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
- Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines 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
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
    a. Emergency preparedness and communicable disease control and outbreak response
    b. Emergency obstetrical care, and MISP (minimum initial service package-MISP)
    c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
    d. Trauma management for key health staff
- Support to referral system for emergency health care including medivacs.
- Support to minor rehabilitation and repairs of health facilities
- HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.

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	
CCM-COMITATO COLLABORAZIONE MEDICA	
Project CAP Code	**CAP Gender Code**
SSD-14/H/60618	2a

CAP Project Title *(please write exact name as in the CAP)*
Ensuring health emergencies preparedness, response and expansion of basic health services to local communities, returnees and displaced population in Twic County (Warrap State)

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

State	**%**	*County/ies (include payam when possible)*
Warrap	100%	*Twic County*

Total Project Budget requested in the in South Sudan CAP	US$ 806.780
Total funding secured for the CAP project ***(to date)***	US $ 15,000

Funding requested from CHF for this project proposal	US$ 130,000

Are some activities in this project proposal co-funded (including in-kind)? Yes ☐ No ☒ *(if yes, list the item and indicate the amount under column i of the budget sheet)*

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries targeted in	**Number of direct beneficiaries targeted in**

Indirect Beneficiaries / Catchment Population (if applicable)

The project target is composed of: (i) women in reproductive age, men and children (50% boys and 50% girls) from host

	CHF Project	the CAP
Women:	5,292	14,136
Girls:	4,871	5,183
Men:	1,471	11,625
Boys:	1,471	5,217
Total:	**13,105**	**36,161**

communities of Aweeng, Turalei and Wunrok payams of Twic county, living under the poverty line of 2USD/day and at risk of health complications due to poor hygienic conditions and high food insecurity (80% of the whole target); (ii) IDPs and returnees (at least 40% women in reproductive age and 35% children), living in Twic county and prone to health emergencies due to poor shelters and incomes, high promiscuity (17,5% of the whole target); (iii) prisoners and soldiers living in Turalei, exposed to prolonged unhealthy living conditions and insecurity risks (2,5% of the whole target). All direct beneficiaries will benefit from preventive, curative and emergency health activities, to comprehensively improve EP&R.
A total of over 356,600 people, including host community, IDPs and returnees, live currently in Twic county and shall indirectly benefit of the proposed action.

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

Starting date: 1st February 2014

Ending date: 30st April 2014

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

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

The humanitarian situation in South Sudan has sharply deteriorated since 15 December 2013. Heavy fighting between different elements of South Sudan armed forces erupted in Juba and quickly spread to several other states of the country, affecting six out of the ten country's states. In the last 3 weeks, fighting has been reported in Mayon (Upper Nile) and lack of information on which party is actually controlling the village is a serious reason of concern. It is reported that about 600 IDPs have arrived in Aweng (Twic County, Warrap State), although it is not clear where they are coming from. Due to the proximity of Twic County to Unity State, new arrives are expected in the next weeks. Several casualties (around) 30 with gunshot wounds and fractures of the lower limbs were received at Turalei hospital in last 2 weeks but number are expected to increase.

Before the mentioned humanitarian crisis, in Twic County lived 249,103 people, 34,185 IDPs and 48,710 returnees. The already poor health, hygiene and nutrition indicators of the county (U5 mortality rate: 135/1,000 births, infant mortality rate: 102/1,000 births, maternal mortality rate: 2,054/100,000 births, EPI coverage 17%, child malnutrition 32.9%) risk to deteriorate if the situation remains unstable. With poor sanitation conditions in IDP sites, diseases like malaria and diarrhea are a potential threat to the displaced people. Conflict, displacement, promiscuity/polygamy can exacerbate the incidences of STIs and GBV.

Low reported HIV rate (0.7%) is linked to limited testing (available only in Turalei and Kuajok) and low HIV/AIDS awareness (21%, UNAIDS, 2012). Unhealthy reproductive health practices, late referral of obstetric emergencies (women depending on men decision), stigmatization of STI/ sterility, and poor confidence in male staff exacerbate the health condition.

