South Sudan
2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

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 2014 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2014.

Cluster Priority Activities for this CHF Round

- Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
- Support to key hospitals for key surgical interventions to trauma
- Communicable disease control and outbreak response including supplies
- Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
  - Emergency preparedness and communicable disease control and outbreak response
  - Emergency obstetrical care, and MISP (minimum initial service package-MISP)
  - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
  - Trauma management for key health staff
- Support to referral system for emergency health care including medevacs.
- Support to minor rehabilitation and repairs of health facilities

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 South and Tonj East)
3. Northern Bahr El Ghazal (Aweil North, Aweil East, Aweil South and Aweil Central)
4. Western Bahr El Ghazal (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East)
6. Unity (Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang)
7. Upper Nile (Renk, Ulang, Nasir, and Maban, Longechuk, Baliet and Malakal)

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	**CAP Gender Code**
SSD-14/H/60382	1

CAP Project Title *(please write exact name as in the CAP)*
Enhancing emergency primary health care services among the vulnerable communities of Ayod County (Jonglei State)

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

State	**%**	*County/ies (include payam when possible)*
Jonglei	100%	***Ayod*** (Ayod, Pagil, Wau, Kuachdeng, Pajiek, Mogok, Korwai payams)

Total Project Budget requested in the in South Sudan CAP	US$ 705,423
Total funding secured for the CAP project ***(to date)***	US$ 37,202

Funding requested from CHF for this project proposal	US$ 85,000

Are some activities in this project proposal co-funded (including in-kind)? Yes X 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:	4,806	41,412
Girls:	2,502	13,973
Men:	3,580	34,899
Boys:	3,262	18,222

Indirect Beneficiaries / Catchment Population (if applicable)

157,242 people projected in 2014 (the population of the County)

Total:	**14,150**	**108,506**

Targeted population: Abyei conflict affected, IDPs, Returnees, Host communities, Refugees	**CHF Project Duration** (12 months max., earliest starting date will be Allocation approval date)
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) N/A	Indicate number of months: 3 Months (1st April 2014 – 30th Jun 2014)

Contact details Organization's Country Office	
Organization's Address	Thong ping – Airport road - Juba
Project Focal Person	*Peter claver Olore – Health coordinator* *Cosv.ssudan.healthco@gmail.com* *0927133847*
Country Director	*Giorgio Berardi –* *cosv.countryrjuba@gmail.com* *0920429262*
Finance Officer	*Matteo Brunelli –* *Cosv.countryadmi.juba@gmail.com* *0923066139*
Monitoring & Reporting focal person	

Contact details Organization's HQ	
Organization's Address	COSV – Via Soperga 39 – Milano -Italy
Desk officer	*Claudia Cui – claudia.cui@cosv.org* *+39 022822852*
Finance Officer	*Elena Sironi – elena.sironi@cosv.org* *+39 022822852*

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]

In December 2013, with violence erupting between opposing factions in South Sudan, large movements of population and IDPs took place and affected the health situation in several parts of the country, including Jonglei State. In County Ayod, in spite of an apparent stability of the situation resulting primarily from the homogeneous composition of the local population, flows of displaced people have recently been reported by the CHD and Commissioner's Office, with verifications started on 6th January and ongoing. These appear to reach about 1,000 individuals, originating from Bor and Malakal, who are now in Mogok, Pagil, Ayod and Wau payams. Among these IDPs, 6 reported to the Ayod PHCC with gunshot wounds. A likelihood of an increase in the number of IDPs is likely over the next few weeks, which would pose additional strain on the health resources in the County.

In addition to the current deterioration of conditions, Ayod county, in 2013, experienced two major outbreak scenarios (measles and kala-azar), whose response were complicated by occurrence of floods between July and September. Moreover, the new circumstances of displacement make the population more vulnerable to the effect of kala-azar-inducing factors.

According to an Ayod SMART survey of March 2013, proportion of measles immunisation showed concerning levels of low coverage, at 12%. A measles outbreak in Ayod was declared in June 2013, with severe outbreak impact in areas of poor or no immunisation activities in the past 5 to 7 years. Majority of the affected were under 5 years. A measles immunisation campaign was completed at the beginning of December 2013 across Ayod County.

