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

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

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

Relief International

Project CAP Code

SSD-13/H/55425/6971

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

Emergency Primary Health Care and Response Project in Maban, (EPHCR).

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
Upper Nile State	100	Maban

Total Project Budget requested in the in South Sudan CAP	US$ 528,592
Total funding secured for the CAP project *(to date)*	US$0

Funding requested from CHF for this project proposal	US$ 257,957

Are some activities in this project proposal co-funded?
Yes ☐ 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 22642 direct beneficiaries targeted in CHF Project	**Number of direct beneficiaries targeted in the CAP** (the CAP target will be increased at the mid-year review in May)
Women:	**4,981**	**4,981**
Girls:	4,528(boys and girls)	4,528(boys and girls)
Men:	4,000	4,000
Boys:		
Total:	22,642	22,642

Indirect Beneficiaries

46,805 (catchment population – direct beneficiaries)

Catchment Population (if applicable)

73,747 (Hosting Community 55,000 + Returnees 21,577 + IDPs 170). There are also 43112 Refugees in Doro camp

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

Relief International

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

7 months (March – September)

Contact details Organization's Country Office	
Organization's Address	Thongping Road, Juba – South Sudan
Project Focal Person	*Kibebu Kinfu , kibebukinfu.berta@ri.org,* +211- (0)921-246893
Country Director	*Charlie Butts, Charles.butts@ri.org*
Finance Officer	*Aaron Vigneswaren, aaron.vigneswaren@ri.org, +254 738 495 621*

Contact details Organization's HQ	
Organization's Address	1100 H Street NW, Suite 1200 Washington, DC 20005
Regional Director	*Raphael Wittwer, Raphael.wittwer@ri.org, +44 079-0383-7797*
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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]

South Sudan has some of the worst health indicators in the world. The under-five mortality rate is 135 per 1,000 live births, whilst maternal mortality ratio is the highest in the world at 2,054 per 100,000 live births. The effects of this poor health situation in South Sudan increasingly results in recurrent suffering among vulnerable people, including children under 5, and pregnant and lactating mothers. These national indicators are reflected in Maban county, Upper Nile, which borders Sudan and has received significant refugee and returnee population in-flows over the last year. More than 110,000 refugees have come to Maban county since violence broke out in neighboring Blue Nile, Sudan, in 2011.

This population influx has placed a severe strain on already weak infrastructure and services in the health sector in Maban. Assessments completed by Relief International (RI) in 2012 and corroborated by other humanitarian agency reports (including UNICEF, UNHCR, and ARC) indicate that there are major health service gaps at the village-level, where existing networks of Community Health Promoters (CHPs) and Traditional Birth Attendants (TBAs) are unable to meet the demand of the host community, let alone new displaced populations. Relief International conducted a nutrition survey in 2012, and found that insufficient access to health, water, and sanitation services is combined with gaps in livelihoods and food security; together, these contributing factors result in the high prevalence rate of malnutrition and malnutrition associated illnesses (e.g., ARI, Measles, Diarrhoea and Malaria),The preliminary result for nutrition survey done by Relief International in Maban county in June 2012 showed that the result for GAM 18.5 and SAM 3.5 .The presence of increased number of refugees, returnees, and Internally Displaced Peoples (IDPs) from Sudan and border areas of South Sudan to Maban County further contribute to the specific, high occurrence of disease in the area.

