

## 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](mailto: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:

<b>CAP Cluster</b>	<b>HEALTH</b>
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#### 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.

<b>Cluster Priority Activities</b>	<b>Cluster Geographic Priorities</b>
<p>Health Cluster CAP 2012 objectives:</p> <ul style="list-style-type: none"> <li>• Maintain the existing safety net by providing basic health packages and emergency referral services in underserved counties (Greater Kapoeta and Magwi County).</li> <li>• Strengthen emergency preparedness including surgical interventions</li> <li>• Respond to health related emergencies including controlling the spread of communicable diseases</li> </ul>	<p>High priority: Eastern Equatoria,</p>

#### Project details

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

<b>Requesting Organization</b>	<b>Project Location(s)</b> (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)
Catholic Diocese of Torit	Eastern Equatoria State:
<b>Project CAP Code</b>	Kapoeta South County -Kapoeta Mission Hospital-Longeleya Payam, Kapoeta East (4 PHCCs) (Narus Mission PHCC-Narus Payam, Nanyangacor, Kuron PHCCs-Kauto Payam,
SSD-12/H/46167/8434	2 PHCUs: (Lotimor, Namurupus),
<b>CAP Project Title</b> <i>(please write exact name as in the CAP)</i>	Mobile clinic:
Maintaining access to Basic Health Care Package for Returnees and Vulnerable Communities of Eastern Equatoria State	Kapoeta South (Pwata, Machi I, II)
	Kapoeta East 8 Payams

<b>Total Project Budget in South Sudan CAP 2012</b>	<b>Amount Requested from CHF</b>	<b>Other Secured Funding</b>
US\$ US\$1,888,550	US\$ 350,004	US\$ 740,000

<b>Direct Beneficiaries</b> <i>(scaled appropriately to CHF request)</i>	<b>Indirect Beneficiaries</b> <i>(scaled appropriately to the CHF)</i>
Women: 88,563	265,379 People.
Men: 60,223	<b>Catchment Population (if applicable)</b>
Girls: 34,710	388,137
Boys: 26569	
Total: 210,065.00	

<b>Implementing Partner/s</b> (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)	<b>CHF Project Duration</b> (max. of 12 months, starting date will be Allocation approval date)
None. CDoT directly implements	<b>Start Date:</b> 01/10/2012 <b>End Date:</b> 31.03.2013

<b>Address of Country Office</b>	<b>Address of HQ</b>
Project Focal Person: Emmanuel Douglas Obuoja Achini Email: <a href="mailto:healthcoordinator@catholicdioceseoftorit.org">healthcoordinator@catholicdioceseoftorit.org</a> Tel: +211-922-6-224 +211-955-38-964 +211-917221002 e-mail country director: <a href="mailto:martin.vuni9@gmail.com">martin.vuni9@gmail.com</a> e-mail finance officer: <a href="mailto:emmagu2006@yahoo.co.uk">emmagu2006@yahoo.co.uk</a> Address: Catholic Diocese of Torit P.O.Box 11 Torit-Eastern Equatoria	<a href="mailto:healthcoordinator@catholicdioceseoftorit.org">healthcoordinator@catholicdioceseoftorit.org</a>

## 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<sup>1</sup>

Due to continued draught, inter-tribal conflicts and violence related to cattle rustling, banditry and other security threats imposed by dissident groups escalating from the neighboring Jongllei state, the humanitarian situation in eastern Equatoria has remained fluid with nearly half of the population having limited access to basic humanitarian services. Concerted attempts exerted by authorities and peace dividends to suppress and curb the situation have had no much impacts.

The most affected areas are mainly of the pastoralist communities of the greater Kapoeta (Kapoeta South, Kapoeta East, and Kapoeta North) where Catholic diocese of Torit provides more than 90% of the health services. The populations of the greater Kapoeta are four times more vulnerable to disease outbreaks due to their low level of literacy, inequitable distribution of health services and generally due to perennial draught that affects nutrition of children under five and Expectant mothers.

The decision taken by the government of Republic of South Sudan to suspend oil production in her first year of statehood despite being overwhelmed with varied national demands shall inevitably further cripple the already weakened national economy. With the continued political tension and persistent war threats with the former woe, more focus and emphasis shall be invested on national security, thus less resource shall be available for allocation for Basic Health care service provision.