Malaria too remains a constant threat throughout the county. In Jan-Oct 2013, 1716 confirmed malaria cases were reported in Ayod PHCC alone. This disease, too, poses a high risk under the new circumstances of displaced population.

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.

Ayod County current health care services are predominantly manned by people of lower cadre (CHW and MCHW or much lower), with CHW/MCHW accounting for about 12%, and some of these may become involved in the population movements recently reported in the county. The area remains underserved in terms of basic health services involving Curatives, Reproductive health, nutrition and Immunization, and resources are receiving an additional strain with the increase in population. MoH supplies of routine medical kits, is irregular and uncertain, and most often supplies are supplemented with IMA (RRHP) Kit supplies. Logistics remain a major challenge, especially for medevacs. With CHF funds, other supplies of laboratory materials and wound-dressing materials, as well as logistic activities, could be supported.

Strengthening surveillance is essential in early warning so as to minimize the impact of outbreaks. Continued training of health staff, will improve their capacity to detect and respond to outbreak-prone diseases. This will also enhance quality of care and reporting. Through CHF funds, COSV will continue supporting such responses and outreach strategies to reach the displaced people, remote communities and to strengthen the supervision of primary health care.

Being in Jonglei state, with its proximity to Somalia, where a polio outbreak was reported, Ayod, is at risk of polio. Moreover, cases of yellow fever were reported in Kordofan (Sudan), which may be a threat to Ayod owing to constant cross-border population movements and the additional displacement.

Currently funding from RRHP, UNICEF, and CHF (2013) R2, are supporting specific activities and areas. With CHF 2014, the whole county shall be able to have stable health services per payam, with a motivated work force.

The CHF 2014, funds shall be very critical in supporting IDP response in the current crisis in Ayod. More importantly, the funding will be instrumental in co-ordinating life-saving interventions.

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 project will be used to achieve a number of cluster priorities as elaborated below:

Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies: CHF funds will support procurement of basic laboratory supplies and other essential drugs specific to Ayod epidemiological situations, as may be missing in routine supplies from MoH or RRHP (IMA) kit. Some of the essential supplies specific to Ayod may include Kala-Azar, and Tuberculosis drugs from WHO.

Communicable disease control and outbreak response including supplies: funds will be supportive at critical moments of emergencies in order to facilitate access and response, to situations in remote locations of the county, possibly in IDP areas. Part of the county located in swamp (Island) that can only be accessed by charter flights. This will ensure maintenance of radio call communication equipment and strengthen coordination for IDSR reporting.

Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns: Fund will be very critical in improving coverage of immunization activities through mobile outreaches or fixed sites, and supporting critical logistic issues during mass immunizations. Through UNICEF support, 1 central county cold chain and 4 peripheral cold chains (solar fridges in Mogok, Pajiek, Kuachdeng PHCU and Menime PHCC) shall be installed in Ayod county to back up the 3 functional cold chain in Ayod, Wau and Jiech.

Capacity building interventions will include: Support will ensure basic trainings for newly-engaged staffs and refreshment of old team on key elements of emergencies that includes: Emergency preparedness and communicable disease control and outbreak response; Emergency obstetrical care, and MISP (minimum initial service package-MISP); and trauma management for key health staff. Funds will also strengthen community based interventions including awareness raising, hygiene promotion, education and

[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.

participation in health-related issues.

Support to referral system for emergency health care including medevacs: with this support, COSV shall work with partners (CHD, etc) to ensure early recognition of risks and ensure prompt referral.

