South Sudan
2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:

CAP Cluster	**HEALTH**

CHF Cluster Priorities for 2012 Second Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities	**Cluster Geographic Priorities**
• Maintain the existing safety net by providing basic health packages and emergency referral services • Strengthen emergency preparedness including surgical interventions • Respond to health related emergencies including controlling the spread of communicable diseases	High priority: Nbeg, Warrap, Unity, Upper Nile, Jonglei, Lakes, Wbeg, Eastern Equatoria, Low priority: Western Equatoria, Central Equatoria

Project details
The sections from this point onwards are to be filled by the organization requesting for CHF.

Requesting Organization	**Project Location(s)** (list State, County and if possible Payam where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per state)
CCM – Comitato Collaborazione Medica	Warrap State, Twic County. All the six payams will be targeted within the action, with a particular focus on three of them: - Turalei; - Aweeng; - Wunrock.
Project CAP Code SSD-12/H/46151/R/6703	
CAP Project Title *(please write exact name as in the CAP)* Risk reduction of health emergencies and expansion of frontline health services to local and neglected population in Twic County (Warrap State).	

Total Project Budget in South Sudan CAP 2012	**Amount Requested from CHF**	**Other Secured Funding**
US$ 820,000	US$ 275,000	CHF I Round: US$ 300,000 Additional CCM secured resources: - US$ 56,000 (Apr-Dec 2012) - US$ 26,000 (Jan-Apr 2013)

Direct Beneficiaries *(scaled appropriately to CHF request)*	
Women:	3,750
Men:	2,500
Girls:	2,500
Boys:	2,500
Total:	**11,250**

Indirect Beneficiaries *(scaled appropriately to the CHF)*

The indirect beneficiaries are estimated around 194,000 people, corresponding to 75% of the total population of Twic County (including 16,788 IDPs and an estimate of 17,700 returnees).
Among indirect beneficiaries, particularly vulnerable categories are main project target, including: 10,400 pregnant women (4% of population); 54,600 under-5 children (21% of population); and approximately 64,600 women in reproductive age.

Catchment Population (if applicable)

Warrap State has an estimated population of 1,000,000 people (males form 48.2% and female 51.81), out of which approximately 205,000 live in Twic County (Source: Projection of 2008 Sudan National Census). Further, up to Q2 2012 Twic county returnees' population counted more than 16,500 people, (47,7% not assisted by GoSS). To the 2011 IDPs population in Twic county (98,300 people), additional influx due to borders clashes in April 2012 must be counted (more than 1,500 IDPs).
Turalei Hospital is the only county hospital in all Twic and its catchment area extends also to neighboring counties/states.

VERY IMPORTANT: The above listed beneficiaries do refer only to the project period January – April 2013 (4 months), since CHF Round 1 project covers the period April – December 2012. Double counting is avoided. Anyhow, CHF Round 2 overall project duration is planned for the period November 2012 – April 2013 (2 months overlapping with CHF Round 1), to cope with funding gap (additional information are provided under the 'Grant Request Justification section).

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)	**CHF Project Duration** (max. of 12 months, starting date will be Allocation approval date)
None	Indicate number of months: 6 months Starting date (mm/dd/yy): 11/01/12 End date (mm/dd/yy): 04/30/13 **VERY IMPORTANT:** CHF Round 1 duration covers the period April – December 2012. Anyhow, according to CCM forecasts and level of expenditures, the already available and secured funding will be exhausted by the end of October-November 2012. The slight overlapping between CHF round 1 and CHF round 2 (Nov. and Dec. 2012) is only an overlapping on paper, since CCM would start utilizing CHF 2 round resources (if availed) before January 2013 (further details in the Grant Request Justification).

Address of Country Office	**Address of HQ**
Project Focal Person: Alessia Montanari Email & Tel: alessia.montanari@ccm-italia.org Phone: +211 908 570727 Phone 2: +211 926 714737 e-mail country director: countryrep.ssd@ccm-italia.org e-mail finance officer: admin.ssd@ccm-italia.org Address: Munuki (Suk Melitia), Juba – South Sudan	e-mail desk officer: daniela.gulino@ccm-italia.org e-mail finance officer: amministrazione@ccm-italia.org Address: Via Ciriè 31/E 10152 Torino (Italy)

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population[1]

In Twic County (Warrap State) live about 205,000 people, of which over 51% girls/women and over 4% newborns (Projection of the Sudan Population Census, 2008). Real population widely exceeds this number, since the area is prone to massive flows of IDPs and returnees. For 2011, OCHA reported movements of 98,363 IDPs due to incidents only in Twic county, counting 18 deaths. Over Q1 and Q2 2012, additional 5 incidents in Warrap State have increased the number of IDPs of 3,000 units (out of which 1,528 in Twic County), resulting in 5 deaths (OCHA). Even though some of the IDPs have started returning to Abyei, still conditions for safe return are not in place and the area is at risk of resilience in violence due to the highly strategic position for both land demarcation, and oil production / trade routes. Twic County returnees' population up to Q2 2012 counts 18,481 people out of which 47.7% not assisted by the Government (source: OCHA).

Such a massive increment in the population puts under pressure an already weak health system and hinders local capacities to timely respond to health emergencies and basic health needs. As main urban area, Turalei is highly congested and Turalei Hospital catchment area expands even to neighboring counties and neighboring states.