As is typical in emergency settings, especially where populations are displacement from their homes, in addition to general primary health care needs, there are particular needs related to the heightened risk of exposure to HIV infection among vulnerable groups in Maban county. Disruption of social networks that safe-guard social behavior, heightened risk of sexual assault and gender based violence (including sexual exploitation), and inaccessibility of HIV prevention commodities such as condoms are all factors that may predispose vulnerable groups (particularly women and children) to HIV infection. According to UNAIDS, the HIV prevalence in the Sudan People's Liberation Army is as high as 4.6%, higher than the national average of 3%. In Maban, which is very close to the border and is a highly militarized zone, the local population is thus at significantly high risk of contracting HIV/AIDS. There is heightened risk of exposure to HIV infection as emergency settings, especially where populations are displacement from their homes, can exacerbate the spread of HIV. Disruption of social networks that safe-guard social behaviour; heightened risk of sexual assault and gender based violence (including sexual exploitation) and inaccessibility of HIV prevention commodities such as condoms are all factors that may predispose vulnerable groups (women and children) to HIV infection. According to UNAID, the HIV prevalence in the SPLA is as high as 4.6% which is higher than the national average of 3% and yet Maban being very close to the border, it was a militarised zone where the local population is at high risk of contracting HIV/AIDS. In Southern Sudan in general and in Maban in particular, awareness and knowledge about HIV/AIDS is very low. Among women of 15-49 years, only 45.1% have heard of HIV/AIDS. Only 9.8% of the women 15-49 are knowledgeable about the three ways of preventing transmission of HIV (having only one faithful uninfected sex partner, always using a condom when having sex with anyone else, and abstaining from sex before finding a long term partner). Disturbingly, only 35% of the women know that HIV can be transmitted through sexual intercourse (UNAIDS, 2012).

The influx of refugees to Maban county, has attracted international NGO and UN response, but significant remaining needs require a scale-up of activities and support. RI has significant experience working in collaboration with other NGOs, UN, and government to respond to identified primary health care needs. RI has provided delivery of static and mobile health services to identified refugee, host community, and internally displaced people. In recent years, RI has been at the forefront of the development and implementation of "Ensuring Emergency Primary Health Care" (EEPHC) approach programmes in Mabaan County, which have since been rolled out by other NGOs (including Goal, SIM and MRDO) working in the humanitarian relief context in South Sudan and elsewhere. RI community health workers are involved in health promotion and awareness creation on malaria, cholera, malnutrition, HIV/AIDS, personal and environmental hygiene for host population, as well as refugees and returnees .The potential for outbreak and epidemics is high due to the huge influx of refugees, shortages of safe and clean water, flooding, poor environmental hygiene. Given these particular risks, a strong and well-structured epidemic response mechanism must be in place, and resources must focus on integrated, emergency primary health care.

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.

Relief International (RI) has extensive experience in South Sudan, and in Maban county in particular. RI initiated intervention activities in South Sudan in 2006 and has substantial operational experience in Mabaan County, Upper Nile state. RI's programmes have focused on integrated health and nutrition, livelihoods, returnee and refugee assistance, and enhanced community access to water and sanitation. . RI has been recognized by the Republic of South Sudan Ministries of Health (MoH), Ministry of Agriculture, Ministry of Rural Water as a credible organization with an important role to play and a meaningful impact on the lives of vulnerable communities. RI has been responded to major and small emergencies in South Sudan and provided emergency food aid, nutrition and health services.

Relief International is currently providing primary health care services (curative and preventive) in one PHCC and 2 PHCU in Maban, specifically including provision of basic health care support to vulnerable individuals, including children under 5, host community members, IDPs, and pregnant and lactating mothers. Between April and August 2012, RI achieved the following: consultations for 8,934 clients (4249 male and 4685 female),immunization of 1,393 children under one year old, and reproductive health services to 3,233 women, including supply of clean delivery kits. The top five most common diseases treated at RI-managed health facilities in the same period were: Acute Respiratory infection (3,947 cases, 21.50% of caseload), Malaria (3,749 cases, 20.40% of caseload), and bloody diarrhoea without fever (1,605 cases,8.80% of caseload).

This situation demands immediate and ongoing intervention to save lives of the most vulnerable groups, particularly <5 children and pregnant and lactating mothers. RI has long previous experience of ensuring emergency primary health care response interventions. RI is already responding to primary health care needs (using the national approach) in Longuchuck and Mabaan Counties.RI implements Integrated Community Case Management (ICCM) programming in Mabaan County to include proper identification, treatment and referral of cases to RI operational health facilities. This is designed to help to reduce childhood morbidity and mortality by addressing at the community level and aims to increase appropriate/timely health seeking behavior/treatment of host community and IDPs. However, as is clear from the high needs and current caseload, as well as the likely ongoing influx of newly displaced people to Maban, greater resources and commitment for health care support is needed.
In 2013, RI plans to provide Integrated Emergency Primary Health Care Services and Responses in Maban county, in the 3 health facilities where it has already been working to support refugee, host community and IDPs. Currently, vulnerable individuals access these nearby health facilities for both curative and preventive services, and benefit from outreach programming including mobile clinics, health education, family planning and EPI

