

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 essential 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

COSV – Coordinamento delle Organizzazioni per il Servizio Volontario

Project CAP Code

SSD-13/H/55461/R/5572

CAP Gender Code

2a

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

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

Total Project Budget requested in the in South Sudan CAP

US\$ 654.682,00

Total funding secured for the CAP project (to date)

US\$ 448.450,80

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:	1,940	11,249
Girls:	1,517	8,520
Men:	1,642	8,851
Boys:	1,393	8,680

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)
Jonglei	100%	Ayod (Menime in Pagil Payam, Haat in Mogok Payam)

Funding requested from CHF for this project proposal

US\$ 150.000,00

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)

Indirect Beneficiaries

27,745 people (75% of the Island population)

Catchment Population (if applicable)

36,993 people

Total:	6,492	37,300
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Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

Contact details Organization's Country Office	
Organization's Address	Tong Ping, Off New Airport Road, Juba
Project Focal Person	<i>Caterina Desole, +211 920429262, cosv.countryrjuba@gmail.com</i>
Country Director	<i>Caterina Desole, +211 920429262, cosv.countryrjuba@gmail.com</i>
Finance Officer	<i>Matteo Brunelli, 0913066139, cosv.countryadmi.juba@gmail.com</i>

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CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
7 months (1 Sept. 2013 – 31 Mar. 2014)

Contact details Organization's HQ	
Organization's Address	Via Superga 36 – Milano - Italy
Desk officer	<i>Claudia Cui, Claudia.cui@cosv.org , +39 02 2822852</i>
Finance Officer	<i>Elena Sironi, Elena.sironi@cosv.org, +39 022822852</i>

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 population¹

Menime (in Pagil Payam) and Haat (of Mogok Payam) are part of the 7 Bomas that make up the Western Ayod County (the Islands). Other 5 bomas in the Island include: Pakur and Nyoat in Pagil payam, Pakuem in Mogok Payam, Wanmachar in Wau Payam and Nyawit in Pajiek Payam. Since the time of war, these areas have been underserved with basic health care and other services, due to inaccessibility from the mainland of Ayod. The area has a very low health coverage and with no exception to immunization and ANC activities either. There are only two health facilities: Menime PHCC and Haat PHCU, with poor infrastructure and equipments. In case of rapture in medical supplies, basic health care services the only means of supply are by air or through a badge.

The Island is described as a hard to reach location due to accessibility challenges. The only means of access to the island is either by river (indirectly through Bor or Malakal, for at least 2-3 days) or by air. Air transport also gets challenging, with the onset of rain, as the condition of the airstrips in Haat and Menime are still not very good. In addition to it, communication are challenging because the only radio available is located in Haat administration office (at least 3 hours walking from Menime).

The County administration of Ayod estimates the population of the Island to be 36,993 people (23.7% of the whole Ayod County). See table below;

Payam	Boma	Population estimate
Pagil	Menime	5320
	Pakur	5179
	Nyoat	5218
Mogok	Haat	5211
	Pakuem	5350
Wau	Wanmachar	5415
Pajiek	Nyawiet	5300
TOTAL:		36,993

Source: Office of Commissioner – Ayod County (13th June 2013)

In Week 16 of 2013, it was reported that 4 cases of measles were suspected in Menime and 16 cases in Haat and 2 deaths, all were children under 5 years old. Suspected cases were reported in 5 villages of the Island (see table 1 above). With these results, 13th June 2013, the Undersecretary MoH declared Measles outbreak in Menime and Haat of Ayod County and recommended actions to be taken. In June 28th – July 4th 2013, COSV and CHD intervened with Mass Measles and Vitamin A campaign in the Island, and achieved coverage of 79.4%, amidst the logistic challenges of accessing the villages and the children. However, the priority action remained on ensuring vaccination coverage of over 90% required for Herd immunity in any community.

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.

