

South Sudan 2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:

| | |
|--------------------|---------------|
| CAP Cluster | Health |
|--------------------|---------------|

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

| | |
|---|--|
| <p>Cluster Priority Activities for this CHF Round</p> <ul style="list-style-type: none"> 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 | <p>Cluster Geographic Priorities for this CHF Round</p> <p>UNITY STATE JONGLEI UPPER NILE WARRAP LAKES NORTHERN BAHR EL GHAZAL WESTERN BAHR EL GHAZAL</p> |
|---|--|

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

| | | |
|---|---|----------|
| Requesting Organization | 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) | |
| UNIVERSAL INTERVENTION AND DEVELOPMENT ORGANIZATION | State | % |
| Project CAP Code | Unity | 50 |
| SSD-13/H/55648/15830 | | 50 |
| CAP Project Title (please write exact name as in the CAP) | | |
| Improving on the provision of Basic Health Services and Outreach in Emergencies in Unity State of South Sudan | | 100 |

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|---|--------------|--|--------------|
| Total Project Budget requested in the in South Sudan CAP | US\$ 677,819 | Funding requested from CHF for this project proposal | US\$ 250,000 |
| Total funding secured for the CAP project (to date) | US\$ 0 | Are some activities in this project proposal co-funded? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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) | | | Indirect Beneficiaries | |
| | Number of direct beneficiaries targeted in CHF Project | Number of direct beneficiaries targeted in the CAP | | |
| Women: | 4,005 | 31,662 | Women - 27,657 | |
| Girls: | 7,633 | 8,413 | Men - 30,394 | |

| | | |
|---------------|--------|--------|
| Men: | 25 | 30,419 |
| Boys: | 7,945 | 8084 |
| Total: | 19,608 | 78,578 |

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

| Contact details Organization's Country Office | |
|--|---|
| Organization's Address | Universal Intervention and Development Organization (UNIDO) |
| Project Focal Person | <i>Name, Email, telephone</i> Kennedy Wanyonyi Rechai krecha3000@yahoo.com 0955 432877 |
| Country Director | <i>Name, Email, telephone</i> James Keah Ninrew ed@unidosouthsudan.org 0955008160 |
| Finance Officer | <i>Name, Email, telephone</i> Kennedy Wanyonyi Recha krecha3000@yahoo.com 0955432877 |

| |
|---|
| Catchment Population (if applicable) |
| |

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|---|
| CHF Project Duration (12 months max., earliest starting date will be Allocation approval date) |
| Indicate number of months: 6 (April – September) |

| Contact details Organization's HQ | |
|--|---|
| Organization's Address | |
| Desk officer | <i>Name, Email, telephone</i> James Keah Ninrew ed@unidosouthsudan.org 0955008160 |
| Finance Officer | <i>Name, Email, telephone</i> Kennedy Wanyonyi Recha krecha3000@yahoo.com 0955432877 |

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 population¹

Mayendit and Koch counties in Unity state are still high risk locations that require continual basic safety net services, emergency preparedness and response by humanitarian actors. Mayendit County which borders Leer county needs continuous immunization to curb incidences of measles that occurred in the Leer County and Kalazaar that occurred in Koch County. In the year 2012 the cyclic flooding caused much displacement in the two counties curtailing provision of basic health care services.

Those affected by these emergencies are pregnant mothers who require antenatal care, children under 5 some of whom due to the recent flooding that destroyed their crops are faced with malnutrition with the SAM rate in the counties being above 6.1% and a GAM rate of 21.8%. The counties do also have returnees and IDPs from flooding effects and still prone to inter community armed conflicts.

