

## 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](mailto: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

The Health Support Organisation (THESO)

#### Project CAP Code

SSD-13/H/55572/R/13035

#### CAP Gender Code

2a

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

Maintaining existing safety nets with provision of emergency health services, and controlling communicable and tropical neglected diseases

#### Total Project Budget requested in the in South Sudan CAP

US\$ 1,079,340.00

#### Total funding secured for the CAP project *(to date)*

US\$ 300, 000

#### 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

#### 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%                      Gogrial East

#### 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)*

#### Indirect Beneficiaries

The indirect beneficiaries are estimated around 79,786 people, corresponding to 75% of the total population of Gogrial East including returnees. Among indirect beneficiaries, particularly vulnerable categories are main project target, including 4,255 pregnant women (4% of population); 22,340 under -5 children (21% of population); and approximately 18,085 women of reproductive age.

Women:	4040	35774
Girls:	7253	37234
Men:	2020	33022
Boys:	6887	34370
<b>Total:</b>	20200	140400

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

<b>Contact details Organization's Country Office</b>	
Organization's Address	The Health Support Organisation
Project Focal Person	<i>Ayele Tiyou, <a href="mailto:pmanager@thesoworld.org">pmanager@thesoworld.org</a> / +211 954 668 229</i>
Country Director	<i>Jeff Okello, <a href="mailto:director@thesoworld.org">director@thesoworld.org</a> / +211 955 065 096</i>
Finance Officer	<i>Michael Ofwono, <a href="mailto:finance@thesoworld.org">finance@thesoworld.org</a> / +211 956 204 829</i>

<b>Catchment Population (if applicable)</b>
103,283 basing on the 2008 Sudan population census per Payam and County estimates although some of the areas have new returnees whose numbers are not captured in the total population figures.

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

<b>Contact details Organization's HQ</b>	
Organization's Address	Plot 16A, Block 3K South, Opp South Sudan Mine Action Authority, Off Equatoria Street
Desk officer	Asunta Agnes, <a href="mailto:inquiry@thesoworld.org">inquiry@thesoworld.org</a> / +211 954 712 939
Finance Officer	<i>Bombo Henry, <a href="mailto:fam@thesoworld.org">fam@thesoworld.org</a> / +211 927 129 056</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 population<sup>1</sup>

Although the nine agreements were signed between Sudan and South Sudan, there is no clear blueprint result for a lasting solution. Tension is building up between the two countries after the murder of Abyei paramount chief recently and Bashir directive of oil flow shutdown due to NCP accusation of SPLA and Juba government direct support to the SRF rebels in Sudan. With most There is high possibility for health emergencies that might arise due to insecurity and or natural disaster in the second half of 2013. The national and state governments have unstable economic situation marked by countrywide high inflation, low crop production, border closure between South Sudan and Sudan, limited private investment and continuing heavy reliance on external supports through UN Agencies and NGOs to provide basic services to the populations. The average monthly consultations by THESO per PHCC is 1526 patients with over 250 admissions per PHCC; over 5000 under five children are immunized monthly; average of over 70 monthly safe delivery at PHCC by skilled midwives and over 600 consultations in PHCUs. THESO is currently operating 39 health facilities in all the three counties. The funding given in the CHF first round was less a quarter of THESO 2013 budget. As a result only seven PHCCs were targeted leaving out 32 health facilities non functional and have been pick up by HPF bridging fund which is ending in August 2013. And THESO request for CHF round two funding for emergency humanitarian activities implementation to the general population. As such it's of utmost importance that THESO needs to get more funding to meet the health needs of the beneficiaries. The proposed project will put in place emergency health measures to cope with a high number of internally displaced people and host community affected by insecurity or natural disasters.

### 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 combination of RSS Austerity Plan, CHF 2013 R1 funding completion and the high incidence of health outbreaks throughout the rainy season do strongly emphasize CHF 2013 R2 role in sustaining these health facilities. CHF 2013 R2 allocation shall be essential not to disrupt service deliveries, as the above mentioned factors have tightened up the available budget (both CHF and other THESO resources), which will be exhausted by September 2013. The budget will complement the activities planned by HPF fund.