[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. However, due to limited funding sources and phasing-out of current project activities, RI will be forced to suspend the outreach activities in the villages in 2013 if new funding is not secured. Given the serious and ongoing health needs in the targeted areas, together with the ongoing influx of new populations, this would be a severe loss for the community and could have significant public health implications.

RI is therefore seeking funding from the CHF to ensure emergency primary health care services, including both basic curative and preventive health services, in already created static and mobile health structures in Maban county (Bounj PHCC, Gasmalia PHCU, Dangaji PHCU, and payam-level mobile health units). These services will benefit the host community, returnees, IDPs, and high numbers of refugees that access the Bounj PHCC.

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.

To reduce morbidity, mortality and suffering among affected populations through provision of Integrated Emergency Primary Health Care Services and Responses, in the form of curative and preventative services in Bounj PHCC, Gasmalla and Dangaji PHCUs, and mobile health units in the payams. As part of this, capacity building of national health staff in Mabaan County will also be supported.

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)

1. Maintain the existing safety net by providing basic health packages and emergency referral services
2. Increase HIV awareness and support prevention of HIV/AIDS spread
3. Strengthen emergency preparedness.

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).

Services in the health facilities: RI will continue to provide for basic health care needs for vulnerable members of the target communities, particularly under 5 children, mother, Internally displaced people, Returnees and Refugees at the Bounj PHCC, Gasmallia PHCU, and Dangaji PHCU.

Service in outreach by CHWs: RI will strengthen its work on Integrated Community Case Management (ICCM) programming in Mabaan County to include proper identification, treatment, and referral of cases to RI operational health facilities. RI currently implements ICCM for pneumonia, diarrhoea, malaria and malnutrition. Expanding this work is needed to ensure that children under five, pregnant and lactating mothers, and adult members of the host and IDP communities in Maban have access to life-saving health services. The services will help to reduce childhood morbidity and mortality at the community level. RI will aim to increase appropriate/timely health seeking behaviour/treatment of host community and IDPs through outreach and awareness-raising in the targeted communities, and health promotion activities at the community level. In addition, RI will take the lead on the coordination of preparedness and response efforts for emergency outbreaks, with the county health department, WHO, and other International and national organizations.

The following is a summary of services and activities planned in 2013 through the proposed intervention:

- Prevention and management of common childhood diseases including malaria, pneumonia, diarrhoea, measles and malnutrition for 6000 children(3500 girls and 2500 boys)
- 18,000 consultations made by 3 static health facilities to manage under5 and over 5 cases), among this 10,000 will be women and 8,000 men will benefit from the program
- 1750 under 1 children vaccinated for BCG, OPV3, DPT3 and measles, among this 750 (450 girls and 300 boys) children will vaccinated for measles.
- 2500 pregnant & lactating mothers- will be benefited Focused ANC, clean delivery kit, PNC, FP, EmOC and TT immunization.650 birth will be attended by skilled personnel and 1450 mother will receive IP2 dose .
- Routine monitoring of service provision & disease outbreak surveillance in the 2 Payams (Bounj and Banshowa).
- Establishment of four oral rehydration points in the community.
- One cholera treatment centre in collaboration with government, UN and NGO established and made functional (construction will be done by MEDAIR)
- 7500 (4500 women and 3000 men) community and religious leaders, host community and IDPs received designed behavioural change communication on important health topics (malaria, cholera, pneumonia, malnutrition, HIV/AIDS).
- Training of 30 community health workers on ICCM
- Training of 30 Community Health Workers and 60 incentive outreach workers on outbreak preparedness (Hep E, Cholera, Malaria, Meningitis, Ebola).
- Staff training on IMNCI (3 Medical Assistance, 6 Nurses & 10 from CHD)
- Midwives training on EmOC and RH (4 Midwives, 4 Medical Assistant and 6 Nurses).
- Recruitment of 1 emergency officer and 4 emergency assistants
- Four contacts made annual with community representatives of people living with HIV, and other community leaders
- Quarterly distribution of IEC material on HIV/AIDS and use of condom (Total of 4000 leaflet, 1200 poster distributed).
- Procurement of 20,000 male condoms from UNFPA and distribute to the community.
- Organization of 12 sessions of condom distribution through community health workers.
- 4 Community mobilizers and condom distributer recruited.