Humanitarian health needs in Twic County include:

1. 24/7 emergency surgical capacities (including obstetric emergencies and treatment of injures/traumas) mainly to P&LW, victims of clashes and armed conflict in Unity State, GBV, girls/boys traumatized.
2. Comprehensive RH (including VCT/PMTCT), for women/partners in remote areas or IDP/returnees' camps.
3. OPD/IPD capacities to treat medical complications, focusing on U5 (boys/girls) and P&LW.
4. EPI, mainly for newborns and children U1 (boys/girls).
5. Community sensitization on hygiene, sanitation and safe RH targeting caretakers, women in reproductive age and partners, other than MARPs (IDPs, prisoners, soldiers, TB patients and relatives) and opinion leaders (VHCs, religious leaders, teachers, youth groups).
6. Medical assistance on IDPS settlement.
7. Institutional EP&R capacity building.
8. Inter sector coordination to improve the e-warn and referral system.

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.

Primary health care is ensured in Twic County through a network of PHCC/Us supported by different partners (Goal, IOM, MoH). However, none of these facilities can: (i) treat common diseases complications, (ii) provide quality skilled birth attendance, (iii) manage surgical cases and emergency obstetric complications (CEmONC), (iv) assist serious victims of traumas, (v) treat public health communicable diseases, like TB.

All PHC facilities in Twic and some from Gogrial and Unity State do refer all complications to Mother Teresa Hospital in Turalei. The hospital records the highest outpatient attendants' rate in the County (2,163 patients/month). The demand of health services are actually increasing due to the deterioration of the humanitarian context in Unity State (Mayom in particular), with an high number of IDPs and soldier that are seeking surgical and medical assistance in Twic County area. The hospital plays an essential role in creating awareness on HIV prevention, counseling and testing and on gender/sexuality. Moreover, the start-up of the TB program (April 2013), has made the Hospital the only TBMU in northern Warrap.

The requested allocation will complement the activities of 2013 R2 allocation allowing the Hospital to continue the delivery of both routine quality preventive, curative and emergency services in Twic County and emergency response to the recent humanitarian needs.

Currently Mother Teresa County Hospital in Turalei is supported exclusively by CHF and private donors, whilst is not supported (nor will be in the incoming months) by HPF, which recent call focused only on PHCU/Cs. At the end of Q3 2013, 100% of CHF allocated budget and 35% R2 2013 was already spent end of October. The remaining budget will be fully exhausted by the end of March 2014 but additional resources will be required to ensure the coverage of some staff starting from February 2014.

CCM supported Hospital in Turalei is the only facility with medical/surgical emergency capacities in the area, service recently also returnees located in Abyei area and IDPs from Unity State. Between September and October 2013, IOM registered 5,721 returnees in Abyei for the preparation of the October referendum while In January 2014 additional 600 IDPS arrived in Aweng The hospital commonly receives injured/ traumatized patients from clashes in Abyei and Unity State, use of small arms and mine victims. In the first three quarter 2013, the hospital has recorded:

- U5 consultations: 8,365
- Total OPD consultations: 19,475
- Total Skilled deliveries: 288
- Total ANC visits: 1,895
- ANC mothers receiving IPT2: 336
- Surgical operations: 746
- Emergency operations: 358
- Caesarian sections: 37

[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.

- Under 1 year receiving DPT3: 240
- Total trauma/ injuries treated: 485

Humanitarian support to Twic County health system will be essential to: (i) **maintain safety nets and emergency response**, (ii) institute **uninterrupted emergency medical and surgical capacities** and referral system, (iii) **prevent drug stock ruptures** and (iv) **enforce emergency preparedness and response capacities** in the area in collaboration with Twic CHD; (v) ensure the proper **management of emergency response of increased health needs** in the area after the escalation of violence in December 2013.