Lack of additional support and consequent THESO reduced capacities would seriously affect Gogrial East county health care system functionality and endanger local communities and Returnees populations relying on these health facilities for life-savings interventions. The request for enhanced CHF support is meant at:

- i. Ensuring 24/7 emergency services (including surgical and obstetric emergencies) and management of health complications;
- ii. Providing the minimum basic service package to MARPs in Gogrial East county (with particular emphasis to U1, U5, P&LWs, IDP/returnees);
- iii. Strengthening the capacities of local health staff and Gogrial East CHD on early warning, first aid, prevention/control of outbreaks;

Close collaboration with these three CHD ensures the effective integration of health facilities services in the counties health system, the timely info sharing among partners, IDRS/HMIS reporting and coordination to tackle/control emergencies and to link up for an integrated management of frontline Health Care & Nutrition services.

The present proposal for CHF Round II 2013 allocation is therefore meant at filling this financial gap and preventing disrupting emergency and safety net services in Gogrial East county up to September 2013. The project budget has been accordingly organized: all the direct personnel, activities, and running costs cover the whole project period (6 months).

### 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 at least by 60% the vulnerability to health related emergencies of the most neglected and disadvantaged groups - including women, newborn, children, IDPs and returnees – in Gogrial East County (Warrap State).

The purposed project is perfectly integrated within the Health Cluster strategy for 2013 and is in line with all the three revised key priorities (CAP 2013):

- Maintain the existing safety net by providing basic health packages and emergency referral services
- Strengthen emergency preparedness including surgical interventions
- Respond to health related emergencies including controlling the spread of communicable diseases

The project target facilities are PHCCs of Liethnom, and Luonyaker, of Gogrial East County. Envisaged mobile outreaches – planned with CHD and SMoH to avoid overlapping – will target MARPs living in IDPs/returnees camps or in cattle camps. THESO is the only MoH implementing partner in Gogrial East County running these PHC services deliveries offered at PHCC+, PHCCs and PHCU levels.

#### ii) Project Objective

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

<sup>1</sup> 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.

The specific objectives of the project are:

- To increase at least by 60% the access of local and stranded population (returnees and nomads) to continuous and effective frontline PHCC+ & PHCC health care in Gogrial East County (Warrap State), with main focus to maternal, neonatal and newborn care;
- To ensure 24/7 comprehensive emergency services – with main focus on health emergency and obstetric emergency – at PHCC+ and PHCC level.

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, relevance to achieve the BPHS and HSDP 2012 – 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 2013 CHF 1<sup>st</sup> round project. The requested additional resources would prevent the disruption (or serious reduction) in frontline health service provision in Gogrial East County and contribute to scale up awareness raising and outreach capacities, in order to improve the epidemiological surveillance and response 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).

Description of activities:

- Provide emergency humanitarian assistance for displaced and returnees in the health facilities and avail curative care and preventive services 6 days a week in the PHCCs in line with the basic package of health services with laboratory services in the PHCCs and emergency referral services in place.
- Strengthen surgical and surge capacities of Luonyaker PHCC as the main referral Centre for emergency surgical service to fighting and disease outbreaks prone area
- Ensure provision and timely distribution of emergency medicines, equipment and other essential supplies to the health facilities.
- On job trainings every Fridays for all health staff, community health workers and community volunteers on topics that aims to address emergency prone disease investigation and management (Emergency preparedness and response, reproductive health, malaria, and Communicable and neglected tropical diseases)
- Conduct surveillance for epidemic prone disease such as measles and insure vaccination of children in campaign and outreach services and ensuring provision of vitamin A and de warming tablets;
- Conduct regular outreaches supporting community TBAs and community health workers in mobilization, sensitization and encouraging for displaced and returnee's women to attend ANC services and deliver for health facilities.
- Training of 10 PHCCs and CHD staffs on disease surveillance and emergency response for 5 days.
- Training of 10 health & nutrition Staff (5 Males and 5 Females) on RH and BEmOC for 5 days.
- Rehabilitation of Luonyaker PHCC Theatre to provide emergency surgical service and rehabilitation and maintenance of patients pit latrines in Luonyaker PHCC
- Conduct weekly health promotion with locally available appropriate Information Education Communication materials at health facilities and the community addressing priority diseases including reorganization and referral of diarrhea, malaria and acute respiratory tract infections, key health behavior promotion including the use of LLITNs particularly among pregnant women and children under 5, clean hand washing, exclusive breastfeeding and health seeking behavior.
- Conduct quarterly diagnosis, treatment, drugs stock taking, usage and prescription supervision in all health facilities in order to improve the quality of health service delivery and collect, collate, and analyze weekly integrated disease surveillance response and monthly health management information system data for ongoing monitoring of population health
- Procure and distribute buffer stock essentials drugs supplies to all health facilities

