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

Cluster Priority Activities for this CHF Round

i) Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas
ii) Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services
iii) Maintain or strengthen medical referral services for emergency cases
iv) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization
v) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff
vi) Maintain surge capacity for emergencies and surgical interventions
vii) Conduct training on emergency preparedness and response at all levels
viii) Provide logistical support to prepositioning of core pipeline supplies to high risk states

Cluster Geographic Priorities for this CHF Round

1. Jonglei (Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East)
2. Warrap (Twic, Gogrial East, Tonj North, Tonj East, Tonj South)
3. NBeG (Aweil North, Aweil East, Central, Aweil South)
4. WBeG (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East)
6. Unity (Abiemnhom, Leer, Rubkona, Mayom, Koch, Mayendit, Pariang, Panyijar)
7. Upper Nile (Renk, Ulang, Nassir, Maban, Longechuck, Baliet)
8. Eastern Equatoria (Kapoeta North, East, Lopa)

SECTION II

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

Requesting Organization

CCM – Comitato Collaborazione Medica

Project CAP Code	CAP Gender Code
SSD-13/H/55326/R/6703	2b

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

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

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

State	%	*County/ies (include payam when possible)*
Warrap	100	*Twic County (Turalei, Aweeng and WunrockPayams)*

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

Funding requested from CHF for this project proposal	US$ 200.000
Are some activities in this project proposal co-funded (including in-kind)? 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 direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	6.443	15,000
Girls:	2.387	6,500
Men:	6.688	12,000
Boys:	2.293	6,500
Total:	**17.811**	**40,000**

Indirect Beneficiaries

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

Catchment Population (if applicable)

The project target is composed of: (i) women in reproductive age, men and children (50% boys and 50% girls) from host communities of Aweeng, Turalei and Wunrokpayams of Twic county, living under the poverty line of 2USD/day and at risk of

health complications due to poor hygienic conditions and high food insecurity (80% of the whole target), (ii) IDPs and returnees (at least 40% women in reproductive age and 35% children), living in Twic county and prone to health emergencies due to poor shelters and incomes, high promiscuity (17,5% of the whole target), (iii) prisoners and soldiers living in Turalei, exposed to prolonged unhealthy living conditions and insecurity risks (2,5% of the whole target). All direct beneficiaries will benefit from both preventive and curative health activities, to comprehensively improve EP&R.

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)
None

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
6 months from 1st October 2013 to 31st March 2014

Contact details Organization's Country Office	
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A. Humanitarian Context Analysis

Briefly describe (in no more than 300 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]

InTwic County of Warrap State live 298,580 inhabitants (around 50% women), 2,940 flood-affected IDPs and, 34,185 IDPs from Abyei (IOM). Further, 60,340 returnees (4,873 only in 2012-13, OCHA) have settled in the county.
Some health indicators of Twic County are:

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

Poor health, hygiene, nutrition standards and late referral hinder the capacities to prevent common diseases (malaria, water-borne diseases, ARI) from turning into severe cases. The appalling food insecurity (9,815 people expected by WFP highly food insecure and 39,018 moderately food-insecure) worsens the already weak MARPs' status. Proximity to border, high inflation, political instability in Abyei, poor infrastructures and hostile weather aggravate the effects of natural and human-made disasters.

Mother Teresa Hospital in Turalei is the only facility with surgical/emergency capacities, with catchment area reaching Abyei, Gogrial, and Unity State. It commonly receives injured/traumatized patients from clashes, use of small arms and mine victims (UNMAS included Twic in the map of the possibly contaminated areas). Conflicts, displacement, promiscuity/polygamy exacerbate the incidence of STIs and GBV. Low reported HIV rate (0.7%) is linked to limited testing capacities and low HIV/AIDS awareness (21%, UNAIDS 2012). Unhealthy RH practices, resulting into late referral of obstetric emergencies, stem from socio-economic factors (women depending on men decision), stigmatization of STIs/sterility, poor confidence in male staff. In the first half of 2013, the hospital registered:

- 4,309 U5 (50% girls) OPD;
- 10,504 OPD services;
- 871 ANC clients (226 received TT2 and 156 got IPT2);
- 155 delivered assisted by SBA (22 caesarean sections);
- 469 surgical operations;
- 179 emergency operations;
- 896 traumas treated.

