South Sudan
2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

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 project 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 project proposal should explain and justify the activities for which CHF funding is requested and 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 2013 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

Cluster Priority Activities for this CHF Round

- 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

(see chf 2013 R1 health cluster priorities description document for more details on specific supported activities)

Cluster Geographic Priorities for this CHF Round

All states. Grossly underserved counties in the equatorial states (Western, Eastern and Central Equatorial)

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

Requesting Organization

CCM – Comitato Collaborazione Medica

Project CAP Code

SSD-13/H/55326/6703

CAP Project Title *(please write exact name as in the CAP)*

Ensuring health emergencies response and safety nets to local communities, IDPs and returnees in Twic County (Warrap State)

Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)

State	%	County
Warrap	100%	Twic

Total Project Budget requested in the in South Sudan CAP	US$ 675,000
Total funding secured for the CAP project ***(to date)***	US$ 78,150

Funding requested from CHF for this project proposal	US$ 311,096

Are some activities in this project proposal co-funded?
Yes X No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)*

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	8,750	15,000
Girls:	2,030	6,500
Men:	5,406	12,000
Boys:	2,030	6,500
Total:	18,216	40,000

Indirect Beneficiaries

Indirect beneficiaries count 187,000 people (50% of the whole population of Twic county, including IDPs and returnees).

Catchment Population (if applicable)

The project target is composed of: (i) women in reproductive age, men and children (50% boys and 50% girls) from host communities of Aweeng, Turalei and Wunrok pajams of Twic county, living under the poverty line of 2USD/day and at risk of health complications due to poor hygienic conditions and high food insecurity (80% of the whole target), (ii) IDPs and returnees (at least 40% women in reproductive age and 35% children), living in Twic county and prone

to health emergencies due to poor shelters and incomes, high promiscuity (17.5% of the whole target), (iii) prisoners and soldiers living in Turalei, exposed to prolonged unhealthy living conditions and insecurity risks (2.5% of the whole target). All direct beneficiaries will benefit from both preventive and curative health activities, to comprehensively improve EP&R.

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)
N/A

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 6 months Starting date: (mm/dd/yy): 04/01/2013 Ending date: (mm/dd/yy): 09/30/2013

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SECTION II

A. Humanitarian Context Analysis

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

In Twic County (Warrap State) live 108,494 women and 105,732 men (OCHA). Further, in 2011-12, 99,891 IDPs moved in to flee clashes with 23 deaths (OCHA). Returnees' population has reached 60,129 people (4,383 only in 2012), mostly women in reproductive age and U5 (OCHA). For 2013, IOM expects 70,000 IDPs from Abyei and 8,148 returnees.

Twic County health indicators are dire:

- U5 mortality rate 135/1,000 births (Warrap is the 2nd worst State in SS),
- infant mortality rate 102/1,000 births,
- maternal mortality rate 2,054/100,000 live births.

The combination of poor health, hygiene, nutrition standards and late referral seriously hinder the capacities to prevent common diseases (malaria, water-borne diseases, ARI) from turning into severe cases. The appalling food insecurity (the area is marked as 'in crisis' by WFP with 129,000 people expected in need of food aid in 2013) worsens the already weak MARPs' status (U5, women in childbearing age, IDPs, returnees, prisoners and people living in remote areas). Proximity to border, huge inflation, poor infrastructures and hostile weather (flood-prone area) aggravate the effects of natural and human-made disasters, on top of poor health indicators.

Turalei Hospital receives many injured/traumatized patients from inter-ethnic and cross-border clashes, uncontrolled use of small arms (UNDP, 2012) and victims of mine blasting (UNMAS has included Twic in the map of the possibly contaminated areas). SPLA soldiers' recruitment/deployment to face cross-border tensions and tribal upraise result in young men's (military and non) involvement in armed fights. Conflicts, displacement, promiscuity/polygamy exacerbate the incidence of STIs (including HIV) and GBV. Low reported HIV rate (0.7%) is linked to limited testing capacities (only in Turalei and Kuajok) and low HIV/AIDS awareness (only 21%, UNAIDS, 2012). Unhealthy RH practices in both host and IDP/returnees' communities (poor FP, late STIs treatment, late obstetric emergency referral) stem from socio-economic factors (women fully depend on men for decision-making), stigmatization of STIs/sterility, poor confidence in male health staff. No gender disparity in children's access to health care is assessed.

Assessed humanitarian health needs include in Twic county:

1. 24/7 emergency surgical capacities mainly to P&LW, victims of clashes, girls/boys traumatized
2. hospital OPD/IPD enhanced capacities to treat medical complications not manageable at PHC level,
3. emergency RH services (including mainstreaming on HIV), for women/partners in remote areas, cattle camps or IDP/returnees' camps,
4. training of local health staff for emergency health care service provision (including triage and post-surgery follow up),
5. community sensitization on hygiene, sanitation, outbreaks prevention/control, targeting caretakers (men and women), women in reproductive age and partners, prisoners, soldiers, TB patients, opinion leaders
6. institutional EP&R capacity building
7. inter sector coordination to improve the e-warn and referral system

'Mother Teresa' County Hospital in Turalei, covering Gogrial, Western Bar-el-Ghazal and Abyei, is the only hospital offering life-saving operations (MSF Hospital in Agok serves a different catchment area). In 2012:

- 3,714 U5 (50% boys and 50% girls) accessed OPD,
- 1,950 women were ANC clients (328 receiving TT2+),
- 345 delivered assisted by SBA (44 through caesarean sections),
- 816 surgical operations, were carried out, out of which (406 for emergencies),
- 896 traumas (wounds, burns) were treated.