### iv). Cross Cutting Issues

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

The project activities have been designed taking into account the following cross-cutting issues:

**Gender:** Women and girls, including the most vulnerable ones (pregnant women, women head of households, women victims of violence and women living in cattle camps and IDP women), are part of the project main target and are direct beneficiaries of most activities. In order for their needs to be adequately addressed, the project pursues the following gender-oriented approach

- Inclusion of both men and women in health education sessions on RH, FP, nutrition/breast-feeding and STIs;
- Having equal presentation of both gender in Village Health Committees and Payam health advisors
- Continue partnership and motivation of TBAs to promote early ANC and delivery in the facility
- Engagement of teachers in disseminating health related messages mainly focusing on STIs
- Utilization of peer-to-peer education at hospital and school level to fill cultural gaps
- Identification/dissemination of best practices /successful stories to stimulate behavioral changes
- Individual counseling to patients on health prevention according to the individual needs.

Finally, women's role is emphasized thanks to the key role played by the female health staff in the running of PHCCs services, outreaches and health education sessions. The project approach and the gender-sensitiveness in the staff recruitment process tend to valorize women's skills and capacities (i.e., mediation, knowledge of the context, peer-to-peer communication) in health promotion and sensitization. Gender mainstreaming is the rationale behind the project design and gender disaggregated data will be collected to monitor equal access to health services.

**HIV/AIDS:** The project intends to increase RH services and HIV/AIDS awareness of local people and returnees through health education sessions given at both facility and outreach level. Luonyaker PHCC already offers VCT/PMTCT services to general public, with main focus on ANC attendees, and the action foresees to enhance this service, ensuring that all pregnant women and their partners are informed and educated on the risk of HIV transmission from mother to child. Anyhow, to further promote VCT services sensitization and awareness creation to counter traditional beliefs are still required. All the HIV/AIDS activities are perfectly integrated within the main project components, which closely focus on raising awareness/sensitization, counseling and community

participation as preferred approach to reduce the risk of health related emergencies due to negligence or proliferation of unhealthy behavior.

**Capacity Development:** Theoretical and on the job trainings, workshops and coordination meetings involving both health personnel and institutional counterparts (Gogrial East CHD) have been included as main project activities to concretely foster the early warning and health emergency risk reduction in the county and ensure adequate sustainability to the project. The identified implementation modalities (see below) envisage and pursue full and active involvement of the institutional stakeholders 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 are concerned, when availability of qualified health staff is limited, also the task shifting approach (endorsed by WHO), backed by continuous supportive supervision is pursued.

**Environment:** activities in this project are in no way contributing to ill environmental concerns or degradation. The action will rather contribute to the development of a clean and healthy environment, through the training and education of health staff on safe waste disposal and proper hazardous waste management.

**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.

Expected deliverables outcomes:

Health Facilities and Community health Services:

- Health facilities operational six days a week in line with the basic package of health services in the PHCCs
- Expanded program on immunization at both health facility and community out reaches provided to under 5 children and women of child bearing age.
- DPT3 and measles coverage increased to 50% in project locations
- Pregnant mothers received ANC services at health facilities
- Facility based child birth services provided to expectant mothers by skilled birth attendance (mid wives)
- Post natal care services provided to all mothers
- Six supervisory visits to health facilities conducted
- Drugs, equipment and other essential supplies distributed timely to all health facilities
- Rehabilitation of the ongoing Luonyaker PHCC to provide emergency surgical service and maintenance of patients pit latrines

> Training:

- 10 health staff Training and CHD staffs on disease surveillance and emergency response and essentials of public health in emergencies conducted
- 10 health staff refresher training on RH and BEmOC

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 <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(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)</small>
X	1.	Number of births attended by skilled birth attendants	At least 60 (out of which 15% BEmONC) in each PHCC
X	2.	Number of measles vaccinations given to under 5 in emergency or returnee situation	At least 513 Girls: 493 and Boys per PHCC
X	3.	Number of <5 consultations (male and female)	At least 1,253 Girls: 657 and Boys 596 per PHCC
X	4.	Proportion of communicable diseases detected and responded to within 48 hours	100%
X	5.	Number of antenatal clients receiving IPT2 second dose	At least 121 in each PHCC
X	6.	Percentage DPT3 coverage in children under 1	50%
X	7.	Number of facility equipped and providing emergency surgical service	1 PHCC

**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.

THESO (The Health Support Organisation) is a South Sudanese NGO, providing support in the County.

These PHCCs were built and started by government and THESO is the one supporting the health & nutrition services management at the health facilities and technical assistance in health service delivery. All these PHCCs are recognized by central and State MoH as counties main referral facilities and are taken as models of effective primary and secondary health facilities in Warrap State for the quality of services provided. THESO is a partner in Warrap SMoH and CHD and this collaboration ensures the respect of all MoH guidelines/protocols in health care delivery, as well as the adherence to DHIS/IDRS reporting system and timeframes.

THESO core interventions include primary and secondary health care, with a special focus on reproductive, maternal and child health, especially for vulnerable groups in need for humanitarian assistance. Actions promoted and supported by THESO 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 Luonyaker, and Lietnthom. The target population ranges from local communities (with particular focus on the MARPs, including newborn, U5, women head of households and victims of traumas/violence) to returnees. Activities have been designed to (i) strengthen RH services, including basic obstetric and neonatal care services; (ii) ensure health emergencies requiring surgeries properly treated/stabilized; (iii) guarantee that health complications are effectively recognized and treated. Theoretical workshops and on-the-job trainings will be conducted during the project time, to

further enhance skills and competences of health staff. An appropriate referral system will be facilitated through enhanced partnership with CHDs, in line with RSS MoH referral guidelines and skilled personnel (medical team) will be available 24/7 to perform emergency minor surgical interventions and to promptly respond to any other minor surgical emergency.

Furthermore, the project foresees to scale-up the promotion of maternal and child health, through the organization of education and sensitization activities. The project will utilize the health staff, as well as the already functioning community mechanisms, to reach out and disseminate essential and key messages to the local populations, and returnees in a bid to change the 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.

Finally, the project will also build the County Health Department capacities by providing refresher training the personnel on strategic planning and involving them in the monitoring and supervision of activities being implemented. Village Health Committees (Home Health Promoters) will be provided refresher training in order to enhance the involvement of the community in the acknowledgment and ownership of the health services offered in the counties. 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 THESO and health institutions in Warrap States and County of Gogrial East 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 Management Committee will be composed of CHD Managers, THESO Area Coordinators and representatives of three Counties Authorities, 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 work plan (Section III)<sup>2</sup>.

The Management Committee of the project, including representatives from all partner associations, 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.

THESO employs technical staff qualified and experienced in fieldwork and training rollout, responsible for the provision of continuous TA and supportive supervision to undertake project activities. THESO staff includes also an M&E Officer based in Juba Head Office, who will pay monthly visits in the project areas, to check about indicators, targets and performances. Further, THESO Programme Manager, Health Programme Officer and Health and Nutrition Coordinator will conduct at least two M&E mission, to provide further inputs on how to better tailor action to answer the assessed needs and achieve the project results.

An effective reporting system is envisaged and it will be integrated as much as possible with the already existing sectors monitoring systems:

All relevant project data and reports related to basic services provision will also be shared at State Level with Unity and Warrap MoH, other relevant Line Ministries and all main stakeholders, through proactive participation in the sector cluster coordination mechanism at State level. The same will be done at central level, through THESO Juba office.