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

- 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
- Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines 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
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
    a. Emergency preparedness and communicable disease control and outbreak response
    b. Emergency obstetrical care, and MISP (minimum initial service package-MISP)
    c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
    d. Trauma management for key health staff
- Support to minor rehabilitation and repairs of health facilities
- HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.

Mother Teresa hospital provides 24/7 emergency services which include surgical capacities, MISP in RH services, injuries/trauma management and communicable and non communicable disease treatment (even when complicated). Emergency preparedness is pursued by combining: (i) institutional capacity building for health surveillance, (ii) e-warning system and outbreaks control, and (iii) community sensitization on health, hygiene and sanitation. Awareness raising activities target opinion leaders (community/religious leaders, teachers, VHC, CBOs) and MARPs (women and men living under the poverty line and with poor education, prisoners, soldiers) and are carried out both at static level (facility-based) and in the community (through outreaches). Particular focus will be ensured to addressed health needs of IDP's in Aweeng, Turalei and Wunrok payams of Twic county.

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 kick start/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

The project aims to respond to immediate humanitarian need in a coordinated way through the provision of emergency PHC services for vulnerable people, enhance preparedness and build resilience of households and communities to shocks and build capacity and strengthen systems of institutions to deliver basic services. Specific objectives of the project are:

- to increase at least by 5% the access of local and stranded population (IDPs, returnees and nomads) to continuous and effective frontline hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care (baseline: 80 persons/month);
- to ensure 24/7 comprehensive emergency services – with main focus on surgical and obstetric emergency – at hospital level (baseline: 40 persons/month);
- to increase at least by 5% the number of community members sensitized on health and hygiene-related safe behavior to prevent spread of infectious diseases and outbreaks (baseline: 900 persons/month).

The achievement of the objectives and of the expected results (see below) will be monitored through the utilization of a number of specific measurable indicators, selected among the Health Cluster output indicators and the MoH requirements for health reporting, seen relevant to achieve the HSDP 2011 – 2016 targets, as well as health related MDGs.
The project timeframe is considered adequate to meet the project objectives, since it represents the natural continuation and enhancement of CHF 2013 Round 2 project.

Health emergency and immediate humanitarian need response (including 24/7 surgical capacities, MISP EMoNC & RH commodities, traumas management) is provided mainly in Turalei Hospital (emergency mobile clinics in IDP/returnees sites when required). Enhance preparedness and build resilience of households and communities to shocks is pursued through combining institutional capacity building for health surveillance and delivery of basic services, e-warning system and outbreaks control and community sensitization on health, hygiene and sanitation.

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).

Output 1: Response to immediate humanitarian need ensured through 24/7 emergency health services and surgical capacities provision in Turalei County Hospital

1.1 24/7 emergency medical and surgical capacities (CEmONC, victims of clashes and armed conflict, traumatized, victims of GBV).
1.2 Emergency RH service provided by female staff (MCH, FP, ANC, PNC, STI, GBV follow-up, counseling and referral).
1.3 OPD/IPD service (U5, boys and girls, P&LW, victims of traumas/injuries).
1.4 Provision of drugs and supplies complementing MoH stocks.
1.5 Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign.
1.6 Training on (i) communicable disease control and prevention communicable disease prevention and control (pneumonia, malaria and diarrhea diseases) (ii) basic nursing care (fluid monitoring, aseptic wound dressing and drug administration) (iii) RH (through MISP, ANC, normal labour and delivery, BF and neonatal care) and obstetric care (including EMONC) (iv) surgical care skills (pre/post operation care, sterilization).
1.7 Integration of HIV/AIDS preventive services (VCT, PMTCT) and improvement of referral system for HIV treatment.

Output 2: Preparedness and resilience of host and displaced communities to shock enhanced in Turalei area.

2.1 Health education for patients and host/displaced community on environmental, personal hygiene, sanitation, disease outbreaks prevention and control.
2.2 Monthly health hygiene/sanitation sensitization sessions in Turalei prison, military camps, IDP/returnees' sites, including medical screening/referral to the Hospital for emergency;
2.3 Individual counseling on safe RH, FP and HIV/AIDS prevention;
2.4 Integrated outreaches for community, religious leaders and CBOs on preventive health, sanitation and safe RH (on women's access to services);
2.5 Collaboration with CHD, RRC and other partners to organize health mass campaigns on special occasions (Hand Washing Day, AIDS Day, Children's Day, etc.)