There has been outbreak of measles in Mayendit county in 2012 and in Koch an area that is non endemic an outbreak of Kalaazar. Pregnant women and Children under 5 still need basic health care against malaria, pneumonia, acute watery diarrhea among other diseases that are the primary diseases in the counties. So far UNIDO operated Health facilities in Koch have reported 85 cases of kalaazar between the month of October 2012 and December 2012 there 44 women and 4 children (three female and one male) and 37 males were among those affected. In the month January 2013 16 cases have been reported. Malaria incidences still dominate the epidemiological reports and there is need to procure LLTNs for PLWs in order to provide them with cover before the rains begin in May 2013. The communities in Koch and Mayendit still experience inter communal fights majorly due to cattle rustling revenge attacks

Most of the areas where the outbreaks occur are currently not supported by any NGO and hence UNIDO targets to start operations in PATIT PHCU and due to its big population around it offer PHCC services. Also targeted is Ngony PHCU and Mirmir as a Mobile Clinic site. In Mayendit County Madol PHCU and Dablual PHCU shall be covered by grants from this project.

Currently due to the challenges of poor accessibility, the uptake for MCH services is very low ANC services, TT2 coverage, DPT3 coverage are below <15%, and family planning utilization is estimated at <5%. In addition to the MOH discontinued the use of TBAs and the health facilities lack trained midwives necessitating the need for humanitarian actors to employ qualified health staff to offer emergency services, antenatal care and safe delivery to mothers. Some of the health facilities are more than 5 km away from the population residences making it hard for mothers to attend to health services and creates need to offer mobile ANC services to increase coverage. The SMOH still is unable to provide adequate staff as per national BPHS standards and even those available are require further training on diagnosing U5 diseases and the diagnosis and treatment of malnutrition cases.

Due to the flooding in the area most children have been unable to obtain DPT 3 since health workers could not reach affected and there is need to help the county health department preposition vaccines in advance to health facilities some of which lack cold chain facilities. Due to flooding communities get displaced affect pregnant mothers from visiting health facilities some which are more than 5 Km radius requiring mobile clinic services.

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.

Targeted response.

The proposed project activities will maintain the existing emergency health sector safety net in Mayendit County and Koch County of Unity State South Sudan by providing basic health packages and emergency referral services in the target facilities and communities. Through a focus on maternal and child health (MCH) - especially obstetric care, integrated management of childhood illnesses (IMCI) protocols, and EPI, UNIDO intends to ensure the promotion of mother and child survival in its supported healthcare facilities whilst continuing to provide services in line with the Basic Package of Health Services (BPHS). Special focus will be in place to boost the coverage for measles vaccination through enhanced outreach activities and regular cyclic vaccination campaigns. UNIDO has initiated the use of community health committees using CHF 2012 funds to intensify community education and social mobilization for the utilization of services. UNIDO plans to use community health committees to conduct health promotion on common illnesses, MCH, nutrition, healthcare seeking behavior, and information on available services in the health facilities, HIV Aids since two of the facilities Boaw PHCC and Mayendit PHCC have VCT centers.

UNIDO shall procure and distribute essential drugs, kits (including trauma kits), medical supplies, basic medical equipment, and laboratory supplies through direct supply and the MoH's supply chain from the State to facility level. UNIDO shall continue with her partnerships with UNFPA and UNICEF to ensure the timely procurement and distribution of essential RH and EPI commodities, and ensure proper functioning of the cold chains installed in Boaw and Mayendit PHCC. UNIDO shall continue improving the diagnostic capacity of laboratory services at Mayendit PHCC and Boaw PHCC to ensure rapid and accurate diagnoses to support timely treatment of communicable diseases and reporting on the HMIS.

The SMOH still lacks financial capacity to employ trained health staff as per BPHS guidelines hence UNIDO shall employ the required staff and also conduct on-the-job refresher training for facility and community-based health workers on safe motherhood, child health, community health, common morbidities, IDSR/HIS, and emergency surgical and obstetric interventions. UNIDO shall ensure IDSR reports are submitted weekly in all health facilities.

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.