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

- *Effective Reporting System:* (i) compilation of daily/weekly/monthly facility registers. Health staff will be trained, supervised and supported to ensure the 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 Gogrial East County authorities and Warrap State MoH; (iv) Quarterly progress reports and final report will also be compiled for the donor, using the facilities and activities data; (v) monthly and quarterly reports are regularly shared with HQ project department for revision;
- *Effective financial monitoring system:* (i) THESO accounting system is based on the double-entry system 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 reconcile 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 THESO country administration with the support of a Finance Officer and subsequently approved by HQ administrative department.
- *Employment and/or utilization of key human resources:* (i) Health professionals skilled in hospitals management and supervision, responsible for assisting and supporting the local health staff in the daily provision of service to local communities, and returnees; (ii) M&E Officer; (iii) THESO HQ desk reviewers,
- *Experience sharing:* THESO will share periodical information and data on project implementation with the Health cluster focal person both at Unity and Warrap States and central level, to share views and lessons learnt, and get additional inputs and

<sup>2</sup> 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.

comments. Moreover, coordination meetings will be organized with all CHDs and other stakeholders in the health sector, to monitor the emerging needs of the county population and ensure prompt reaction to emergency situations.

**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)
<b>Pledges for the CAP project</b>	

## 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/55572/R/13035		Project title: Maintaining existing safety nets with provision of emergency health services, and controlling communicable and tropical neglected diseases		Organisation: The Health Support Organization (THESO)
Overall Objective	<p><b>Cluster Priority Activities for this CHF Allocation:</b> <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <ul style="list-style-type: none"> <li>Ensuring 24/7 emergency services (including surgical and obstetric emergencies) and management of health complications;</li> <li>Providing the minimum basic service package to MARPs in Gogrial East county (with particular emphasis to U1, U5, P&amp;LWs, IDP/returnees);</li> <li>Strengthening the capacities of local health staff and Gogrial East CHD on early warning, first aid, prevention/control of outbreaks;</li> </ul>	<p><b>Indicators of progress:</b> <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> <li>Facilities providing emergency services</li> <li>Facilities providing minimum basic service package to MARPs</li> <li>Staff providing the basic services</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Facility report</li> <li>Supervision report</li> </ul>	
Purpose	<p><b>CHF Project Objective:</b> <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"> <li>To increase by 60% to continuous and effective frontline health care in Gogrial East County with main focus to maternal, neonatal and new-born care;</li> <li>To ensure 24/7 comprehensive emergency services – with main focus on health emergency and obstetric emergency PHCCs level.</li> </ul>	<p><b>Indicators of progress:</b> <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"> <li>ANC service coverage</li> <li>Immunization service utilization</li> <li>Service utilization &amp; functionality</li> </ul>	<p><b>How indicators will be measured:</b> <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"> <li>Facility report</li> <li>Supervision report</li> </ul>	<p><b>Assumptions &amp; risks:</b> <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"> <li>Security situation in the area will be firm</li> <li>Collaboration work with CHD &amp; SMOH</li> </ul>
Results	<p><b>Results - Outcomes (intangible):</b> <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"> <li>DPT3 and measles coverage increased to 50% in project locations</li> <li></li> </ul>	<p><b>Indicators of progress:</b> <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"> <li>DPT coverage</li> <li></li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Coverage survey</li> <li></li> </ul>	<p><b>Assumptions &amp; risks:</b> <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"> <li>Collaboration work with CHD &amp; SMOH</li> </ul>
	<p><b>Immediate-Results - Outputs (tangible):</b> <i>List the products, goods and services (grouped per areas of work) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.</i></p> <ul style="list-style-type: none"> <li>Health facilities operational six days a week in line providing emergency humanitarian assistance for displaced and returnees emergency curative care and preventive services</li> <li>Surveillance and immunization of children health facility and community outreach provided to under 5 children and women of child bearing age.</li> <li>Pregnant mothers received ANC services at health facilities</li> <li>Facility based child birth services provided to expectant mothers by skilled</li> </ul>	<p><b>Indicators of progress:</b> <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"> <li>Facility functionality</li> <li>ANC coverage</li> <li>Delivery by skilled birth attendant</li> <li>Immunization service access</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Facility report</li> <li>Supervision report</li> </ul>	<p><b>Assumptions &amp; risks:</b> <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"> <li>Security situation in the area will be firm</li> <li>Collaboration</li> </ul>