Twic County is reported as highly prone to emergencies due to:

- *Geographical factors*: proximity to Sudan, contested Abyei area, and oil fields; hostile weather conditions (frequent floods);
- *Socio-political factors*: high poverty levels, recurrent violence, huge number of IDPs and returnees, gender unbalances, poor institutional capacities, low access to basic services delivery;
- *Economic factors*: lack of infrastructures/communication and transport, prevalence of informal economy, dramatic inflation, high unemployment rate, alarming food insecurity levels.

Institutional EP&R measures are not fully functioning and fail in reducing the number of men/women, boys/girls exposed to violence refueling epidemic outbreaks, mass movement, IDPs' flows. MARPs include newborn and U5 (risk of health complications due to low EPI coverage and high malnutrition, especially among nomadic or seminomadic communities) and traumatized girls/children (GBV, high military presence, enforced community police control).

Concerning health indicators, Twic County are dramatic: under 5 mortality rate (135/1,000 births, Warrap the 2nd worst State in South Sudan); infant mortality rate (102/1,000 births); maternal mortality rate (2,054/100,000 live births); EPI coverage (17%) and endemic child malnutrition (32,9%) (GoSS, 2011). Furthermore, high incidence of endemic neglected diseases (malaria, water-transmitted diseases and ARI) affects the most vulnerable population' health conditions (source: SSCCSE, 2010). Particularly high is also the incidence of violence and traumas, due to the high military presence, recurrent tensions across borders, steady increment in both local and IDPs population.

In 2012 MARPs health conditions are further deteriorated by persistent food insecurity (OCHA sets Twic county as 'in emergency' and among the worst in all South Sudan) and floods incidence (a UN join assessment undertaken in Late August 2012 reported that Turalei and Wunrok pajams are severely flooded.

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

Turalei Hospital, run by CCM, with a catchment area widely crossing the State borders, extending to Western Bar el Ghazal and Abyei surrounding, is the sole facility offering to both local population and IDPs/returnees 24/24 emergency surgical and obstetric care. In 2011, 18.017 patients benefitted from OPD (including 6.144 U5 and 693 traumatized/wounded), 3.298 from IPD, 2.197 from ANC services, 268 from safe delivery services and 591 from surgical treatment. Since January 2012, Turalei Hospital avails also EPI and VCT/PMTCT services. Despite CCM data for Q1 2012 are in line with 2011 data, a clear increase in the caseload has been recorded in Q2, due to the dramatic incidence of malaria and water-born diseases, which spread dramatically across the most vulnerable (U5, P&LWs, nomadic communities, IDPs). Q2 2012 relevant data include: 5,070 OPD patients (out of which 1,946 U5 and 254 traumatized), 951 IPD patients, 522 ANC clients, 90 deliveries (out of which 14 cesarean sections) and 452 surgeries out of which 118 emergency operations.

Collaboration among CCM and primary health care service providers in Twic county (MoH, GOAL, ADrA) is well established and effective. Anyhow, should Turalei Hospital capacities reduce due to lack of funding, the referral system at county level and the capacities to provide timely response to health emergencies (including surgical and obstetric emergencies) may drop.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

CCM is partner of the Catholic Diocese of El Obeid in running Turalei Hospital since 2008. The hospital, recognized by the MOH as Referral Centre for the whole County, provides secondary health care mainly targeting P&LWs, U1 and U5, victims of traumas/wounds, IDPs and returnees through the provision of 24/7 emergency health services (including surgical capacities and EmONC), comprehensive RH services, routine immunization, post abortion care and family planning services. Turalei Hospital is the only facility in all Twic county consistently providing the above mentioned services. Most of Turalei hospital patients do come from far distances, including clash-affected or disputed areas (namely Agok, Abyei and Unity western pajams) since MSF Hospital in Agok cannot cover all the surgical services required. The hospital plays also an essential role in increasing information and creating awareness on HIV prevention, providing VCT and PMTCT services to ANC attendees and gender and sexuality awareness including ABC promotion. Turalei Hospital has also been identified by the National TB Programme and WSMoH as most preferred hospital in the whole county to provide TB management and control services.

Turalei Hospital functionality and effectiveness is currently hindered by multiple factors: (i), the steady increase in patients' influx due to the wider population (host communities, IDPs and returnees) and to the high demand of quality health services (including surgical/emergency capacities), (ii) the risk of congestion for the hospital OPD, due to the dramatic scale up of epidemic outbreaks during the rainy season (malaria, AWD, ARIs, etc.), (iii) the lack of essential drugs, laboratory and medical equipment to answer patients' needs, (iv) the lack of qualified local health staff to ensure proper follow up and supervision in all the wards.

The combination of BoSS Austerity Plan, MDTF completion and the high incidence of health outbreaks throughout the rainy season do strongly emphasize CHF role in sustaining Turalei Hospital. CHF 1st round allocation was and is essential not to disrupt Turalei hospital service delivery, but the above mentioned factors have tightened up the available budget (both CHF and other CCM resources), which will be exhausted by October/November 2012. Turalei Hospital activities are not funded by any of the existing pooled funds meant at covering mostly primary health care services (i.e. BSF does not cover hospital activities).