Output 3: Institutional capacities to manage the delivery of basic health services, EP&R and e-warning system in Twic County are improved

3.1 CHD capacity development on: (i) epidemiological surveillance, monitoring/delivery of health services, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care services, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;
3.2 Support to the identification of partners coordination strategies, emergency human resource planning and logistic plans for stockpiling.
3.3 Participation in the Health sector coordination at County and State level;
3.4 Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners.

iv) Expected Result(s)/Outcome(s)
Briefly describe the results you expect to achieve at the end of the CHF grant period.

For Output n.1 Response to immediate humanitarian need ensured through 24/7 emergency health services and surgical capacities provision in Turalei County Hospital

- N. of <5 consultations (male and female): at least 2,800 (1,400 male, 1,400 female);
- N. of consultations, 5 years or older: at least 6,475 (49% men, 51% women);
- N. of births attended by skilled birth attendant: at least 95;
- N. of women accessing ANC 2: at least 113
- N. of antenatal clients receiving IPT2 second dose: at least 150
- N. of DPT3 in children under 1: at least 80;
- N. of caesarean sessions: at least 10;
- N. of emergency surgical operations: at least 150;
- N. of new-born vaccinated (BCG): at least 80;
- N. of PMTCT clients: at least 40;
- N. of health staff trained: at least 50 (minimum 50% women);

For Output n. 2 Preparedness and resilience of host and displaced communities to shock enhanced in Turalei area

- N. of community members reached by health education sessions: at least 2,500;
- N. of women and men in reproductive age counseled on RH, FP and HIV/AIDS prevention: at least 50 (minimum 20% men);
- N. of students reached by health education targeted school sessions: at least 80;
- N. of community/religious leaders and CBOs representatives reached by integrated outreaches: at least 30;
- N. of visits in prisons, military camps, IDP/returnees' sites: 6
- N. of health prevention mass campaign organized: 1

For Output n. 3 Institutional capacities to manage the delivery of basic health services, EP&R and e-warning system in Twic County

are improved

- N. of CHD members trained: N.A.
- N. of stakeholders trained on emergency referral mechanism: at least 15 people
- N. of Health coordination meeting attended: 3
- N. of inter-cluster coordination meetings organized/attended: 3
- Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR: 45

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 beneficiaries	13,105
X	2.	Women	5,292
X	3.	Girls	4,871
X	4.	Men	1,471
X	5.	Boys	1,471
X	6.	number of >5 consultations (male and female)	At least 6,475 (51% female)
X	7.	number of <5 consultations (male and female)	At least 2,800 (50% women)
	8.	Number of emergency surgical operations carried out	At least 150
X	9.	Number of births attended by skilled birth attendants	At least 95
X	10.	Number of Measles vaccination	At least 80
X	11.	Number of DPT3 vaccination	At least 80
X	12.	Number of antenatal clients receiving IPT2 second dose	At least 150
X	13.	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	At least 45 (minimum 50% women)
	14.	Number of PMTCT clients	At least 40

vi). Cross Cutting Issues

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

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

ENVIRONMENT: Measures undertaken to mitigate negative environmental impact due to the project activities include: (i) incinerators and placenta pits for hazardous waste management are in use and periodically maintained in Turalei hospital (sharps, needles, syringes, blades and bottles are incinerated while the rest of waste are burnt to ash in the disposal pit), (ii) the outreach team shall be trained on how to manage the waste material produced during the outreaches visits, (iii) periodic maintenance will be regularly done on the project vehicles, to limit the waste of fuel and related-emissions, (Turalei hospital mainly relies on solar system for power), and (iv) collaboration with the CHD for the identification of safe drug dumping sites will be enhanced

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

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

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

qualified health staff is limited, also the task shifting approach (endorsed by WHO), backed by continuous supportive supervision is pursued.

