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	
Relief International (RI)	
Project CAP Code	**CAP Gender Code**
SSD-13/H/55425/R/6971	2a

CAP Project Title *(please write exact name as in the CAP)*
Emergency Primary Health Care and Response Project in Maban, (EPHCR)

Project Location(s) - list State and County (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)*
Upper Nile	100	*Maban county (Benshowa and Bunji Payams)*

Total Project Budget requested in the in South Sudan CAP	US$ 424,610
Total funding secured for the CAP project ***(to date)***	US$ 257,957

Funding requested from CHF for this project proposal	US$ 150,000

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:	**4000**	**4,981**
Girls:	2,000	2240
Men:	3000	4,000
Boys:	1500	2288
Total:	10,500	22642 (including other groups)

Indirect Beneficiaries

50,500

Catchment Population (if applicable)

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

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

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
6 months (1 Oct 2013 to 31 Mar 2014)

Contact details Organization's Country Office	
Organization's Address	Relief International ,Thongping Road, Juba – South Sudan
Project Focal Person	*Berehanu Eshete,* *berehanu.gizaw@ri.org* *+211(921)264820*
Country Director	Randhir Singh; randhir@ri.org +211(921)493088
Finance Officer	Tom Kikulube; Tom.Kikulubee@ri.org *+211 (955)076693*

Contact details Organization's HQ	
Organization's Address	818 Connecticut Ave, NW Suite 600 Washington DC 20006, USA
Desk officer	Scott Webb; scott.webb@ri.org 202-639-8660
Finance Officer	*Toumany Diakite* toumany.diakite@ri.org +211 (955) 076693

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]

The health situation across the Republic of South Sudan remains fragile and unpredictable. There are high risks of communicable diseases, floods and drought, low access to safe drinking water, food insecurity, and poor sanitation. Environmental factors contribute to the spread of diseases such as water and vector-borne diseases like diarrheal diseases, hepatitis, malaria and dengue fever. Population displacements and movements secondary to internal and external conflict compounded the public health threats. According to UNHCR there are 221,726 registered refugees in the Republic of South Sudan; In Maban County a total of 117,922 refugees residing in four camps namely Yusuf Batil, Genderasa, Doro and Kaya as of July 21/2013. Besides, there are 55,000 host communities and 21,577 returnee in the County as shown in the underneath Table 1. Measles, meningitis and hepatitis E were the most common epidemic-prone diseases recorded in April. The hepatitis E outbreak was mainly concentrated in refugee camps in Upper Nile and Unity states with 662 cases and 12 deaths registered. In April, 154 cases of measles (no deaths) were registered across the country.

Table1: population breakdown per camp as of July21/2013.

Name of the Camp	Total population
Doro Refugee camp	45498
Genderasa Refugee camp	16538
Yusuf Batil Refugee camp	37993
Kaya Refugee camp	17893
Total	117,922

Source : ***http://data.unhcr.org/SouthSudan***

This population influx has placed a severe strain on already weak infrastructure and services in the health sector in Maban. Assessments completed by Relief International (RI) in 2012 and corroborated by other humanitarian agency reports (including UNICEF, UNHCR, and ARC) indicate that there are major health service gaps at the village-level, where existing networks of Community Health Promoters (CHPs) and Traditional Birth Attendants (TBAs) are unable to meet the demand of the host community, let alone to shoulder another new displaced populations. Relief International conducted a nutrition survey in 2012, and found that insufficient access to health, water, and sanitation services is combined with gaps in livelihoods and food security; together, these contributing factors result in the high prevalence rate of malnutrition and malnutrition associated illnesses (e.g., ARI, Measles, Diarrhoea and Malaria).

