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

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

1. Maintain the existing safety net by providing basic health packages and emergency referral services.
2. Strengthen emergency preparedness including surgical interventions.
3. Respond to health related emergencies including controlling the spread of communicable diseases.

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

COSV – Coordinamento delle Organizzazioni per il Servizio Volontario

Project CAP Code

SSD-13/H/55461/5572

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

Improving life condition of the rural people of Ayod County (Jonglei State) through support of Primary Health Care System

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
JONGLEI	100%	AYOD

Total Project Budget requested in the in South Sudan CAP	458.606,00 US$
Total funding secured for the CAP project ***(to date)***	39.000,00 US$

Funding requested from CHF for this project proposal	199.929,00 US$

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:	8,029	9.000
Girls:	7,353	11.300
Men:	7.539	8.000
Boys:	5,231	9.000
Total:	**28,152**	37.300

Indirect Beneficiaries

120,934 people (75% of the population in Ayod County, plus 7,675 current County RRC estimated IDPs).

Catchment Population (if applicable)

151, 012 (WFP 2012 population projection)

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: 12 months; 1/04/2013 to 30/03/2014

Contact details Organization's Country Office

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Country Director	*Caterina Desole, +211 920429262, cosv.countryrjuba@gmail.com*
Finance Officer	*Roberto Talente, 0956884471, cosv.countryadmi.juba@gmail.com*

Contact details Organization's HQ

Organization's Address	Via Soperga 36 , Milano - Italy
Desk officer	*Claudia Cui, Claudia.cui@cosv.org , +39 02 2822852*
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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]

Ayod County in 2011/2012 experienced a complex of emergencies comprising of epidemics of Kala azar, floods and internal conflicts which caused a massive displacements of the population from within and in the neighboring counties. A Rapid Humanitarian Floods Assessment conducted in Ayod county from 22nd -24th August 2012 found that up to 22,691 individuals (3,240HH) were affected and/or displaced. The County RRC reports that today displaced people are from neighboring counties due to internal conflicts in Uror, Duk and Nyirol in 2011/2012; and people within Ayod County were mainly affected by floods.

According to the DHIS data, from Jan-Sep 2012, total consultation curative was 42,147 in Ayod county; 8,444 (20%) from Ayod PHCC alone. Diarrhea, Malaria, Pneumonia, Kala Azar and malnutrition (with MUAC less than 125mm), are among the leading diagnosis. DPT 3 vaccination coverage of 3,594 children U1 year.

From the Sphere manual of Humanitarian Charter and Minimum Standards in Humanitarian Response, utilization rate among stable rural and dispersed populations should be at least 1 new consultation/person/year. Also with established routine EPI services, it's expected that at least 90% of children aged 12 months should have had three doses of DPT (the proxy indicator for fully immunized children). If routine measles vaccination coverage is <90%, as it is in Ayod, then this is inadequate to prevent outbreaks.

Baseline Survey conducted in Ayod Payam in November 2011 by COSV, indicated that Measles coverage among children 9 -59 months, by recall and card was 57.4%; Children under 5 years ill with malaria/fever last 2 Weeks prior to survey was 18.3%; and ANC ≥4 was at 14.4%. The Health Sector Development Plan recommends targets by 2015 of Outpatient attendance per capita from 0.2 to 1; Proportion of children under 1-year of age fully immunized from <10% to 50%; Proportion of pregnant women attending ANC at least 4 times during pregnancy of 48% to 75%.

The CHD is inadequately structured with few personnel who are often compelled to double work at office and consultation at OPD. Health workers are irregular or conspicuously absent at peripheral facilities due to frustrations in salary delays and the little amount provided by government, compared to the prevailing market situation of basic food items to sustain family. Infrastructures are poor and barely equipped. These all affects the human resource that is otherwise key in the humanitarian responses.

Private practice is on the rise in Ayod, with many health workers dropping out of public service to operate drug shops that provide basic medications at high costs. These services have compromised access to health for the poor people affected by disaster. As per Health Sector Development plan, 90% of people in Republic of South Sudan live on less than $1 a day.