Lack of additional support and consequent CCM reduced capacities would seriously affect Twic county health care system functionality and endanger local communities and IDPs/returnees populations relying on Turalei Hospital for life-savings interventions. The request for enhanced CHF support is meant at:

i. procuring/prepositioning drugs and lab supplies to face the increased consumption levels and the lack of provision,
ii. ensuring 24/24 emergency services (including surgical and obstetric emergencies) and management of health complications;
iii. providing the minimum basic service package to MARPs in Twic county (with particular emphasis to U1, U5, P&LWs, IDP/returnees);
iv. expanding health services for emergency/nutrition referral, epidemiological surveillance, outbreak control to Turalei neighboring payams (Aweeng and Wunrok);
v. preserving the appointment of comprehensive and advanced RH services (including VCT/PMTCT);
vi. strengthening the capacities of local health staff and Twic CHD on early warning, first aid, prevention/control of outbreaks;

Close collaboration with Twic CHD ensures the effective integration of Turalei hospital services in the county health system, the timely info sharing among partners, IDRS/DHIS reporting and coordination to tackle/control emergencies and to link up for an integrated management of frontline Health Care & Nutrition services.

Up to date, CCM could secure only 47% of the CAP requested resources, including CHF Round 1 allocation. CCM Q2 2012 level of expenditure under CHF Round 1 lied below the forecast for several reasons: **i)** up to April 2012 CHF 2011 project was still ongoing and CCM has taken advantage of the budget available at the end of March to cover last month activity expenses relieving the CHF round 1 from this amount; **ii)** from January to June 2012, CCM has benefitted from a project meant at supporting HIV/AIDS service provision which has make possible the sharing of some recurring costs such as Turalei hospital staff and management expenses reducing, therefore, the impact on CHF available resources; **iii)** major procurement was still to be undertaken **iv)** most of June expat and part of June local staff salaries were not included in CHF Q2 2012 financial report since invoices and proof of payments were not be available at the time of the presentation. They will be, therefore, reflected in Q3 financial report.

In CHF Round 1 request for budget relocation submitted to OCHA/Health Cluster (August 2012), CCM picked out that **CHF Round 1 resources (topped up with CCM secured funds) won't be adequate to cover activities and running costs over October 2012 and personnel costs up over November 2012.** Even though CHF round 1 project is targeted for conclusion on December 31 2012, the availed resources will be fully spent much ahead that date. Should no additional resources be granted, frontline service delivery in Turalei Hospital would be dramatically affected.

The present proposal for CHF Round 2 allocation is therefore meant at filling this financial gap and preventing disrupting emergency and safety net services in Twic county up to April 2013. The slightly overlapping of CHF Round 1 and Round 2 (if the project is approved) is only on paper since by November 2012 CHF Round 1 resources will be exhausted and CHF Round 2 funding (if

availed) would start being spent. The project budget has been accordingly organized: all the direct personnel is charged for 5 months (Dec. 2012 – April 2013), while activities and running costs cover the whole project period (6 months). However, the calculation of CHF Round 2 project beneficiaries is done not to double count beneficiaries already included in CHF Round I project.

C. Project Description (For CHF Component only)

i) Purpose of the grant

Briefly describe how CHF funding will be used to support core cluster priorities

The overall objective of the project is to reduce at least by 30% the vulnerability to health related emergencies of the most neglected and disadvantaged groups - including women, newborn, children, IDPs and returnees – in Twic County (Warrap State).

The project purpose is perfectly integrated within the Health Cluster strategy for 2012 and is in line with all the three revised key priorities (CAP MYR):

1- Maintain existing health service delivery providing basic health packages and emergency referral services,
2- Strengthen emergency preparedness including trauma management
3- Respond to health related emergencies, including control of the spread of communicable diseases.

The project target facility is Turalei Hospital in Twic county (Warrap State). Envisaged outreaches – to be planned with PHC implementing partners to avoid overlapping – will target MARPs living in IDPs/returnees camps or in cattle camps.
CCM is the only WSMoH implementing partner in Twic county supporting Turalei Hospital and complementing PHC service delivery offered at PHCC/PHCU level.

ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

The specific objectives of the project are:

- to increase at least by 10% the access of local and stranded population (IDPs, returnees and nomads) to continuous and effective frontline hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care;
- to ensure 24/24 comprehensive emergency service – with main focus on emergency and obstetric emergency – at hospital level.

The achievement of the objective and of the expected results (see below) will be monitored through the utilization of a number of specific measurable indicators, selected among the Health Cluster output indicators and the MoH requirements for health reporting, since relevant to achieve the HSDP 2011 – 2015 targets, as well as health related MDGs.

The project timeframe is considered adequate to meet the project objectives, since it represents the natural continuation and enhancement of CHF I round 2012 project. The requested additional resources would prevent the disrupt (or serious reduction) in frontline health service provision in Turalei hospital and contribute to scale up CCM raising awareness and outreach capacities, in order to improve the epidemiological surveillance in the project catchment area.

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

The project foresees to maintain and foster the provision of basic health and emergency package at Turalei Hospital, as well as to facilitate the effective referral system in the county. The intervention will focus on three payams: Aweeng, Turalei and Wunrok. The project objective will be achieved through the planning, implementation and monitoring of the following activities, grouped under the expected result they refer to.