iv). Cross Cutting Issues

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

HIV/AIDS outreach and prevention is a fundamental component of the proposed project. RI will utilize its access through its ongoing primary health care activities and outreach to pursue the following strategy aimed at increasing HIV/AIDs awareness:

- Community mobilization.
- Organization of a rapid assessment on most appropriate outreach channels and determination of communication channels.
- Creation and distribution of IEC material on HIV/AIDS and condom use.
- Procurement and distribution of condoms to the community.
- Organization and facilitation of training on HIV and condom use for community health workers, youth, community leaders, and people living with HIV/AIDS.
- Recruitment of community mobilizers and condom distributer.

Environment: The proposed project will work to enhance sustainability, including environmental sustainability, of project impact and service delivery. Activities will support proper disposal of medical supplies and keen attention to location and sustainability so that the environment is conserved. The

techniques promoted will result in environmental enhancement and sustainable use of resources.

Protection: RI employs a conflict-sensitive approach to all service delivery projects and programs. Do No Harm and Local Capacities for Peace guidelines will be integrated into all project activities in order to prevent exacerbation of existing tensions and to ensure equitable access to services by differing and potentially conflicting community groups. RI undertakes regular conflict monitoring analysis to reinforce security and stability.

Gender: In order to improve equity and sustainability of nutrition provisions, specific measures will be taken to promote active involvement of women and children in the planning and design of rural schemes, which are appropriate to their own needs and priorities. All activities will include at least 50% females where possible. Relief International's approach will focus on children and mothers, given their uniquely vulnerable status.

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.

- RI will maintain the support provided in 2012 to 3 static health facilities in Mabaan County and two mobile units (MHU). Static facilities include the RI-MoH Boung Primary Health Care Center (PHCC), the RI-MoH Dangeji Primary Health Care Unit (PHCU) and the Gasmalia PHCU.
- Support to functioning Expanded Programme on Immunization (EPI): Continued support for facilities involved in cold chain management (will seek ongoing support from UNICEF for in-kind assistance for supplies and equipment. Targeted vaccinations will be BCG for TB prevention, OPV for polio prevention, DPT for prevention of diphtheria, pertussis and tetanus, as well as measles.
- Organize training around reproductive health and emergency obstetrics for all health staff in the supported clinics.
- RI will focus efforts on delivery of basic package of services to improve reproductive health outcomes and mitigate health risks. A)Pre Natal (1) Child-spacing information and family planning services (2) HIV/AIDS/STI prevention and management (3) Tetanus toxoid immunization (4) Antenatal registration and care (5) Nutrition and diet advising (6) Iron/folate supplementation (7) Complications education (recognition; early detection; management of pre-eclampsia, bleeding, abortion, anaemia) (8) Treatment of existing conditions ,B)Delivery (1) Clean and safe delivery (2) Complications education for recognition, early detection, management C)Post Natal (1) Post-partum complications education for recognition, early detection, and management of Umbilicus Infection prevention and management (ophthalmia neonatorum and cord infections) (2) Breast-feeding promotion (early and exclusive) and management of breast complications (3) Child-spacing information and family planning (4) HIV/AIDS/STI prevention and management (5) Tetanus toxoid immunization (6) BCG immunization .
- Establish oral rehydration point in the community for outreach management of diarrhoea disease.
- Establish quarterly contact with representative of people living with HIV/AIDS, community leaders other community based organization
- Initial Review available HIV data, information needs and community support priorities; Initial assessment and determination of which, if any, communication channels are still functioning.
- Dissemination of culturally appropriate and field-tested messages and materials on HIV prevention, on the prevention of, and available services for responding to, gender-based violence and on AIDS treatment and care at public gatherings, health centers, schools, water points, food distribution points, temporary centers and camp meetings.
- Procure and distribute male condom from UNFPA; monthly distribution of male condoms and, where appropriate, free of charge in a wide range of places—clinics and health centers, bars, brothels, community centers and other settings where people, including young people, meet socially.
- Recruit Community moblizer and condom distributer.
- Recruit emergency officer and emergency assistant.
- Training of Community Health workers and health professional outbreak preparedness (Hep E, Cholera, Malaria, Meningitis, Ebola).
- Training of Health staffs and community health worker for Outbreak Preparedness and Response, Enhance Integrated Management of Childhood Illnesses (IMCI) as well as Reproductive Health.