Humanitarian support to Twic county secondary health system is essential to: (i) maintain safety nets until the HPF starts, (ii) not disrupt emergency/surgical capacities, (iii) prevent drug stock raptures, (iv) enforce EP&R capacities. Host and IDP/returnee' communities shall be equally targeted to ensure equal access to service delivery and to promote integration and prevent clashes

B. Grant Request Justification

Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

Primary Health Care service provision in Twic county is ensured by a relatively effective network of PHCUs supported by different implementing partners (Goal, ADRA, MoH). Anyhow, none of these partners nor supported facilities can (i) treat common diseases complications in need of admission (especially sever malaria and ARI cases), (ii) provide quality skilled birth attendance, (iii) manage surgical cases and emergency obstetric complications, (iv) assist serious victims of traumas.

All PHC facilities in Twic and Gogrial counties of Warrap State as well as from neighbouring counties of Unity State do refer all cases in need of secondary health care to 'Mother Teresa' Hospital in Turalei and ordinary 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 requests. The hospital plays also an essential role in increasing information and creating awareness on HIV prevention, gender and sexuality awareness including ABC promotion. By Q2 2013 also a TBMU shall be set in 'Mother Teresa County Hospital in Turalei, identified by the National TB Programme and WSMoH as the county site for the provision of TB management and control

[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.

services.

CCM is partner of the Catholic Diocese of El Obeid in running Mother Teresa County Hospital in Turalei, which is mostly been supported by CHF and private donors/foundations and religious congregations. The Hospital is not supported by any pooled-funding mechanisms (namely Crown Agents) in place during the bridge period (waiting for the Health Pooled Fund to start).

In Warrap State the HPF will not be functional until Q3 and secondary health services (including emergency/surgeries) may not be founded or only at limited extent. A drug-supply fund replacing the MDTF is not yet in place and MoH quarterly supplies not yet delivered shall cover only up to 2 months. RoSS 2012 Austerity Plan will continue in 2013 and no additional assistance in terms of medical supplies/equipment or human resources is expected (MoH has employed only 2 qualified health staff in Turalei Hospital).

Current CHF provision will be come to an end by Q1 2013 and, after that, Turalei Hospital functionality may dramatically drop if resources are not secured in time to:

i. procure/preposition drugs and lab supplies to face the rainy season demands (especially for antimalarials, diarrheal kits, trauma kits and reproductive health kits
ii. ensure 24/7 emergency and surgical capacities services;
iii. grant adequate hospital staffing tor the provision of the MISP in RH services to MARPs in Twic county (with particular emphasis to U1, U5, P&LWs, IDP/returnees);
iv. improve health emergency referral, epidemiological surveillance, outbreaks control for Turalei, Aweeng and Wunrok communities;
v. strengthen the capacities of local health staff and Twic CHD on early warning, first aid, emergency preparedness/response.

This project proposal covers 6 months to ensure adequate and proper staffing for 'Mother Teresa Hospital in Turalei from the completion of the current CHF project to the HPF effective start. Up to date, CCM could spend only 52% of the availed budget (CHF 2012 R2 project) since (i) CHF 2012 R1 resources were also fully exhausted, (ii) major procurement for drugs and medical supplies is being finalized in Q1 2013 to ensure proper hospital capacities up to the end of Q1, (iii) all the indirect human resources and most indirect costs are planned to be charged in Q1 2013.

Added values of the proposal are:

- Increased capacities prevention and control of diseases outbreaks (i.e. malaria and severe ARI),
- Strengthened hospital capacities to perform emergency and surgical interventions,
- Improved health referral system for local communities, IDPs and returnees,
- Enhanced health supervision and monitoring system, working closely with concerned CHDs.

Close collaboration with Twic CHD ensures the effective integration of Mother Teresa County Hospital in Turalei 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.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

The overall objective of the project is to reduce the vulnerability to health related emergencies of both host and IDP/returnee' communities in Twic County (Warrap State), by combining health emergency response/control (including safety nets and surgical capacities) and institutional capacity building for preparedness.