Pharmaceutical supplies, that are supposed to be supplied 4 times in a year by the MoH, are irregular. Distributions to lower facilities is a menace because of lack of transport means, and the low capacity of the CHD to proper coordinate the drug delivery from CHD to the PHCUs. Most of the PHCUs are located in isolated communities with very poor accessibility, which enhances the delays in the delivery, with consequential gaps in the availability of the basic drugs for treatment of common illness.

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.

Ayod county is underserved in terms of basic health services involving Curatives, Reproductive health, nutrition and Immunization. Ayod PHCC with a maternity offering BEMoC, supported by COSV, is the only first level referral facility available in the County. The nearest hospital for secondary referral is Bor State Hospital, which is 12-15 hours drive. However, the effectiveness of the PHCC in responding to emergencies is hindered due to; limited personnel, where majority are of lower cadre of training; lack of buffer stock of essential medicines, like anti-malarial, anti-biotics, etc during rainy seasons; increasing demand with increase in population of IDP during conflicts; and breakdown of CHD ambulance service to refer for surgical emergencies.

PHCC health staffs need regular training to enhance professionalism, in order to improve its capacity to respond to emergencies and outbreaks caused by unpredictable increase of the population that refer patients to it. Due to the rural nature of the locations (Mogok, Kuachdeng, etc) where majority of the population (Indigenous and the displaced) live, integrated mobile outreach program supported by CHF will enhance service delivery in the remote areas.

By Sphere standards it is required that all children under 5 year presenting with malaria should received effective anti-malarial treatment within 24 hours of onset of their symptoms; and all children under 5 years presenting with diarrhea should received both oral rehydration salts and zinc supplementation. These conditions are exacerbated with stock-out of the trace drugs, making the children and other vulnerable people of Ayod prone to these preventable and treatable conditions, especially during emergencies. With CHF support, COSV intends to maintained adequate stock of essential drugs as required by MoH and WHO standards, to ensure prompt response to the leading disease conditions. As noted in the past, Ayod county is inaccessible by road or air, during rainy seasons, hence CHF funds will support prompt preposition of these basic supplies.

COSV is still the focal agency for primary health care in Ayod county. COSV is still lobbying for alternative funding for

[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.

routine operation of 2 PHCC and other 11 PHCUs in 2013/2014. Till to date, Ayod PHCC is one the main facilities in the ongoing control of Kala Azar outbreaks in the region.
COSV is still implementing CHF 2012 up to March 2013, which greatly helped to support response to Kala Azar outbreak and flood victims. COSV is also partially funded by ECHO for Health and nutrition, up to May 2013. COSV is also lobbying for new BSF funding from IMA to increase coverage of service; WHO supports KA and a TB project with material supplies, as does UNICEF and UNFPA for EPI and RH kits (MISP) supplies. COSV collaborates with the MoH for a wide range of essential drug supplies to the health facilities.

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 goal of the project is; **To improve the health conditions of the undeserved Ayod County Community (Jonglei State) through the support of the Primary Health Care System**. This goal is in line with cluster objectives. The project location falls within the geographical priorities of the cluster.

The activities intended for this CHF grant will be according to the three core cluster priorities. Below are the contributions per activity priority:

a) *Maintain the existing safety net by providing basic health packages and emergency referral services*: funding will aim at ensuring the access to basic diagnostic and curative services for the population living in Ayod County through the PHCC in Ayod and other neighboring PHCUs. Activities will also involve sexual reproductive health care and child health.

b) *Strengthen emergency preparedness including surgical* interventions: Activities will aim at building the local capacity to respond to and manage outbreaks and seasonal emergencies. Capacity will also be build to manage minor injuries and wounds, at the Primary health care levels.

c) *Respond to health related emergencies including controlling the spread of communicable diseases*: this will involve activities to preposition adequate stock of basic pharmaceutical and other essential non-pharmaceutical supplies.