Nevertheless, Majority of South Sudanese still live below poverty line, overwhelmed by hosting returned relatives from Northern Sudan and other places of refuge. More than 70,000 returnees have returned to Eastern Equatoria from Uganda, Kenya with an average monthly return of 2,300 from the Northern part of Sudan, striving to settle back home with insufficient health services making them more vulnerable to diseases, malnutrition and outbreaks. With the continued destitution and heightened political tension among the South Sudanese living in Sudan, more are still expected to return. Unfortunately, majority of the returnees prefer to remain in urban centers due to lack of services in semi-urban and remote rural areas and are further crippled by skyrocketing imported food commodity prices.

The catholic Diocese of Torit provides both Primary and secondary health care services but it's capacity to cope with the rapidly increasing population and disease burden is seriously constrained due to reduction in funding for essential medical supplies, running cost and qualified personnel support/incentives. Kapoeta Mission Hospital, run by the CDoT in Kapoeta South, remains the only secondary health care facility in Greater Kapoeta, handling referrals from all the three counties and the only facility with ART/TB and Therapeutic feeding program. According to the inter agency anthropometric and mortality survey report, conducted in Eastern Equatoria 2011, GAM stood at 16.2% among the under five children, which shall further worsen Childhood illnesses among the already vulnerable community.

Conversely, CDoT continuously experiences budget crisis which has resulted in scaling down of activities and subsequently, the closure of 3 PHCCs, and 6 PHCUs. This shall certainly affect continuity of its services to the neediest disadvantaged rural communities across the greater Kapoeta and the state at large.

This project therefore seeks to reinforce the ongoing safety net services to enhance both Primary and secondary health care services, to promote returnee reintegration and post independence community recovery in the project area, leading to economic independence.

### 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

The greater Kapoeta County is made up of three counties namely; Kapoeta South, Kapoeta East and Kapoeta North, which represents nearly 50% of the entire population of Eastern Equatoria state. In Greater Kapoeta, the Catholic diocese of Torit operates 1 hospital, 4 Primary health care centers 3 Primary health care Units and 6 Mobile outreach clinics most of them located in remote rural areas where the diocese is the only service provider. Through these health facilities, more than 90% of the people access free basic health care. Unfortunately these are the only health facilities operational in these areas. The area is one of the most underserved counties in south Sudan, more prone to disease outbreaks.

There is already huge disease burden in Eastern Equatoria with communicable diseases taking the lead in causing morbidity and mortality. Provision of uninterrupted access to basic primary health care and emergency surgical services is critical especially with increasing number of returnees and given that eastern Equatoria is epidemic prone. In recent months, the catholic diocese of Torit recorded high numbers of both TB cases and HIV co-infection through various service points. Nearly 200 patients suffering from TB are currently on treatment at 2 TB DOTS centers in Kapoeta and Isohe while over 124 HIV positive clients are receiving treatment, care and support at CDoT operated health facilities in the state. The CDoT is the only agency presently fighting Khalazar upsurge in Eastern Equatoria State; over 700 cases have been screened and managed among the Toposa population in 2011 and more 650 cases screened with some still being treated in Narus Mission PHCC.

Unfortunately the continuity of these services and other CDoT operated health interventions are presently at stake following the closure of HIV R IV Phase II and given the decision of closure of oil production by the government of south Sudan shall imply that the ministry of health shall be hardly hit by the economic shocks and it's capacity to incorporate all the health facilities operated by the diocese shall be greatly reduced and CDoT too has only secured 16.5% of its 2012 budget. With the huge budget deficit, it has become practically impossible for CDoT to continue providing services even in the most underserved areas. CDoT has been experiencing funding gap for the last 3 years and in most cases, gap funding was bridged by the CHF core pipeline that enabled CDoT to continue saving lives and serve in the most remote areas of the state.

The choice of activities in the proposal is based on cost effective interventions considered to have the highest impact in reducing

<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.

morbidity and mortality from the major contributions to the disease burden. These proposed activities under this application directly support the agreed sector priorities and meet the sector allocation criteria, 2012 by maintaining front line health services..