Humanitarian support to Twic county secondary health system is essential to: (i) maintain safety nets until the HPF call for 'hospitals' is launched (early 2014), (ii) not disrupt emergency/surgical capacities, (iii) prevent drug stock raptures, (iv) enforce EP&R capacities. Host and IDP/returnee' communities shall be equally targeted to ensure equal access to service delivery and promote inclusion.

B. Grant Request Justification

Briefly describe (in no more than 300 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.

In Twic County, primary health care is ensured by a network of PHCs supported by different partners (Goal, IOM, MoH). However, none of these facilities can: (i) treat common diseases complications (sever malaria and ARI cases), (ii) provide quality skilled birth attendance, (iii) manage surgical cases and emergency obstetric complications (CEmONC), (iv) assist serious victims of traumas, (v) treatpublic health communicable diseases like TB. All PHC facilities in Twic and some from Gogrial county and from Unity State do

[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.

refer all complications to Mother Teresa Hospital in Turalei. Further, the hospital records the highest outpatient attendants' rate in the County (on average 2,163 patients/month).
The hospital plays an essential role in creating awareness on HIV prevention, counseling and testing and on gender and sexuality. The start of Tb programme (April 2013), has made the Hospital the only TBMU in northern Warrap.
The current allocation will complement the activities of the first allocation allowing the Hospital to continue their service deliveries to the target population. The beneficiaries targeted by this allocation won't be the same of the first one.

Currently Mother Teresa County Hospital in Turalei is supported exclusively by CHF and private donors, whilst is not supported (nor will be in the incoming months) by HPF, which recent call focused only on PHCU/Cs. At the end of Q2 2013, 33,6% of CHF allocated budget was spent and more than 43% is already committed. The remaining budget will be fully exhausted by the end of September 2013, and additional resources will be required to maintain the hospital functionality.

CHF resources would cover the following identified activities:

1. ensuring24/7 emergency surgical capacities mainly to P&LW, victims of clashes, girls/boys traumatized;
2. maintaining hospital OPD/IPD services, focusing mostly on medical complications;
3. ensuring emergency RH services (including mainstreaming on HIV), for women/partners in remote areas;
4. training staff on emergency health care service provision,
5. sensitizing communities on hygiene, sanitation, outbreaks prevention/control;
6. building institutional capacities on EP&R;
7. improving IPs coordination on e-warn and referral systems.

Close collaboration with Twic CHD ensures integration of the Hospital in the county health system to tackle emergencies and link with partners for an integrated management of frontline services.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

The overall objective of the project is to reduce the vulnerability to health related emergencies of both host and IDP/returnee' communities in Twic County (Warrap State), by combining health emergency response/control (including safety nets and surgical capacities) and institutional capacity building for preparedness.
The project purpose is perfectly integrated within the Health Cluster strategy and is in line with six Clusters priorities:

- Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas.
- Maintain or strengthen medical referral services for emergency cases.
- Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization.
- Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff.
- Maintain surge capacity for emergencies and surgical interventions.
- Conduct training on emergency preparedness and response at all levels.

Mother Teresa hospital provides 24/7 emergency services which include surgical capacities, MISP in RH services, trauma management and communicable and non communicable disease treatment (even when complicated).Emergency preparedness is pursued through combining institutional capacity building for health surveillance, e-warning system and outbreaks control and community sensitization on health, hygiene and sanitation. Awareness raising activities target opinion leaders (community/religious leaders, teachers, VHC, CBOs) and MARPs (women and men living under the poverty line and with poor education, prisoners, soldiers)and are carried out both at static level (facility-based) and in the community (through outreaches).

ii) Project Objective

State the objective/s of this CHF project. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

The specific objectives of the project are:

- to increase at least by 5% the access of local and stranded population (IDPs, returnees and nomads) to continuous and effective frontline hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care (baseline: 80 persons/month);
- to ensure 24/7 comprehensive emergency services – with main focus on surgical and obstetric emergency – at hospital level;
- to increase at least of 5% the number of community members sensitized on health and hygiene-related safe behavior to prevent spread of infectious diseases and outbreaks (baseline: 800 persons/month).