The main activities will be implemented through the PHCC in Ayod. However, outreaches are planned in other Payams of: Mogok, Kuachdeng, Wau, Pagil and Pajiek.

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 **overall objective** will be: to improve the health conditions of the undeserved Ayod County Community (Jonglei State) through the support of the Primary Health Care System
The **specific objective** will be: to increase the provision of basic and life saving health services to at least 20% of the vulnerable population of Ayod County

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).

- Procure, transport and deliver essential drugs, RH kits of MISP, Laboratory reagents, and vaccines to Ayod PHCC and accessible PHCUs. Number of beneficiaries: 18.963 (8.958 Male and 10.005 Female)

- **Carry out monthly integrated mobile outreach activities involving Immunization, Antenatal care, and health education to the community.** Information about hygiene, prevention of diseases, RH issues, and risks behaviors will be provided to the whole community thus giving them the knowledge that certain set of behaviors and best practices might improve their living/health conditions. Moreover, different gender tailored messages (for men and women and for boys and girls) will be spread. Men will be informed about the importance of an equal access to health treatments for both men and women in order to improve the house hold living conditions. The messages will be tailored in order to tackle the wrong cultural beliefs that determine the current state of poor health. The locations for the community activities will be chosen according to the accessibility for both men and women (venues provided by the local churches or authorities). In addition, great focus and stress will be given to the importance of the ante natal care at PHCC level in order to detect early, pregnancies that might have complication during the deliveries. Communities will be also informed about all the services available at PHCC and PHCUs level, underling not only the importance of the ante natal care but also of the post natal. Special sessions will be organized for the women in order to discuss reproductive health related issues and to inform them about the counseling services provided by the PHCC.
- **Outreaches:**
  Number of <1 children consultation (**121** – 68 Male: 53 female)
  Number of <5 children consultation (**634** – 359 male: 275 female)
  Number of ante natal consultation (**173 mothers**)
  Number of EPI <5 (**412**, 233 male: 179 female)

Static (PHCC):
Number of <1 children consultation (**1,087** – 615 Male: 472 female)
Number of <5 children consultation (**5,709** – 3231 male: 2478 female)
Number of ante natal consultation (**518 mothers**)
Number of EPI <5 (**222**, 126 male: 96 female)

- **Conduct 4 awareness campaign to raise awareness on hygiene, prevention of risky behaviors, reproductive health including sexual reproductive health rights and HIV/AIDS**
  Campaigns will be carried out in order to give the opportunities to a large number of people to have access to correct and clear information about the mentioned topics. Community will be as well informed about all the available services provided in the PHCC and the PHCU. Location will be chosen in order to ensure the participation of women and girls.

- **To provide maternal services including antenatal, skilled birth attendance, response to emergency delivery through provisions of clean delivery kit and Postnatal care and vaccinations**. Great importance will be given to the ante natal care. Women attending their first visit will be informed about the importance of monitoring their pregnancy in order to avoid complication during the delivery. Men accompanying women at the PHCC will be as well informed about the risk related to the lack of monitoring during the pregnancy for the mother and after the delivery for both mother and child.
  Number of maternal services provided: 3 (ANC, SBA, PNC)
  Number of delivery attended by skilled birth attendant: 304
  Number of ante natal consultation: 690 mothers

- **To train health workers on how to detect and respond to emergency outbreak, rational use of drugs, laboratory diagnostic techniques, basics of clinical management of rape, basic counseling, and focused antenatal care.** Some of these training will be updating and follow-up of knowledge acquired by the staff in terms of emergency outbreak, rational use of drugs, laboratory care and ante natal care. They will be mainly done as on the job training. The concept of basics of clinical management of rape and counseling will be officially introduced to the staff and then integrated as a transversal component of all the services provided. Being COSV already part of the GBV sub-cluster, it will be able to seek for their advice every times a case will raise. Number of Health Workers trained in MISP/Communicable diseases/outbreak/IMCR/CMR: 25 (15 male, 10 female)
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- **To conduct a workshop for the Health committee in Ayod centre, and payams, on their role in health emergencies.** The objective of this workshop is to strengthen the existing referral system. It aims at raising the ownership of the committees about the importance of their role in order to detect and tackle outbreak and emergencies. Their attention will be focused on the importance of their commitment especially in the most remote areas. Number of Health Committees: At least 5 (Ayod, Wau, Mogok, Pajiek and Kwachdeng)