	<p>birth attendance (mid wives)</p> <ul style="list-style-type: none"> <li>• Post natal care services provided to all mothers</li> <li>• Drugs, equipment and other essential supplies distributed timely to all health facilities</li> <li>• Rehabilitation of Luonyaker PHCC to provide emergency surgical service and maintenance of patients pit latrines</li> <li>• Health staff refresher training on disease surveillance and emergency response of public health in emergencies conducted</li> <li>• Health staff refresher training on RH and BEmOC</li> </ul>	<ul style="list-style-type: none"> <li>• Facility equipped with basic medication</li> <li>• Facility rehabilitated</li> </ul>		
	<p><b>Activities:</b>  <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"> <li>• Assigning of staffs for each health facilities</li> <li>• Provide emergency humanitarian assistance for displaced and returnees emergency curative care and preventive services 6 days a week in 2 PHCCs</li> <li>• Procurement of essential drugs and supplies for the health facilities</li> <li>• Transportation of drugs and medical supplies</li> <li>• Continue conducting formal and on job trainings every Fridays for all health staff, community health workers and community volunteers</li> <li>• Continue conducting routine EPI services in the health facilities</li> <li>• Conduct quarterly Supportive Supervision and regular follow up.</li> <li>• Training of 10 health care staffs and CHD staffs Training of PHCCs and CHD staffs on disease surveillance and emergency response</li> <li>• Training of 10 health &amp; nutrition Staff on RH and BEmOC for 5 days.</li> <li>• Rehabilitation of Luonyaker PHCC Theatre to provide emergency surgical service</li> <li>• Rehabilitation and maintenance of patients pit latrines in Luonyaker PHCC</li> <li>• Conduct weekly health promotion with locally available appropriate IEC materials at health facilities and the community</li> <li>• Procure and distribute buffer stock essentials drugs supplies to all health facilities</li> </ul>	<p><b>Inputs:</b>  <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"> <li>• Human resource (health care providers) time</li> <li>• Medical supplies</li> <li>• IEC/BCC materials</li> <li>• Vaccine supplies</li> <li>•</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b>  <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"> <li>• Security situation in the area will be firm</li> <li>• Collaboration work with CHD &amp; SMoH</li> </ul>

## 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.

<b>Project start date:</b>	<b>01 October 2013</b>	<b>Project end date:</b>	<b>31 March 2014</b>
----------------------------	------------------------	--------------------------	----------------------

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 Project alignment and start up workshop				x											
Activity 2 Assigning of staffs for each health facilities				x											
Activity 3 Provide emergency humanitarian assistance for displaced and returnees emergency curative care and preventive services 6 days a week in 2 PHCCs				x	x	x	x	x	x						
Activity 4 Procurement of essential drugs and supplies for the health facilities				x	x	x									
Activity 5 Transportation of drugs and medical supplies					x	x									
Activity 6 Continue conducting on job trainings every Fridays for all health staff, community health workers and community volunteers on management of emergency epidemic prone diseases				x	x	x	x	x	x						
Activity 7 Conduct surveillance for epidemic prone disease such as measles and insure vaccination of children in campaign and outreach services and ensuring provision of vitamin A and de warming tablets				x	x	x	x	x	x						
Activity 8 Conduct quarterly Supportive Supervision and regular follow up.				x	x	x	x	x	x						
Activity 9 Training of PHCCs and CHD staffs on disease surveillance and emergency response for 5 days					X										
Activity 10 Training of health & nutrition Staff on RH and BEmOC for 5 days						x									
Activity 11 Rehabilitation of Luanyaker PHCC Theatre to provide emergency surgical service					x	x									
Activity 12 Rehabilitation and maintenance of patients pit latrines in Luonyaker PHCC					x	x									
Activity 13 Conduct weekly health promotion with locally available appropriate IEC materials at health facilities and the community				x	x	x	x	x	x						
Activity 14 IDSR and monthly report from the health facilities				x	x	x	x	x	x						
Activity 15 Desk review on project performance and final report submission									x						