The project purpose is perfectly integrated within the Health Cluster strategy and is in line with all the three Clusters 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

Health emergency response (including 24/7 surgical capacities, MISP in RH services, traumas management and treatment) is provided mainly in Mother Teresa County Hospital in Turalei (emergency mobile clinics in IDP/returnees sites when required). Enhanced emergency preparedness is pursued through combining institutional capacity building for health surveillance, e-warning system and outbreaks control and community sensitization on health, hygiene and sanitation. Awareness raising activities target opinion leaders (community/religious leaders, teachers, VHC, CBOs) and MARPs (women and men living under the poverty line and with poor education, prisoners, soldiers).

ii) Project Objective

State the objective/s of this CHF project will achieve. 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 (baseline: 85 persons/month);
- to ensure 24/7 comprehensive emergency service – with main focus on emergency and obstetric emergency – at hospital level;
- to increase at least of 10% the number of community members sensitized on health and hygiene-related safe behavior to prevent spread of infectious diseases and outbreaks (baseline: 800 persons/month).

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 2012 project.

The requested additional resources are exclusively meant at (i) maintaining a minimum level of secondary health service provision, mostly targeting U5 (boys and girls), P&LW, victims of clashes, IDPs and households under the poverty line, and (ii) scaling up CCM raising awareness and outreach capacities, 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 (broken down by age and gender to the extent possible).

The project objective will be achieved through implementing and monitoring the following activities, grouped under 3 outputs:

Output 1. Frontline basic and emergency health services, including surgical capacities, are available in 'Mother Teresa' County Hospital in Turalei to host and IDP/returnees' communities
1.1 Provision and prepositioning of drugs (including diarrheal and trauma kits), lab, medical and non medical supplies, complementing MoH and donors' stocks to face outbreaks
1.2 OPD/IPD service provision (focusing on boys and girls U5, P&LWs, women and men victims of traumas/injuries)
1.3 Emergency RH service provision, mainly by female health staff (MCH, FP, ANC, clean and safe delivery, PNC, STI management, GBV medical follow-up, counseling and referral)
1.4 Maintenance of Vaccine Cold Chain for ordinary and emergency EPI (focusing on new-born and P&LWs)
1.5 Provision of 24/7 emergency secondary and surgical health care
1.6 TA on the job and theoretic trainings for local health staff on (i) management of communicable disease, (ii) triage, (iii) first aid and basic surgical skills.
HIV awareness and education mainstreaming is ensured throughout all the above listed activities.

TARGETS:
- U5 consultation: at least 1,925 (50% boys, 50% girls)
- Adult consultations: at least 3,200 (50% men, 50% women)
- ANC clients: 1,050 (out of which 200 receiving IPT2)
- PMTCT services: 690
- Skilled attended deliveries: 180 (at least 10% Cesarean sections)
- EPI services: 935 vaccinations (out of which 120 DPT3)
- Surgery operations: 400 (at least 50% emergencies)
- IPD care: 2,500 (40% pediatric)
- Trained facilities staff: 20 (at least 50% female)

Output 2. Host and IDP/returnees' communities are sensitized on preventive health, hygiene and safe reproductive health
2.1 Organization of daily health education session for patients and caretakers in Turalei Hospital, focusing on hygiene, sanitation and prevention of communicable diseases
2.2 Organization of targeted trainings for community leaders, religious leaders and VHCs on preventive health, hygiene and sanitation and prevention of communicable diseases (focusing on women's access to health services)
2.3 Organization of monthly health, hygiene and sanitation sensitization sessions targeting Turalei prison, military camps and IDP/returnees' sites, including medical screening and referral to Turalei Hospital for emergency treatment
HIV awareness and education mainstreaming is ensured throughout all the above listed activities.

TARGETS:
- Community members reached by health education messages in Turalei Hospital: 5,700 (at least 40% men)
- Leaders, VHCs and other leaders sensitized on safe health and hygiene practices: at least 12
- Community members/IDPs/returnees/prisoners reached by health education messages during outreaches: 1,600 (at least 40% men)

Output 3. Institutional capacities to manage health services, EP&R and e-warning system in Twic County are improved
3.1 CHD training and capacity development on: (i) epidemic preparedness, (ii) E-Warn, (iii) surveillance.
3.2 Organization of workshop for all stakeholders (CHD, RRC, health implementing partners, UN agencies, etc.) on emergency referral mechanism in Twic county
3.3 Participation in the Health sector coordination mechanism at County and State level
3.4 Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners at county level.

TARGET
- CHD members capacity built: 4

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

DISASTER RISK REDUCTION is mainstreamed in all project components through the provision of basic health services for host , IDPs and returnees' communities both at facility and outreach level, by implementing the following activities: (i) improving the emergency preparedness and control mechanisms, which will strengthen the current capacity of stakeholders to early detect and respond to any public health emergencies; (ii) strengthening the referral system to the next level of care

ENVIRONMENT: (i) incinerators and placenta pits for hazardous waste management are in use and periodically maintained in Turalei hospital (sharps, needles, syringes, blades and bottles are incinerated while rests of waste are burned to ash in the disposal pit), (ii) the outreach teams shall be trained on how to manage the waste material produced during the outreaches visits, (iii) periodic maintenance will be regularly done on the project vehicles and generators, to limit the waste of fuel and related-emissions, (Turalei hospital mainly relies on solar system for power).

