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**
Health Cluster CAP 2012 objectives: • 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 Specific Health Cluster priorities for CHF R2 2012: • Corepipeline supplies and some logistic cost • Emergency preparedness and response activities • Safety net ONLY where there is a clear gap ie. Previous donor funding stopped e.g. MDTF, no other donor e.g. working in an area where no other health care (including CHD/ MOH does not exist). You have to show what other facilities are functional in that county. Note if you are planning on exiting in 2013 expected that indirect cost and project costs will be a minimum ie. Project staff in Juba etc (even if only 5%) will not be supported.. Due to transition 2013 budget should only be BARE MINIMUM to keep a facility going. i.e. not full staff. Normal operating costs e.g. for 2012 or for first half 2012 will not be supported	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)
Medair	Renk County (Renk Payam), Upper Nile State
Project CAP Code SSD-12/H/46305/5095	
CAP Project Title *(please write exact name as in the CAP)* Preparedness and response to health related emergencies in South Sudan and provision of basic health care to vulnerable communities in selected states of South Sudan	

Total Project Budget in South Sudan CAP	**Amount Requested from CHF**	**Other Secured Funding**
US$ 3,690,000	US$ 175,000	US$ 3,473,148

Direct Beneficiaries *(scaled appropriately to CHF request)*	
Women:	13,400
Men:	11,000
Girls:	4,000
Boys:	4,000
Total:	**32,500**

Indirect Beneficiaries *(scaled appropriately to the CHF)*
Catchment Population (if applicable)
50,000

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)
	6 months – Medair will use funds by March 2013.

Address of Country Office	**Address of HQ**
Project Focal Person: Dr. Trina Helderman Email & Tel: medicaladvisor-sds@medair.org, +211 911 830 060 e-mail country director: cd-southsudan@medair.org e-mail finance officer: finance-southsudan@medair.org Address: Hai Matara, Airport View; Juba, South Sudan	e-mail desk officer: Helen.Fielding@medair.org e-mail finance officer: Angela.Rey-Baltar@medair.org Address: Chemin du Croset 9 CH-1024 Ecublens Switzerland

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]

South Sudan has remained severely impacted by the legacy of two long civil wars, inter-tribal conflict, persistent border insecurity, and chronic underdevelopment. 2012 has noted multiple emergencies with disease outbreaks, internal displacement, and influx of returnees and refugees coming from Sudan. The OCHA Mid-Year Review of the Consolidated Appeas noted that at the end of May, there were 165,000 newly uprooted persons in South Sudan and over 165,000 additional Sudanese refugees from Southern Kordofan and Blue Nile States fleeing aerial bombardment and conflict.

In addition, IOM estimates that 19,000 returnees remain stranded in Renk County awaiting onward transport to various states across the country. Tight living quarters in returnee settlements and poor immunization coverage has resulted in outbreaks of measles, high levels of acute watery diarrhoea from weeks 15-33, and currently weekly reporting notes alarming rates of malaria. Consultations for malaria in Mina camp started to rise in week 28. In weeks 33 and 34, over 1200 cases of malaria were treated equalling approximately 60% of all consultations in the camp (HMIS reports Weeks 33 and 34).

The local health workers and County Health Department capacity is limited in their ability to deliver basic services for the population of Renk County with at least 2 episodes of stock outs in the Renk County Hospital this year. Capacity, logistical constraints and lack of human resources has prevented the county and state from mounting their own emergency response to the returnee needs and has resulted in NGOs across the country providing most of the assistance.

An ongoing need for emergency health care continues to be evident. Cases of acute watery diarrhoea were reported among men and women in different age groups, specifically in populations of IDPs and returnees. Health seeking behaviors of families are also minimal and at any given time, 45.5% of children have a fever, but only 3.4% receive treatment (SHHS 2006). Delayed treatment in emergency scenarios can result in higher rates of mortality that could have been prevented. Two different measles outbreaks were noted in Renk County over the past year in Geiger Payam and also in Renk Town. This outbreak could have been expected, with only 10% of the children under 5 years having access to routine immunizations (SHHS 2006). Further outbreaks can be anticipated for 2012 and 2013 with continued large population influxes from the north and IDPs due to conflicts moving in the south; however, prevention is possible with improved vaccination coverage for all boys and girls under the age of 5 years.