COSV field office is based in Ayod since 2006, and supports BEMoC, EPI, TB/KA treatments, and Nutrition care backed up with Laboratory service. In 2013, COSV received support from World Bank, which enabled the extension of services beyond Ayod PHCC to reach Menime and Haat. Following outbreak emergencies of measles, COSV was able to respond in the Island with support of CHF, WHO and ECHO. However, the effectiveness of the Menime PHCC in responding to emergencies is hindered due to: limited personnel, where majority are of lower cadre of training; inadequate buffer stock of essential medicines, like anti-biotics and lack of laboratory diagnostic services.

The last medical supply received by the facilities was 9 months prior to COSV team visit in May 21st 2013. Communication and transport to the Island has been a major hindrance in getting adequate information of the situations of the Islands. Regular supplies of essential medical items through CHF would improve life of the people of the island and outreach immunization would improve coverage to attain the 90% target for herd immunity. Curative and Reproductive health services shall be strengthen with regular supplies of the essential medications and equipments. Staffs shall be given trainings that shall aim at improving their skills in case detection and management in order to improve surveillances of outbreak prone diseases.

Installation of Radio Codan would also ensure adequate surveillance and reporting on IDSR diseases.

Currently COSV is being supported with CHF Round 1 with activities being implemented in the catchment of Ayod PHCC. Previous focus of the Island access was not factored, and hence it's anticipated that the support may not be adequate to support humanitarian situations in the isolated area.

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 goal of the project is; **To re-establish and strengthen basic health care services among the underserved population of the Islands of Ayod County (Jonglei State) through the support of Primary Health Care System.** This goal is in line with cluster objectives for priority allocation in Round 2.

The activities intended for this CHF Round 2 grant are part of the seven core cluster priorities. Below are the contributions per activity priority:

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.

- (i) *Provision of drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas:* Funds will help to preposition adequate supplies of essential medicine to the remote and hard to reach location during rainy season and after.
- (ii) *Strengthen or re-establish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services:* Funds will support rehabilitation works in partnership with community, to set up temporal structures for facility operation, and service delivery.
- (iii) *Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization:* The CHF Round 2 funds will be crucial in establishing routine immunization activities in the Island. The funds to support installation of cold chain and other routine immunization activities that never existed in the island.
- (iv) *Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff:*

It is envisaged that this fund will improve communication for surveillance by supporting the installation of Radio Call in Menime PHCC as the only PHCC in the Island. This will improve coordination between Menime, Haat and eventually the Ayod County Health Department. Funds will also help increase the capacity of the health work force at the PHCC of Menime and Haat. Training that targets health workers of the facilities in the Island will be conducted to improve the management of supplies in addition to surveillance and supervision.

Menime PHCC is expected to be the main centre of services in the Island. It shall be supported to be the referral facility for the island, linking PHCC and Hospitals.

ii) Project Objective:

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

Principle Objective: To re-establish and strengthen basic health care services among the underserved population of the Islands of Ayod County (Jonglei State) through the support of Primary Health Care System

Specific Objective: To provide essential health care support to the Islands of Ayod County through two health facilities of Menime PHCC and Haat PHCU.

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).

- (i) Provision of essential drug kits, medical supplies, reproductive health kits, vaccines and related commodities to facilities in high risk areas:
 - o Provision and transportation of essential medical kits: The only appropriate means of transport to the Island is by air. A flight charter shall delivery supplies like vaccines in short time and safely. The drugs shall include; Antibiotics, Anti-malarial, Anti-pyretic, Anti-helminthes, Heamatenics, vaccines and sundries among others. Activity will involve transport and delivery of Quarterly supplies of essential medical kits to Haat and Menime

Total Number of consultations (OPD, EPI and Maternity): 6,484 people (3029 Male; 3455 Female)