Emergency preparedness and response

UNIDO plans to strengthen emergency preparedness and response capacity of all supported health facilities to control the spread of communicable diseases. To this effect UNIDO shall utilize Mobile clinics to responds to all communicable disease outbreaks within 72 hours to areas that are far off from the present facilities. To achieve this UNIDO shall train facility staff on communicable disease management and on disease surveillance, reporting and analysis. UNIDO intends to shore up LLITN distribution and use and hygiene promotion as measures of communicable disease prevention and control. UNIDO shall preposition essential emergency supplies and kits (drugs, vaccines, IV fluids, etc) as well as working through key coordination mechanisms such as the clusters to ensure any surge in diseases is reported and controlled. UNIDO shall train the community health committees on how to undertake outreach health education during emergencies and in event of a surge in communicable diseases. UNIDO shall train health promoters who shall be derived from the volunteers working on EPI as an added responsibility to undertake home based care for patients in event of a surge in disease and in taking care of patients who have been attended to by qualified staff during mobile clinic visits and are recuperating from home.

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 intended activities are in line with the Health Cluster objectives and will in particular;

- Maintain the existing safety net by providing basic health packages and emergency referral services through provision of minimal PHCU/PHCC staff with essential skills to ensure mothers and children are attended to through RH and child healthcare.
- Strengthen emergency preparedness including surgical interventions through employing key lab technicians and clinical officers who will serve under a medical doctor who is in charge of the health and nutrition activities. UNIDO shall also ensure CHD staff has been trained on emergency preparedness and requisition of essential drugs to respond to emergencies.
- Respond to health related emergencies including controlling the spread of communicable diseases especially Kalazar in Koch which using the CHF and OFDA funds in 2012 have been instrumental in undertaking curative activities by qualified clinical officers and referral activities to MSF Holland Hospital in Leer. Using funds from this grant UNIDO shall maintain qualified medical staff that shall augment the activities of the county health department in dealing with emergency situations since the SMOH is still constrained financially to deploy trained staff in these counties.

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)

Increase access to and improve quality of comprehensive emergency primary healthcare services through health facility and community-based service provision to meet MOH set guidelines in six months.

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).

- 1) Maintain the existing provision of basic health packages and emergency referral services in Madol PHCU, Dablual PHCU in Mayendit County and Patit PHCC, Ngony PHCU, Mirmir PHCU in Koch County.
 - i) Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMNCI protocol for girls and boys,
 - ii) Provide laboratory services with improved diagnostic capacity in Patit PHCC in Koch County and Madol PHCU in Mayendit County.
 - iii) Provide maternal healthcare (routine ANC/PNC check up, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, basic/comprehensive obstetric care; FP services and referral, etc),
 - iv) Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio plus, etc)
 - v) Strengthen universal precautions and infection prevention including medical waste management in all supported health facilities.
 - vi) Employment of trained health staff as per the BPHS and the recommendations of MoH in all health facilities with a focus on ensuring quality services.
 - vii) Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation.
 - viii) Conduct on the job and formal/refresher training for facility and community based health workers, midwives on safe motherhood, child health, community health, common morbidities, HIS, specialized emergency surgical and obstetric interventions, HMIS