- **Provide diagnostic services for Malaria, TB, Kala Azar, Syphilis, Typhoid fever, etc, in the Laboratory**.
  Number of laboratory consultation:10.964 (5.375 male and 5.589 female)
  Number of malaria patients treated: **3654 people**, 2,065 male and 1,586 female
  Number of KA patient treated: **200 cases** 134 male and 66 female
  Number of TB patients treated: **80 people** 54 male and 26 female
  Number of syphilis treated: **116 people**, 66 male and 50 female

- **Support treatment services at the OPD in the PHCC and PHCUs of the CHD.**

- **Support weekly Integrated Disease Surveillance Reporting (IDSR) addressing the EWARN system.**
  At least 50 IDSR reports (96% of 52 weeks in a year)

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

Gender:
COSV uphold to the Inter-Agency Standing Committee (IASC) guidelines on sexual exploitation and abuse protection in the humanitarian community. The implementation will also have special focus for women and children under 5, being the most vulnerable groups in terms of morbidity and mortality. Male involvement in RH education and counseling will be emphasized. Women recruitment shall be encourage, especially in reproductive health services and child care. Participation of women in health committees and trainings shall be observed.

Environment
COSV overall environmental policies aim at ensuring that, there is no direct or indirect or low negative environmental impact on the areas where it operates. COSV maintains a solar system for power both in the PHCC and in the staff compound in order to reduce the use of fuel. Moreover, a new grant (ECHO) has been received in order to enhance the power of the solar system and increase the production on clean energy. COSV 2012 activities include the rehabilitation

of both in the compound and in the KA department (ECHO), trying to include a rooftop rainwater water butt.
COSV personnel both local and expatriate have been duly trained about the high risks related to medical waste management and thus about the importance of following the correct procedures for the safe collection and disposal of waste.
COSV ensure collection and disposal of packaging, plastic and other wastes, paying particular attention to waste storage and disposal. Temporary fenced and protected dug pit and burying are used for medical waste
Environmental education is a cross-cutting issue integrated in all the communities' awareness programs.

HIV/AIDS:
COSV will ensure that HIV/AIDS universal procedures are respected and implemented and that no discrimination in terms of deny of access to services are done.
Condoms will be distributed in the area.
All health-care workers will be trained to routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves will be provided and worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids. Masks and protective eyewear or face shields will be provided and worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
Awareness campaigns and informative messages about prevention, transmission, risky behaviors, and tailor made messages for pregnant woman, girls, women and men, danger of stigma and discrimination, will be conducted by duly trained staff. Emergency related risks factors will be taken into account while formulating the messages.
Safe disposal for medical waste will be provided.

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.

1. Improved knowledge and skills to manage basic health conditions and emergencies
2. Surveillance on priority diseases of EWARN is strengthened
3. Improved access to basic health care services of EPI, RH and curatives, for the most vulnerable people; Children, PLW, elderly, and IDP

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)
X	1.	Number of < 5 consultations: Male & Female	6,343 children (3,590 boys, and 2,753 girls)
X	2.	Number of consultations, 5 years or older: Male & Female	11,930 people (5,368 Men, and 6,562 women)
X	3.	Percentage of communicable disease outbreaks investigated and responded to within 72 hours of notification	100% of suspected cases of the outbreak prone diseases in the IDSR list beyond normal threshold.
X	4.	Number of deliveries attended by skilled birth attendants	304 deliveries
X	5.	Antenatal client receiving IPT dose 2	518 mothers
X	6.	Number of health facilities providing components of BPHS	1
X	7.	Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	18,963 (8,958 Male and 10,005 Females)
X	8.	Number of health workers trained in MISP/communicable diseases/outbreaks/IMCI/CMR	25 (15 Male: 10 Female)
	9.	Number of Laboratory consultations: Male & Female	10,964 (5,375 Male and 5,589 Females)
	10.	Number of children beneficiary of EPI and ACSI activities	6,040 (3,419 Boys and 2,622 Girls)

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.