HIV: CCM will ensure that the universal procedures to prevent HIV and AIDS are respected and implemented, as well as that the staff is informed on HIV/AIDS prevention. CCM shall ensure: (i) mainstreaming of FP in comprehensive RH services, (ii) promoting VCT and PMTCT services availed in Turalei Hospital (priority target: prisoners, soldiers, youths, P&LWs, TB/HIV positive persons), (iii) facilitating the counseling and referral of HIV positive patients to facilities where ARV treatment is available, (iv) including HIV/AIDS awareness messages in health education sessions at facility and community level, (v) guaranteeing universal precautions and safe blood supply during direct transfusions (surgery), (vi) managing the consequences of sexual violence, including provision of PEP and linking with protection cluster for client follow-up.

GENDER: (i) equal opportunity of accessing the health services offered by Turalei Hospital are ensured to both male and female patients; (ii) mobile clinic service in the most remote areas and critical contexts (as returnees and IDPs camps) will facilitate women in accessing health care, as they are usually penalized by HFs distance because of their home care duties and of some traditional rules regulating their movements. Moreover, women will play a great role in the successful implementation of the project activities through the active participation of the female health staff in the health activities, including outreach and health education sessions.

CAPACITY DEVELOPMENT; theoretical and on the job trainings, workshops and coordination meetings involving both health personnel and institutional partners (State and County level) have been included as main project activities to concretely enforce the early warning and health emergency risk reduction and ensure adequate sustainability to the project. The identified implementation modalities (see below) envisage and pursue full and active involvement of the institutional stakeholder 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.

v) Expected Result/s

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

The project is aimed at achieving 3 main results, which are strictly linked to the overall and specific objectives of the project and which the above mentioned activities stem from:

1. Frontline basic and emergency health services, including surgical capacities, are available in 'Mother Teresa' County Hospital in Turalei to host and IDP/returnees' communities
   - 'Mother Teresa' hospital in Turalei is properly supplied with drugs (including emergency drug kits) and medical/lab supplies to effectively treat patients, mostly focusing on human-made or natural disasters (clashes, floods, fires, etc.), P&LW and U5.
   - All emergency services in 'Mother Teresa' Hospital are functional 24/7 (including theatre, IPD, emergency RH/EPI services),
   - The staff of 'Mother Teresa' hospital in Turalei is properly trained and mentored and provided with sound TA.

2. Host and IDP/returnees' communities are sensitized on preventive health, hygiene and safe reproductive health
   - Patients and caretaker accessing 'Mother Teresa' hospital services are informed/educated on and aware of health, hygiene and sanitation principles
   - IDPs' and returnees and MARPs in the project catchment area are sensitized on health, hygiene and sanitation principles
   - Key opinion leaders are informed on health, hygiene and sanitation principles

3. Institutional capacities to manage health services, EP&R and e-warning system in Twic County are improved
   - Twic county CHD is capacity built on EP&R and health surveillance.

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
	1.	number of >5 consultations (male and female)	3,200 (50% men, 50% women)
	2.	number of <5 consultations (male and female)	1,925 (50% boys, 50% girls)
	3.	Number of emergency surgical operations carried out	200
	4.	Number of births attended by skilled birth attendants	180
	5.	Number of antenatal clients receiving IPT2 second dose	200
	6.	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	20

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 Mother Teresa Hospital in Turalei (Twic County, Warrap State) since 2003.

The 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. Mother Teresa 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 of 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. Furthermore, the project foresees to scale-up the promotion of maternal and child health, through the organization of education and sensitization activities.

CCM project staff is composed of a small team of expatriates (project manager, surgeon, anesthetist, matron, midwife), providing both high-skilled health services and continuous supportive supervision to the local staff, backed by trained local staff employed in 'Mother Teresa' Hospital (Warrap SMoH could avail only 2 health staff, expected to join CCM team in Turalei during Q1 2013). In addition to the clinical job, the project shall rely on the local 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 their 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. Community leaders will also 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 and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[2].

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.

A monthly report on the activities undertaken versus the work plan shall be prepared by the Project Manager and submitted to CCM Country Representative, to check on the progress of the activities and action forward. Along with the narrative monthly report also health indicators are registered, including information on all the hospital services (OPD, IPD, ANC/PNC, maternity, EPI, VCT Centre, theatre, laboratory, drug management).

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 the consistency of reported indicators/targets and effective 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.

On top of it, CCM shall compile: (i) weekly IDSR reports, (ii) monthly DHIS reports, (iii) monthly malaria sentinel reports, (iv) and monthly TB reports (once TB programme would start). All data will be shared at both County and State Level with Twic CHD and Warrap SMoH. They will also be availed to 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 enriched 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

[2] CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

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;

- *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* and Regional Health Advisor; (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.
- *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 country administration with the support of a Project accountant and subsequently approved by HQ administrative department.