### 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

This funding will be used to maintain the existing core safety net through maintaining services supported by CHF 2012 RI, breaching the gaps resulting from partners' funding reduction to sustain the provision of uninterrupted access to critical basic primary health care and emergency surgical services in the service strained and epidemic prone greater Kapoeta, Eastern Equatoria state.

#### ii) Objective

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

1. 1.To maintain the existing safety net by providing access to basic health packages and emergency referral services at 1 hospital, 4 PHCCs and 3 PHCUs of Greater Kapoeta areas
2. Strengthen preparedness to emergencies including surgical interventions;
3. Respond to health related emergencies including the control and spread of communicable diseases in 3 counties of Eastern Equatoria State.

#### 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.

- Provide a basic package of health services including reproductive health and child survival packages
- Continued provision of uninterrupted access to basic health care to returnees, internally displaced populations and host communities.
- Providing 24hrs access to emergency services through OPD, IPD, Lab, at all CHF supported health facilities operated by the diocese of Torit.
- 24hrs access to emergency obstetric and surgical care at 1Hospital (Including trauma, Blood transfusion services)
- Pre-position essential drugs, medical supplies, basic medical equipment, reproductive health and EPI supplies
- Ensuring consistent supply of essential drugs, surgical equipments/apparatus and Anaesthetic supplies to all the PHCCs/PHCUs and the Hospital respectively for better management of patients.
- Provide supply of equipment, emergency drugs, kits and surgical supplies
- Strengthening services provided by medical personnel on management of common morbidities and reproductive health
- Monthly payment of the selected health staff salaries to encourage them continue to provide quality care
- Strengthen health and support partners on epidemic preparedness, surveillance, case management
  - Training of community/Village health volunteers
    - Electronic Data Management training/ICT health enhancement
    - Capacity building 1 health manager in M & E/ Health services management/

#### iv). Cross Cutting Issues

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

This project will enhance the capacity of 7 PHCCs and the hospital to be able to provide VCT and PMTCT services to the population in their respective catchments. It will also provide care (treatment/ counseling) and support to rape survivors and gender based violence, child abuse and promote child spacing through female education during mobile outreach activities.

Through support to 1 hospital, 7 PHCCs, 6 PHCUs and 06 mobile clinic units, safe collection, storage and disposal of medical wastes at all health facilities will be strengthened to ensure environmental safety and sustainability.

#### 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.

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 <5 consultations (male and female)	30,100 visits cumulatively
2	Percentage of communicable disease outbreaks investigated and responded to within 72 hours of notification	100% of suspected cases
3	Number of emergency surgeries conducted at 1 hospital	100% of mothers presenting with labour at facilities
4	Number of health workers trained in Health Service management, M & E	100% planned trainees

#### 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.

CDoT is a major health service provider in various counties of eastern Equatoria state. CDoT coordinates its development and humanitarian programmes with various partners including the RoSS ministry of health, EEQ SMOH, Health NGO forum, EEQ Health NGO forum and County Health Departments. Through this mechanism, information on this funding pipeline will be shared with all stakeholders/ implementing partners.

#### vii) Monitoring Plan

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

M & E plan for this project will concentrate on two levels: the first level being the project implementation targets, and second being the overall goals of this project.

The diocese is well aware of the challenges involved in health data collections, analysis, interpretation and dissemination not only at the state level but for the entire Republic south Sudan. The distances to the health facilities, inconsistent recording of raw data and the lack of feedback are absolute obstacles to ensuring quality health information processing.

While availability of tools is critical, the diocesan health facilities will continue to utilize the tools in the national framework for Monitoring and evaluation that include registers, monthly reporting forms; (Monthly Morbidity and mortality data collection), Laboratory forms, VCT/PMTCT registers, In-patients forms and other related forms.

Reports will be collected on daily, weekly and monthly basis. Facility reports will be collected daily, submitted weekly to the health office. The health office (HQ) will submit weekly epidemiological and monthly morbidity and mortality reports to MoH/SMOH/CHDs.

Accuracy of information collection will be ensured through on job training/Mentoring and continuing medical education (CME) at every health facility under the scope of this project.

