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	
Comitato Collaborazione Medica	
Project CAP Code	**CAP Gender Code**
SSD-14/H/60629	2a

CAP Project Title *(please write exact name as in the CAP)*
Strengthen the capacities of the CHD in the provision of routine and emergency Primary Health Care services for IDPs, vulnerable women in childbearing age, newborns and children under 5, and surge the capacities of communities and local authorities to respond to health-related emergencies in Greater Yirol (Lakes State) and Greater Tonj (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)*
Lakes	60	*Awerial, Yirol East and West Counties*
Warrap	40	Tonj East and South Counties

Total Project Budget requested in the in South Sudan CAP	US$ 1.125,150
Total funding secured for the CAP project ***(to date)***	US$ 50.353

Funding requested from CHF for this project proposal	250,000
Are some activities in this project proposal co-funded (including in-kind)? Yes ☒ No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)*	

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

	Number of direct beneficiaries targeted in CHF Project	**Number of direct beneficiaries targeted in the CAP**

Indirect Beneficiaries / Catchment Population (if applicable)

Total: 304,075.

Women:	13,062	**52,518**
Girls:	8,114	27,682
Men:	8,660	27,539
Boys:	7,641	26,074
Total:	37,477	133,813

The project target for curative and preventive health intervention is composed of U5 (at least 43% of the beneficiaries, boys and girls equally targeted) and P&LW women (at least 25% of the beneficiaries) from host, IDP and returnees' communities of Greater Yirol (Awerial, Yirol East and Yirol West county of Lakes State: 40% of the target) and Greater Tonj (Tonj East and Tonj South of Warrap State: 60% of the target).

In addition 76,000 IDPs arrived in Awerial County due to recent humanitarian situation in Juba.

NB: Direct beneficiaries targeted in CHF project represent around 15% of the total direct beneficiaries that will be supported by CCM-CUAMM through other funding (namely HPF).

Targeted population:
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 3 months

Start date : 1 February 2014
End Date: 30 April 2014

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

CUAMM – Doctor with Africa

Contact details Organization's Country Office	
Organization's Address	*CCM Office - Hai Thongping area, Plot 122, Block 3K South, 2nd Class Residential Area of Juba*
Project Focal Person	*Corrado Di Dio (Lakes State)* *corrado.didio@ccm-italia.org* *+211 921276394* *Flori Bakalli (Warrap State)* *Areacoordinator.gt@ccm-italia.org* *+211 913391617*
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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. Fighting occurred to Jonglei State (Bor) and Unity State (Bentiu, Rubkuey) after few days, and still uncertain information on which party is actually controlling the town is a serious reason of concern.

From mid December on, only in Awerial, an inter-agency Rapid Needs Assessment registered the displacement of about 75,000 IDPs (IRNA report) with the highest concentration in Migkamann. Due to the proximity of Awerial County to Jongley State, new arrives are expected in the next weeks. Estimation count 12.000 arrivals per day, even if they slow down due to constrained access to the ferry boats on the Bor side of the river. The strain on local resources (firewood and shelter material harvesting, waste disposal, etc.) could become a driver for conflict with the IDPs and the local residents. Moreover, the proximity of the site to the ongoing conflict in Bor is an issue as it is not certain how secure the site will be if the conflict expands, or migrates in the direction of the site, though the Nile does provide a barrier to some extent. Several casualties have been received at Yirol Hospital but number are expected to increase. PHCUs and PHCCs have remain opened even if NGO direct supervision has slowed down for security reason.

The proximity of Tonj East and Tonj South to Unity State is another reason of concern since violence in Rubkuey could lead to the displacement of people in the neighboring counties. Priority humanitarian needs identified include; WASH, food, NFIs/ES, health and protection. Health priority are:

- to ensure PHC and RH services available in the area;
- to avail medicines such as anti-Malaria, drugs for treating Diarrhea….
- to sensitize the communities to construct drainages and pit latrines for proper hygiene
- to ensure measles and OPV vaccination for under 15 years of age followed by routine vaccination with EPI antigens at the HFs