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.

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

The hospital was built and started by the Diocese of El Obeid, which has requested CCM support for the ordinary management of hospital activities and technical assistance in health service delivery. Mother Teresa Hospital is recognized by WSMoH as County Hospital and is taken as model of effective secondary health facility in all Warrap State for the quality of services provided. CCM is partner to both WSMoH and Twic County CHD and this collaboration ensures respect of all MoH guidelines/protocols in health care delivery, as well as the adherence to DHIS/IDRS reporting system and timeframes.

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

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

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

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

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

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

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

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

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

[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.

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

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

- *Effective Reporting System*: (i) compilation of daily/weekly/monthly facility registers and tally sheets. Health staff will be trained, supervised and supported to ensure regular compilation of registers and reports including the daily/weekly/monthly health facility registers (ii) compilation of outreach reports (iii) compilation of monthly and quarterly reports for Twic County authorities and Warrap State MoH; (iv) Quarterly progress reports and final report will also be compiled in a timely manner following CHF financial and narrative tools; (v) monthly and quarterly reports are regularly shared with HQ project department for revision;
- *Employment and/or utilization of key human resources: (i)* Health professionals skilled in hospital management and supervision, responsible for assisting and supporting the local health staff in the daily provision of service to local communities, IDPs and returnees*; (ii) M&E Officer* and Regional Health Advisor; (iii) *CCM HQ desk reviewers*,
- *Experience sharing*: CCM will share periodical information and data on project implementation with the Health cluster focal person both at Warrap State and federal level, to share views and lessons learnt, and get additional inputs and comments. Meanwhile, coordination meetings will be organized with Twic CHD and other stakeholders in the health sector, to monitor the emerging needs of the county population and ensure prompt reaction to emergency situations.
- *Effective financial monitoring system*: (i) CCM accounting systems is based on the double-entry system, which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconciled on a weekly/monthly basis under the supervision of HQ administrative department, (ii)Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; (III) compilation of financial report is elaborated by CCM country administration with the support of a Project accountant and subsequently approved by HQ administrative department.

D. Total funding secured for the CAP project
Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	**Amount** (USD)
Mediolanum Foundation – private foundation (12/2013)	$ 15,000
Pledges for the CAP project	

SECTION III:

This section is <u>NOT required</u> 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/60618	**Project title:** Ensuring health emergencies preparedness, response and expansion of basic health services to local communities, returnees and displaced population in Twic County (Warrap State)	**Organisation: <u>COMITATO COLLABORAZIONE MEDICA</u>**