- ix) Renovate health facilities in Patit PHCC, Madol PHCU to meet service delivery standards
- 2) Ensure adequate and uninterrupted supply of drugs, medical supplies, medical equipment and laboratory supplies through direct and MoH's supply chain and undertake surgical interventions:
 - i) Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supply/equipment to all supported health facilities.
 - ii) Undertake memorandums of understanding with UNFPA and UNICEF for the procurement and distribution of essential RH and EPI supplies including cold chain.
 - iii) Provide vehicles for emergency referral services to the Hospital in Leer and Bentiu for surgical interventions.
- 3) Strengthen emergency preparedness and respond to health related emergencies including the control of communicable diseases from spreading at the supported health facilities in the affected community in Mayendit and Koch.
 - i) Strengthening of facility staff and community members on health/disease surveillance, reporting and analysis (HF based surveillance/IDSR, community surveillance and epidemic/outbreak investigation and response); case finding, treatment and health awareness raising for the prevention of common infectious diseases e.g. cholera, meningitis, malaria, Kala-azar, HIV and other communicable diseases,
 - ii) Training for staff, partners and key stakeholders in emergency assessment and response for disease outbreaks and casualty incidents from conflicts and other causes.
 - iii) Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, cholera beds, hospital tents, PEP), laboratory diagnostic capacity and coordination mechanisms with other humanitarian actors in the county and at the clusters in Bentiu and Juba.
 - iv) Close coordination with CHDs in strengthening the community health committees, information sharing and facilitate monthly CHD and UNIDO team supervision visits to the health facilities with the reports being sent to the SMOH and the clusters.
 - v) Train 18 health promoters selected to ensure gender balance who have been undertaking EPI vaccination as volunteers on Community Case Management of Fever, Diarrhea and Malaria. These promoters shall be provided with Oral Rehydration Salts, ACT and Cotrimoxazole drug kits to undertake home based care services to patients under the supervision of the CHWs.

iv). Cross Cutting Issues

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

Environment

UNIDO shall include in the refresher courses trainings on appropriate disposal (burial, incineration) of clinic supplies, including drugs and used medical items

Gender

UNIDO plans of women, girls, boys and men, through ensuring that women and men are able to utilize health services without undue hindrances. To archive this women are to be represented equally with men in Village Health Committees (VHCs), which are elected for each supported facility so that they can adequately plan for the facilities on this site to cater for all. Men and women shall be trained on their role in the uptake of RH services so that they convey the same to the wider community.

HIV

Mayendit PHCC and Boaw PHCC have VCT centers and the Village health committees shall be an avenue for community sensitization and encourage the use of treatment and counseling services.

Participation of Beneficiaries

Community members will voluntarily form health management committees and vote in the members, which will operate, maintain and manage the supported health facilities. They will also attend all the training meetings related to health education, and monitor the work of the community health promoters.

v) Expected Result/s

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

- The project expects to achieve the following results from the activities undertaken;
- 15,578 children under Five receive curative consultations and those diagnosed with malnutrition are referred to the Nutrition team
 - Improved reporting on disease outbreaks within 48 hrs to the SMOH and WHO in Juba.
 - Increased number of expectant mothers receive IPT2 and conduct their deliveries under skilled attendants
 - 15,578 children under 5 receive measles vaccination
 - All health facilities have waste disposal facilities with staff fully trained on protocols
 - Health facilities have qualified clinical officers, midwives, nurses and lab technicians to alleviate the shortage in the SMOH
 - Each health facility has trained community health committees who undertake in public health education and facility management
 - CHD staff receive training on emergency health interventions
 - Two health facilities receive renovation of facilities and each health facility has a quality toilet and sanitation facilities
 - Health facilities' have adequate emergency drug supplies before floods disrupt the road network
 - Each health facility has adequate RH and EPI supplies to cover local and IDP populations
 - Each county health facilities under the project can access emergency referral vehicles

- Increased capacity by the Health facilities in reporting and responding to disease outbreaks
- A combined total of 108 Health staff , CHD staff and community health teams receive training on assessment and response to disease outbreaks
- Health facilities Laboratories’ have requisite equipment to undertake disease diagnosis
- Increased coordination between stakeholders at the county level
- 18 health promoters receive training and are involved in community case management of fever, diarrhea and malaria

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 antenatal client receiving IPT 2 nd dose | Target – 4000 |
| x | 2. | Total number of Under 5 Curative Consultations at health facilities (Male and Female) | Target 15,578 |
| x | 3. | Percentage of communicable diseases’ detected and responded to within 48 hours | 100% |
| x | 4. | Number of births attended by skilled birth attendants | Target 2,685 |
| x | 5. | Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR (Male and Female) | Target 30 |
| x | 6. | Number of children <5 vaccinated against measles in emergency or returnee situation | 15,578 |

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.