- o Provision of basic health care services (Curative, RH)
- o Support monthly EPI outreach to the Island: The EPI vaccines will be delivered with the charted that will also deliver other essential medical supplies. Vaccination activities will be implemented by EPI and other health workers in the Island locations. The vaccination is to cover all 5 antigens (OPV, BCG, DPT, Measles and TT) of routine immunization.
- (ii) Strengthen or re-establish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services
 - o Rehabilitation of Menime PHCU: The main activity shall involve rehabilitation of the existing structure, and construction of one extra semi-permanent structure for maternal health care and admissions to improve the status of the PHCC as a referral facility in the Island.
 - o Provision of basic medical equipments and other essential supplies and furniture: Basic medical equipments shall be procured and delivered to improve service delivery. These shall include; Delivery beds, Delivery kits, Examination coach, ward screens, patients beds among others.
- (iii) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization
 - o Participate in Mass immunization campaign (SNIDs, SIAs, etc) and ensure coverage of the area
- (iv) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff
 - o Establish communication base in Menime, to support coordination of IDSR information and health activity supervision
One Radio Call (Codan) installed in Menime PHCC
 - o Routine weekly IDSR from Haat and Menime
Proportion of Reporting - 100% for Haat and Menime
Proportion of Outbreaks detection - 100% of IDSR disease, with cases above threshold, detected and reported to CHD/MoH within 48 Hours
 - o Training on outbreak preparedness response and importance of a County Integrated Disease Surveillance & Response/ Composition of a rapid response team (RRT).
 - o Importance of EPI, Safe Mother Hood initiative to include FANC (focused antenatal care) in the PHC programmes in Menime.
 - o Rational drug and material use & pharmacy inventory management.
 - o Training on Malaria Diagnosis by RDT & collection of specimen to the PHCC from the villages
 - o Training on clinical diagnostic, examination skills, and triage

- Guidelines and implementation of the home management of febrile infections (malaria, pneumonia) and diarrhoea.
- Trainings on the role of a boma health committee
- Basic nutrition principles and practices
- Training on Community linkages to Early Warning & Response Network /Integrated Management of Childhood Infections to include Integrated Disease Surveillance & Response.
- Specimen collection, processing and referral in emergency outbreaks.

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

Gender:

The implementation will have special focus for women and children under 5, being the most vulnerable groups in terms of morbidity and mortality. Women recruitment shall be encourage, especially in reproductive health services and child care. Participation of women in health service and trainings shall be observed. COSV is an international organization that uphold to the Inter-Agency Standing Committee (IASC) guidelines on sexual exploitation and abuse protection in the humanitarian community.

Environment:

COSV overall environmental policies aim at ensuring that, there is no direct or indirect or low negative environmental impact on the areas where it operates. Moreover, with the World Bank funding received through IMA, all health facilities must have waste disposal facilities to attain better incentive payment. COSV shall ensure collection and disposal of packaging, plastic and other wastes, paying particular attention to waste storage and disposal. Temporary fenced and protected dug pit and burying shall be used for medical waste disposal.

HIV/AIDS:

COSV will ensure that HIV/AIDS universal procedures are respected and implemented and that no discrimination in terms of deny of access to services are done. To minimize occupational hazards, COSV personnel both local and expatriate have been duly trained about the high risks related to infectious waste and management, and thus about the importance of following the correct procedures for the safe collection and disposal. HIV/AIDS awareness shall be part of the continued community health awareness programs.

All health-care workers and cleaners will be trained to routinely use appropriate barrier precautions to prevent infections. Gloves will be provided and worn for touching hazardous wastes like blood and body fluids, mucous membranes.

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.

1. Improved access to basic health care services of EPI, RH and curatives, for the most vulnerable people; Children, Pregnant women, and elderly in Western Island
2. Surveillance on priority diseases of EWARN is strengthened
3. Improved PHCC infrastructure in Menime referral centre
4. Increased level of human resources for PHCC emergency services
5. Improved knowledge and skills to manage basic health conditions and emergencies