With the new funding pool for 2012-2013, Renk County will remain with limited NGO support for primary health care facilities. The risks to this community are immense with the overcrowding and continued influx of returnees. Lack of drugs and limited preventive activities are highly likely to result in further unnecessary outbreaks and higher rates of morbidity and mortality than usual. Surge support for emergency response is essential to provide quality access to health services and ensure human resources and drug supplies are present and available to this vulnerable population.

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

Medair implements an on-going emergency health preparedness and response programme in South Sudan that provides life-saving services in areas at high-risk and with high number of displaced, refugees and returnees. Medair works to provide access to health services to the most vulnerable people affected by emergencies such as conflict, displacement, disease and malnutrition.

In 2012, health emergency responses have been conducted in response to influxes of refugees and returnees in Yida and Rubkona counties in Unity State, returnees in Renk County in Upper Nile State, IDPs due to intertribal violence in Pibor County, Jonglei State, and most recently to refugees in Maban County in Upper Nile State. Medair's rapid health response has provided life-saving health services in each of these emergencies. In Renk County, Medair has served vulnerable returnee populations in Mina, Payuer, and Abayouk camps through emergency essential health services. In Mina camp alone, Medair has worked alongside the County Health Department to carry out 11,704 consultations to men, women, boys and girls starting in July 2011.

From September 2012, Medair will continue to support emergency essential health services to returnees in Mina and Abyouk camp as well as respond to additional areas as needed. Medair has funded this response with ECHO funding, but as of September 2012, OFDA will take over as the primary donor for the returnee response in Renk County. Our current funding is 3,473,148, USD but we

[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.

are short 216,852 USD funding to cover essential drugs as well as a few additional local staff needed to ensure clean and functional services.

Medair works to support the Government of South Sudan and other relevant authorities in emergency response capacity at all levels. In 2011 and 2012, Medair has assisted the County Health Department EPI team to carry out 2 mass measles vaccination campaigns in response to measles outbreaks in Renk County. The Medair-CHD team vaccinated 29,859 boys and girls in response to isolated outbreaks in Gosfami in Geiger Payam and in Renk Town.

Medair desires to work in conjunction with local partners and specifically the Ministry of Health to ensure longer-term sustainability. Indirect costs are minimized by supporting existing facilities and staff and empowering them to respond to emergencies in the future. The Medair emergency response team works with minimal mobile base needs and often partners with other NGOs to share bases and transport costs such as in Pibor county. Medair's health teams are comprised mostly of national staff with few expatriate supervisors limiting costs for salaries, flights, and other overhead expenses.

Medair emergency interventions demonstrate 'value for money' and good benefit-cost returns because the emergency health responses are prioritized to areas with large population needs. Temporary and mobile clinics will be established in locations to cover the largest catchment area and coverage for the population limiting the need for additional facilities. The implementation of vaccination campaigns in response to outbreaks or large influxes of the population require small staffing costs, but directly benefit thousands of beneficiaries within a short period of time.

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 purpose of the grant is to support Medair's emergency health activities for returnees stranded in Renk County. The specific purpose is to provide essential emergency primary health care services to returnees in Mina and Abayouk returnee sites. Medair teams will also be positioned to assess and respond to acute health related emergencies and communicable diseases and implement rapid emergency response activities in additional areas of high returns.

ii) Objective

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

Provision of essential emergency primary health care services to returnees stranded in Renk County, Upper Nile State in 2012 and early 2013 until onward transportation is achieved or until the permanent Renk County health services are capable of supporting the patient caseload.

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.

1. Provision of outpatient consultations for men, women, boys and girls within Mina and Abayouk Returnee sites through emergency primary health care centres.
2. Ensure rapid access of essential drug supplies for Mina and Abayouk emergency primary health care centres.
3. Ensure adequate staffing levels in Mina and Abayouk emergency primary health care centres for the patient caseload.
4. Provision of additional services such as perinatal care for women, EPI for boys and girls, and nutrition treatment and screening for boys and girls.
5. Provide integrated disease surveillance and outbreak response training to health staff within up to thirty Medair facilities.
6. Provide training on IECHC guidelines, rational use of drugs, and danger signs requiring referral to a higher level of care
7. Deliver health promotion messages to both men and women in dealing with (immediate) health threats
8. Contribute weekly and monthly reports on IDSR, EWARN, and DHIS at Medair facilities.
9. Partner with the Ministry of Health within the EP&R task force to monitor outbreak prone diseases and participate in response planning both at the county and national level.
10. Provision of LLITN to pregnant women and boys and girls under 5 years participating in the EPI programme

The above activities take place in Renk County, Upper Nile State which is one of the health cluster "high priority" states. CHF funds will cover approximately 30,000 beneficiaries though the above activities.

iv). Cross Cutting Issues

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

Gender

The special needs of men, women, girls and boys will be identified through on-going assessments as well as through clinic exit interviews. Men and women will be consulted in the design, implementation and evaluation of the programme to ensure their needs are taken into account. Medair will utilize both men and women from the local communities to staff health facilities and implement further emergency interventions as needed.