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 consultations per health facility (direct beneficiaries received services)	18,000 consultations made by 3 static health facilities to manage under5 and over 5 cases), among this 10,000 will be women and 8,000 men will benefit from the program.
x	2.	Number of under 5 children suffering from childhood diseases like pneumonia, diarrhoea, malaria and other illnesses reduced	Prevention and management of common childhood diseases including malaria, pneumonia, diarrhoea, measles and malnutrition for 6,000 children (3,500 girls and 2,500 boys)
x	3.	Number of children immunized against common child hood diseases	1,750 under 1 children vaccinated for BCG, OPV3, DPT3 and measles, among this 750 (450 girls and 300boys) children will vaccinated for measles.
	4.	Maintaining existing three static PHCs by equipping with appropriate medical supplies and equipments	100% of three static health facilities maintained and appropriate equipment purchased (Bounj, Gasmalia and Dangaji) to provide preventive and curative service for needy community during rainy season and beyond
	5.	Number of people who attend designed awareness raising campaigns	7,500 (4,500 women and 3,000 men) community and religious leaders, host community and IDPs received designed behavioural change communication on important health topics (malaria, cholera, pneumonia, malnutrition, HIV/AIDS).
	6.	Number of health workers and CHWs trained or retrained	Training of 30 community health worker for on Integrated community case management (ICCM) . Health providers training on outbreak preparedness for 30 health workers and 60 Incentive outreach workers. Staff training on IMNCI (3 Medical Assistance, 6 Nurses & 10 from CHD) Midwives training on EmOC and RH (4 Midwives, 4 Medical Assistant and 6 Nurses).

x	7.	Number of Pregnant and lactating mother who benefited from Safe Motherhood Services	2,500 pregnant & lactating mothers- will be benefited Focused ANC, clean delivery kit, PNC, FP, EmOC and TT immunization.650 birth will be attended by skilled personnel and 1,450 mother will receive IP2 dose .
	8.	Number of oral rehydration center established	Establish four oral rehydration points in the community.
	9.	Number of emergency officer and assistant recruited	Recruit one emergency officer and four emergency assistant.
	10.	Number of IEC material on HIV/AIDS and use of condom distributed	A Total of 4,000 leaflet and 1,200 posters will be distributed.
	11.	Number of condom procured and distributed	20,000 male condoms will be distributed
	12.	Number of community mobilizer recruited	4 Community mobilizers and condom distributer will be recruited.

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.

At the beginning of the program, RI's expatriate Health Technical Coordinator (HTC), in collaboration with national teams, will develop detailed performance monitoring and work plans to be used as key implementation guides by community workers and health professionals at all RI target locations. These plans will form a basis of work plan progress monitoring throughout the program period. Progress towards achieving deliverables and quality of services rendered will be monitored by HTC via bi-monthly meetings at RI field office in Mabaan as well as field visits. RI Medical Officer compile weekly static as well as community outreach program activities and address and resolve implementation challenges.

Adherence to this work plan and meeting the indicators listed above will be the two primary structures used to track implementation. Data for M&E will be collected by the Medical Officer, who will also be in charge of providing extensive capacity building to local CHWs. The Medical Officer will be responsible for compiling the data and providing M&E reports. HTC, under the direction of Program Manager, CD and HQ staff, will be responsible for tracking progress against the Work Plan. If the regular monthly review of progress against the Work Plan shows one or more tasks have been delayed or were not successful, the HTC together with Program Manager will work with technical field staff, CD and HQ to revise the approach and renew efforts to complete the tasks. Any major revisions will be cleared with CHF.