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 direct beneficiaries (Women, Girls, Men, Boys)	6,492 (1,760 women, 1517 girls, 1636 men, and 1393 boys)
x	2.	Number of consultations, 5 years or older (Men, Women)	3,396 (1,636 Men; 1,760 Women)
x	3.	Number of <5 consultations (male and female) / (Boys, Girls)	2,660 (1273 Boys; 1387 Girls)
x	4.	Number of births attended by skilled birth attendants	18 deliveries
x	5.	Proportion of communicable diseases detected and responded to within 48 hours	100% of outbreak prone diseases listed in IDSR detected timely.
x	6.	Number of antenatal clients receiving IPT2 second dose	160 mothers
	7.	Number of mothers receiving TT2 second dose	160 mothers
	8.	Number of health facilities Rehabilitated and equipped	1 Health facility (Menime PHCC) rehabilitated; 2 Health facilities equipped (Menime & Haat)
	9.	Number of EPI <5 years	250 (120 boys; 130girls)
x	10.	Number of health facilities providing components of BPHS	2 Health facilities (1 PHCC and 1 PHCU)
x	11.	Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits) (Women, Girls, Men, Boys)	6,492 (1940 women, 1517 girls, 1642 men, and 1393 boys)
x	12.	Proportion of emergencies supplied with core pipeline kits (Number of Kits; Number of Emergencies)	100% of emergencies supplied with IEHK/PHCU kits.
x	13.	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR (Women, Men)	8 Health staffs (100% of PHCC/PHCU health workers in the Island)
	14.	Number of Immunization campaigns supported	At least 1 campaign
	15.	Number of Radio Calls installed	1 Radio call Installed

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

COSV is the only health agency implementing health care in Ayod County. COSV, as the focal NGO for Health in the county, works

in collaboration with County Health Department (CHD). The planned activities shall be implemented directly by COSV together with CHD, so as to ensure sustainability of project at the end of humanitarian response. The implementation of activities shall be as follows:

- (i) *Activity 1: Provision of drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas:*
COSV shall solicit essential drug kits from WHO, UNFPA and other agencies to support emergencies. COSV shall work with CHD to deliver MoH quarterly drug supplies to the locations (Menime and Haat) by charter. CHD and COSV shall be responsible to supervise quality of service delivery, and utilization of the supplies. Vaccines shall also be delivered on monthly basis by flight to facilitate EPI activities.
- (ii) *Activity 2: Strengthen or re-establish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services:*
The PHCC of Menime shall be rehabilitated and the walls repaired. Windows shall be created to ensure adequate ventilation. Another second structure shall be raised to support Maternal health services, and ensure BEMoC. Basic equipments shall be procured from Juba and transported to the facilities of Menime and Haat PHCU. Latrines shall also be constructed using iron sheets. In the same period, Haat PHCU structure will be assessed by the construction team for rehabilitation.
- (iii) *Activity 3: Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization:*
Immunization activities shall be carried out by the EPI tam in the Island. Vaccines shall be delivered in a cool box and vaccination carried out within 4 days of delivery to minimize risk of vaccines losing potency. The vaccination activities will be planned with the delivery of vaccines monthly. Community mobilization shall be carried out using Megaphones prior to arrival of the vaccines, and during the vaccination days. Specific locations shall be chosen as outreach posts to reach the children in villages far from the facility, but within the Island. EPI workers shall be enrolled into a Performance Based Agreement, so that they are paid incentive after delivery of report for performance.
- (iv) *Activity 4: Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff:*
A set of Radio Call equipments shall be procured and delivered to Menime. The Radio shall be installed in the main PHCC to facilitate IDSR reporting. However, Haat PHCU shall continue to use the Radio Call from the local administration based in Haat. Another radio shall be installed in Ayod COSV station for coordination of the Island communications. Health In-charges at the PHCC/PHCU shall be trained by radio technicians on Radio communication skills and basic maintenance. In Ayod COSV base, the Logistic Assistant shall be in-charge of the Radio control. CHD counterparts shall be able to access the radio base of COSV and communicate the essential epidemiological reports.
Training shall target Clinical workers, Reproductive health workers and the Laboratory worker in both Menime and Haat. Training will focus on Communicable Diseases, IMCI, Laboratory diagnosis, and outbreaks. Training shall be conducted in the Island, by COSV consultants.

vii) Monitoring and Reporting Plan

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

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

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

The monitoring system will be based on 3 sets of indicators: 1. efficiency indicators, touching the respect of time, expenditures, human resources and outputs; 2. effectiveness indicators, measuring the usefulness of the project activities; 3. context indicators, analyzing risk factors and project assumptions in order to keep track of sustainability from the beginning. All indicators will be identified by a key group: the project coordinator, with the support of other project stakeholders and key staff members.