The achievement of the objectives and of the expected results (see below) will be monitored through the utilization of a number of specific measurable indicators, selected among the Health Cluster output indicators and the MoH requirements for health reporting, seen relevant to achieve the HSDP 2011 – 2016 targets, as well as health related MDGs.
The project timeframe is considered adequate to meet the project objectives, since it represents the natural continuation and enhancement of CHF 2013 Round 1 project.

The requested additional resources are exclusively meant for (i) maintaining a minimum level of secondary health service provision, mostly targeting U5 (boys and girls), P&LW, victims of clashes, IDPs and households under the poverty line, and (ii) scaling up CCM raising awareness and outreach capacities, to improve the epidemiological surveillance in the project catchment area.

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

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

Output 1. Frontline basic and emergency health services, including surgical capacities, are available in Mother Teresa County Hospital to host and IDP/returnees' communities

1.1 Provision and prepositioning of drugs (including diarrheal and trauma kits), lab, medical and non medical supplies, complementing MoH and donors' stocks to face out outbreaks;
1.2 OPD/IPD service provision (focusing on boys and girls U5, P&LWs, women and men victims of traumas/injuries);
1.3 Emergency RH service provision, mainly by female health staff (MCH, FP, ANC, clean and safe delivery, PNC, STI management, GBV medical follow-up, counseling and referral);
1.4 Maintenance of Vaccine Cold Chain for ordinary and emergency EPI (focusing on new-born up to 1 year and P&LWs);
1.5 Provision of 24/7 emergency services including surgical and obstetric emergency;
1.6 Continuous on the job and theoretic trainings for local health staff on (i) management of communicable disease, (ii) basic anatomy, (iii) basic nursing procedures, (iv) post/pre operative care, (v) first aid and basic surgical skills;.
HIV awareness and education mainstreaming is ensured throughout all the above listed activities.

TARGETS:
- U5 consultation: at least 4,000 (50% boys, 50% girls)
- Adult consultations: at least 6,600 (50% men, 50% women)
- ANC clients receiving IPT2: 120
- Skilled attended deliveries: 150 (at least 10% Cesarean sections)
- Measles: 80
- DPT3: 100
- Surgery operations: 450 (at least 50% emergencies)
- Trained facilities staff: 25 (at least 50% female)

Output 2. Host and IDP/returnees' communities are sensitized on preventive health, hygiene and safe reproductive health

2.1 Organization of daily health education sessions for patients and caretakers in Turalei Hospital, focusing on hygiene, sanitation and prevention of communicable diseases including tuberculosis
2.2 Organization of monthly health, hygiene and sanitation sensitization sessions targeting Turalei prison, military camps, school children and IDP/returnees' sites, including medical screening and referral to Turalei Hospital for emergency treatment, TB and HIV awareness.

TARGETS:
- Community members/IDPs/returnees reached by health education messages: 6,500 (at least 50% men)
- Prisoners, military personnel and school children reached by health education messages including TB/HIV awareness: 1000.

Output 3. Institutional capacities to manage health services, EP&R and e-warning system in Twic County are improved

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

TARGET
- CHD members capacity built: 5
- CHD coordination meetings supported: 2

iv). Cross Cutting Issues

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

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

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

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

GENDER: (i) equal opportunity of accessing the health services offered by Turalei Hospital are ensured to both male and female

patients; (ii) mobile clinic service in the most remote areas and critical contexts (as returnees and IDPs camps) will facilitate women in accessing health care, as they are usually penalized by HFs distance because of their home care duties and of some traditional rules regulating their movements. Moreover, women will play a great role in the successful implementation of the project activities through the active participation of the female health staff in the health activities, including outreach and health education sessions. Mother Teresa hospital has almost same proportion of both female and male national/expatriate staff.