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].

In collaboration with the Mabaan County Health Department (CHD), the RI Health Technical Coordinator and Medical Officer will conduct joint regular field support and supervision visits of static health clinic activities to ensure national protocols and criteria are strictly adhered to and that activities are correctly documented.

Monitoring visits will be conducted regularly for each health facility using the agreed supervision checklist, with recommendations for improvement produced each time. The results of the visits will be discussed at internal review and health coordination meetings. CHF officials will also periodically monitor the progress of this project and provide technical and strategic support as appropriate.

The CHD will be supported in collecting quantitative data from each static and mobile health clinic site on a monthly basis and monitored against the following national standards of treatment.

In Mabaan county, where RI and other INGOs are operational, RI will coordinate activities so that they are comprehensive and do not overlap.

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)

[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.

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:	**Project title:** Integrated Emergency Primary Health Care Services and Responses in Maban, Upper Nile State, Republic of South Sudan (IEPHC).	**Organisation:** **Relief International .**

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:* • To contribute to the reduction of morbidity, mortality and sufferings associated with primary health care related problems among affected host community and internally displaced people in Mabaan County, Upper Nile States.	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • Number of consultation • Number of children immunized to common child hood illness • Essential drug made available • Quality and functional integrated reproductive health service in place. • HIV prevention and awareness service strengthen • Establish strong Emergency preparedness and mechanism.	**How indicators will be measured:** *What are the sources of information on these indicators?* • Static health clinics Morbidity, ANC FP & EPI reports, community health and outreach program report. • Field supportive supervision	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • To contribute to the reduction of morbidity, mortality and sufferings associated with primary health care related problems among affected host community and internally displaced people in Mabaan County, Upper Nile States.	**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 consultation • Number of children immunized to common child hood illness • Essential drug made available • Quality and functional integrated reproductive health service in place. • HIV prevention and awareness service strengthen Establish strong Emergency preparedness and mechanism	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • Static health clinics Morbidity, ANC FP & EPI reports, community health and outreach program report. • Field supportive supervision •	**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?* • Access to the health facility will difficult during the rainy season. • Timely supply of essential drug.
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*. • Static health clinics fully functional and operational and providing effective primary	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • Number of consultation per health facility (direct beneficiaries received services) • Number of mother benefited	**How indicators will be measured:** *What are the sources of information on these indicators?* • Static health clinics Morbidity, ANC FP & EPI 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?* • Access to the health facility will difficult during the rainy season

	health care services to the community.	Comprehensive reproductive health service • Number of children immunized to common child hood illness		• Timely supply of essential drug.
	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.* • Operations support for health facilities supported by CHF. • Emergency preparedness and response measures will be in place. • HIV Prevention and Awareness Raising service started .	**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 consultation per health facility (direct beneficiaries received services) • Number of under 5 children suffering from childhood diseases like pneumonia, diarrhoea, malaria and other illnesses reduced • Support to functioning Expanded Programme on Immunization (EPI) • Maintaining existing three static PHCs by equipping with appropriate medical supplies and equipments • Number of people who attend designed awareness raising campaigns • Number of health workers and CHWs trained or retrained • Number of Pregnant and lactating mother who benefited from Safe Motherhood Services • Number of IEC material on HIV/AIDS and use of condom distributed • Number of condom procured and distributed distributed • Number of community moblizer recruited	**How indicators will be measured:** *What are the sources of information on these indicators?* • Static health clinics Morbidity, ANC FP & EPI reports • Staff contract(recruitment profile) •	**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?* • Access to the health facility will difficult during the rainy season. • Timely supply of essential drug.. • Getting qualified and competent staff for new position.