The success of the monitoring system will be underpinned by the active role played by COSV staff members based in Ayod with the support of the CHD, who will be in charge of the continuous follow up of the project indicators. They will gather data, process them and report to the management. Such operation will involve, in a participatory process, all project staff and experts, stakeholders, target groups and final beneficiaries. All deviations between planned indicators and measured data will be reported in real time to the project management, which will be in charge of taking remedial actions when appropriate. The expat staffs are qualified and experienced health workers. The field staffs will be responsible in verification of program registry of beneficiaries at various departments, broken down by age, sex, and other important demographic characteristics for data entry as stipulated by MoH records and or as CHF project reporting shall require. Monthly reports will be verified by expat staff for completeness, and correctness. Adequate report forms, register books from MoH, and all necessary record materials shall be put in place. The Project manager and the health coordinator shall be the focal persons for M&E activities involving financial and technical aspects respectively. Even though, Gantt chart and Logframe drawn up will be the main project management tools for M&E activities. Quarterly M&E meetings will be carried out to evaluate, discuss and track progress

Moreover, monthly mission will be carried out by both the Country Coordinator and Administrator, in order to set and then follow up the monitoring and financial system.

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)
IMA – WB January 2013	30,560.00

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/H/55461/R/5572		Project title: Improving life condition of the rural people of Ayod County (Jonglei State) through support of Primary Health Care System		Organisation: COSV – Coordinamento delle Organizzazioni per il Servizio Volontario
Overall Objective	Cluster Priority Activities for this CHF Allocation: <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i> <ul style="list-style-type: none"> • Provision of drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas • Strengthen or re-establish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services • 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 	Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i> <ul style="list-style-type: none"> • Total Number of consultations (OPD, EPI and Maternity): 6,484 people (3029 Male; 3455 Female) • Number of Health facilities and structures rehabilitated and equipped: 1 PHCC, and 1 PHCU • Number of Campaigns supported: at least 1campaign • Establish Radio communication base, to support coordination of IDSR information and health activity supervision: 1 Radio call in Menime • Proportion of IDSR Reporting: 100% • Number of staffs trained: At least 8 staffs trained 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> • Monthly HMIS report by DHIS • Construction report • Campaign results • Radio Installation report • IDSR reports received at CHD • Training Reports 	

Purpose	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> To provide essential health care support to the Islands of Ayod County through two health facilities of Menime PHCC and Haat PHCU. 	<p>Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <ul style="list-style-type: none"> Number of Consultations, curative for Children Under 5 years 2,660 (1273 boys; 1387 girls) Number of Consultations, curative for 5 years and Older 3,396 (1,636 boys; 1760 girls) Number of EPI <5 years 250 (120 boys; 130girls) Number of mothers receiving IPT2 - 160 mothers Number of mothers receiving TT2 – 160 mothers Number of Skilled Birth Attendance (SBA) – 18 mothers 	<p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> Monthly PHCC/PHCU HMIS Reports 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> No other humanitarian emergencies CHD/MoH partners remain committed to the process
Results	<p>Results - Outcomes (intangible): <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p> <ul style="list-style-type: none"> Improved access to basic health care services of EPI, RH and curatives Improved knowledge and skills to manage basic health conditions and emergencies 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> Number of Health facilities providing components of BPHS: 1 PHCC, and 1 PHCU Number of Health staffs with knowledge gain of >50% after training 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Monthly PHCC/PHCU HMIS Reports Monthly PHCC/PHCU EPI Reports Training Reports with Pre- and Post-tests results 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Weather doesn't interfere with location accessibility Local staffs and community remain committed and corporative
Results	<p>Immediate-Results - Outputs (tangible): <i>List the products, goods and services (<u>grouped per areas of work</u>) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.</i></p> <ul style="list-style-type: none"> Provision and transportation of essential medical kits: 	<p>Indicators of progress: <i>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.</i></p> <ul style="list-style-type: none"> Proportion of emergencies supplied with core pipeline kits (Number of Kits; Number of Emergencies): 100% of emergencies supplied with IEHK kits Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits) (Women, Girls, Men, Boys): 6,492 Number of Consultations, 5 years or older; Men; women: 3,396 (1,636 Men; 1,760 Women) Number of Consultations Under 5 years, Boys; Girls: 2,660 (1273 Boys; 1387 Girls) 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Monthly HMIS report Monthly EPI report Construction Report with Photographs Campaign Results Training Report with Photographs Weekly IDSR report submitted to CHD/MoH Radio Call Installation Report 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Air strip is land-able for most parts of the implementation period Cultural believes is supportive to health interventions No political interference that hinders activities