1. Frontline basic health service available to local, IDPs and returnees population in Turalei Hospital are consolidated and expanded

- Expanded provision and prepositioning of medical and non medical supplies, to face the gaps stemming from the MDTF completion;
- Expanded provision of Lab equipment and supplies to face the gaps stemming from the MDTF completion;;
- Maintenance of Vaccine Cold Chain;
- Continuous inpatients and outpatients service provision (dedicated services for U5);
- Strengthening of the emergency and ordinary comprehensive RH services (i.e., MCH, FP, ANC, safe and clean delivery, PNC, STI);
- Integration of EPI (also for new-born and pregnant women) with other under-5 health services (i.e., IMCI, nutrition screening);
- Strengthening of HIV/AIDS preventive and curative services (i.e., VCT, PMTCT);
- Continuous technical assistance and supervision to the hospital service delivery system, through on-the-job coaching/mentoring;

Activities will be implemented in Turalei Hospital and beneficiaries for the period January – April 2013 will include the following:

- 3,600 adults (males and females) admitted and visited in outpatients service;
- 1,150 pregnant and delivering women, receiving ANC, PNC and PMTCT services and assisted during delivery;
- 1,800 under-5 children, receiving IMCI, EPI and other integrated services.

2. Continuous emergency service provision, including surgical treatment is ensured

- Continuous communicable disease epidemiological surveillance in the catchment area;
- Infectious disease prevention and control in the catchment area, including integrated emergency outreach campaigns targeting most vulnerable groups (i.e., U5, P&LWs, IDPs, returnees);
- Provision of general and emergency 24/24 surgery service in Turalei Hospital;
- Strengthening of EmONC service delivery in Turalei Hospital;
- Inter-cluster coordination for the organization and prompt implementation of comprehensive preparedness and early recovery campaigns in the 3 selected payams (Health, Nutrition and WaSH).

Activities will be implemented in Turalei Hospital and in the three selected payams (Aweeng, Turalei and Wunrok). The beneficiaries for the period January – April 2013 will include the following:

- 1,200 people, including children and women targeted trough outreach campaigns;

- 150 people operated on in Turalei Hospital, including emergency and elective interventions;
- At least 10 complicated deliveries managed through emergency obstetric care interventions.

3. Education, capacity building and coordination are strengthened to improve the EP&R and e-warning system in Twic County

- Theoretic and on-the-job specific trainings (including refreshment and ToTs) for Turalei Hospital health staff on: (i) responsive frontline health services delivery, (ii) health emergencies preparedness and management, (iii) EmONC, (iv) surgical treatment preparation and follow up, (v) first aid.
- Targeted sensitization campaigns on RH, FP and HIV/AIDS (involving CBOs, women' groups, couples, community leaders, teachers);
- Targeted HIV awareness campaigns (e.g., schools, youth groups, girls' associations);
- CHD capacity development on: (i) assessing, managing and monitoring health facilities service provision, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care service at County level, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;
- Organization of workshops at County level for local institutions and PHCUs and PHCCs managers to upgrade Twic County emergency and ordinary health referral mechanism;
- Active participation in the health coordination mechanism at County and State level (with main focus on improvement of inter-cluster coordination).

Activities will be implemented in Turalei Hospital and in the three selected payams (Aweeng, Turalei and Wunrok). The beneficiaries for the period January – April 2013 will include the following:

- 54 local health staff at Turalei Hospital;
- 1,000 community groups and individuals, including leaders youth and leaders, targeted through sensitization and awareness campaigns;
- at least 6 local authorities' staff and PHCC/U managers at county level.

iv). Cross Cutting Issues

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

The project activities have been designed taking into account the following cross-cutting issues:

Gender: Women and girls, including the most vulnerable ones (pregnant women, women head of households, women victims of violence and women living in cattle camps and IDP women), are part of the project main target and are direct beneficiaries of most activities. In order their needs to be adequately addressed, the project pursues the following gender-oriented approach

- inclusion of men in health education sessions on RH, FP, nutrition/breast-feeding and STIs;
- linking with community leaders to promote women's presence in VHCs and CBOs
- enforcement of the partnership with community TBAs to promote early ANC and delivery in the facility
- engagement of teachers in disseminating health related messages mainly focusing on STIs
- utilization of peer-to-peer education at hospital and school level to fill cultural gaps
- identification/dissemination of best practices /successful stories to stimulate behavioral changes
- individual counseling to patients on health prevention according to the individual needs.
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Finally, women's role is emphasized thanks to the key role played by the female health staff in the running of hospital services, outreach and health education sessions. The project approach and the gender-sensitiveness in the staff recruitment process tend to valorize women's skills and capacities (i.e., mediation, knowledge of the context, pear-to-pear communication) in health promotion and sensitization. Gender mainstreaming is the rationale behind the project design and gender disaggregated data will be collected to monitor equal access to health services.

HIV/AIDS: The project intends to increase RH and HIV/AIDS awareness of local people and IDPs/returnees through health education sessions given at both facility and outreach level. Turalei Hospital already offers VCT/PMTCT services to general public, with main focus on ANC attendees, and the action foresees to enhance this service, ensuring that all pregnant women and their partners are informed and educated on the risk of HIV transmission from mother to child. Anyhow, to further promote VCT services sensitization and awareness-raising to counter traditional beliefs are still required. All the HIV/AIDS activities are perfectly integrated within the main project components, which closely focus on raising awareness/sensitization, counseling and community participation as preferred approach to reduce the risk of health related emergencies due to negligence or proliferation of unhealthy behavior.

Capacity Development: Theoretical and on the job trainings, workshops and coordination meetings involving both health personnel and institutional counterparts (Warrap MoH and Twic CHD) have been included as main project activities to concretely foster the early warning and health emergency risk reduction in the county and ensure adequate sustainability to the project. The identified implementation modalities (see below) envisage and pursue full and active involvement of the institutional stakeholders in the project follow-up and consistent monitoring, as well as in the regular info and data sharing with other stakeholders to better coordinate emergency response and manage integrated resources. As far as health personnel is concerned, when availability of qualified health staff is limited, also the task shifting approach (endorsed by WHO), backed by continuous supportive supervision is pursued.