	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* **Activity 1** Static health clinics operational and providing effective primary health care services **Activity 1.1** Improve quality of care for patients through health staff training. **Activity 1.2** Continuation of quality PHC services at 1 PHCC and 2 PHCUs **Activity 2** .Preventive health care and awareness raising campaigns conducted in the community **Activity 2.1** Provide health promotion activity on early health seeking behaviour in the community for elder people, religious leaders and the community. **Activity 2.2** Awareness raising campaign on ICCM target diseases (Malaria, Malnutrition, Pneumonia and Diarrhoea) for parents and caretakers. **Activity 3** Emergency Preparedness and Response **Activity 3.1** Training of community outreach workers and health staff on emergency preparedness and response. **Activity 3.2** Construction of ORP center in the community **Activity 3.3** **Recruit emergency workers and made them functional**	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* • Number of consultation per health facility (direct beneficiaries received services • Number of staff and community health worker trained and retrained • Number of people who attend designed awareness raising campaigns • Number of people who attend designed awareness raising campaigns • Number of people who attend designed awareness raising campaigns • Number of community health worker and staff trained • Number of ORP constructed • Number of staff recruited		**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?* • Access to the health facility will difficult during the rainy season. • Timely supply of essential drug.. • Getting qualified and competent staff for new position.

	Activity 4 **HIV prevention and awareness** **Activity 4.1** **Condom and IEC material distribution** **Activity 4.2** **Recruit community Moblizer**	• Number of condom and IEC material distributed • Number of staff recruited		

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	
Activity 1 **Static health clinics operational and providing effective primary health care services**															
Activity 1.1 Prevention and management of common childhood diseases including malaria, pneumonia, diarrhoea, measles and malnutrition for 6000				x	x	x	x	x	x						
Activity 1.2, 18,000 consultations made by 3 static health facilities to manage under5 and over 5 cases), among this 10,000 will be women and 8,000 men will benefit from the program .			x	x	x	x	x	x							
Activity 1.3 ,1750 under 1 children vaccinated for BCG, OPV3, DPT3 and measles, among this 750 (450 girls and 300 boys) children will vaccinated for measles.			x	x	x	x	x	x							
Activity 1.4, 2500 pregnant & lactating mothers- will be benefited Focused ANC, clean delivery kit, PNC, FP, EmOC and TT immunization.650 birth will be attended by skilled personnel and 1450 mother will receive IP2 dose.			x	x	x	x	x	x							
Activity 1.5 ,Routine monitoring of service provision & disease outbreak surveillance in the 2 Payams (Bounj and Banshowa).			x	x	x	x	x	x							
Activity 1.6, Training of 30 community health workers on ICCM ,				x											
Activity 1.7,Staff training on IMNCI (3 Medical Assistance, 6 Nurses & 10 from CHD),					x										
Activity 1.8 Midwives training on EmOC and RH (4 Midwives, 4 Medical Assistant and 6 Nurses).						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**		
Activity 1.9, 7500 (4500 women and 3000 men) community and religious leaders, host community and IDPs received designed behavioural change communication on important health topics (malaria, cholera, pneumonia, malnutrition, HIV/AIDS).			x	x	x	x	x	x							
Activity 2, Emergency preparedness and response measures will be in place.															
Activity 21, Training of 30 Community Health Workers and 60 incentive outreach workers on outbreak preparedness (Hep E, Cholera, Malaria, Meningitis, Ebola).					x										
Activity 2.2 Establishment of four oral rehydration points in the community. One cholera treatment centre in collaboration with government, UN and NGO established and made functional.							x								
Activity 2.3 Recruitment of 1 emergency officer and 4 emergency assistants			x												
Activity 3 HIV prevention and awareness creation															
Activity 3.1 Four contacts made annual with community representatives of people living with HIV, and other community leaders			x		x	x		x							
Activity 3.2 distribution of IEC material on HIV/AIDS and use of condom (Total of 4000 leaflet, 1200 poster distributed).			x	x	x	x	x	x							
Activity 3.3 Procurement of 20,000 male condoms from UNFPA and distribute to the community.			x	x	x	x	x	x							
Activity 3.4 Organization of 12 sessions of condom distribution through community health workers.			x	x	x	x	x	x							
Activity 3.5 Training on IEC on HIV and condom use for 30 CHW and 60 community leaders.						x									
Activity 3.6 Community mobilizers and condom distributer recruited.			x												

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