	<ul style="list-style-type: none"> • Monthly EPI outreach: • Rehabilitate and equip Health facilities: • Mass immunization campaign (SNIDs, SIAs, etc) • Health staffs training • Routine weekly IDSR reporting • Provision of Radio call 	<ul style="list-style-type: none"> • Number of births attended by skilled birth attendants: 18 SBA deliveries • Number of antenatal clients receiving IPT2 second dose: 160 mothers • Number of EPI <5 years 250 (120 boys; 130girls) • Number of Health facilities Rehabilitated and equipped: 1 PHCC and 1 PHCU • Number of health facilities providing components of BPHS: 2 (1PHCC, 1 PHCU) • Number of Campaigns supported – at least 1campaign • Number of Health staffs trained • Proportion of communicable diseases detected and responded to within 48 hours: 100% of outbreak prone diseases listed in IDSR detected timely. • 100% IDSR reporting rate • Number of Radio call Installed: 1 		
	<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ul style="list-style-type: none"> • Procurement and transportation of drug kits, medical supplies, reproductive health kits, and vaccines: • Provision of basic services at PHCC & PHCU (Curatives, RH, basic testing) • Conduct monthly EPI outreaches to the Island • Rehabilitation of HFs in the Island including provision of basic equipment and related supplies. • Participate in Mass Immunization campaigns • Install Radio Call in Menime • Support weekly IDSR Reporting • Training of key staff 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> • Human Resources, local, national and expatriated staff in both Juba and Ayod • Drugs, vaccines, and other non-drug medical supplies • Vehicle • Basic medical equipments • Basic communication equipments (Satellite phones, Radio calls, Internet) • Office equipments • IEC material • Stationary 		<p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> • The area is safe and accessible • The political and social situation remain stable • Coordination and participations among partners and stakeholders • No drugs supplies ruptures • Communities members encourages women participation

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 Sep-2013	Project end date:	31 Mar 2013
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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
Activity 1: Procurement and transportation of drug kits, medical supplies, reproductive health kits, and vaccines:				x											
Activity 2: Provision of basic services at PHCC & PHCU (Curatives, RH, basic testing)			x	x	x	x	x	x							
Activity 3: Conduct monthly EPI outreaches to the Island			x	x	x	x	x	x							
Activity 4: Rehabilitation of HFs in the Island including provision of basic equipment and related supplies.					x	x	x								
Activity 5: Participate in Mass Immunization campaigns			To Liaise with WHO/MoH/IMA for dates												
Activity 6: Install Radio Call in Menime				x	x										
Activity 7: Support weekly IDSR Reporting			x	x	x	x	x	x							
Activity 8: Training of key staff				x	x	x	x	x							
Activity 9: Collect and compile monthly health facility report			x	x	x	x	x	x							
Activity 10: Prepare quarterly project report					x			x	x						
Activity 11: Conduct Quarterly M&E review meeting for technical staffs			x		x			x							

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