COSV has been operating in one facility, Ayod PHCC. With the plan to expand coverage to the PHCUs in 2013, COSV shall have to involve a number of strategies to deliver these basic services to the neediest, far and wide. Implementations of planned activities shall be designed in line with the following:

To increase coverage of EPI, Nutrition care and health awareness by 25%.
EPI activities shall be carried out as mobile outreaches to Payams (at PHCUs) and community centers and at fixed site in the PHCC. For outreaches, EPI volunteers shall be involved. Health Education shall also be carried out both in outreach and at facility, PHCC and other facilities. Staffs of the outreach team shall be required to give brief talks on the key issues of the services and other health topics, i.e. EPI, ANC, HIV/AIDS, TB, Kala Azar, Malaria and Diarrhea. Health topics shall be chosen according to the most common diseases the area, and in the context of the emergency.

To build the local capacity of 1 health worker per facility to respond to, detect and manage disease outbreaks
Capacity building shall focus on On-job trainings, and Support supervision by expat staffs. Topics chosen for training are according to areas identified by trainers that need improvement among the general workers, so as to detect and respond to emergencies.

To increase coverage of Basic Health services of Reproductive Health and curative care by 20%
Ayod PHCC is the only facility with a midwife. Reproductive health service activities shall be implemented at facility (PHCC) and some as outreaches. The activities shall include Antenatal care, intra-partum care, and postnatal care. Skilled birth attendance may only be focused in Ayod centre. Curative services will be carried out at the OPD during consultations, Laboratory for diagnosis, Kala Azar and TB department, and Nutrition unit.

COSV shall ensure collaborative implementation by working with the CHD as the main implementing partner in supervision and mobilization. Formation of Village Health Committees shall be emphasized in all facilities supported.

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 frame of reference for monitoring the project is represented by the five criteria defined within the ambit of the PCM (*Project Cycle Management)* approach: relevance, efficiency, effectiveness, impact and sustainability. The concept of "quality" is central to the PCM approach which clearly defines the criteria that ensure the quality of the projects. A project may be said to have achieved quality when it is:

- **Relevant:** the project must respond to the priority needs of the beneficiaries;
- **Feasible:** the project is well designed and distributes sustainable benefits to the target groups;
- **Effective:** the project is obtaining the benefits envisaged and is managed in an efficient manner.

The **monitoring system** will be based on 3 sets of indicators: 1. **efficiency indicators**, touching the respect of time, expenditures, human resources and outputs; such indicators are settled every 6 months; 2. **effectiveness indicators**, measuring the usefulness of the project activities, quantifying the short and long term impacts in terms of benefits produced by the project and enjoyed by the beneficiaries, and the achievement of intermediate and final objectives; such indicators are settled once at the beginning of the project; 3. **context indicators**, analyzing risk factors and project assumptions in order to keep track of sustainability from the beginning; such indicators are established at the starting of the project and revised mid-term. All indicators will be identified by a key group: the project coordinator, with the support of other project stakeholders and key staff members.
The success of the monitoring system will be underpinned by the active role played by COSV staff members based in Ayod with the support of the CHD, who will be in charge of the continuous follow up of the project indicators. They will gather data, process them and report to the management. Such operation will involve, in a participatory process, all project staff and experts, stakeholders, target groups and final beneficiaries. All deviations between planned indicators and measured data will be reported in real time to the project management, which will be in charge of taking remedial actions when appropriate. The expat staffs are qualified and experienced health workers. The field staffs will be responsible in verification of program registry of beneficiaries at various departments, broken down by age, sex, and other important demographic characteristics for data entry as stipulated by MoH records and or as CHF project reporting shall require. Monthly reports will be verified by expat staff for completeness, and correctness. Adequate report forms, register books from MoH, and all necessary record materials shall be put in place. The Project manager and the health coordinator shall be the focal persons for M&E activities involving financial and technical aspects respectively. Even though Gantt chart and Logframe drawn up will be the main project management tools for M&E activities. However, activity plans shall be broken down into weekly and monthly schedules, at PHCC and for outreach programs to guide project implementation. Quarterly M&E meetings will be carried out to evaluate, discuss and track progress
Moreover, monthly mission will be carried out by both the Country Coordinator and Administrator, in order to set and then follow up the monitoring and financial system.