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 • Support to key hospitals for key surgical interventions to trauma • Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines 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 • Maintain surge capacity to respond to any emergencies • Capacity building interventions will include a. Emergency preparedness and communicable disease control and outbreak response b. Emergency obstetrical care, and MISP (minimum initial service package-MISP) c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues d. Trauma management for key health staff • Support to referral system for emergency health care including medivacs. • Support to minor rehabilitation and repairs of health facilities HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	To respond to immediate humanitarian need in a coordinated way through the provision of emergency PHC services for vulnerable people, enhance preparedness and build resilience of households and communities to shocks and build capacity and strengthen systems of institutions to deliver basic services.	• Continuous and effective frontline hospital health care and emergency referral services maintained 24/24 at Turalei Hospital; • Incidence rates for selected communicable diseases relevant to the local context (malaria, ARI, diarrhea, etc) decreased compared to 2013. • N. of CHD members involved in capacity built and supervision activity. • N. of activities realized at community level with the stewardship of VHC and community leaders.	- Quarterly Technical Performance reports for donors and SMoHs, - Training reports.	- Internal and cross-borders political stability; - Stable economic conditions, - Institutional willingness to effectively target emergencies; - No movement restrictions for implementing partners
Outcome 1	a) To increase at least by 5% the access of local and stranded population (IDPs, returnees and nomads) to continuous and effective frontline hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care (baseline: 80 persons/month); b) To ensure 24/7 comprehensive emergency services – with main focus on surgical and obstetric emergency – at hospital level (baseline: 40 persons/month); c) To increase at least by 5% the number of community members sensitized on health and hygiene-related safe behavior to prevent spread of infectious diseases and outbreaks (baseline: 900 persons/month).	N. of patients accessing Mother Teresa Hospital in Turalei services (at least 80-85 persons/day) 100% of the patients in need of emergency treatment are treated in Mother Teresa Hospital in Turalei N. of community members sensitized on health and hygiene-related safe behavior (at least 550 persons/month) *Total beneficiaries:* • Women: 5,292 • Girls: 4,871 • Men: 1,471 • Boys: 1,471	- Final project report; - Consolidated official health data from Warrap State and Twic CHD; - Other data sources (OCHA, IOM, etc.)	- Collaboration of concerned State and local institutions (WSMoH, Twic CHD, HIV/AIDS Commission, etc.); - Conducive environment for INGOs in Twic county; - Collaboration from other stakeholders (UN agencies, other IPs operating at PHC level and in Nutrition/WaSH, returnees' sectors),
Output 1	**Response to immediate humanitarian need ensured through 24/7 emergency health services and surgical capacities provision in Turalei County Hospital**	- N. of <5 consultations (male and female): at least 2,400; - N. of consultations, 5 years or older: at least 6,475 (49% men, 51% women); - N. of births attended by skilled birth attendant: at least 95; - N. of women accessing ANC 2: at least 113 - N. of antenatal clients receiving IPT2 second dose: at least 150 - N. of DPT3 in children under 1: at least 80; - N. of caesarean sessions: at least 10; - N. of emergency surgical operations: at least 150; - N. of new-born vaccinated (BCG): at least 80; - N. of PMTCT clients: at least 40; - N. of health staff trained: at least 45 (minimum 50% women);	- Quarterly Narrative project reports for donors and WSMoH, - Quarterly Technical Performance reports for donors and SMoHs, - Monthly DHIS/HMIS data - Weekly IDSR data - CCM internal data gathering.	- DoE confirms its support to Mother Teresa Hospital in Turalei and to CCM as implementing partner, - WSMoH honours the provisions of the MoU signed with CCM for collaboration in Primary and Secondary Health Service provision in selected counties of Warrap State (including Twic) - Local communities, IDPs and returnees do acknowledge and are willing to access/utilize hospital services
Activity 1.1	24/7 emergency medical and surgical capacities (CEmONC, victims of clashes, traumatized, victims of GBV).			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.2	Emergency RH service provided by female staff (MCH, FP, ANC, PNC, STI, GBV follow-up, counseling and referral).			
Activity 1.3	OPD/IPD service (U5, boys and girls, P&LW, victims of traumas/injuries).			
Activity 1.4	Provision of drugs and supplies complementing MoH stocks.			
Activity 1.5	Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign.			
Activity 1.6	Training on (i) communicable disease control and prevention communicable disease prevention and control (pneumonia, malaria and diarrhea diseases) (ii) basic nursing care (fluid monitoring, aseptic wound dressing and drug administration) (iii) RH (through MISP, ANC, normal labour and delivery, BF and neonatal care) and obstetric care (including EMONC) (iv) surgical care skills (pre/post operation care, sterilization).			
Activity 1.7	Integration of HIV/AIDS preventive services (VCT, PMTCT) and improvement of referral system for HIV treatment.			
Output 2	**Preparedness and resilience of host and displaced communities to shock enhanced in Turalei area**.	- N. of community members reached by health education sessions: at least 2,500; - N. of women and men in reproductive age counseled on RH, FP and HIV/AIDS prevention: at least 50 (minimum 20% men); - N. of students reached by health education targeted school sessions: at least 80; - N. of community/religious leaders and CBOs representatives reached by integrated outreaches: at least 30; - N. of visits in prisons, military camps, IDP/returnees' sites: 6 - N. of health prevention mass campaign organized: 1	- Training and report (attendance sheets, training materials, etc) - Outreaches report and registers; - Community sensitization schedules and registers.	- Twic county CHD, RRC and other concerned local institutions are supportive in coordinating IPs activities in providing humanitarian aid to host population, IDPs and returnees to prevent overlapping, - Local authorities are supportive in mobilizing community members on EP&R
Activity 2.1	Health education for patients and host/displaced community on environmental			
Activity 2.2	Monthly health hygiene/sanitation sensitization sessions in Turalei prison			
Activity 2.3	Individual counseling on safe RH			
Activity 2.4	Integrated outreaches for community and religious leaders and CBOs on preventive health, sanitation and safe RH (on women's access to services);			
Activity 2.5	Collaboration with CHD			
Output 3	**Institutional capacities to manage the delivery of basic health services, EP&R and e-warning system in Twic County are improved**	- N. of CHD members trained: N.A - N. of stakeholders trained on emergency referral mechanism: at least 15 people - N. of Health coordination meeting attended: 3 - N. of inter-cluster coordination meetings organized/attended: 3 - Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR: 45	- Training and report (attendance sheets, training materials, etc) - Minute of Health Coordination meeting. - Attendance sheets to inter-cluster coordination meeting and reports.	- WSMoH allocates resources to maintain/strengthen the human resources capacities of Twic CHD
Activity 3.1	CHD capacity development on: (i) epidemiological surveillance, monitoring/delivery of health services, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care services, (iv) data collection and reporting.			
Activity 3.2	Support to the identification of partners coordination strategies, emergency human resource planning and logistic plans for stockpiling,			
Activity 3.3	Participation in the Health sector coordination at County and State level;			
Activity 3.4	Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners.			