UNIDO shall implement these activities directly but shall fully involve the CHD and other partners with Health programs within the counties to ensure that the project achieves its objectives. UNIDO shall continue to partner with MSF Holland Leer Hospital in event of patient referrals from outbreaks such as Kalaazar that require admission where such facilities are unavailable in the Health facilities present.

For rehabilitation works UNIDO shall involve Contractors selected under competitive bidding in line with UNDP guidelines.

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.

UNIDO shall utilize M&E system that ensures appropriate delivery of effective and sustainable health services. These shall include: KAP surveys, clinic HIS data and Clinic exit surveys, and other means of verification as outlined in the Log frame to be carried out with local community and the CHD and SMoH officials from the state. In addition, the Health and Nutrition Manager and other members of the Senior Management Team will make regular visits to the project sites to meet with project staff and assess overall implementation.

Data Gathering

To monitor output achievements each PHCU and PHCC will collect the data on each outpatient & inpatient treatment; growth monitoring of <5 children; the mothers and children served in the MCH & ANC; the number of children reached with EPI; the number of participants in community outreaches, HIV/AIDS and hygiene education activities along with topics presented in health education campaigns; and the number of patients treated for non-communicable disease conditions. Data from each PHCU will be added to data from the PHCCs on a monthly basis.

To monitor the outcome of health services and outreach education, an M&E Staff attached to this project will be responsible of maintaining monitoring systems at each PHCC. These monitoring systems will gather data on changes in health seeking behavior and practice, and change in disease prevalence and the morbidity and mortality. The M&E Staff will work under the direction of the Health and Nutrition Manager and in collaboration with the Team leaders at each PHCU. CHWs and EPI workers selected from each PHCC will be trained for the purpose of implementing health surveys and community-based data gathering.

UNIDO shall conduct ongoing supervision of staff and quarterly diagnosis/treatment assessments together with officials from the SMOH who are the main tool for monitoring improved capacity of health care service delivery across program sites.

Data Analysis

For output monitoring, the primary data gathered from the outpatient/inpatient services will be analyzed at the PHCC level. Any

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.

unusual trends in disease incidence, outbreak or malnutrition will be further verified and investigated to determine root cause. This analysis will improve or change the content of the medical aspects of the project, and for addressing any outbreaks of diseases, including kala-azar and malnutrition. Monthly reports of the unusual trends will be submitted to UNIDO management team and to the CHDs and MOH.

In relation to outcome monitoring, the M&E Staff will lead the analysis of the data gathered through community surveys. This officer will prepare the analysis for reporting purposes, and he will work with the Health and Nutrition Program Manager to feed back conclusions and recommendations to the PHCC supervisors. Results of this analysis will be used by UNIDO for review of strategies and approaches to primary health care services in these areas. It will be reported in the annual end-of-project report and also made available to CHF/UNDP, UNICEF, the CHDs and MOH.

UNIDO will monitor changes in local conditions that may affect the implementation of health activities (movement of IDPs/returnees, prevalence of kala-azar infection, changes in climate and security, the potential for conflict between communities etc.) in order to plan appropriate and timely responses to any emerging emergencies. If an unusual trend or crisis is detected, UNIDO will inform the SMOH Director and UN/NGO coordination mechanisms and other agencies, so that complementary, consistent and coordinated responses can be carried out. UNIDO will continue to use UNICEF and MOH formats and the Health Information System (HIS) for reporting health sector data.

Reporting

UNIDO shall feed all information to all stakeholders in government and NGO partners at the state level. UNIDO Health and Nutrition Manager is responsible for submitting weekly surveillance IDSR data to the SMOH and monthly DHIS reports to SMOH.

Health Promotion and Village Health Committee teams will be trained and conduct quarterly pre and post campaign surveys on hygiene, malaria and breastfeeding practices as key areas for measuring improved practices in community behavior.

Monthly field reports shall be sent to Juba with analysis and explanations for indicator results and new emerging trends that shall be provided to the donor.