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)
– SSMoH – IMA World Health - January – 2013	39.000,00 USD

[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.

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/55461	**Project title: .** Improving life condition of the rural people of Ayod County (Jonglei State) through support of Primary Health Care System	**Organisation:** COSV – Coordinamento delle Organizzazioni per il Servizio Volontario

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?* • Number of direct beneficiaries from emergency drugs supplies: 18,963 (8,958 Male and 10,005 Females) • Percentage of communicable disease outbreaks investigated and responded to within 72 hours of notification: 100% of suspected cases of the outbreak prone diseases in the IDSR list beyond normal threshold. • Number of health workers trained: 25	**How indicators will be measured:** *What are the sources of information on these indicators?* • PHCC registers and Internal report Final evaluations, participants registers. • Training pre and post evaluation reports of staff competences • ODP/Drug registers • Waybill and goods received notes	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* To increase the provision of basic and life saving health services to at least 20% of the vulnerable population of Ayod County	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* • Number of < 5 consultations: Male & Female 6,343 children (3,590 boys, and 2,753 girls) • Number of consultations, 5 years or older: Male & Female 11,930 people (5,368 Men, and 6,562 women)	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • PHCC registers and COSV internal report • OPD registers	**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?* • Partners and stakeholders respect the engagements taken during project identification • Local Authorities and Ministries are still willing to implement the project • No general insecurity due to possible rebels attacks • Intertribal conflicts do not affect the area of intervention

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*. • Improved knowledge and skills to manage basic health conditions and emergencies • Surveillance on priority diseases of EWARN is strengthened • Improved access to basic health care services of EPI, RH and curatives, for the most vulnerable people; Children, PLW, elderly, and IDP	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • Number of deliveries attended by skilled birth attendants: 304 • Antenatal client receiving IPT dose 2: 518 mothers • Number of health facilities providing components of BPHS: 1 • Number of Laboratory consultations: Male & Female: 10,964 (5,375 Male and 5,589 Females) • Number of children beneficiary of EPI and ACSI activities: 6,040 (3,419 Boys and 2,622 Girls)	**How indicators will be measured:** *What are the sources of information on these indicators?* • EPI monthly reports, • PHCC registers and COSV internal report. • Registration at OPD and nutrition department. • Malnutrition report. • Monthly report of <5 MCH morbidity mortality • Weekly and monthly epidemiological report • Maternity report • Laboratory register records • OPD/outreaches drug register • EPI monthly reports	**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?* • Active participation of the CHD personnel to training and project activities. • Low level of turnover among CHD trained personnel • The new information and skills acquired are implemented in order to improve the efficacy and the efficiency of both the internal and external managerial system • Stakeholders recognize the importance of spreading messages about proper hygiene practices as a tool to reduce the level of morbidities • Target groups active participation
	Immediate-Results - Outputs (tangible): *List the products, goods and services* ***(grouped per areas of work)*** *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.* • Procurement of essential drugs • Monthly integrated outreach activities • Monthly Static integrated health care services at the PHCC	**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.* Number of beneficiaries: 18.963 (8.958 Male and 10.005 Female) Number of <1 children consultation (121 – 68 Male: 53 female) Number of <5 children consultation (634 – 359 male: 275 female) Number of ante natal consultation (173 mothers) Number of EPI <5 (412, 233 male: 179 female) Number of <1 children consultation (1,087 – 615 Male: 472 female) Number of <5 children consultation (5,709 – 3231 male: 2478 female) Number of ante natal consultation	**How indicators will be measured:** *What are the sources of information on these indicators?* • EPI monthly reports, • PHCC registers and COSV internal report. • Registration at OPD and nutrition department. • Malnutrition report. • Monthly report of <5 MCH morbidity mortality • Weekly and monthly epidemiological report • Maternity report • Laboratory register records • OPD/outreaches drug register • EPI monthly reports • Training evaluation tests • Training reports	**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?* • The area remains secure • The political and social situation remain stable • Coordination and participations among partners and stakeholders • No drugs supplies ruptures • Medical staff is allow to implement the learned techniques on its daily work • Families and communities encourages women participation • Participation and interest for the awareness and the communities activities • Men do not obstacle women participation to awareness and community activities