E. Total funding secured for the CAP project
Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	**Amount** (USD)
CIDA, Q2 2013	58,150 USD
Private donors, Q3 2013	20,000 USD

F. Budget Guideline

Each CHF project proposal must include a budget which details the costs to be funded by CHF. The budget should reflect activities described in the project narrative, and include sufficient detail to provide a transparent overview of how CHF funds will be spent. Budget lines should be itemized including quantity and unit prices of items to be procured whenever possible.
Use the annexed excel sheet to fill the budget ensuring it strictly adheres to CHF budget guidelines hereafter. These guidelines provide guidance on budget category description (section i), type of budgetary information required (section ii) and guidance on Direct and Indirect costs (section iii)

Note i) Description of Budget Categories

1. RELIEF ITEMS and TRANSPORTATION	NOTES
• Direct operational input including the procurement of consumable supplies for project implementation (e.g. drugs, food, NFIs, seeds, tools, etc.); and related costs of transportation and handling.	• Breakdown by line item and indicate unit/ quantity/ cost per unit • Provide itemized description for those without quantity/cost per unit • If relief items are received from pipeline or other sources please list the items and indicate the amount under column i "Other funding to this project including in kind". • Cost for supplies should be presented separately from cost of transport in the budget sheet.
2. PERSONNEL	
• Organization staff costs and entitlements involved in the implementation of the project (programme and support staff)	• Provide detailed description of Responsibility/title, post location, quantity and the percentage of full time equivalent (FTE) dedicated to the CHF project • Indicate the percentage dedicated to the CHF project. • Do not include consultancies with firms or agreements with implementing partners (which go under Category 5 Contracts)
3. STAFF TRAVEL	
• Costs incurred for the travel of staff members	• Provide detailed description of staff members (title, post location) • Provide breakdown of all costs (frequency, amount and number of staff)
4. TRAINING WORKSHOPS/SEMINARS/CAMPAIGNS	
• Only training directly related to implementation of the project to be included (counterparts and staff members)	• Describe type of training, number of participants, location, duration, unit cost • Provide breakdown of costs incurred during each of the training
5. CONTRACTS	
• Specialized services provided to the project by an outside contractor including groups, firms, companies, and NGOs (e.g. printing press, consultancy firms, construction companies)	• Depending on type of contract and services provided- the budget line should be itemized • Give itemized breakdown of pass-through funding for each Implementing Partner
7. VEHICLE OPERATING AND MAINTENANCE COSTS	
• This budget line includes the purchase/rental of vehicles directly serving the implementation of the project	• Rental of vehicles and maintenance could be a paid on a monthly basis (Lump Sum) or $/kilometer • Provide breakdown by item/activity, location, quantity, unit cost
8. OFFICE EQUIPMENT AND COMMUNICATION	
• Procurement of non-consumables (telecom equipment, IT equipment, office supplies, etc.) • Office rent and fuel for the generators, utilities (telephone, water, electricity etc)can be included in this budget line	• Provide breakdown by item/activity, location, quantity, unit cost • Other office supplies that cannot be itemized can be indicated as lump sum (LS)
9. OTHER ADMINISTRATIVE COSTS	
• Other costs related to the project not covered by the above such as bank transfer charges, courier charges,. etc	• Provide itemized description of costs if not possible to breakdown by unit/quantity/cost per unit
OVERHEAD/PROGRAMME SUPPORT COSTS (PSC)	
• To cover PSC at HQ/regional and country level.	• PSC not to exceed 7% **of subtotal** project costs
AUDIT Costs	
• NGOs are required to budget at least 1% of total project cost for audit, UNDP/TS will contract external audit	
11. GRAND TOTAL COSTS	
• The total of project costs	• The Sum of subtotal project costs, PSC and Audit.

Note ii) type of budgetary information required

(a) Items Description: Provide a brief description of items required to implement the project.
(b) Location: The place where the cost is incurred. This column is key to determine the Direct and Indirect nature of the budget line in column c.
(c) Cost Type (I or D): Indicate if a budget line is D (direct) or I (indirect). See Notes iii) below for guidance on how to determine the cost type.
(d) Unit of measurement: indicate the unit used to measure the budget line. e.g months, tonnage, pieces etc
(e) Percentage/full-time-equivalent (FTE): indicate the percentage or FTE that CHF will cover.
(f) Quantity: the amount in relation to the unit of measurement, such as number of people, number of months etc
(g) Unit Cost: the cost of one item.

(h) Total CHF Cost: the sheet automatically calculates once column e, f and g are filled in

(i) Other funding to this project including in kind: indicate if there is any other funding or resources (cash or in-kind) received toward activities of this project. e.g supplies received from the pipelines.

Note iii) Guidance on Direct and Indirect Costs

1. RELIEF ITEMS and TRANSPORTATION

- If relevant to the project all cost fall under **direct** cost
- Cost for supplies should be presented separately from cost of transport in the budget sheet

2. PERSONNEL

Direct costs:

- All Staff costs, including entitlements, of personnel **directly** involved in the implementation of the project and based at project location. *(Remember to provide in the budget a detailed description of staff members title & post location.)*

Indirect costs:

- All Staff costs and entitlements of personnel not directly involved in the implementation of the project (Juba/other state capital headquarters staff). (*For Juba/ other state capital HQs staff, charged to the project please provide in the budget a detailed description of staff members title, location and percentage of time devoted to the project and equivalent dollar amount. For example for an M&E officer at Juba level, devoting 10% of his/her time for six months, the row will be filled as follows:*

Item Description	Location	Cost type (Direct or Indirect)	Unit of measurement	Percentage/ FTE	Quantity	Unit Cost	**Total**
One M&E officer	Juba	I	months	10%	6	1,200	**720**

Please note, the budget sheet will automatically calculate the total cost.