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) |
|-------------------------------------|--------------|
| | |
| | |
| | |

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 |
|--|---|
| <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Organization staff costs and entitlements involved in the implementation of the project (programme and support staff) | <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Costs incurred for the travel of staff members | <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Only training directly related to implementation of the project to be included (counterparts and staff members) | <ul style="list-style-type: none"> Describe type of training, number of participants, location, duration, unit cost Provide breakdown of costs incurred during each of the training |
| 5. CONTRACTS <ul style="list-style-type: none"> Specialized services provided to the project by an outside contractor including groups, firms, companies, and NGOs (e.g. printing press, consultancy firms, construction companies) | <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> This budget line includes the purchase/rental of vehicles directly serving the implementation of the project | <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Other costs related to the project not covered by the above such as bank transfer charges, courier charges, etc | <ul style="list-style-type: none"> Provide itemized description of costs if not possible to breakdown by unit/quantity/cost per unit |
| OVERHEAD/PROGRAMME SUPPORT COSTS (PSC) | |
| <ul style="list-style-type: none"> To cover PSC at HQ/regional and country level. | <ul style="list-style-type: none"> PSC not to exceed 7% of subtotal project costs |
| AUDIT Costs | |
| <ul style="list-style-type: none"> NGOs are required to budget at least 1% of total project cost for audit, UNDP/TS will contract external audit | |
| 11. GRAND TOTAL COSTS | |
| <ul style="list-style-type: none"> The total of project costs | <ul style="list-style-type: none"> The Sum of subtotal project costs, PSC and Audit. |

Note ii) type of budgetary information required

- Items Description:** Provide a brief description of items required to implement the project.
- 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.
- 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.
- Unit of measurement:** indicate the unit used to measure the budget line. e.g months, tonnage, pieces etc
- Percentage/full-time-equivalent (FTE):** indicate the percentage or FTE that CHF will cover.
- Quantity:** the amount in relation to the unit of measurement, such as number of people, number of months etc
- 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: | | Project title: | Organisation: |
| 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: • | Indicators of progress: What are the key indicators related to the achievement of the CAP project objective? • | How indicators will be measured: What are the sources of information on these indicators? • |
| | | | |

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|----------------|---|--|--|---|
| Purpose | <p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> • <ol style="list-style-type: none"> 1) Increase access to and improve quality of comprehensive emergency primary healthcare services through health facility and community-based service provision to meet MOH set guidelines in six months. 2) Increase the availability of adequate and uninterrupted supply of drugs, medical supplies, medical equipment and laboratory supplies through direct and MoH's supply chain and undertake surgical interventions 3) Strengthen emergency preparedness and respond to health related emergencies including the control of communicable diseases from spreading at the supported health facilities in the affected community in Mayendit and Koch. | <p>Indicators of progress:</p> <ul style="list-style-type: none"> • <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i> | <p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> • | <p>Assumptions & risks: <i>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?</i></p> <ul style="list-style-type: none"> • |
| Results | <p>Results - Outcomes (intangible): <i>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.</i></p> <ul style="list-style-type: none"> • Increased coordination between stakeholders at the county level | <p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ol style="list-style-type: none"> 1) No of meetings held and joint supervision visits done with the CHD and SMOH officials | <p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Signup sheets • Supervision reports | <p>Assumptions & risks: <i>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?</i></p> <ul style="list-style-type: none"> • |
| | <p>Immediate-Results - Outputs (tangible): <i>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.</i></p> | <p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?</i> <i>Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> • | <p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • | <p>Assumptions & risks: <i>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?</i></p> |