The situation and the number of new cases of Acute Jaundice Syndrome in Doro and Genderasa refugee camps keeps increasing the past few months leaving the surrounding host community in higher risk of acquiring the diseases. The rains and floods have contributed to the recent increase in the number of new cases. This is made worse by the slow change in hygiene practices. So far A total of 10,478 AJS cases and 234 deaths have been recorded in all camp since the epidemic started. In Epidemiological week 28, Maban (Batil, Doro, Gendrassa and Jammam/Kaya camps), Batil: cases decreased from 15 to 6 (cumulative = 5620),, deaths 0 (cumulative = 145). Gendrassa: cases decreased from 79 to 51 (cumulative = 1618), deaths 2 (cumulative 25), Jamam/Kaya: cases decreased from 34 to 23 (cumulative=2499), deaths 0 (cumulative 41) and Doro: cases decreased from 78 to 76 (cumulative=741), deaths 2 (cumulative =23).

As is typical in emergency settings, especially where populations are displaced from their homes, in addition to general primary health care needs, there are particular needs related to the heightened risk of exposure to HIV infection among vulnerable groups in Maban county. Disruption of social networks that safe-guard social behavior, heightened risk of sexual assault and gender based violence (including sexual exploitation), and inaccessibility of HIV prevention commodities such as condoms are all factors that may predispose vulnerable groups (particularly women and children) to HIV infection. According to UNAIDS, the HIV prevalence in the Sudan People's Liberation Army is as high as 4.6%, higher than the national average of 3%. In Maban, which is very close to the border and is a highly militarized zone, the local population is thus at significantly high risk of contracting HIV/AIDS. There is heightened risk of exposure to HIV infection as emergency settings, especially where populations are displaced from their homes, can exacerbate the spread of HIV. Disruption of social networks that safe-guard social behavior; heightened risk of sexual assault and gender based violence (including sexual exploitation) and inaccessibility of HIV prevention commodities such as condoms are all factors that may predispose vulnerable groups (women and children) to HIV infection.

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.

The situation in Maban County demands on-going intervention to save lives of the most vulnerable groups, particularly <5 children and pregnant and lactating mothers. RI has long previous experience of ensuring emergency primary health care response interventions. RI is already responding to primary health care needs (using the national approach) in Long chuck and Mabaan

[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.

Counties. RI implements Integrated Community Case Management (ICCM) programming in Mabaan County to include proper identification, treatment and referral of cases to RI operational health facilities. This is designed to help to reduce childhood morbidity and mortality by addressing at the community level and aims to increase appropriate/timely health seeking behavior/treatment of host community and IDPs. However, as is clear from the high needs and current caseload, as well as the high likelihood of on-going influx of newly displaced people to Maban, greater resources and commitment for health care support is needed.

Relief International has been awarded IMA/World Bank to the lead agency in Maban county currently providing primary health care services (curative and preventive) in two (2) PHCC and 10 PHCU beside provide supportive supervision , supply and technical support to Hospital and County Health Department . Dangaji, Gasmalla and Bunji health facilities the operational cost including staff salary has been covered by common humanitarian fund, the following table shows main indicator target and achievement made since April 2013 through support of IMA/World Bank.

Table2: Indicator, three month performance and annual target

S/N	Indicator	Performance from Apr-Jun/2013	Annual target
1	Number of children received DPT3	568	782
2	Number of children received Measle	267	614
3	Number of children received VIT-A supplementation 6-59month	254	614
4	Pregnant women received ANC 1st visit	465	720
5	Pregnant women received ANC 4th visit	276	246
6	Pregnant women received IPT2nd dose	89	262
7	Delivery in health facility by skilled birth attendant	69	182
8	Pregnant women delivery in health facility	23	182
9	Women received post natal	16	182
10	Number of outpatient visit under 5	9089	7637
11	Insecticide treated net distributed to antenatal client	801	720
12	Functional health facility submitting HMIS monthly reporting	12	10
13	Number of health facility with structure supervision QSC	13	9

In 2013, RI plans to continue providing Integrated Emergency Primary Health Care Services and Responses in Maban County, in the 3 health facilities through Common Humanitarian Fund, where it has already been working to support refugee, host community and IDPs. Currently, vulnerable individuals access these nearby health facilities for both curative and preventive services, and benefit from outreach programming including mobile clinics, health education, family planning and EPI services. RI is therefore seeking funding from the CHF to ensure emergency primary health care services, including both basic curative and preventive health services, in already created static and mobile health structures in Maban County (Bounj PHCC, Gasmalia PHCU, Dangaji PHCU, and payam-level mobile health units). These services will benefit the host community, returnees, IDPs, and high numbers of refugees that access the Bounj PHCC.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

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

ii) Project Objective

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

1. Maintain the existing safety net by providing basic health packages and emergency referral services
2. Increase HIV awareness and support prevention of HIV/AIDS spread
3. Strengthen emergency preparedness
4. Integrate HIV prevention and awareness raising activity into primary health care system

iii) Proposed Activities

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

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

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

national organizations.