HIV/AIDS awareness-raising information dissemination, condom provision, PMTCT, PEP and standard precautions: With CHF funding, COSV wants to mainstream HIV/AIDs activities, and create 1-2 sentinel sites to study HIV/AIDS issues in the county. COSV will recruit HIV team, initiate counselling services and strengthen HIV/AIDS awareness campaigns.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

The main objective is: To strengthen basic primary health care in the 13 existing health facilities of Ayod county of Jonglei state, in order to respond and create resilience to health emergencies. This objective is in line with CAP priority for response to life saving interventions.
Through support for regular supervision of health service delivery, prepositioning of basic supplies, and basic training and salary/incentive needs of human resources, CHF funding will ensure: emergency primary health care services, adequate for response, and resilience from disasters; communicable disease timely control; appropriate awareness and timely referrals. Interventions shall target host and the IDP communities. COSV shall integrate services with HIV/AIDS initiatives that shall involve basic activities at the facilities.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it).** There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.
List the main activities and results 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).

Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies:

Activities: Suggested activities to meet the cluster priority will include:

- Procurement and provision of basic PHCC/PHCU equipment, basic laboratory supplies and other essential drugs specific missing in MoH or RRHP (IMA) kit ; Kala-Azar, and Tuberculosis drugs and vaccines
- Transport from Juba, and field distribution of supplies to facilities of routine and emergency supplies as appropriate.
- Support maintenance of cold chain facilities, and drug stores

The activities realized shall be through the following indicators:

Number of Consultations, curative for 5 years and Older: 8,106 (4,546 Women; 3,560 Men)
Number of Consultations, curative for Children Under 5 years: 5,758 (2,499 Girls; 3,259 Boys)
Number of mothers receiving IPT2 : 248 Women
% of pregnant women receiving at least 2nd dose of TT vaccination: 65%
Number of Skilled Birth Attendance (SBA): 18 Births

Communicable disease control and outbreak response including supplies:

Activities: Planned activities for implementation include:

- Carry out clinical consultation for Case detection
- Laboratory diagnostic services at PHCCs for case confirmation.
- Weekly and Monthly Reporting.
- Conduct routine support supervision in facilities.

The activities realized shall be monitored using the following indicators:

Number of Consultations, curative for 5 years and Older: 8,106 (4,546 Women; 3,560 Men)
Number of Consultations, curative for Children Under 5 years: 5,758 (2,499 Girls; 3,259 Boys)
Proportion of communicable diseases detected and responded to within 72 hours: 95%

Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns:

Activities: The activities for this cluster priority includes:

- Conduct routine immunization in 7 facilities.
- Carry out Mobile immunization in hard to reach locations or IDP settlements.
- Support mass campaigns

The above activities shall be monitored through the following indicator.

Percentage DPT3 coverage in children under 1: 50%

Capacity building interventions:

Activities: This priority activity shall be realized through the following:

- Trainings for health staffs on key elements of emergencies that includes: Emergency preparedness and communicable disease control and outbreak response; Emergency obstetrical care, and MISP (minimum initial service package-MISP).
- Conduct routine support supervision.
- Health awareness on major topics of; hygiene promotion, rational drug use, and other common disease conditions of public

health importance.

- Participation in health-related events such as World AIDS Day.

The above mentioned activities shall be tracked using the following indicators:

Number of health workers trained in MISP / communicable diseases / outbreaks / CMR (Women, Men): 43 (11Women, 32 Men)

Support to referral system for emergency health care including medevacs:

Activity: implementations shall involve the following activity:

- Support referral through *medevac* and road ambulance services

The stated activity shall be tracked through the Indicator stated below:

Number of emergency referrals supported: 64 (24 Women; 12 Girls; 16 Men; 12 Boys)

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

1. Reduced number of days for stock out of essential drugs
2. Improved surveillance community network and reporting
3. Enhanced maternal care at all health facilities