3. STAFF TRAVEL

Direct costs:

- Travel cost of staff **directly** involved in the implementation of the project (staff based at project area) are direct. Please specify in the budget line where from and where to is travel intended.

Indirect costs:

- Travel cost for support staff not directly involved in the implementation of the project (e.g. headquarters staff travelling on mission to the project location).

4. TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS

Direct costs:

- All costs of training, workshop, seminars and campaigns if they are directly related to the outcome of the project (e.g. mobilization campaign to promote hygiene and sanitation; training of nurses on safe delivery). *(Remember to describe in the budget the type of training, the number of participants, location and duration of the training).*

5. CONTRACTS

- All costs under contracts fall under **direct.** Please remember to provide a description of the services provided.

6. VEHICLE OPERATING & MAINTENANCE COSTS

Direct costs: if related to vehicles used at the project implementation area

Indirect costs: if related to vehicles outside project areas (e.g. vehicle cost in Juba for a project being implemented in Bor)

7. OFFICE EQUIPMENT & COMMUNICATIONS

Direct costs:

- If items/service is used at the project implementation area

Indirect costs:

- If items/service is used outside of the project implementation area (e.g. Cost of services in Juba Country Office for a project being implemented in Bor).

8. OTHER COSTS (bank charges, …)

Direct costs:

- If items/service is used at the project implementation area costs

Indirect costs:

- If items/service is used outside of the project implementation.
- Visibility is considered Indirect cost.

9. Programme Support costs (Indirect cost)

10. AUDIT COSTS for NGO implemented projects (Indirect Cost)

SECTION III:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.
Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/55326	**Project title:** Ensuring health emergencies response and safety nets to local communities, IDPs and returnees in Twic County (Warrap State)	**Organisation**: CCM (Comitato Collaborazione Medica)

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* • 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	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • Continuous and effective frontline hospital health care and emergency referral services maintained 24/24 at Turalei Hospital; • Incidence rates for selected communicable diseases relevant to the local context (malaria, ARI, diarrhea, etc) decreased compared to 2012.	**How indicators will be measured:** *What are the sources of information on these indicators?* - Quarterly Narrative project reports for donors and WSMoH, - Quarterly Technical Performance reports for donors and SMoHs, - Monthly DHIS/HMIS data - Weekly IDSR data	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • 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 (baseline: 85 persons/month); • to ensure 24/7 comprehensive emergency service – with main focus on emergency and obstetric emergency – at hospital level; • to increase at least of 10% the number of community members sensitized on health and hygiene-related safe behaviour to prevent spread of infectious diseases and outbreaks (baseline: 800 persons/month).	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* • N. of patients accessing Mother Teresa Hospital in Turalei services (at least 93-94 persons/month) • 100% of the patients in need of emergency treatment are treated in Mother Teresa Hospital in Turalei • N. of community members sensitized on health and hygiene-related safe behavior (at least 880 persons/month)	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • Final project report; • Consolidated official health data from Warrap State and Twic CHD; • Other data sources (OCHA, IOM, etc.)	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • Internal and cross-borders political stability; • Stable economic conditions, • Institutional willingness to effectively target emergencies; • No movement restrictions for implementing partners