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

- Prevention and management of common childhood diseases including malaria, pneumonia, diarrhoea, measles and malnutrition for 6000 children(3500 girls and 2500 boys)
- 18,000 consultations made by 3 static health facilities to manage under 5 and over 5 cases), among this 10,000 will be women and 8,000 men will benefit from the program
- 1750 under 1 children vaccinated for BCG, OPV3, DPT3 and measles, among this 750 (450 girls and 300 boys) children will vaccinated for measles.
- 2500 pregnant & lactating mothers- will be benefited Focused ANC, clean delivery kit, PNC, FP, EmOC and TT immunization.650 birth will be attended by skilled personnel and 1450 mother will receive IP2 dose .
- 7500 (4500 women and 3000 men) community and religious leaders, host community and IDPs received designed behavioural change communication on important health topics (malaria, cholera, pneumonia, malnutrition, HIV/AIDS).
- Training of 30 Community Health Workers and 60 incentive outreach workers on outbreak preparedness (Hep E, Cholera, Malaria, Meningitis, Ebola).
- Midwives training on EmOC and RH (4 Midwives, 4 Medical Assistant and 6 Nurses).
- Recruitment of 1 emergency officer and 4 emergency assistants

iv). Cross Cutting Issues

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

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

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

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

Environment: The proposed project will work to enhance environment protection, by considering the sustainability, of project impact and service delivery. Activities will support proper disposal of medical supplies and keen attention to location and sustainability so that the environment is conserved. The techniques promoted will result in environmental enhancement and sustainable use of resources.

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

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.

- RI will maintain the support provided in 2012 /13 static health facilities in Mabaan County and two mobile units (MHU). Static facilities include the RI-MoH Boung Primary Health Care Center (PHCC), the RI-MoH Dangeji Primary Health Care Unit (PHCU) and the Gasmalia PHCU.
- Support to functioning Expanded Programme on Immunization (EPI): Continued support for facilities involved in cold chain management (will seek ongoing support from UNICEF for in-kind assistance for supplies and equipment. Targeted vaccinations will be BCG for TB prevention, OPV for polio prevention, DPT for prevention of diphtheria, pertussis and tetanus, as well as measles.
- Organize training around reproductive health and emergency obstetrics for all health staff in the supported clinics.
- RI will focus efforts on delivery of basic package of services to improve reproductive health outcomes and mitigate health risks. A)Pre Natal (1) Child-spacing information and family planning services (2) HIV/AIDS/STI prevention and management (3) Tetanus toxoid immunization (4) Antenatal registration and care (5) Nutrition and diet advising (6) Iron/folate supplementation (7) Complications education (recognition; early detection; management of pre-eclampsia, bleeding, abortion, anaemia) (8) Treatment of existing conditions ,B)Delivery (1) Clean and safe delivery (2) Complications education for recognition, early detection, management C)Post Natal (1) Post-partum complications education for recognition, early detection, and management of Umbilicus Infection prevention and management (ophthalmia neonatorum and cord infections) (2) Breast-feeding promotion (early and exclusive) and management of breast complications (3) Child-spacing information and family planning (4) HIV/AIDS/STI prevention and management (5) Tetanus toxoid immunization (6) BCG immunization .
- Establish oral rehydration point in the community for outreach management of diarrhoea disease.
- Establish quarterly contact with representative of people living with HIV/AIDS, community leaders other community based organization

  .