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard 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)	14,150 (4,806 Women; 2,502 Girls; 3,580 Men; 3,262 Boys)
X	2.	Number of consultations, 5 years or older (Men, Women)	8,106 (4,546 Women; and 3,560 Men)
X	3.	Number of <5 consultations (Boys, Girls)	5,758 (2,499 Girls; and 3,259 Boys)
X	4.	Number of births attended by skilled birth attendants	18 births
X	5.	Proportion of communicable diseases detected and responded to within 72 hours	95% of outbreaks
X	6.	Percentage DPT3 coverage in children under 1	50%
X	7.	% of pregnant women receiving at least 2nd dose of TT vaccination	65%
	8.	Number of antenatal clients receiving IPT2 second dose	248 Women
X	9.	Number of health workers trained in MISP / communicable diseases / outbreaks / CMR (Women, Men)	22 (6 Women; 16 Men)
	10.	Number of emergency referrals supported	16 (6 Women; 3 Girls; 4 Men; 3 Boys)

vi). Cross Cutting Issues

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

Gender issues:

The proposed intervention aims to support basic health needs of vulnerable populations in rural areas. **Pregnant women, as well as children under 5**, being the most vulnerable in terms of morbidity and mortality shall continue to be our priority in activities implemented. In order to increase the awareness at community level on prevention and treatment of most common diseases education activities on key topics such as hygiene, malaria, diarrhoea and in the Context of HIV will be a major focus.

Male involvement in education and awareness will be emphasized. **Women recruitment** shall be encourage, especially in reproductive health services and child care, with establishment of mother support groups to strengthen the women. Their action will have positive impact in the role of women in the households and community.

Moreover, the **ongoing mother support group programme** (established in September 2013 on the occasion of the WBW) is showing a high level of motivation of the women involved which are acquiring knowledge and at the same time are becoming more self-aware of their important role for the well being of the household and the community. COSV emphases female staff enrolment to balance gender inequalities at work place. 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. COSV shall continue to carry out gender mainstreaming at work place.

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.

Both COSV compound and Ayod PHCC are equipped with a solar system, therefore the use of generator and fuel is minimal. Health units will be also provided with solar panel system. The existing peripheral cold chains are functioning with solar power, 5 new are planned to be established in 2014.

COSV ensure collection and disposal of packaging, plastic and other wastes, paying particular attention to waste storage and disposal. A placenta pit was built in 2013. Fenced and protected dug pit and burying are used for medical waste and it is and the

procurement process for the rehabilitation of the PHCC incinerator is ongoing.
New latrines have been built in the Ayod PHCC and links with the WASH partners have been strengthened. A mapping of the WASH needs at health facilities has been carried out in addition to an interagency assessment in the Western Island.
COSV personnel both local and expatriate have been duly trained about the high risks related to medical waste management and thus about the importance of following the correct procedures for the safe collection and disposal of waste. Moreover, with the World Bank funding received through IMA, all health facilities must have waste disposal facilities to attain better incentive payment
COSV has stated to participate at the ENVIRONEMENTAL PROJECT RECYCLING in Juba for the disposal of plastic bottles and aluminium cans. It is planned to extend it in the COSV compound in Ayod in 2014.
Environmental **education is a cross-cutting issue integrated** in all the communities' awareness programs. Special care is given to the nutrition one, since it tackles topics that allow spreading environmental friendly messages.
Some of the main topics are: fuel efficient cooking techniques, collection and disposal of packaging, plastic and other wastes, alternative way to utilize plastic through livelihood activities. Support **'3 R' strategy for waste management** – Reduce, Re-use and Recycle. COSV annual plan for 2014 seeks to increase the engagement of the civil society within its activities. In the management of the used bags that come with WFP supplies encourage its re-use for re-package of other supplies for storage. Some are distributed in the community as NFI.

HIV- AIDS will be mainstreamed as follow:
1 - Establish relation at State level with MoH and Jonglei AIDS coordinator
2 - Awareness for the communities about HIV-AIDS and distribution of information, education and communication material, including the celebration of world HIV days
3 - Establishment of condom distribution points

vii) 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.

Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies: PHCC/PHCU equipment, basic laboratory supplies and other essential drugs specific missing in MoH or RRHP (IMA) kit shall be procured following COSV internal procurement procedure. Kala-Azar, and Tuberculosis drugs shall be requested from WHO. Items shall be transported either by air or by road from Juba. All supplies shall be kept in COSV/County main warehouse and released to facilities upon request, or in emergencies. These supplies shall support activities of general consultations, maternity, and Laboratory services.