Results	**Results - Outcomes (intangible):** *State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*. <u>Outcome 1</u> Frontline basic and emergency health services, including surgical capacities, are available in 'Mother Teresa' County Hospital in Turalei to host and IDP/returnees' communities <u>Outcome 2</u> Host and IDP/returnees' communities are sensitized on preventive health, hygiene and safe reproductive health <u>Outcome 3</u> Institutional capacities to manage health services, EP&R and e-warning system in Twic County are improved	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* Monitoring of progress towards meeting the total expected beneficiaries: • Women: 8,750 • Men: 5,406 • Girls: 2,030 • Boys: 2,030 Out of the total 18,216 beneficiaries: - 10,900 (59,84%) will have access to frontline health services at hospital level (Outcome 1) - 7,312 (40,14%) will be sensitized on Health, Hygiene and Sanitation (Outcome 2) - 4 (0,02%) will be institutional members capacity built on EP&R (Outcome 3)	**How indicators will be measured:** *What are the sources of information on these indicators?* • Quarterly Narrative project reports for donors and WSMoH, • Quarterly Technical Performance reports for donors and WSMoH,	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Collaboration of concerned State and local institutions (WSMoH, Twic CHD, HIV/AIDS Commission, etc.); • Conducive environment for INGOs in Twic county; • Collaboration from other stakeholders (UN agencies, other IPs operating at PHC level and in Nutrition/WaSH, returnees' sectors),
	Immediate-Results - Outputs (tangible): *List the products, goods and services **(<u>grouped per areas of work)</u>** that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.* <u>For Outcome 1</u> - Output (i): 'Mother Teresa' hospital in Turalei is properly supplied with drugs (including emergency drug kits) and medical/lab supplies to effectively treat patients, mostly focusing on human-made or natural disasters (clashes, floods, fires, etc.), P&LW and U5 - Output (ii): All emergency services in 'Mother Teresa' Hospital are functional 24/7 (including theatre, IPD, emergency RH/EPI services), - Output (iii) The staff of 'Mother Teresa' hospital in Turalei is properly trained and mentored and provided with sound TA.	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* <u>For Outcome 1:</u> - N. of U5 consultation: at least 1,925 (50% boys, 50% girls) - N. of Adult consultations: at least 3,200 (50% men, 50% women) - N. of ANC clients 1,050 (out of which 200 receiving IPT2) - N. of PMTCT services conducted: 690 - N. of Skilled attended deliveries: 180 (at least 10% Caesarean sections) - N of EPI services; 935 vaccinations (out of which 120 DPT3) - N. of Surgery operations: 400 (at least 50% emergencies) - IPD care: 2,500 (40% paediatric) - N. of Trained facilities staff: 20 (at least 50% female)	**How indicators will be measured:** *What are the sources of information on these indicators?* <u>For Outcome 1:</u> - Hospital patients' registers (daily, weekly, monthly), - Hospital drug consumption registers (daily, weekly, monthly), - Hospital monthly and quarterly reports (DHIS, EPI, MCH, Malaria sentinel report), - Training attendance sheets.	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* <u>For Outcome 1:</u> - DoE confirms its support to Mother Teresa Hospital in Turalei and to CCM as implementing partner, - WSMoH honours the provisions of the MoU signed with CCM for collaboration in Primary and Secondary Health Service provision in selected counties of Warrap State (including Twic) - Project funds are timely availed - Local communities, IDPs and returnees do acknowledge and are willing to access/utilize hospital services

	For Outcome 2: - Output (i): Patients and caretaker accessing 'Mother Teresa' hospital services are informed/educated on and aware of health, hygiene and sanitation principles - Output (ii): IDPs' and returnees and MARPs in the project catchment area are sensitized on health, hygiene and sanitation principles - Output (iii): Key opinion leaders are informed on health, hygiene and sanitation principles For Outcome 3: - Output (i): Twic county CHD is capacity built on EP&R and health surveillance.	For Outcome 2: - N. of Community members reached by health education messages at hospital level: 5,700 (at least 50% men) - N. of Leaders, VHCs and other leaders sensitized on safe health and hygiene practices: at least 12 - N. of community members, IDPs, returnees, prisoners reached by health education messages during campaigns: 1,600 For Outcome 3: - N. of CHD members capacity built: 4	For Outcome 2: - Health Education at Turalei Hospital registers, - Workshop Reports and Pictures and attendance sheets. For Outcome 3: - Training attendance sheet, report and pictures	For Outcome 2: - Twic county CHD, RRC and other concerned local institutions are supportive in coordinating IPs activities in providing humanitarian aid to host population, IDPs and returnees to prevent overlapping, - Local authorities are supportive in mobilizing community members on EP&R For Outcome 3: - WSMoH allocates resources to maintain/strengthen the human resources capacities of Twic CHD
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.*	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs 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?*
Activities for Result n. 1				
	Activity 1.1 Provision and prepositioning of drugs (including diarrheal and trauma kits), lab, medical and non medical supplies, complementing MoH and donors' stocks to face outbreaks	Inputs - Logistic and procurement capacities; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders		Assumptions - Availability of drugs, medical and non medical supplies;
	Activity 1.2 OPD/IPD service provision (focusing on boys and girls U5, P&LWs, women and men victims of traumas/injuries)	Inputs - Human resources: Hospital activities Supervisor (matron, nurse) and trainers, - Qualified local human resources; - Cultural mediation - Community involvement		Assumptions - No staff turnover - Availability of drugs, medical and non medical supplies
	Activity 1.3 Emergency RH service provision, mainly by female health staff (MCH, FP, ANC, clean and safe delivery, PNC, STI management, GBV medical follow-up, counseling and referral)	Inputs - Human resources: MCH Supervisors (midwife) and trainers, - Qualified local human resources; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders		Assumptions - No staff turnover - Availability of drugs, medical and non medical supplies