Environment

Medair strives to implement activities which have as little detrimental impact on the natural environment as possible. During health related interventions Medair trains health workers in appropriate medical waste management. Health promotion is also directed at environmental issues, Medair strongly promotes the use of clean water and proper sanitation habits, through health and hygiene promotion activities at all levels in the community.

HIV/AIDS

During interventions, Medair trains relevant staff in universal precautions. Patients with suspected HIV infection are referred to the nearest voluntary counselling and testing (VCT) centre. Treatment is provided for opportunistic infections during case management interventions.

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.

- Returnee men, women, boys and girls have access to quality essential emergency Primary Health Care services in line with the basic health care package in locations where services are otherwise not available.
- Trainings (including emergency preparedness and response and IDSR trainings) are provided to a selected health cadre of men and women on disease surveillance, appropriate management of common illnesses, and reproductive health.
- Health and hygiene promotion and capacity building activities are delivered to men and women to prevent deterioration
- of existing and potential emergencies,
- Health workers are trained in a manner that promotes on-going programming and sustainability of health services in the community after Medair's exit.

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 health facilities providing the BPHS	2 emergency facilities
2	Number of under 5 consultations	8,000
3	Total direct beneficiaries	32,500

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.

Medair directly implements the programme activities and strives to build capacity of local partners and link programming with longer term sustainability. Medair has established a base in Renk Town, Upper Nile State to allow for easy logistics and on-going supervision in the health facilities. Medair employs health supervisors to oversee locally hired staff in emergency health facilities in partnership with the County Health Department. Medair coordinates weekly with the County Health Department to ensure on-going surveillance for outbreaks and additional acute health needs. Medair actively participates in OCHA's regular emergency response meetings, Ministry of Health EP&R meetings, and Health cluster meetings and conducts assessments on which it bases the decision to respond.

In all responses and activities, Medair liaises and coordinates with national, state, county and local government officials and authorities. Medair also liaises with Unicef, WHO and UNFPA to acquire health items which support our activities.

vii) Monitoring Plan

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

Progress towards project objectives are monitored internally through weekly supervision visits, and regular collection & analysis of essential health data varying from daily outbreak line listing reports to weekly and monthly clinic morbidity and mortality data. Medair also utilizes monthly situation reports by Medair management including the Health Project Manager of the emergency response team and Monitoring & Evaluation Officer. Medair will conduct patient exit interviews quarterly to monitor patient satisfaction with the programme as well as quality of treatment and patient education.

Follow-up assessments for health may also include measuring immunization coverage rates or qualitative and quantitative evaluations of new onset interventions. For health, Medair will contribute to all national reporting mechanisms relevant to the activities being implemented, and will build capacity of local healthcare workers to continue using those mechanisms.

Medair may use Lot Quality Assurance Sampling (LQAS) methodology to conduct household surveys to guide or evaluate on-going intervention plans at the discretion of the Monitoring and Evaluation Officer and management. This methodology has been successfully used in other programmes in South Sudan and will be utilized in the emergency response programme when appropriate.

Project Managers and team leaders are responsible for monitoring of activities during implementation and upon completion of assessments and interventions. Medair disseminates summary reports for assessments and interventions to external actors, remaining accountable to government, donors, and the humanitarian community through that process. The Project Coordinators are responsible for ensuring quality of interventions, through oversight of the Project Managers and field visits. In addition, the Medair Medical Advisor provides technical input and quality assurance for project activities. The Monitoring and Evaluation Officer assumes responsibility for tracking all required indicators and for survey design, in consultation with the Health & Nutrition Advisors at country and HQ levels.