COSV shall collaborate with UNFPA, UNICEF and SMoH in sourcing basic medical kits, including vaccines. Supplies shall be transported from Juba or State stores either by air or by road to Ayod. Supplies will be kept in COSV/County warehouse and released upon identified need, as a buffer to supplement primary health care kit during emergency and in IDP situations. The major period of emergencies is between July and September (3 months), within which supplies will be positioned in all the facilities. However, other supplies and extra stock shall be kept in preparation for any response within any other period.

Communicable disease control and outbreak response including supplies: Effective control shall depend on prompt case detection and reporting. Our strategy of implementation shall focus on routine diagnostic services at facilities, and regular (weekly) reporting of selected IDSR cases. A working radio shall ensure prompt communication and reporting. Health workers in far remote locations shall have radio calls installed in nearby vicinity to promote communication. COSV and CHD shall carry out routine support supervision in facilities to ensure good practice, adequate stock of drugs, and meeting community leaders to ensure community linkages with facility workers.

Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns: COSV and CHD shall work in collaboration to improve immunization services. With a total of 7 cold chain facilities to be attained in 2014 from UNICEF, routine immunization shall improve. Mobile immunization shall be carried out too, to reach IDP settlements and other remote locations far from these facilities. A mobile EPI team shall be formed.

Capacity building interventions will include: This shall involve trainings for newly engaged staffs and refreshment of old team on key elements of emergencies that includes: Emergency preparedness and communicable disease control and outbreak response; Emergency obstetrical care, and MISP (minimum initial service package-MISP). Staffs shall also continue to receive support supervision in building their skills at work place. Community based interventions shall include awareness raising, hygiene promotion, education and participation in health-related issues. Health awareness shall also remain a core activity at health facilities (PHCC/PHCU) and other service points (outreaches) in disseminating key messages in health, such as rational use of drugs.

Support to referral system for emergency health care including medevacs: CHD shall remain responsible in coordination of referral activities. COSV shall provide support to linkages in external referral. COSV shall establish collaboration with reliable flight companies for medevac services. COSV hope to support road ambulance services too, during dry season in order to access nearby hospitals during emergencies. The health system of Ayod will also continue with the internal systems of referrals from one department to another at PHCC, or from PHCU to PHCC.

viii) 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.

3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
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 within the ambit of the PCM approach: relevance, efficiency, effectiveness, impact and sustainability. The **monitoring system** will be based on 3 sets of indicators: **efficiency indicators**, touching the respect of time, expenditures, human resources and outputs; such indicators are settled every 6 months; **effectiveness indicators**, measuring the usefulness of the project activities, quantifying the short and long term impacts in terms of benefits produced by the project and enjoyed by the beneficiaries, and the achievement of intermediate and final objectives; such indicators are settled once at the beginning of the project; **context indicators**, analyzing risk factors and project assumptions in order to keep track of sustainability from the beginning; such indicators are established at the starting of the project and revised mid term.

All indicators will be identified by a key group: the project coordinator, with the support of other project stakeholders and key staff members. They will also be in charge of their continuous follow up, gathering 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 performance indicators will be collected and reported monthly. Data collected will be disaggregated into sex, age, location to address and inform on cross cutting issues like gender and the environment and this will commence as soon as possible.

Transmission of data and communication among facilities will be done through the Codan radio network that connects Juba to Ayod and the health facilities. Moreover, both county administrator and director will conduct monthly visits in order to track progress and to communicate to the donor any challenges encountered.

Monthly reports will be verified by expatriated staff for completeness, and correctness. Adequate report forms, register books from MoH, WHO, UNICEF and Clusters 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, activity plans shall be broken down into weekly and monthly schedules. Quarterly review and planning meetings will be conducted to ensure project objectives are met and challenges are communicated and addressed accordingly, targets are achieved and the acceptable standards for the specified indicators achieved. The Administrator is responsible for the administrative coordination of the whole project. A special internal control system based on several financial tool-kits (intermediate financial reports, salary sheets, petit cash, time sheets, assets register, etc) that allows the Administrator to have a permanent overview on the whole project, in order to assure a sound management. According to the project Gantt chart, a cash flow has been planned. Based on it, funds will be periodically transferred from the HQ after the approval of the monthly financial report. Such financial system helps verifying the effectiveness of the resources available for the activities implementation.