		- Cultural mediation - Community involvement		
	Activity 1.4 Maintenance of Vaccine Cold Chain for ordinary and emergency EPI (focusing on new-born and P&LWs)	Inputs - Human resources: EPI Supervisors (nurse) and trainers, - Qualified local human resources; - Collaboration with Warrap State MoH, (EPI directorate)		Assumptions - Availability of functioning cold chain; - Road to Kuajok (State capital) is passable
	Activity 1.5 Provision of 24/7 emergency secondary and surgical health care	Inputs - Human resources: surgeon, anesthetist, matron, midwife - Qualified local human resources; - Collaboration with health stakeholders in Twic county		Assumptions - No staff turnover - Availability of qualified surgeon and anesthetist - Availability of drugs, medical and non medical supplies - Functional referral mechanism from PHC level facilities
	Activity 1.6 TA on the job and theoretic trainings for local health staff on (i) management of communicable disease, (ii) triage, (iii) first aid and basic surgical skills.	Inputs - Human resources: qualified trainers; - Availability of RoSS official training guidelines, manuals, - Procurement of training materials		Assumptions - No staff turnover - Availability of trainers and training materials
Activities for Result n. 2				
	Activity 2.1 Organization of daily health education session for patients and caretakers in Turalei Hospital, focusing on hygiene, sanitation and prevention of communicable diseases	Inputs - Human resources: Hospital matron, - Local human resources; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders - Cultural mediation		Assumptions - No staff turnover
	Activity 2.2 Organization of targeted trainings for community leaders, religious leaders and VHCs on preventive health, hygiene and sanitation and prevention of communicable diseases (focusing on women's access to health services)	Inputs - Human resources: Project Manager, - Qualified local human resources; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders - Cultural mediation - Community involvement		Assumptions - Freedom of movement - Collaborative attitude from local stakeholders and international organizations

	Activity 2.3 Organization of monthly health, hygiene and sanitation sensitization sessions targeting Turalei prison, military camps and IDP/returnees' sites, including medical screening and referral to Turalei Hospital for emergency treatment	Inputs - Human resources: Project manager - Qualified local human resources; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders - Cultural mediation - Community involvement - Movement capacities		Assumptions - Freedom of movement - Collaborative attitude from local stakeholders and international organizations
Activities for Result n. 3				
	Activity 3.1 CHD training and capacity development on: (i) epidemic preparedness, (ii) E-Warn, (iii) surveillance.	Inputs - Human resources: qualified trainers; - Availability of RoSS official training guidelines, manuals, - Procurement/printing of training materials		Assumptions - Collaborative attitude from local stakeholders and international organizations - Availability of trainers and training materials
	Activity 3.2 Organization of workshop for all stakeholders (CHD, RRC, health implementing partners, UN agencies, etc.) on emergency referral mechanism in Twic county	Inputs - Human resources: qualified trainers; - Availability of RoSS official training guidelines, manuals, - Procurement/printing of training materials		Assumptions - Collaborative attitude from local stakeholders and international organizations
	Activity 3.3 Participation in the Health sector coordination mechanism at County and State level	Inputs - Human resources: Project manager - Movement capacities		Assumptions - Road to Kuajok (State capital) is passable, - Meetings are regularly held on monthly basis
	Activity 3.4 Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners at county level.	Inputs - Human resources: Project manager - Movement capacities		Assumptions - Road to Kuajok (State capital) is passable - Meetings are regularly held on monthly basis

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	**Q1/2013**			**Q2/2013**			**Q3/2013**			**Q4/2013**			**Q1/2014**		
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Result n. 1															
Activity 1.1 Provision and prepositioning of drugs (including diarrheal and trauma kits), lab, medical and non medical							X	X	X						

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	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014		
supplies, complementing MoH and donors' stocks to face outbreaks															
Activity 1.2 OPD/IPD service provision (focusing on boys and girls U5, P&LWs, women and men victims of traumas/injuries)				X	X	X	X	X	X						
Activity 1.3 Emergency RH service provision, mainly by female health staff (MCH, FP, ANC, clean and safe delivery, PNC, STI management, GBV medical follow-up, counseling and referral)				X	X	X	X	X	X						
Activity 1.4 Maintenance of Vaccine Cold Chain for ordinary and emergency EPI (focusing on new-born and P&LWs)				X	X	X	X	X	X						
Activity 1.5 Provision of 24/7 emergency secondary and surgical health care				X	X	X	X	X	X						
Activity 1.6 TA on the job and theoretic trainings for local health staff on (i) management of communicable disease, (ii) triage, (iii) first aid and basic surgical skills.					X			X							
Result n. 2															
Activity 2.1 Organization of daily health education session for patients and caretakers in Turalei Hospital, focusing on hygiene, sanitation and prevention of communicable diseases				X	X	X	X	X	X						
Activity 2.2 Organization of targeted trainings for community leaders, religious leaders and VHCs on preventive health, hygiene and sanitation and prevention of communicable diseases (focusing on women's access to health services)						X			X						
Activity 2.3 Organization of monthly health, hygiene and sanitation sensitization sessions targeting Turalei prison, military camps and IDP/returnees' sites, including medical screening and referral to Turalei Hospital for emergency treatment				X	X	X	X	X	X						
Result n. 3															
Activity 3.1 CHD training and capacity development on: (i) epidemic preparedness, (ii) E-Warn, (iii) surveillance.															
Activity 3.2 Organization of workshop for all stakeholders (CHD, RRC, health implementing partners, UN agencies, etc.) on emergency referral mechanism in Twic county						X									
Activity 3.3 Participation in the Health sector coordination mechanism at County and State level				X	X	X	X	X	X						
Activity 3.4 Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners at county level.				X	X	X	X	X	X						

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