Environment: activities in this project are in no way contributing to ill environmental concerns or degradation. The action will rather contribute to the development of a clean and healthy environment, through the training and education of health staff on safe waste disposal and proper hazardous waste management.

v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to have at the end of the CHF grant period.

The project is aimed at achieving three main results, which are strictly linked to the overall and specific objectives of the project and which the above mentioned activities stem from:

1. Consolidation/expansion of frontline basic health service available to local, IDPs and returnees population in Turalei Hospital;
2. Ensuring continuous emergency service provision, including surgical treatment;
3. Education, capacity building and coordination.

The 5 main indicators which have been selected to monitor the progress towards achievement of the expected results are:

a. Number of under 5 consultations – boys and girls (Cluster);
b. Number of skilled assisted deliveries, including EmONC
c. Antenatal client receiving IPT dose 2 (Cluster);
d. Percentage of key referral hospitals able to perform basic life-saving emergency care (Cluster);
e. Number of health workers trained in MISP/communicable diseases/outbreaks/IMCI/CMR.

(More indicators are included in the logframe).

List below no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators (annexed).

	Indicator	Target (indicate numbers or percentages)
1	Number of under 5 consultations – boys and girls	At least 1,830 Girls: 930 and Boys: 900
2	Number of skilled assisted deliveries, including CEmONC	At least 75 (out of which 15% CEmONC)
3	Antenatal client receiving IPT dose 2	At least 125
4	Percentage of key referral hospitals able to perform basic life-saving emergency care	1 (Turalei Hospital)
5	Number of health workers trained in MISP/communicable diseases/outbreaks/IMCI/CMR	At least 54

vi) Implementation Mechanism

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

CCM (Comitato Collaborazione Medica) is an Italian NGO, providing support to Turalei Hospital in Twic County since 2003.

Turalei hospital was built and started by the Diocese of El Obeid, which has asked CCM support for the ordinary management of hospital activities and technical assistance in health service delivery. Turalei hospital is recognized by WSMoH as county hospital and is taken as model of effective secondary health facility in all Warrap State for the quality of services provided. CCM is partner to both WSMoH and Twic County CHD and this collaboration ensures the respect of all MoH guidelines/protocols in health care delivery, as well as the adherence to DHIS/IDRS reporting system and timeframes.

CCM core interventions include primary and secondary health care, with a special focus on reproductive, maternal and child health, especially for vulnerable groups in need for humanitarian assistance. Actions promoted and supported by CCM aimed at strengthening the local health system rather than duplicating efforts or establishing parallel health structures.

The project aims at ensuring continuation and preventing the disruption of the provision of basic service package and uninterrupted emergency services, including surgical interventions, at Turalei Hospital. The target population ranges from local communities (with particular focus on the MARPs, including newborn, U5, women head of households and victims of traumas/violence) to IDPs and returnees. Activities have been designed to (i) strengthen RH services, including comprehensive obstetric and neonatal care services; (ii) ensure health emergencies requiring surgeries properly treated/stabilized; (iii) guarantee that health complications are effectively recognized and treated. Theoretical workshops and on-the-job trainings will be conducted during the project time, to further enhance skills and competences of health staff. An appropriate referral system will be facilitated through enhanced partnership with PHC implementing partners, in line with GoSS MoH referral guidelines and skilled personnel (surgical team) will be available 24/7 to perform emergency caesarean sections and to promptly respond to any other surgical emergency.

Furthermore, the project foresees to scale-up the promotion of maternal and child health, through the organization of education and sensitization activities. The project will utilize the health staff, as well as the already functioning community mechanisms, to reach out and disseminate essential and key messages to the local populations, the IDPs and returnees in a bid to change the health seeking behavior. Health education and sensitization activities will mainly focus on child health and the importance of immunization, personal and community hygiene, malaria prevention and treatment.

Finally, the project will also build the County Health Department capacities by training the personnel on strategic planning and involving them in the monitoring and supervision of activities being implemented. Village Health Committees will be trained in order to enhance the involvement of the community in the acknowledgment and ownership of the health services offered in the county. With regard to data collection and analysis, the correct and timely utilization of DHIS and IDRS will ensure integration of the project data within the MoH reporting system and will contribute to the timely info sharing to prevent/control outbreaks.

The project design is based on the proactive and continuous collaboration between the implementing partner (CCM) and health institutions at Warrap State and Twic County level. In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), a Management Committee (MC) will be purposely established and meet on regular basis to ensure achievement of expected results. The MC will be composed of Twic CHD Manager, CCM Project Coordinator and a representative of the El Obeid Diocese (or its delegate), and will be responsible for: (i) defining/consolidating/readjusting the work plan, (ii) sharing information and data on the activities and services carried out and in pipeline, (iii) debating possible project implementation challenges and identifying the related way forward, (iv) providing technical assistance in the project supervision, (v) consolidating quarterly project reports.

vii) Monitoring Plan

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

The Management Committee of the project, including representatives from all partner associations, will be set up and meet on monthly basis to ensure effective monitoring of the project activities. In particular, it will look for shared solutions to the problems that may arise and redefine the strategy of intervention on the basis of the data acquired during the monitoring exercise.