#### **E. Committed funding**

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

<b>Source/donor and date (month, year)</b>	<b>Amount (USD)</b>
MISEREOR/BMZ (APRIL 2012-Dec 2012)	440.000
CHF ROUND 1 2012	300,000

**SECTION III:**

LOGFRAME			
<b>CHF ref. Code:</b> SSD-12/H/46167/8434	<b>Project title:</b> Maintaining access to Basic Health Care Package for Returnees and Vulnerable Communities of Eastern Equatoria State.	<b>Organisation:</b> Catholic Diocese of Torit_	
<b>Overall Objective:</b> <ul style="list-style-type: none"> <li>To Improve Access to Basic Health care for sustainable Post war community Recovery and Returnee Re-Integration in Eastern Equatoria State.</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>number of &lt;5 consultations (male and female)</li> <li>Percentage of communicable disease outbreaks investigated and responded to within 72 hours of notification</li> <li>Number of emergency surgeries conducted at the hospital</li> <li>Number of births attended by skilled birth attendants</li> <li>Number of health workers trained in Health Service management, M &amp; E</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>Monthly &amp; Quarterly Reports/OPD/IPD registers</li> <li>IDSR and monthly report</li> <li>OPD/IPD, monthly statistical reports</li> <li>Maternity register</li> <li>Quarterly training reports</li> </ul>	
<b>Specific Project Objective/s:</b> 1.To maintain the existing safety net by providing access to basic health packages and emergency referral services at 1 hospital, 3 PHCCs and 3 PHCUs	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>Continued provision of uninterrupted access to basic health care to returnees, internally displaced populations and host communities.</li> <li>Providing 24hrs emergency referral of patients from PHCUs to PHCC and to Hospital</li> <li>Providing 24hrs access to emergency services through OPD, IPD, Lab, at all health facilities under CHF support, operated by the diocese of Torit.</li> <li>24hrs access to emergency obstetric and surgical care at 1Hospital (Including trauma, Blood transfusion services)</li> <li>Pre-position essential drugs, medical supplies, basic medical equipment, reproductive health and EPI supplies</li> <li>Ensuring consistent supply of essential drugs, surgical equipments/apparatus and Anaesthetic supplies to all PHCCs/PHCUs and the Hospital respectively for better management of patients.</li> <li>Capacity building of personnel on service management and organisation/Data/ICT</li> <li>Monthly pay all the essential health staff salaries to encourage them continue to provide quality care</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>Monthly &amp; Quarterly Reports/OPD/IPD registers</li> <li>Facility referral reports, Referral registers.</li> </ul>	<b>Assumptions &amp; risks:</b> The population remains stable with minimal influx of returnees
<b>Results - Outputs (tangible) and Outcomes (intangible):</b> 1. Provide a basic package of health services including reproductive health, and child survival packages	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>Cummulative OPD new attendance at selected health facilities.</li> <li>Cummulative Admission In-patient utilization rate.</li> <li>Cummulative new ANC visits</li> <li>Cummulative Under five receiving EPI- services coverage – DPT3 &amp; Vitamin A supplements.</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>Monthly/Quarterly reports</li> <li>OPD registers,</li> <li>IPD register.</li> <li>Laboratory Registers e.t.c</li> <li>Monthly and quarterly reports</li> <li>Antenatal Register</li> <li>PMTCT register.</li> <li>Child Registers/EPI registers</li> </ul>	<b>Assumptions &amp; risks:</b> The population remains stable with minimal influx of returnees, no major outbreaks