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)
October 2013 – Valdesian Churches (funds coming from the Italian tax payers)	US$ 37,202
Pledges for the CAP project	

[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:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

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

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD 14/H/60382	**Project title:** Enhancing emergency primary health care services among the vulnerable communities of Ayod County (Jonglei State)	**Organisation: COSV**

Goal/Objectives/Outcomes/Outputs		**Indicator of progress**	**Means of Verification**	**Assumptions and Risks**
Goal/Impact (cluster priorities)	*What are the Cluster Priority activities for this CHF funding round this project is contributing to?* • Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies • Communicable disease control and outbreak response including supplies • Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns • Capacity building interventions • Support to referral system for emergency health care including medevacs.	*What are the key indicators related to the achievement of* • Total Number of consultations (OPD and Maternity) • Proportion of IDSR Reporting • DPT3 coverage in children under 1 • Number of Health workers trained • Number of emergency referrals conducted	*What are the sources of information on these indicators?* Narrative report (COSV format) HMIS Reports (Morbidity, RH, and EPI reports) through DHIS format Training Reports Referral registers	

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	*What is the result the project will contribute to by the end of this CHF funded project?* Basic primary health care in the 13 existing health facilities of Ayod county is strengthened, in order to respond and create resilience to health emergencies	*What indicators will be used to measure whether the CHF Project Objective are achieved?* • Number of Consultations, curative for Children Under 5 years • Number of Consultations, curative for 5 years and Older • Number of mothers receiving IPT2 • Proportion of communicable diseases detected and responded to within 72 hours	*What sources of information will be collected/already exist to measure this indicator?* Monthly PHCC/PHCU HMIS Reports (DHIS)	*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?* • Partners respect CHF implementation processes • Project locations remain accessible through most period of implementation • Security situation remains stable
Outcome 1	*What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*? • Increased access to emergency primary health care services and supplies	*What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?* • Total number of consultations	*What are the sources of information collected for these indicators?* • Monthly HMIS report	*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?* • Continued goodwill with implementing partner – CHD/SMoH • Population remains stable, no massive shift
Output 1.1	*List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.* a) Procure, transport and provide essential medical kits:	*What are the indicator(s) to measure whether and to what extent the project achieves the output?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* Total direct beneficiaries 14,150 (4,806 Women; 2,502 Girls; 3,580 Men; 3,262 Boys)	*What are the sources of information on these indicators?* Monthly HMIS reports (DHIS) Laboratory reports Referral registers Training report	*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?* Suppliers for pipeline kits respond timely to requests.
Activity 1.1.1	(i). Procurement and provision of basic PHCC/PHCU equipment, basic laboratory supplies and other essential drugs specific missing in MoH or RRHP (IMA) kit ; Kala-Azar, and Tuberculosis drugs and vaccines			
Activity 1.1.2	(ii). Transport from Juba and field distribution of supplies to facilities, the routine and emergency supplies as appropriate.			
Output 1.2	b) Conduct medical consultations:	• Number of Consultations, curative for 5 years and Older: 8,106 (4,546 Women; 3,560 Men) • Number of Consultations, curative for Children Under 5 years: 5,758 (2,499 Girls; 3,259 Boys) • Number of mothers receiving IPT2 : 248 Women • Number of Skilled Birth Attendance (SBA): 18 Births	Monthly HMIS reports (DHIS) Laboratory reports Maternity register	• Cultural believes is supportive to health interventions • No political interference that hinders activities
Activity 1.2.1	(i). Carrying out clinical consultation for Case detection (OPD/Maternity)			
Activity 1.2.2	(ii). Provision of Laboratory diagnostic services at PHCCs for case confirmation.			
Output 1.2	c) Conduct medical referral:	• Number of emergency referrals supported: 16 (6 Women; 3 Girls; 4 Men; 3 Boys)	Referral register	Emergency cases report timely to health facility.
Activity 1.2.1	(i). Supporting referral through medevac and road ambulance services			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 2	• Increased child protection against immunizable diseases	• Number of children U1 immunized with DPT • % of pregnant women receiving at least 2nd dose of TT vaccination: 65%	• Monthly EPI report	• Population remains stable, no massive shift
Output 2.1	a) Conduct EPI activities (routine, mobile and campaign):	• Percentage DPT3 coverage in children under 1: 50%	• Monthly EPI report	• Population remains stable, and children are traceable • Community believes remains positive towards child vaccination
Activity 2.1.1	(i). Supporting maintenance of cold chain facilities, and drug stores			
Activity 2.1.2	(ii). Conducting routine immunization in 7 facilities.			
Activity 2.1.3	(iii). Carrying out Mobile immunization in hard to reach locations or IDP settlements.			
Activity 2.1.4	(iv). Supporting mass campaigns			
Outcome 3	• Improved capacity of CHD, local staff and community to report, and respond to emergencies	• Proportion of health workers practicing skills learnt in trainings	• Supervisory report/Staff list	• Minimal or no staff turn-over
Output 3.1	a) Increased knowledge and skills on essential health information and practices	• Number of health workers trained in MISP / communicable diseases / outbreaks /CMR: 22 (6 Women; 16 Men) • Number of community/mass awareness sessions/events supported	Training Report :	• Health workers are trainable • Community are willing to change from negative health believes and practices
Activity 3.1.1	(i). Trainings for health staffs on key elements of emergencies that includes: Emergency preparedness and communicable disease control and outbreak response; Emergency obstetrical care, and MISP (minimum initial service package-MISP).			
Activity 3.1.2	(ii). Conducting routine support supervision.			
Activity 3.1.3	(iii). Conducting Health awareness on major topics of; hygiene promotion, rational drug use, and other common disease conditions of public health importance. & HIV/AIDS			
Output 3.2	b) Conduct regular disease surveillance	Proportion of communicable diseases detected and responded to within 72 hours: 95% of outbreaks	Weekly IDSR reports	• DHIS software remains functional • Radio communications not interrupted by breakdown or weather changes
Activity 3.2.1	(i). Preparing and sending weekly IDSR report			