CCM employs technical staff qualified and experienced in field-work and training roll-out, responsible for the provision of continuous TA and supportive supervision to undertake project activities. CCM staff includes also an M&E Officer based in SS Head Office (Juba), who will pay periodic visits in the project areas, to check about indicators, targets and performances. Further, CCM Regional Health Advisor will conduct at least one M&E mission, to provide further inputs on how to better tailor action to answer the assessed

needs and achieve the project results.

An effective reporting system is envisaged and it will be integrated as much as possible with the already existing sectors monitoring systems:

All relevant project data and reports related to basic services provision will also be shared at State Level with Warrap MoH, other relevant Line Ministries and all main stakeholders, through proactive participation in the sector cluster coordination mechanism at State level. The same will be done at federal level, through CCM Juba office.

The monitoring of the activities and the evaluation of the project progress will be ensured through the establishment of several control mechanisms. These are reported below:

- *Effective Reporting System*: (i) compilation of daily/weekly/monthly facility registers. Health staff will be trained, supervised and supported to ensure the regular compilation of registers and reports including the daily/weekly/monthly health facility registers (ii) compilation of outreach reports (iii) compilation of monthly and quarterly reports for Twic County authorities and Warrap State MoH; (iv)Quarterly progress reports and final report will also be compiled for the donor, using the facility and activities data; (v) monthly and quarterly reports are regularly shared with HQ project department for revision;
- *Effective financial monitoring system*: (i) CCM accounting systems is based on the double-entry system which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of HQ administrative department II) Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; III) compilation of financial report is elaborated by CCM/CUAMM country administration with the support of a Project accountant and subsequently approved by HQ administrative department.
- *Employment and/or utilization of key human resources: (i)* Health professionals skilled in hospital management and supervision, responsible for assisting and supporting the local health staff in the daily provision of service to local communities, IDPs and returnees*; (ii) M&E Officer*; (iii) *CCM HQ desk reviewers*,
- *Experience sharing*: CCM will share periodical information and data on project implementation with the Health cluster focal person both at Warrap State and federal level, to share views and lessons learnt, and get additional inputs and comments. Moreover, coordination meetings will be organized with Twic CHD and other stakeholders in the health sector, to monitor the emerging needs of the county population and ensure prompt reaction to emergency situations.

E. Committed funding
Please add details of committed funds for the project from other sources including in-kind supports in monetary terms.

SECURED FUNDING FOR CAP 2012 Source/donor and date (month, year)	**Amount** (USD)
Italian private foundation (Apr – Dec. 2012)	50,000
CHF 2012 I Round	300,000
UNFPA: aid in kind (Delivery kits, Apr – Dec 2012)	6,000
SECURED FUNDING FOR CHF ROUND 2 Source/donor and date (month, year)	**Amount** (USD)
Italian private founds (Jan – April 2013)	23,000
UNFPA: aid in kind (Delivery kits, Jan – April 2013)	3,000

SECTION III:

LOGFRAME		
CHF ref. Code: SSD-12/H/46151/R/6703	**Project title:** Risk reduction of health emergencies and expansion of frontline health services to local and neglected population in Twic County (Warrap State).	**Organisation:** CCM – Comitato Collaborazione Medica

Overall Objective: *What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.* • To reduce at least by 30% the vulnerability to health related emergencies of the most neglected and disadvantaged groups - including women, newborn, children, IDPs and returnees – in Twic County (Warrap State).	**Indicators of progress:** *What are the key indicators related to the overall objective?* • At least 60% of the population in the Twic County has knowledge of emergency health services offered in Turalei Hospital; • At least 50% of the health related emergencies in Twic County are promptly reported and managed at Turalei Hospital.	**How indicators will be measured:** *What are the sources of information on these indicators?* • Annual project report; • Consolidated annual official health data from Warrap State and Twic CHD; • Other data sources (OCHA, IOM, etc.)	
Specific Project Objective/s: *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.* The specific objectives of the project are: - to increase at least by 10% the access of local and stranded population (IDPs, returnees and nomads) to continuous and effective basic and essential hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care; - to ensure 24/24 comprehensive emergency service – with main focus on obstetric emergency – at hospital level.	**Indicators of progress:** *What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?* • At least 10% of the services delivered within Turalei Hospital are offered to stranded population; • At least 60% of stranded population are reached by education campaigns on maternal and child health and communicable diseases and outbreaks preventive measures; • The surgical team in Turalei Hospital is available 24/24 throughout the project timeframe.	**How indicators will be measured:** *What are the sources of information that exist and can be collected? What are the methods required to get this information?* • Annual project report; • Consolidated annual official health data from Warrap State and Twic CHD; • Other data sources (OCHA, IOM, etc.)	**Assumptions & risks:** *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?* • Political stability; • Institutional willingness to effectively target emergencies; • No movement restrictions for implementing partners
Results - Outputs (tangible) and Outcomes (intangible): • Please provide the list of concrete DELIVERABLES - outputs/outcomes (**grouped in Workpackages)**, leading to the specific objective/s: RESULT N. 1 Frontline basic health service available to local, IDPs and returnees population in	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?* • At least 3,000 adult OPD consultations (men and women); • At least 1,500 U5 OPD consultations (boys & girls); • At least 200 adult admitted in medical and	**How indicators will be measured:** *What are the sources of information on these indicators?* •	**Assumptions & risks:** *What external factors and conditions must be realized to obtain the expected outcomes and results on schedule?* •