Dissemination of culturally appropriate and field-tested messages and materials on HIV prevention, on the prevention of, and available services for responding to, gender-based violence and on AIDS treatment and care at public gatherings, health centers,

schools, water points, food distribution points, temporary centers and camp meetings.

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)
xx	1.	• number of <5 consultations (male and female)	• 10,000 consultations made by 3 static health facilities to manage under5 and over 5 cases), among this 10,000 will be women and 8,000 men will benefit from the program.
	2.	• Number of consultations, 5 years or older	• 8000 consultation conducted ate health facilities
	3.	• Percentage DPT3 coverage in children under 1	• 20% of children under age 1 receive DPT3
	4.	• Number of under 5 children suffering from childhood diseases like pneumonia, diarrhoea, malaria and other illnesses reduced	• Prevention and management of common childhood diseases including malaria, pneumonia, diarrhoea, measles and malnutrition for 6,000 children (3,500 girls and 2,500 boys)
	5.	• Number of children immunized against measles	• 1,750 under 1 children (1000 girls and 750 boys) children will vaccinated for measles.
	6.		

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.

RI's expatriate Health Technical Coordinator (HTC), in collaboration with national teams, will develop detailed performance monitoring and work plans to be used as key implementation guides by community workers and health professionals at all RI target locations. These plans will form a basis of work plan progress monitoring throughout the program period. Progress towards achieving deliverables and quality of services rendered will be monitored by HTC via bi-monthly meetings at RI field office in Mabaan as well as field visits. . Adherence to this work plan and meeting the indicators listed above will be the two primary structures used to track implementation. RI Medical Officer compile weekly static as well as community outreach program activities and address and resolve implementation challenges. In order to ensure all these, RI will recruit health personnel to bridge the vacant posts. Further, RI will closely work with County health department to improve performance and adhere to implement according to government health policy.

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].

Project monitoring will be undertaken as an integral part of project implementation and will focus on the inputs, activities and outputs including whether the progresses are according to objectives and whether the objectives are relevant or not during implementations. Moreover, the monitoring exercise will focus on the context and the decision making processes. Monitoring will mainly be done through regular and periodic visits to project sites, reflection and learning events as well as through a system of reporting. Throughout the project implementation monitoring, evaluation and reporting functions will be carried out.

RI will develop a detailed M&E plan at the start of the project, alongside a final detailed activity plan. The M&E plan will determine the necessary M&E activities, tools and methodologies required to measure the indicators identified. Data for M&E will be collected by the Medical Officer, who will also be in charge of providing extensive capacity building to local CHWs. The Medical Officer will be responsible for compiling the data and providing M&E reports. HTC, under the direction of Program Manager, CD and HQ staff, will be responsible for tracking progress against the Work Plan. If the regular monthly review of progress against the Work Plan shows one or more tasks have been delayed or were not successful, the HTC together with Program Manager will work with technical field staff, CD and HQ to revise the approach and renew efforts to complete the tasks. Any major revisions will be cleared with CHF.

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

Monitoring visits will be conducted regularly for each health facility using the agreed supervision checklist, with recommendations for improvement produced each time. The results of the visits will be discussed at internal review and health coordination meetings. CHF officials will also periodically monitor the progress of this project and provide technical and strategic support as appropriate. The finance department both in Maban and Juba will also produce BVA to monitor under and/or over spent so as the health team get aware the situation and catch up for proper budget utilizations. Equally important is, the finance department will also work on financial expenditures to produce regular financial reports both for internal and external consumptions.

[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.

The CHD will be supported in collecting quantitative data from each static and mobile health clinic site on a monthly basis and monitored against the following national standards of treatment and report complied to meet the cluster requirement. Accordingly, monthly and quarterly reports will be submitted on regular basis to all concerned agencies including CHF cluster.

