiaries to be reached and for supplies to be delivered</li> </ul>	

Common Humanitarian Fund for South Sudan - CHF Reserve Application

<p><b>Results - Outputs (tangible) and Outcomes (intangible):</b></p> <ul style="list-style-type: none"> <li>• <b>Result 1:</b> 50 bed CTU(s) prepared for cases of cholera to receive timely and effective treatment within acceptable case fatality rates.</li> <li>• <b>Result 2:</b> International Medical Corps staff, CHWs, and community will receive qualitative and quantitative morbidity and mortality information on Gendrassa population</li> </ul>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>• Qualitative feedback from CHWs and community leaders</li> <li>• CTU(s) infrastructure is complete</li> <li>• Human resources are in place for 24 hour coverage</li> <li>• Supplies are provisioned for initial phase and pipelined for continued care</li> <li>• If outbreak occurs, CFR will be greater than 50% lower than expectant CFR without intervention</li> </ul>	<p><b>How indicators will be measured:</b></p> <ul style="list-style-type: none"> <li>• CHW surveillance data</li> <li>• Active response reports</li> <li>• Clinic HIS data</li> <li>• Cholera treatment facility records</li> <li>• Staff coordination records</li> </ul>	<p><b>Assumptions &amp; risks:</b></p> <ul style="list-style-type: none"> <li>• No cholera outbreak</li> <li>• Security will continue to permit programs to operate</li> <li>• Access continues to permit beneficiaries to be reached and for supplies to be delivered</li> </ul>
<p><b>Activities:</b></p> <p><b>Activity 1.1:</b> Develop infrastructure of cholera treatment facilities (CTU)  <b>Activity 1.2:</b> Train and manage staffing for 24-hour coverage of CTUs  <b>Activity 1.3:</b> Preposition supplies adequate for initial response  <b>Activity 1.4:</b> Ensure pipeline of continued push of supplies for 3 months upon onset of outbreak</p> <p><b>Activity 2.1:</b> Provide in-class and on the job training and education of 60 CHW  <b>Activity 2.2:</b> Compile data from weekly CHW surveillance reports  <b>Activity 2.3:</b> Monitor, report, and respond to data resulted from CHW reports  <b>Activity 2.4:</b> Improve health seeking behaviour and educate community on health and hygiene</p>		<p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li>• CHW staff time</li> <li>• CHW surveillance material and stationary</li> <li>• CHW health and hygiene educational material</li> <li>• CTU(s) infrastructure</li> <li>• CTU(s) human resources</li> <li>• CTU(s) medications, infusions and supplies</li> </ul>	<p><b>Assumptions, risks and pre-conditions:</b></p> <ul style="list-style-type: none"> <li>• Effective relocation of beneficiaries from Jamam to Gendrassa</li> <li>• Security will continue to permit programs to operate</li> <li>• Access continues to permit beneficiaries to be reached and for supplies to be delivered</li> <li>• Qualified staff will be available and timely recruited</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
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
<b>Health</b>													
<b>Result 1: International Medical Corps staff, CHWs, and community will receive qualitative and quantitative morbidity and mortality information on Gendrassa population</b>													
Activity 1.1: Provide in-class and on the job training and education of 60 CHW		X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2: Compile data from weekly CHW surveillance reports		X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.3: Monitor, report, and respond to data resulted from CHW reports		X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.4: Improve health seeking behaviour and educate community on health and hygiene		X	X	X	X	X	X	X	X	X	X	X	X
<b>Result 2: 50 bed CTU(s) prepared for cases of cholera to receive effective treatment within acceptable case fatality rates.</b>													
Activity 2.1: Develop infrastructure of cholera treatment facilities		X											
Activity 2.2: Train and manage staffing for 24-hour coverage of CTU's for three months upon onset of outbreak		X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.3: Compile supplies adequate for initial response		X											
Activity 2.4: Ensure pipeline of continued push of supplies for three months		X											
<b>Nutrition</b>													
<b>Result 1: Malnourished children under 5 and PLWs will receive treatment. Of those beneficiaries, at least 75% will be discharged cured.</b>													
Activity 1.1 Refer all children under 5 with SAM without medical complications to IMC-OTP and those with medical complications to the SC for inpatient care by MSF Holland in Gendrassa.		X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2 Manage all children under 5 and pregnant and lactating women (PLW) with MAM through a SFP		X	X	X	X	X	X	X	X	X	X	X	X
<b>Result 2: Mothers of under 2 will improve their practices in IYCF.</b>													
Activity 2.1 Conduct community-based and clinic-based screening of children under five and pregnant and lactating women for acute malnutrition		X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2 Provide nutrition, hygiene and health education, focusing on IYCF and care and the essential nutrition actions in the community and in the nutrition centers		X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.3 Run mother-support groups for all PLWs and mothers with children under 2			X	X	X	X	X	X	X	X	X	X	X
Activity 2.4 Refer all children under 5 in the program to PHC services such as the expanded program on immunization		X	X	X	X	X	X	X	X	X	X	X	X
<b>Result 3: International Medical Corps Staff, Community Health workers will gain new knowledge on IYCF, nutrition and health behaviors to help prevent malnutrition.</b>													
Activity 3.1 Provide in-class and on-the-job training and mentoring to International medical Corps nutrition staff on CMAM, IYCF and reporting.		X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.2 Provide in-class and on-the-job-training to 60 Community Nutrition Volunteers on screening, nutrition education and defaulter tracing.		X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.3 Provide training to 30 sheikhs to provide male group leaders with the information and techniques they need to share information and encourage discussions on gender issues and optimal infant and young child feeding.			X	X	X								
Activity 3.4 Monitor and facilitate the dissemination of the messages given to the sheikhs to the rest of the male population.						X	X	X	X	X	X	X	X

**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	