CAPACITY DEVELOPMENT; theoretical and on the job trainings, workshops and coordination meetings involving both health personnel and institutional partners (State and County level) have been included as main project activities to concretely enforce the early warning and health emergency risk reduction and ensure adequate sustainability to the project. The identified implementation modalities (see below) envisage and pursue full and active involvement of the institutional stakeholder in the project follow up and consistent monitoring, as well as in the regular info and data sharing with other stakeholders to better coordinate emergency response and manage integrated resources. As far as health personnel is concerned, when availability of qualified health staff is limited, also the task shifting approach (endorsed by WHO), backed by continuous supportive supervision is pursued.

v) Expected Result/s

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

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

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

2. **Host and IDP/returnees' communities are sensitized on preventive health, hygiene and safe reproductive health**
   - Patients and caretaker accessing Mother Teresa hospital services are informed/educated on and are aware of health, hygiene and sanitation principles and prevention of common diseases.
   - IDPs' and returnees and MARPs in the project catchment area are sensitized on health, hygiene and sanitation principles
   - Prisoners, military personnel and school children within the catchment area are sensitize on communicable diseases preventions, personal and environmental hygiene.

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

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	Total beneficiaries	17811
		Women	6443
		Girls	2387
		Men	6688
		Boys	2293
X	2	number of >5 consultations (male and female)	6.600 (50% male & 50% female)
X	3	number of <5 consultations (male and female)	4.000 (50% male & 50% female)
	4	Number of emergency surgical operations carried out	450
X	5	Number of births attended by skilled birth attendants	150
X	6	Number of Measles vaccination	80
X	7	Number of DPT3 vaccination	100
X	8	Number of antenatal clients receiving IPT2 second dose	120
X	9	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	25

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

CCM (Comitato Collaborazione Medica) is an Italian NGO, providing support to Mother Teresa Hospital in Turalei (Twic County, Warrap State) since 2003.

The hospital was built and started by the Diocese of El Obeid, which has requested CCM support for the ordinary management of hospital activities and technical assistance in health service delivery. Mother Teresa Hospital is recognized by WSMoH as county hospital and is taken as model of effective secondary health facility in all Warrap State for the quality of services provided. CCM is

partner to both WSMoH and Twic County CHD and this collaboration ensures respect of all MoH guidelines/protocols in health care delivery, as well as the adherence to DHIS/IDRS reporting system and timeframes.

CCM core interventions include primary and secondary health care, with a special focus on surgical interventions, reproductive, maternal and child health, especially to vulnerable groups in need of humanitarian assistance. Actions promoted and supported by CCM aimed at strengthening the local health system rather than duplicating efforts or establishing parallel health structures.

The project aims at ensuring continuation and preventing the disruption of the provision of basic service package and uninterrupted emergency services, including surgical interventions, at Mother Teresa Hospital. Furthermore, the project foresees to scale-up the promotion of maternal and child health, through organization of education and sensitization activities.

CCM project staff is composed of a small team of expatriates (project manager, surgeon, anesthetist, matron, midwife), providing both high-skilled health services and continuous supportive supervision to the local staff. In addition to the clinical job, the project shall rely on the local health staff, as well as the already functioning community mechanisms, to reach out and disseminate essential key messages to the local populations, the IDPs and returnees in a bid to change their health seeking behavior. Health education and sensitization activities will mainly focus on child health and the importance of immunization, personal and community hygiene, malaria prevention and treatment, prevention and control of tuberculosis and diarrheal diseases.

Further, the project will also build the County Health Department capacities by training the personnel on strategic planning and involving them in the monitoring and supervision of activities being implemented. Community leaders will also be sensitizedin order to enhance the involvement of the community in the acknowledgment and ownership of the health services offered in the county. As a diocesan hospital, the project will also take advantage of the church and other Christian gatherings to pass key health messages to the population.

With regard to data collection and analysis, the correct and timely utilization of DHIS and IDRS will ensure integration of the project data within the MoH reporting system and will contribute to the timely info sharing to prevent/control outbreaks.

The project design is based on the proactive and continuous collaboration between the implementing partner (CCM) and health institutions in Warrap State and Twic County level. In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), a Management Committee (MC) will be purposely established and meet on regular basis to ensure achievement of expected results. The MC will be composed of Twic CHD Manager, CCM Project Coordinator and a representative from the El Obeid Diocese (or its delegate), and will be responsible for: (i) defining/consolidating/readjusting the work plan, (ii) sharing information and data on the activities and services carried out and in pipeline, (iii) debating possible project implementation challenges and identifying the related way forward, (iv) providing technical assistance in the project supervision, (v) consolidating quarterly project reports.

vii) Monitoring and Reporting Plan

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

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

The Management Committee of the project, will be set up and meet on monthly basis to ensure effective monitoring of the project activities. In particular, it will look for shared solutions to the problems that may arise and redefine the strategy of intervention on the basis of the data acquired during the monitoring exercise.