| | | | |
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| <ul style="list-style-type: none"> • Increased capacity by the Health facilities in reporting and responding to disease outbreaks • A combined total of 108 Health staff , CHD staff and community health teams receive training on assessment and response to disease outbreaks • Health facilities Laboratories’ have requisite equipment to undertake disease diagnosis • 18 health promoters receive training and are involved in community case management of fever, diarrhea and malaria • 15,578 children under Five receive curative consultations and those diagnosed with malnutrition are referred to the Nutrition team. • Improved reporting on disease outbreaks within 48 hrs to the SMOH and WHO in Juba. • Increased numbers of expectant mothers receive IPT2 and conduct their deliveries under skilled attendants. • 15,578 children under 5 receive measles vaccination • All health facilities have waste disposal facilities with staff fully trained on protocols • Health facilities have qualified clinical officers, midwives, nurses and lab technicians to alleviate the shortage in the SMOH | <ol style="list-style-type: none"> 1) Total number of Under 5 Curative Consultations at health facilities (Target 15,578) 2) Percentage of outbreaks investigated in 48 hours and reported to the IDSR (Target 100%) 3) Number of births attended by skilled birth attendants (Target 2,685 Number of children <5 vaccinated against measles in emergency or returnee situation (15,578) 4) No of Health facilities with waste disposal facilities 5) No of health staff employed segregated by gender 6) No of community health teams trained and reporting six months after the project life 7) No of health workers trained segregated by gender 8) No of health facilities renovated and toilets constructed | <ul style="list-style-type: none"> • HMIS monthly reports • IDSR reports to Cluster and WHO • Supervision reports • Signup sheets and Contracts • Narrative reports • Service completion reports | <ul style="list-style-type: none"> • The communities continue to live in peace to avoid disruptions due to armed conflicts • The Financial situation remains stable with less fluctuation on the South Sudanese pound not to affect prices • Staff trained shall remain in the project location during the duration of the project. |
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| | <ul style="list-style-type: none"> • Each health facility has trained community health committees who undertake in public health education and facility management • CHD staff receive training on emergency health interventions • Two health facilities receive renovation of facilities and each health facility has a quality toilet and sanitation facilities | | | |
| | <p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will result in the project outputs.</i></p> <ol style="list-style-type: none"> Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMNCI protocol for girls and boys, Provide laboratory services with improved diagnostic capacity in Mayendit PHCC and Boaw PHCC. Provide maternal healthcare (routine ANC/PNC check up, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, basic/comprehensive obstetric care; FP services and referral, etc), Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio plus, etc) Strengthen universal precautions and infection prevention including medical waste management in all | <p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> • | | <p>Assumptions, risks and pre-conditions: <i>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?</i></p> <ul style="list-style-type: none"> • |

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| <p>supported health facilities.</p> <ul style="list-style-type: none"> vi) Employment of trained health staff as per the BPHS and the recommendations of MoH in all health facilities with a focus on ensuring quality services. vii) Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation. viii) Conduct on the job and formal/refresher training for facility and community based health workers, midwives on safe motherhood, child health, community health, common morbidities, HIS, specialized emergency surgical and obstetric interventions, HMIS ix) Renovate health facilities in Luom PHCU, Packur PHCU, Mirmir PHCU to meet service delivery standards x) Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supply/equipment to all supported health facilities. xi) Undertake memorandums of understanding with UNFPA and UNICEF for the procurement and distribution of essential RH and EPI supplies including cold chain. xii) Provide vehicles for emergency referral services to the Hospital in Leer and Bentiu for surgical interventions. xiii) Strengthening of facility staff and | | | |
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|--|--|--|--|--|
| | <p>community members on health/disease surveillance, reporting and analysis (HF based surveillance/IDSR, community surveillance and epidemic/outbreak investigation and response); case finding, treatment and health awareness raising for the prevention of common infectious diseases e.g. cholera, meningitis, malaria, Kala-azar, HIV and other communicable diseases,</p> <p>xiv) Training for staff, partners and key stakeholders in emergency assessment and response for disease outbreaks and casualty incidents from conflicts and other causes.</p> <p>xv) Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, cholera beds, hospital tents, PEP), laboratory diagnostic capacity and coordination mechanisms with other humanitarian actors in the county and at the clusters in Bentiu and Juba.</p> <p>xvi) Close coordination with CHDs in strengthening the community health committees, information sharing and facilitate monthly CHD and UNIDO team supervision visits to the health facilities with the reports being sent to the SMOH and the clusters.</p> <p>xvii) Train 18 health promoters selected to ensure gender balance who have been undertaking EPI vaccination as volunteers on Community Case Management of Fever, Diarrhea</p> | | | |
|--|--|--|--|--|