Turalei Hospital are consolidated and expanded	surgery ward; • At least 300 children admitted in pediatric ward (boys & girls); • ,At least 250 pregnant women attending ANC visit and receiving IPT2; • At least 125 antenatal clients receiving two doses of TT; • 75 births attended by skilled birth attendants; • At least 250 antenatal clients counseled within the PMTCT service; • 30 children U1 receiving DPT3.		
RESULT N. 2 Continuous emergency service provision, including surgical treatment is ensured	• 1,200 returnees and IDPs targeted through outreach campaigns; • 150 surgeries conducted at hospital level, out of which at least 10% life-saving interventions; • At least 10 cesarean sections conducted at hospital level; • 1 comprehensive preparedness and early recovery campaigns.		
RESULT N. 3 Education, capacity building and coordination are strengthened to improve the EP&R and e-warn system in Twic County.	• 54 health staff trained; • 1 sensitization campaigns on RH, FP and HIV/AIDS for women; • 1 HIV awareness campaigns for youth; • 1,000 women and youth reached through sensitization campaigns; • 1 workshops to upgrade the county emergency and ordinary health referral mechanism; • 6 CHD staff and PHCC/U managers trained.		
Activities: *What are the key activities to be carried out and in what sequence in order to produce the expected results?* •	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?* •		**Assumptions, risks and pre-conditions:** *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?* •

RESULT N. 1: Consolidation/expansion of frontline basic health service available to local, IDPs and returnees population in Turalei Hospital;			
Activity 1.1 Expanded provision and prepositioning of medical and non medical supplies, to face the gaps stemming from the MDTF completion	**Inputs:** - Logistic and procurement capacities; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders		- Availability of drugs, medical and non medical supplies;
Activity 1.2 Expanded provision of Lab equipment and supplies to face the gaps stemming from the MDTF completion;	**Inputs:** - Logistic and procurement capacities;		- Availability of lab supplies and cold chain for reagents;
Activity 1.3 Maintenance of vaccines Cold Chain	**Inputs:** - Collaboration with Warrap State EPI directorate; - Logistic and procurement capacities;		- Availability of functioning cold chain;
Activity 1.4 Continuous inpatients and outpatients service provision (dedicated services for U5);	**Inputs:** - Human resources: Hospital activities Supervisor (matron, nurse) and trainers, - Qualified local human resources; - Cultural mediation - Community involvement		- No staff turnover - Availability of drugs, medical and non medical supplies
Activity 1.5 Strengthening of the main emergency and comprehensive RH services (i.e., MCH, FP, ANC, safe and clean delivery, PNC, STI);	**Inputs:** - Human resources: MCH Supervisors (midwife) and trainers, - Qualified local human resources; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders - Cultural mediation - Community involvement		- No staff turnover - Availability of drugs, medical and non medical supplies
Activity 1.6 Integration of EPI (also for new-born and pregnant women) with other under-5 health services (i.e., IMCI, nutrition screening);	**Inputs:** - Human resources: EPI Supervisors (nurse) and trainers, - Qualified local human resources; - Collaboration with Warrap State MoH, (EPI directorate) - Cultural mediation - Community involvement		- No staff turnover - Availability of drugs, medical and non medical supplies - Freedom of movement

Activity 1.7 Strengthening HIV/AIDS preventive and curative services (i.e., VCT, PMTCT);	**Inputs:** - Human resources: HIV prevention/treatment Supervisors (nurse) and trainers, - Qualified local human resources; - Collaboration with Warrap State MoH, (HIV/AIDS Commission) - Cultural mediation - Community involvement (CBOs, schools, etc.)		- No staff turnover - Availability of drugs, medical and non medical supplies
Activity 1.8 Continuous technical assistance and supervision to the hospital service delivery system through on-the-job coaching/mentoring;	**Inputs:** - Human resources: Supervisors and trainers,		- No staff turnover
RESULT N. 2. Ensuring continuous emergency service provision, including surgical treatment			
Activity 2.1 Continuous communicable disease epidemiological surveillance in the catchment area;	**Inputs:** - Knowledge of the territory and context; - Qualified local human resources; - Collaboration with health stakeholders in Twic county		- Freedom of movement - Collaborative attitude from local stakeholders and international organizations
Activity 2.2 Infectious disease prevention and control in the catchment area, including integrated emergency outreach campaigns targeting most vulnerable groups (i.e., U5, P&LWs, , IDPs, returnees);	**Inputs:** - Knowledge of the territory and context; - Qualified local human resources; - Collaboration with health stakeholders in Twic county		- Freedom of movement - Collaborative attitude from local stakeholders and international organizations
Activity 2.3 Provision of general and emergency 24/24 surgery service in Turalei Hospital;	**Inputs:** - Human resources: surgeon, anesthetist, matron, midwife - Qualified local human resources; - Collaboration with health stakeholders in Twic county		- Functioning Hospital management; - Effective referral system; - No staff turnover; - Positive attitude from state stakeholders
Activity 2.4 Strengthening of EmONC service delivery in Turalei Hospital;	**Inputs:** - Human resources: surgeon, anesthetist, matron, midwife - Qualified local human resources; - Collaboration with health stakeholders in Twic county		- Functioning Hospital management; - Effective referral system; - No staff turnover - Positive attitude from state stakeholders