E. Committed funding

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

Source/donor and date (month, year)	**Amount** (USD)
OFDA	1,408,138
ECHO	1,051,795
SIDA	317,684
CHF 1st round	500,000

SECTION III:

LOGFRAME		
CHF ref./CAP Code: SSD-12/H/46305/5095	**Project title:** Preparedness and response to health related emergencies in South Sudan and provision of basic health care to vulnerable communities in selected states of South Sudan	**Organisation:** Medair

Overall Objective: To reduce the morbidity and mortality of vulnerable communities via the provision of basic services in South Sudan.	**Indicators of progress:** *What are the key indicators related to the overall objective?* • Number of consultations for malaria, diarrhea, and pneumonia in children under 5 years • U5MR	**How indicators will be measured:** *What are the sources of information on these indicators?* • DHIS monthly reports	
Specific Project Objective/s: To increase access to emergency primary health care to targeted returnee communities and support primary health care in the host population.	**Indicators of progress:** • Number of temporary emergency health facilities supported in returnee sites • Number of primary health care facilities supported in communities at-risk for acute emergencies	**How indicators will be measured:** • Temporary emergency health intervention reports • Health facility records/HMIS	**Assumptions & risks:** • No severe insecurity in location • All actors (especially GoSS/MoH/ RRC) facilitate humanitarian access • No major climate problems e.g. flooding • No major changes in logistical or economic conditions in South Sudan. • CHD and health facilities are consistently and appropriately staffed and supported by the Local Authority and Ministry of Health.
Results - Outputs (tangible) and Outcomes (intangible): • *Please provide the list of concrete DELIVERABLES - outputs/outcomes, leading to the specific objective/s:* 1. Strengthened essential preventative and curative care for communicable diseases for targeted communities 2. Increased access to essential health services through improved quality of care in targeted health facilities 3. Increased access to improved reproductive health services for pregnant women in targeted communities	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?* 1. Number of under 5 consultations 2. Number of health workers trained in IMCI and IDSR 3. Number of measles vaccinations given to children under 5 years in emergency or returnee situations 4. Number of antenatal clients receiving IPT2 second dose	**How indicators will be measured:** *What are the sources of information on these indicators?* 1. HMIS and DHIS weekly and monthly reports; patient registers 2. Training sign in sheets 3. EPI monthly reports and mass vaccination tally sheets 4. ANC monthly reports; DHIS monthly reports	**Assumptions & risks:** *What external factors and conditions must be realized to obtain the expected outcomes and results on schedule?* • Provision of GIK from partners such as vaccines, antimalarial drugs

Activities: *What are the key activities to be carried out and in what sequence in order to produce the expected results?* • Provide bi-annual IECHC/IMCI training for 36 health care providers in supported health facilities • Provide at least monthly supervision visits to all supported health facilities • Provide on-the-job training to all health care providers during supervision visits • Set-up routine EPI in two health facilities • Train vaccinators in targeted health facilities • Distribute LLINs to all pregnant women attending antenatal care and children <5 completing DPT3 • Provision of basic health equipment and supplies, according to the BPHS, to the supported health facilities • Train 36 health care providers in weekly disease surveillance • Establish antenatal care in all supported health facilities • Provide 1282 clean delivery kits to women attending antenatal care • Provide a basic training to 60 TBAs bi-annually, focusing on danger signs in pregnancy, referrals and clean delivery practices	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?* • Supervisory staff • Equipment • Incentives • Stationary • Procurement of essential drugs • Logistical support • GIK: vaccines and antimalarials		**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?* •

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
Provision of outpatient consultations for men, women, boys and girls within Mina and Abayouk Returnee sites through emergency primary health care centres.			X	X	X	X	X	X	X						
Ensure rapid access of essential drug supplies for Mina and Abayouk emergency primary health care centres.			X	X	X	X	X	X	X						
Ensure adequate staffing levels in Mina and Abayouk emergency primary health care centres for the patient caseload.			X	X	X	X	X	X	X						
Provision of additional services such as perinatal care for women, EPI for boys and girls, and nutrition treatment and screening for boys and girls.			X	X	X	X	X	X	X						
Provide integrated disease surveillance and outbreak response training to health staff within up to thirty Medair facilities.			X	X	X	X	X	X	X						
Deliver health promotion messages to both men and women in dealing with (immediate) health threats				X	X	X	X	X	X						
Contribute weekly and monthly reports on IDSR, EWARN, and DHIS at Medair facilities.			X	X	X	X	X	X	X						
Partner with the Ministry of Health within the EP&R task force to monitor outbreak prone diseases and participate in response planning both at the county and national level.			X	X	X	X	X	X	X						
Provision of LLITN to pregnant women and boys and girls under 5 years participating in the EPI programme			X	X	X	X	X	X	X						
Provide training on IECHC guidelines, rational use of drugs, and danger signs requiring referral to a higher level of care			x	x	x	x	x	x	x						