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|--|---|--|--|--|
| | <p>and Malaria. These promoters shall be provided with Oral Rehydration Salts, ACT and Cotrimoxazole drug kits to undertake home based care services to patients under the supervision of the CHWs.</p> | | | |
|--|---|--|--|--|

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 Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMNCI protocol for girls and boys | | | | | | | | | | | | | | |
| Activity 2 Provide laboratory services with improved diagnostic capacity in Mayendit PHCC and Boaw PHCC. | | | | | | | | | | | | | | |
| Activity 3 Provide maternal healthcare (routine ANC/PNC check up, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, basic/comprehensive obstetric care; FP services and referral, etc), | | | | | | | | | | | | | | |
| Activity 4 Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio plus, etc) | | | | | | | | | | | | | | |
| Activity 5 Strengthen universal precautions and infection prevention including medical waste management in all supported health facilities | | | | | | | | | | | | | | |
| Activity 6 Employment of trained health staff as per the BPHS and the recommendations of MoH in all health facilities with a focus on ensuring quality services. | | | | | | | | | | | | | | |
| Activity 7 Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation | | | | | | | | | | | | | | |

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 8 Conduct on the job and formal/refresher training for facility and community based health workers, midwives on safe motherhood, child health, community health, common morbidities, HIS, specialized emergency surgical and obstetric interventions, HMIS | | | | | | | | | | | | | | | |
| Activity 9 Renovate health facilities in Patit PHCC, Madol PHCU to meet service delivery standards | | | | | | | | | | | | | | | |
| Activity 10 Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supply/equipment to all supported health facilities. | | | | | | | | | | | | | | | |
| Activity 11 Undertake memorandums of understanding with UNFPA and UNICEF for the procurement and distribution of essential RH and EPI supplies including cold chain | | | | | | | | | | | | | | | |
| Activity 12 Provide vehicles for emergency referral services to the Hospital in Leer and Bentiu for surgical interventions. | | | | | | | | | | | | | | | |
| Activity 13 Strengthening of facility staff and community members on health/disease surveillance, reporting and analysis (HF based surveillance/IDSR, community surveillance and epidemic/outbreak investigation and response); case finding, treatment and health awareness raising for the prevention of common infectious diseases e.g. cholera, meningitis, malaria, Kala-azar, HIV and other communicable diseases | | | | | | | | | | | | | | | |
| Activity 14 Training for staff, partners and key stakeholders in emergency assessment and response for disease outbreaks and casualty incidents from conflicts and other causes | | | | | | | | | | | | | | | |
| Activity 15 Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, cholera beds, hospital tents, PEP), laboratory diagnostic capacity and coordination mechanisms with other humanitarian actors in the county and at the clusters in Bentiu and Juba | | | | | | | | | | | | | | | |
| Activity 16 Close coordination with CHDs in strengthening the community health committees, information sharing and facilitate monthly CHD and UNIDO team supervision visits to the health facilities with the reports being sent to the SMOH and the clusters | | | | | | | | | | | | | | | |
| Activity 17 Train 18 health promoters selected to ensure gender balance who have been undertaking EPI vaccination as volunteers on Community Case Management of Fever, Diarrhea and Malaria. These promoters shall be provided with Oral Rehydration Salts, ACT and Cotrimoxazole drug kits to undertake home based care services to patients under the supervision of the CHWs | | | | | | | | | | | | | | | |
| Activity 17 Routine Monitoring and reporting to Cluster, WHO and OCHA (CHF) | | | | | | | | | | | | | | | |

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