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:	**1 February 2014**	**Project end date:**	**30 April 2014**

	Activities	**Q1/2014**			**Q2/2014**			**Q3/2014**			**Q4/2014**			**Q1/2015**
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Activity 1.1	24/7 emergency medical and surgical capacities (CEmONC, victims of clashes, traumatized, victims of GBV).		x	x	x									
Activity 1.2	Emergency RH service provided by female staff (MCH, FP, ANC, PNC, STI, GBV follow-up, counseling and referral).		x	x	x									
Activity 1.3	OPD/IPD service (U5, boys and girls, P&LW, victims of traumas/injuries).		x	x	x									
Activity 1.4	Provision of drugs and supplies complementing MoH stocks.		X	x										
Activity 1.5	Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign.		x	x	x									
Activity 1.6	Training on (i) communicable disease control and prevention communicable disease prevention and control (pneumonia, malaria and diarrhea diseases) (ii) basic nursing care (fluid monitoring, aseptic wound dressing and drug administration) (iii) RH (through MISP, ANC, normal labour and delivery, BF and neonatal care) and obstetric care (including EMONC) (iv) surgical care skills (pre/post operation care, sterilization).		x	x	x									
Activity 1.7	Integration of HIV/AIDS preventive services (VCT, PMTCT) and improvement of referral system for HIV treatment.		x	x	x									
Activity 2.1	Health education for patients and host/displaced community on environmental		x	x	x									
Activity 2.2	Monthly health hygiene/sanitation sensitization sessions in Turalei prison		x	x	X									
Activity 2.3	Individual counseling on safe RH		x	x	x									
Activity 2.4	Integrated outreaches for community and religious leaders and CBOs on preventive health, sanitation and safe RH (on women's access to services);		x	x	x									
Activity 2.5	Collaboration with CHD		x	x	x									
Activity 3.1	CHD capacity development on: (i) epidemiological surveillance, monitoring/delivery of health services, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care services, (iv) data collection and reporting.		x	x	x									
Activity 3.2	Support to the identification of partners coordination strategies, emergency human resource planning and logistic plans for stockpiling,		x	x	x									
Activity 3.3	Participation in the Health sector coordination at County and State level;		x	x	x									
Activity 3.4	Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners.		x	x	x									

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