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

CCM staff includes also M&E Officer based in SS Head Office (Juba), who will pay periodic visits in the project areas, to check on the consistency of the reported indicators/targets and effective performances. Further, CCM Regional Health Advisor will conduct at least one M&E mission, to provide further inputs on how to better tailor action to answer the assessed needs and achieve the project results. The health cluster will be constantly updated thanks to the participation of the Country Representative to the Cluster and the EP&R cluster.

In addition, CCM shall compile: (i) weekly IDSR reports, (ii) monthly DHIS reports, (iii) monthly malaria sentinel reports, (iv) monthly TB reports, and (v) monthly MCH reports. All data will be shared at both County and State Level with Twic CHD and WarrapSMoH. They will also be availed to all main stakeholders, through proactive participation in the sector cluster coordination mechanism at State level. The same will be done at federal level, through CCM Juba office.

The monitoring of the activities and the evaluation of the project progress will be enriched through the establishment of several control mechanisms. These are reported below:

- *Effective Reporting System*: (i) compilation of daily/weekly/monthly facility registers and tally sheets. Health staff will be trained, supervised and supported to ensure regular compilation of registers and reports including the daily/weekly/monthly health facility registers (ii) compilation of outreach reports (iii) compilation of monthly and quarterly reports for Twic County authorities and Warrap State MoH; (iv) Quarterly progress reports and final report will also be compiled in a timely manner following CHF financial and narrative tools; (v) monthly and quarterly reports are regularly shared with HQ project department for revision;
- *Employment and/or utilization of key human resources: (i)* Health professionals skilled in hospital management and supervision, responsible for assisting and supporting the local health staff in the daily provision of service to local communities, IDPs and returnees*; (ii) M&E Officer* and Regional Health Advisor; (iii) *CCM HQ desk reviewers*,

[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.

- *Experience sharing*: CCM will share periodical information and data on project implementation with the Health cluster focal person both at Warrap State and federal level, to share views and lessons learnt, and get additional inputs and comments. Meanwhile, coordination meetings will be organized with Twic CHD and other stakeholders in the health sector, to monitor the emerging needs of the county population and ensure prompt reaction to emergency situations.
  Effective financial monitoring system: (i) CCM accounting systems is based on the double-entry system, which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconciled on a weekly/monthly basis under the supervision of HQ administrative department, (ii)Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; (III) compilation of financial report is elaborated by CCM country administration with the support of a Project accountant and subsequently approved by HQ administrative department.

D. 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) for the period March – September 2013	**Amount** (USD)
CIDA, Q2 2013	58,150 USD
Private donors, Q3 2013	20,000 USD
Pledges for the CAP project for the period October 2013 - March 2014	
Private donors	7,000 USD

SECTION III:

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

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/55326/R/6703	**Project title** Ensuring health emergencies response and safety nets to local communities, IDPs and returnees in Twic County (Warrap State)	**Organisation:** Comitato Collaborazione Medica (CCM)

	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?*	
Overall Objective	ix) Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas x) Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services xi) Maintain or strengthen medical referral services for emergency cases xii) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization xiii) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff xiv) Maintain surge capacity for emergencies and surgical interventions xv) Conduct training on emergency preparedness and response at all levels xvi) Provide logistical support to prepositioning of core pipeline supplies to high risk states	• Continuous and effective frontline hospital health care and emergency referral services maintained 24/24 at Turalei Hospital; • Incidence rates for selected communicable diseases relevant to the local context (malaria, ARI, diarrhea, etc) decreased compared to 2012.	- Quarterly Narrative project reports for donors and WSMoH, - Quarterly Technical Performance reports for donors and SMoHs, - Monthly DHIS/HMIS data - Weekly IDSR data	

Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* - to increase at least by 5% the access of local and stranded population (IDPs, returnees and nomads) to continuous and effective frontline hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care (baseline: 80 persons/month); - to ensure 24/7 comprehensive emergency services – with main focus on surgical and obstetric emergency – at hospital level; - to increase at least of 5% the number of community members sensitized on health and hygiene-related safe behavior to prevent spread of infectious diseases and outbreaks (baseline: 800 persons/month).	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* N. of patients accessing Mother Teresa Hospital in Turalei services (at least 93-94 persons/month) 100% of the patients in need of emergency treatment are treated in Mother Teresa Hospital in Turalei N. of community members sensitized on health and hygiene-related safe behavior (at least 880 persons/month)	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* Final project report; Consolidated official health data from Warrap State and Twic CHD; Other data sources (OCHA, IOM, etc.)	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • Internal and cross-borders political stability; • Stable economic conditions, • Institutional willingness to effectively target emergencies; No movement restrictions for implementing partners
Results	**Results - Outcomes (intangible):** *State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*. **1. Frontline basic and emergency health services, including surgical capacities, are available in Mother Teresa County Hospital to host and IDP/returnees' communities** **2. Host and IDP/returnees' communities are sensitized on preventive health, hygiene and safe reproductive health** **3. Institutional capacities to manage health services, EP&R and e-warning system in Twic County are improved**	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • Women: 6.443 • Girls: 2,387 • Men: 6,688 • Boys: 2,393 Out of the total of 17,811 people: - Surgery operations: 450 (at least 50% emergencies) - N° of prisoners, military personnel - and school children reached by health education messages including TB/HIV awareness: 1000. - CHD members capacity built: 5	**How indicators will be measured:** *What are the sources of information on these indicators?* • Quarterly Narrative project reports for donors and WSMoH, • Quarterly Technical Performance reports for donors and WSMoH	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Collaboration of concerned State and local institutions (WSMoH, Twic CHD, HIV/AIDS Commission, etc.); • Conducive environment for INGOs in Twic county; • Collaboration from other stakeholders (UN agencies, other IPs operating at PHC level and in Nutrition/WaSH, returnees' sectors),

	Immediate-Results - Outputs (tangible): *List the products, goods and services **(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.*	**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.*	**How indicators will be measured:** *What are the sources of information on these indicators?*	**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?*
	For Outcome 1 - **Output (i):** 'Mother Teresa' hospital in Turalei is properly supplied with drugs (including emergency drug kits) and medical/lab supplies to effectively treat patients, mostly focusing on human-made or natural disasters (clashes, floods, fires, etc.), P&LW and U5 - **Output (ii):** All emergency services in 'Mother Teresa' Hospital are functional 24/7 (including theatre, IPD, emergency RH/EPI services), - **Output (iii)** The staff of 'Mother Teresa' hospital in Turalei is properly trained and mentored and provided with sound TA	For Outcome 1: - U5 consultation: at least 4,000 (50% boys, 50% girls) - Adult consultations: at least 6,600 (50% men, 50% women) - ANC clients receiving IPT2: 120 - Skilled attended deliveries: 150 (at least 10% Cesarean sections) - Measles: 80 - DPT3: 100 - Surgery operations: 450 (at least 50% emergencies) - Trained facilities staff: 25 (at least 50% female)	For Outcome 1: - Hospital patients' registers (daily, weekly, monthly), - Hospital drug consumption registers (daily, weekly, monthly), - Hospital monthly and quarterly reports (DHIS, EPI, MCH, Malaria sentinel report), - Training attendance sheets.	For Outcome 1: -DoE confirms its support to Mother Teresa Hospital in Turalei and to CCM as implementing partner, - WSMoH honours the provisions of the MoU signed with CCM for collaboration in Primary and Secondary Health Service provision in selected counties of Warrap State (including Twic) - Project funds are timely availed -Local communities, IDPs and returnees do acknowledge and are willing to access/utilize hospital services
	For Outcome 2: - **Output (i):** Patients and caretaker accessing 'Mother Teresa' hospital services are informed/educated on and aware of health, hygiene and sanitation principles - **Output (ii)**: IDPs' and returnees and MARPs in the project catchment area are sensitized on health, hygiene and sanitation principles - **Output (iii):** Key opinion leaders are informed on health, hygiene and sanitation principles	For Outcome 2: - Community members/IDPs/returnees reached by health education messages: 5.280 (at least 50% men) - Prisoners, military personnel and school children reached by health education messages including TB/HIV awareness: 1000.	For Outcome 2: - Health Education at Turalei Hospital registers, - Workshop Reports and Pictures and attendance sheets.	For Outcome 2: - Twic county CHD, RRC and other concerned local institutions are supportive in coordinating IPs activities in providing humanitarian aid to host population, IDPs and returnees to prevent overlapping, - Local authorities are supportive in mobilizing community members on EP&R
	For Outcome 3: - Output (i): Twic county CHD is capacity built on EP&R and health surveillance.	For Outcome 3: - CHD members capacity built: 5 - CHD coordination meetings supported: 2	For Outcome 3: - Training attendance sheet, report and pictures	For Outcome 3: - WSMoH allocates resources to maintain/strengthen the human resources capacities of Twic CHD