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	**1st April 2014**	**Project end date:**	**30th Jun 2014**

Activities	**Q1/2014**			**Q2/2014**			**Q3/2014**			**Q4/2014**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1: Procurement and provision of basic PHCC/PHCU equipment, basic laboratory supplies and other essential drugs specific missing in MoH or RRHP (IMA) kit ; Kala-Azar, and Tuberculosis drugs and vaccines				X	X	X						
Activity 2: Transport from Juba and field distribution of supplies to facilities, the routine and emergency supplies				X	X	X						
Activity 3: Carrying out clinical consultation for Case detection (OPD/Maternity)				X	X	X						
Activity 4: Provision of Laboratory diagnostic services at PHCCs for case confirmation.				X	X	X						
Activity 5: Supporting referral through medevac and road ambulance services				Whenever emergency occurs								
Activity 6: Supporting maintenance of cold chain facilities, and drug stores				X	X	X						
Activity 7: Conducting routine immunization in facilities.				X	X	X						
Activity 8: Carrying out Mobile immunization in hard to reach locations or IDP settlements.				X	X	X						
Activity 9: Trainings for health staffs on key elements of emergencies that includes: Emergency preparedness and communicable disease control and outbreak response; Emergency obstetrical care, and MISP (minimum initial service package-MISP).					X							
Activity 10: Conducting routine support supervision.				X	X	X						
Activity 11: Conducting Health awareness on major topics of; hygiene promotion, rational drug use, and other common disease conditions of public health importance. & HIV/AIDS				X	X	X						
Activity 12: Preparing and sending weekly IDSR report				X	X	X						

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