2. Providing 24hrs emergency referral of patients from PHCUs to PHCC and to the Hospital	No of referrals between PHCUs, to PHCC and to County Hospitals, state referral hospital	o Facility referral reports, Referral registrers.	All staff remain available, road worthy vehicles
3. Build the capacity of health personnel in hospital infection prevention strategy, health service management, store management, Electronic financial management	No of Health Personnel trained in the various aspects	Training Report, List of Participants	All training resources become readily available
4. Providing Pregnant Mothers free access to Ante-natal care services at all the PHCCs and 1 hospital while conducting regular growth Monitoring, Nutrition education, Vitamin A supplementation and vaccination for all the under five years of age	Cummulative ANC new attendance, No of Underfives receiving micro-nutrient supplementations	ANC registers Child register	Security remains stable, supplies available
<b>Activities</b>	<b>Inputs:</b>		
i. Provide essential clinical care through OPD, IPD and Laboratoty support services at all CDoT health facilities	• Staff, Equipment, medical supplies	o Monthly/Quarterly report o OPD registers, o IPD register. o Laboratory Registers/Monthly and quarterly reports	Stable population and stable security
ii. Providing 24hrs emergency referral of patients from PHCUs to PHCC and to Hospital	• Staff, Ambulance, fuel, DSA referral notes	o Monthly/Quarterly report o OPD registers, o IPD register. o Laboratory Registers e.t.c o Monthly and quarterly reports	Stable population and stable security, Staff remain available, ambulances in road worthy conditions, fund available
iii. Providing 24hrs access to emergency services through OPD, IPD, Lab, at all health facilities under CHF support, operated by the diocese of Torit.	• Staff, functional equipment	o Monthly/Quarterly report o OPD registers, o IPD register. o Laboratory Registers e.t.c o Monthly and quarterly reports	Stable population and stable security, Staff, fund available
iv. 24hrs access to emergency obstetric and surgical care at 1Hospital (Including trauma, Blood transfusion services)	• Staff, drugs & supplies, functional equipment	o Monthly/Quarterly report o OPD registers, o IPD register. o Theatre/surgical ward registers.t.c o Monthly and quarterly reports	Stable population and stable security, Staff remain available,
v. Pre-position essential drugs, medical supplies, basic medical	• Fund, staff, road worthy automobiles, storage facilities, cold-chain equipment	o Monthly/Quarterly report o Drug consumption	Stable population and stable

equipment, reproductive health and EPI supplies		report/Pharmacy Dispensing register, Stock Cards	security, Staff remain available, fund available, functional storage facilities
vi. Monthly pay all the health staff salaries to encourage them continue to provide quality care	• Fund, staff, payrolls, timesheets, staff schedules	<ul style="list-style-type: none"> <li>○ Staff Salary Payrolls/Vouchers</li> <li>○ Staff Time sheets</li> <li>○ Hospital, PHCC and PHCU Staff schedules and Duty attendance registers.</li> </ul>	Staff remain available, fund available
vii. Capacity building of personnel on health service management and organisation/Data/ICT	• Staff, fund	<ul style="list-style-type: none"> <li>○ Training reports</li> </ul>	Staff remain available, fund available

## 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.

the health cluster is stating projects it will support projects only to cover gaps up to CHF round 1 in 2013 i.e only want to see **budgets up to april 2012**. Some activities can cover 12 months (e.g. distribution of supplies). If you give a budget for 12 months it will NOT be accepted. Basic safety net services (PHC) will NOT be supported for 12 months.

Activity	Q3/2012			Q4/2012			Q1/2013			Q2/2013			Q3/2013		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
<b>Result 1</b>															
Activity (1.1) Provide essential clinical care through OPD, IPD and Laboratoty support services at all CDoT CHF supported health facilities in Greater Kapoeta		X	X	X	X	X	X								
<b>Result 2</b>															
Activity (2.1) 24hrs emergency referral of patients from PHCUs to PHCC and to Hospital		X	X	X	X	X	X								
<b>Result 3</b>															
Activity (3.1)24hrs access to emergency services through OPD, IPD, Lab, at all health facilities under CHF support, operated by the diocese of Torit.		X	X	X	X	X	X								
<b>Result 4</b>															
Activity (4.1) 24hrs access to emergency obstetric and surgical care at 1Hospital (Including trauma, Blood transfusion services)		X	X	X	X	X	X								
<b>Result 5</b>															
Activity (5.1) Pre-position essential drugs, medical supplies, basic medical equipment, reproductive health and EPI					X										
<b>Result 6</b>															
Activity (6.1.) Monthly pay all the health staff salaries to encourage them continue to provide quality care		X	X	X	X	X	X								
<b>Result 7</b> Capacity building of personnel on health service management and organisation/Data/ICT		X				X									

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