		(518 mothers) Number of EPI <5 (222, 126 male: 96 female)		
	• Awareness campaigns	4 campaigns		
	• Provision of maternal services	Number of maternal services provided: 3 (ANC, SBA, PNC) Number of delivery attended by skilled birth attendant: 304 Number of ante natal consultation: 690 mothers		
	• Health workers trained	25 (15 male, 10 female)		
	• Workshop for health workers	Number of Health Committees: At least 5 (Ayod, Wau, Mogok, Pajiek and Kwachdeng)		
	• Provision of diagnostic services	Number of laboratory consultation:10.964 (5.375 male and 5.589 female) Number of malaria patients treated: 3654 people, 2,065 male and 1,586 female Number of KA patient treated: 200 cases 134 male and 66 female Number of TB patients treated: 80 people 54 male and 26 female Number of syphilis treated: 116 people, 66 male and 50 female		
	• IDSR	50 IDSR reports (96% of 52 weeks in a year)		

	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* • Procure, transport and deliver essential drugs, RH kits of MISP, Laboratory reagents, and vaccines to Ayod PHCC and accessible PHCUs. • Carry out monthly integrated mobile outreach activities involving Immunization, Antenatal care, Nutrition screening and health education to the community. • To provide maternal services including antenatal, skilled birth attendance, response to emergency delivery through provisions of clean delivery kit and Postnatal care. • To train health workers on how to detect and respond to emergency outbreak, rational use of drugs, laboratory diagnostic techniques, basics of clinical management of rape, basic counseling, and focused antenatal care. • To conduct a workshop for the Health committee in Ayod centre, and payams, on their role in health emergencies • Provide diagnostic services for Malaria, TB, Kala Azar, Syphilis, Typhoid fever, etc, in the Laboratory. • Support treatment services at the OPD in the PHCC and PHCUs of the CHD. • Support weekly Integrated Disease Surveillance Reporting (IDSR) addressing the EWARN system.	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* • Human Resources, local and expatriated staff in both Juba and Ayod • Drugs, vaccines and reagents • Vehicle • PHCC equipments • IEC material • Stationary		**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?* • The area remains secure • The political and social situation remain stable • Coordination and participations among partners and stakeholders • No drugs supplies ruptures • Medical staff is allow to implement the learned techniques on its daily work • Families and communities encourages women participation • Participation and interest for the awareness and the communities activities • Men do not obstacle women participation to awareness and community activities

PROJECT WORK PLAN

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

Activities	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014		
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Activity 1 Procure, transport and deliver essential drugs						X									
Activity 2 Carry out monthly integrated mobile outreach activities				X	X	X	X	X	X						
Activity 3 Conduct 4 awareness campaign					X										
Activity 4 To provide maternal services				X	X	X	X	X	X						
Activity 5 To train health workers						X	X		X						
Activity 6 To conduct a workshop for the Health committee															
Activity 7 Provide diagnostic services				X	X	X	X	X	X						
Activity 8 Support treatment services at the OPD				X	X	X	X	X	X						
Activity 9 Support weekly Integrated Disease Surveillance Reporting (IDSR)				X	X	X	X	X	X						

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