	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.*	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?*		**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities? Assumptions* *- Availability of drugs, medical and non medical supplies;*
	<u>Output 1:</u> 1.1 Provision and prepositioning of drugs (including diarrheal and trauma kits), lab, medical and non medical supplies, complementing MoH and donors' stocks to face out outbreaks;	1.1 Inputs - Logistic and procurement capacities; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders		1.1 Assumptions - Availability of drugs, medical and non medical supplies;
	1.2 OPD/IPD service provision (focusing on boys and girls U5, P&LWs, women and men victims of traumas/injuries);	1.2 Inputs - Human resources: Hospital activities Supervisor (matron, nurse) and trainers, - Qualified local human resources; - Cultural mediation - Community involvement		1.2 Assumptions No staff turnover - Availability of drugs, medical and non medical supplies
	1.3 Emergency RH service provision, mainly by female health staff (MCH, FP, ANC, clean and safe delivery, PNC, STI management, GBV medical follow-up, counseling and referral);	1.3 Inputs - Human resources: MCH Supervisors (midwife) and trainers, - Qualified local human resources; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders - Cultural mediation - Community involvement		1.3Assumptions - No staff turnover - Availability of drugs, medical and non medical supplies
	1.4 Maintenance of Vaccine Cold Chain for ordinary and emergency EPI (focusing on new-born up to 1 year and P&LWs);	1.4Inputs - Human resources: EPI Supervisors (nurse) and trainers, - Qualified local human resources; - Collaboration with Warrap State MoH, (EPI directorate)		1.4Assumptions - Availability of functioning cold chain; - Road to Kuajok (State capital) is passable
	1.5 Provision of 24/7 emergency services including surgical and obstetric emergency;	1.5 Inputs - Human resources: surgeon, anesthetist, matron, midwife - Qualified local human resources;		1.5 Assumptions - No staff turnover - Availability of qualified surgeon and anesthetist

		- Collaboration with health stakeholders in Twic county		- Availability of drugs, medical and non medical supplies - Functional referral mechanism from PHC level facilities
	1.6Continuous on the job and theoretic trainings for local health staff on (i) management of communicable disease, (ii) basic anatomy, (iii) basic nursing procedures, (iv) post/pre operative care, (v) first aid and basic surgical skills;.HIV awareness and education mainstreaming is ensured throughout all the above listed activities.	1.6 Inputs - Human resources: qualified trainers; - Availability of RoSS official training guidelines, manuals, - Procurement of training materials		1.6 Assumptions - No staff turnover - Availability of trainers and training materials
	Output 2: 2.1 Organization of daily health education sessions for patients and caretakers in Turalei Hospital, focusing on hygiene, sanitation and prevention of communicable diseases including tuberculosis	2.1 Inputs - Human resources: Hospital matron, - Local human resources; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders - Cultural mediation		2.1Assumptions - No staff turnover
	2.2 Organization of monthly health, hygiene and sanitation sensitization sessions targeting Turalei prison, military camps, school children and IDP/returnees' sites, including medical screening and referral to Turalei Hospital for emergency treatment,TB and HIV awareness.	2.2Inputs - Human resources: Project Manager, - Qualified local human resources; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders - Cultural mediation - Community involvement		2.2 Assumptions - Freedom of movement - Collaborative attitude from local stakeholders and international organizations
	Output 3: 3.1 CHD training and capacity development on: (i) epidemic preparedness, (ii) E-Warn, (iii) surveillance.	3.1Inputs - Human resources: Project manager - Qualified local human resources; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders - Cultural mediation - Community involvement - Movement capacities		3.1Assumptions -Collaborative attitude from local stakeholders and international organizations - Availability of trainers and training materials
	3.2 Organization of workshop for all stakeholders (CHD, RRC, health implementing partners, UN agencies, etc.) on emergency referral mechanism in Twic county.	3.2Inputs - Human resources: qualified trainers; - Availability of RoSS official training guidelines, manuals, - Procurement/printing of training materials		3.2Assumptions - Collaborative attitude from local stakeholders and international organizations