Activity 2.5 Inter-cluster coordination for the organization and prompt implementation of comprehensive preparedness and early recovery campaigns in the 3 selected payams (Health, Nutrition and WaSH).	**Inputs:** - Knowledge of the territory and context; - Participation in the cluster and inter-cluster coordination mechanism		- Good coordination at federal and state level;
RESULT N. 3. Education, capacity building and coordination			
Activity 3.1 Theoretic and on-the-job specific trainings (including refreshment and ToTs) for Turalei Hospital health staff on: (i) responsive frontline health services delivery, (ii) health emergencies preparedness and management, (iii) EmONC, (iv) surgical treatment preparation and follow up, (v) first aid	**Inputs:** - Human resources: qualified trainers; - Availability of RoSS official training guidelines, manuals		- No staff turnover - Basic IT knowledge - Communication capacities
Activity 3.2 Targeted sensitization campaigns on RH, FP and HIV/AIDS (involving CBOs, women' groups, couples, community leaders, teachers, etc.);	**Inputs:** - Knowledge of the territory and context; - Community involvement; - Proactive attitude from health and non-health local stakeholders on the ground Human resources: community mobilizers; - Involvement of media (communication capacities)		- No staff turnover - Freedom of movement - Communication and cultural mediation capacities
Activity 3.3 Targeted HIV awareness campaigns (i.e., schools, youth groups, girls' associations, etc.)	**Inputs:** - Knowledge of the territory and context; - Community involvement; - Availability of health and non-health local stakeholders on the ground - Human resources: community mobilizers - Involvement of media (communication capacities)		- No staff turnover - Freedom of movement - Communication and cultural mediation capacities
Activity 3.4 CHD capacity development on: (i) assessing, managing and monitoring health facilities service provision, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care service at County level, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;	**Inputs:** - Human resources: qualified trainers; - Availability of RoSS official training guidelines, policies, manuals; - Basic IT knowledge;		- No staff turnover - Basic IT knowledge - Communication capacities - Collaborative attitude from local institutional stakeholders
Activity 3.5	**Inputs:**		- Basic IT knowledge

Organization of workshops at County level for local institutions and PHCUs and PHCCs managers to upgrade Twic County emergency and ordinary health referral mechanism;	- Human resources: project manager; - Collaboration with state and non state actors on the ground; - Involvement of media (communication capacities)		- Communication capacities - Collaborative attitude from local institutional stakeholders
Activity 3.6 Active participation in the health coordination mechanism at County and State level (with main focus on improvement of inter-cluster coordination).	**Inputs:** - Human resources: project manager; - Collaboration with Twic CHD and Warrap State MoH; - Collaboration with health and non-health clusters at State and federal level.		- Communication capacities - Collaborative attitude from local institutional stakeholders - Coordination between federal and state level (Health)

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activities	Q3/2012			Q4/2012			Q1/2013			Q2/2013			Q3/2013		
			Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Result 1															
Activity (1.1): Provision and prepositioning of medical and non medical supplies complementing MoH stocks, with a particular focus on essential drugs and reproductive health supplies;							X			X					
Activity (1.2): Provision of Lab equipment and supplies;							X			X					
Activity (1.3): Maintenance of vaccines Cold Chain					X	X	X	X	X	X					
Activity (1.4): Continuous inpatients and outpatients service provision;					X	X	X	X	X	X					
Activity (1.5): Strengthening of the main emergency and ordinary RH services (i.e., MCH, FP, ANC, safe and clean delivery, PNC, STI);					X	X	X	X	X	X					
Activity (1.6): Integration of EPI with other under-5 health services (i.e., IMCI, nutrition screening);					X	X	X	X	X	X					
Activity (1.7): Expansion of HIV/AIDS preventive and curative services (i.e., VCT, PMTCT);					X	X	X	X	X	X					
Activity (1.8): Continuous technical assistance and supervision to the hospital service delivery system;					X	X	X	X	X	X					
Result 2															
Activity (2.1): Continuous communicable disease epidemiological surveillance in the catchment area;					X	X	X	X	X	X					
Activity (2.2): Infectious disease prevention and control in the catchment area, including integrated emergency outreach campaigns targeting most vulnerable groups (i.e., children, women, IDPs, returnees);					X	X	X	X	X	X					
Activity (2.3): Provision of general 24/24 emergency surgery service in Turalei Hospital;					X	X	X	X	X	X					
Activity (2.4): Strengthening of EmONC service delivery in Turalei Hospital;					X	X	X	X	X	X					
Activity (2.5): Inter-cluster coordination for the organization and prompt implementation of comprehensive preparedness and early recovery campaigns in the 3 selected payams (Health, Nutrition and WaSH).					X	X	X	X	X	X					
Result 3															
Activity (3.1): Theoretic and on-the-job specific trainings (including refreshment and ToTs) for Turalei Hospital health staff on: (i) responsive frontline health services delivery, (ii) health emergencies preparedness and management, (iii) EmONC, (iv) surgical treatment preparation and follow up, (v) patients' history tracing, (vi) drugs stocking and safe disposal;					X	X	X	X	X	X					
Activity (3.2): Targeted sensitization campaigns on RH, FP and HIV/AIDS (involving CBOs, women' groups, couples, community leaders);							X		X						
Activity (3.3): Targeted HIV awareness campaigns (i.e., schools, youth groups, girls' associations, etc.)							X		X						
Activity (3.4): CHD capacity development on: (i) assessing, managing and monitoring health facilities service provision, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care service at County level, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;					X	X	X	X	X	X					
Activity (3.5): Organization of workshops at County level for local institutions and PHCUs and PHCCs managers to upgrade Twic County emergency and ordinary health referral mechanism;						X				X					
Activity (3.6): Active participation in the health coordination mechanism at County and State level (with main focus on improvement of inter-cluster coordination).					X	X	X	X	X	X					

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