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

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)	**Amount** (USD)
Common Humanitarian Fund (CHF) 1st round 2013	USD 257, 957

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/55425/R/6971	**Project title:** Emergency Primary Health Care and Response Project in Maban, (EPHCR)	**Organisation:** **RI**

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* • Maintain the existing safety net by providing basic health packages and emergency referral services • Increase HIV awareness and support prevention of HIV/AIDS spread • Strengthen emergency preparedness • Integrate HIV prevention and awareness raising activity into primary health care system •	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • Number of consultation conducted for families having < five, five and > five children • Availability of essential drugs • Awareness and sensitization session conducted for HIV prevention • Mechanism put in place for Emergency preparedness	**How indicators will be measured:** *What are the sources of information on these indicators?* • Static health clinics Morbidity, ANC FP & EPI reports, community health and outreach program report. • Field supportive supervision	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • Contribute to the reduction of morbidity, and mortality associated with primary health care related problems among affected host community and internally displaced people in Mabaan County, Upper Nile States	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* • Number of children immunized to common child hood illness • Number of sessions organized for HIV/ADIS prevention • No of mothers attend pre and post natal	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • *Registration book from Health facilities* • *Number of people using condom*	**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?* • *Peace and stability maintained* • *Not huge movement of peopled to displacement*
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*. • *Attitude and behavior of mothers changed to be clients of health facilities* • *Skill and knowledge acquired on HIV/AIDS prevention*	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • *Number of mothers visiting health facilities* • *Reduced sexually transmitted disease*	**How indicators will be measured:** *What are the sources of information on these indicators?* • *Registration book from Health facilities* • *Number of people using condom*	**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?* • *Peace and stability maintained* • *Not huge movement of peopled to displacement*
	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*	**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*	**How indicators will be measured:** *What are the sources of information on these indicators?* • Static health clinics Morbidity, ANC FP & EPI reports • Training reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • *Safety and security maintained*

	their contribution to the outcomes. • *Consultations <5 and >5 started* • *Children immunized to common child hood illness* • *Pregnant mother and lactating mothers attend health facility*	*this section.* • Number of consultation per health facility conducted • Direct beneficiaries received consultation services at health facilities • Reduced number of under 5 children that are suffering from childhood diseases like pneumonia, diarrhoea, malaria and other illnesses • Expanded Programme on Immunization (EPI) supported and properly functioning • Three static PHCs well equipped with appropriate medical supplies and equipments • Number of people attend designed awareness raising sessions/campaigns • Number of Pregnant and lactating mother who benefited from Safe Motherhood Services • Number of health workers and CHWs trained or retrained • Number of IEC material on HIV/AIDS and use of condom distributed • Number of condom procured and distributed • Number of health staff recruited •	• HR staff employment record	• *No political and social upheaval* • *No people displacement and huge number of population movement*
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* 1. *Recruit of Emergency workers and mid wife* 2. *Consultation for families having children under five* 3. *Children treatment against common child hood diseases* 4. *Prevention and management of common childhood diseases including malaria, pneumonia, diarrhoea, measles and malnutrition* 5. *Provide health promotion activity on early health seeking behavior in the community for elder people, religious leaders and the community.* 6. *Awareness raising campaign on ICCM target diseases (Malaria, Malnutrition, Pneumonia and Diarrhoea) for parents and caretakers.* 7. *Condom and IEC material distribution*	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* **Human resources** - Health Technical Coordinator - Emergency Health worker - Midwife **Equipment:** - Vehicles and running costs **Program supplies:** - Training materials - Drugs and equipments - Stationeries		**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?* - Understanding of the project concept and necessary support from CHD and community leaders - Security situation maintained

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:	**1 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
1. Recruit of Emergency workers and mid wife				x											
2. Consultation for families having children under five				x	x	x	x	x	x						
3. Children treatment against common child hood diseases				x	x	x	x	x	x						
4. Prevention and management of common childhood diseases including malaria, pneumonia, diarrhoea, measles and malnutrition				x	x	x	x	x	x						
5. Provide health promotion activity on early health seeking behavior in the community for elder people, religious leaders and the community.				x	x	x	x	x	x						
6. Awareness raising campaign on ICCM target diseases (Malaria, Malnutrition, Pneumonia and Diarrhoea) for parents and caretakers.				x	x	x	x	x	x						
7. Condom distribution				x	x	x	x	x	x						