	3.3 Participation in the Health sector coordination mechanism at County and State level. 3.4 Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners at county level.	3.3 Inputs - Human resources: Project manager - Movement capacities 3.4 Inputs - Human resources: Project manager - Movement capacities		3.3 Assumptions - Road to Kuajok (State capital) is passable, - Meetings are regularly held on monthly basis 3.4 Assumptions - Road to Kuajok (State capital) is passable - Meetings are regularly held on monthly basis

PROJECT WORK PLAN

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

Project start date:	**01 October 2013**	**Project end date:**	**31 March 2014**

Activities	**Q3/2013**			**Q4/2013**			**Q1/2014**			**Q2/2014**			**Q3/2014**		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Result N° 1															
Activity 1. **1.1** Provision and prepositioning of drugs (including diarrheal and trauma kits), lab, medical and non medical supplies, complementing MoH and donors' stocks to face out outbreaks;				X			X								
Activity 2 **1.2** OPD/IPD service provision (focusing on boys and girls U5, P&LWs, women and men victims of traumas/injuries);				X	X	X	X	X	X						
Activity 3 **1.3** Emergency RH service provision, mainly by female health staff (MCH, FP, ANC, clean and safe delivery, PNC, STI management, GBV medical follow-up, counseling and referral);				X	X	X	X	X	X						
Activity 4 **1.4** Maintenance of Vaccine Cold Chain for ordinary and emergency EPI (focusing on new-born up to 1 year and P&LWs);				X	X	X	X	X	X						
Activity 5 **1.5** Provision of 24/7 emergency services including surgical and obstetric emergency;				X	X	X	X	X	X						
Activity 6 **1.6** Continuous on the job and theoretic trainings for local health staff on (i) management of communicable disease, (ii) basic anatomy, (iii) basic nursing procedures, (iv) post/pre operative care, (v) first aid and basic surgical skills; HIV awareness and education mainstreaming is ensured throughout all the above listed activities.				X	X	X	X	X	X						
Result N°2															
Activity 1 **2.1** Organization of daily health education sessions for patients and caretakers in Turalei Hospital, focusing on hygiene, sanitation and prevention of communicable diseases including tuberculosis				X	X	X	X	X	X						
Activity 2 **2.2** Organization of monthly health, hygiene and sanitation sensitization sessions targeting Turalei prison, military camps, school children and IDP/returnees' sites, including medical screening and referral to Turalei Hospital for emergency treatment,TB and HIV awareness.				X	X	X	X	X	X						
Result N°3															
Activity 1 **3.1** CHD training and capacity development on: (i) epidemic preparedness, (ii) E-Warn, (iii) surveillance.					X			X							
Activity 2 **3.2** Organization of workshop for all stakeholders (CHD, RRC, health implementing partners, UN agencies, etc.) on emergency referral mechanism in Twic county.						X									

Activities	Q3/2013			Q4/2013			Q1/2014			Q2/2014			Q3/2014		
Activity 3 **3.3** Participation in the Health sector coordination mechanism at County and State level.				X	X	X	X	X	X						
Activity 4 **3.4** Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners at county level.				X	X	X	X	X	X						
Transversal activities															
M&E 1. Data collection and reporting at HFs and County Level				X	X	X	X	X	X						
M&E 2. Reporting to the Cluster (narrative , financial, technical report)							X			X					
M&E 3. Technical monitoring on project development				X	X	X	X	X	X						

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