Before the above mentioned humanitarian crisis, Greater Yirol (Lakes) and Greater Tonj (Warrap) counted 604,350 inhabitants (50% women), 32,970 returnees (11,134 in 18 months), 32,680 IDPs. The already poor health, hygiene and nutrition indicators of the counties risk to deteriorate if the situation remains unstable. Seasonal floods, increasing malaria and water-borne diseases, sub-tribal clashes raise the demand for emergency health services. The maternal mortality rate is 2,054-2,173/100,000, with 40.6% women not receiving ANC and PNC and only 3.5% utilizing FP. ANC is often reported not to be provided as comprehensive package and therefore complicated pregnancies are rarely identified and timely referred. Skilled Attended Delivery is less than 1%, since few HFs are permanently staffed with SBAs. CCM and CUAMM experience shows worrying STI levels (14% of annual OPD consultations), which require targeted health education activities. Data collected at Yirol County Hospital PMTCT service indicate HIV prevalence to be close to 4%; multiple sexual partners/polygamy, low condoms use, IDP/returnees/soldiers' movements, high poverty, low schooling rates are contributing to HIV spread. Child Health indicators are alarming. Infant mortality is 139/1,000, the immunization coverage is very low (54% of pregnant women received TT2, 33% of U1 completed DPT3, MOH 2012), the malnutrition high. Malaria, respiratory infections and diarrhea are the top three diseases in U5, during the dry seasons the incidence of eye and skin infections increase. Facilities close to cattle-camps report high level of brucellosis (20 cases/month, children and adults). In 2013 measles outbreak erupted in Yirol West and East, after the 2012 outbreaks in Awerial and Tonj East. About 50% of the population (mainly flood-affected, cattle keepers, fishing communities) can barely access static services and massive outreaches are required to ensure emergency response. The CHD capacities are limited due to lack of technical capacities: planning and monitoring of HFs, managing human and financial resources, reporting.

B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The current allocation will unable CCM/CUAMM to respond to the humanitarian health need in Greater Yirol, with particular focus in Awerial County, and maintain emergency primary health care services in 5 Counties of Lakes State and Warrap State (Greater Yirol, Tonj East, Tonj South) through the provision of basic equipment, drugs, medical and lab supplies and the strengthening of the referral system and access to emergency care for children and women, boys and girls (including adolescents) and elderly. Particular attention will be provided to IDPs, vulnerable people and minorities. A total of 1 Hospital and 40 Health Facilities (8 PHCCs, 32 PHCUs) will be supported. Yirol Hospital is the only referral facility in Greater Yirol, permanently providing surgical/emergency response and the CEmOC package. CCM/CUAMM have been recently awarded as lead agency in each of the 5 target counties under the Health Pooled Fund (HPF). HPF can cover up to 75% of the PHCs service delivery costs but NOT key health emergency activities, where not adequate funding have been secured (provision of drug kits/basic equipment to PHCC/Us, outreaches and vaccination campaigns, enhancing surveillance and disease control, strengthening the emergency referral mechanism and surgical capacities). The project shall address the following:

- routine basic health service delivery and RH available at facility level. Oral Rehydration Therapy (ORT) corner with necessary supply for children affected by diarrhea established. Cold chain reinforced at HF level.
- supported facilities are provided with drugs and medical supplies in order to prevent shortage of medical supplies. additional emergency drugs like anti-malaria and diarrheal kits are supplied to the IDPS camp and Mingkamann PHCC;
- drugs are timely prepositioned to flood-affected, cattle camps' and fishing communities;
- epidemiological surveillance and outreaches for communicable diseases are conducted.
- immunizations campaigns via fixed and mobile health clinics targeting IDPs, returnees, and other vulnerable groups are realized;
- hospital surgical capacities are maintained and the referral system is enforced,
- CHD capacities are developed in EP&R.

[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.

- Capacity building on emergency management through short and medium term training established and shared among the counties'.

Added values:
- Integration with Nutrition program
- long-standing partnership with CHDs for health system strengthening, technical assistance on quality service provision and data gathering/analysis,
- Improved health service delivery for local communities and IDPs/returnees.

Efforts to secure additional funds are in place through project proposal presented or already financed by European Union, UNICEF, HPF and Italian Ministry of Foreign Affairs.

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 purpose of the project **is to ensure the provision of routine/outreach and emergency Primary Health Care services for, for children and women, boys and girls (including adolescents) and elderly and EP&R to promptly respond to health needs of host, IDPs and returnee communities in Greater Yirol (Lakes State), Tonj East and Tonj South (Warrap State) counties.**

The project purpose is perfectly integrated within the Health Cluster strategy and is line with its cluster thematic priorities:

i) Provision and prepositioning of core pipelines: drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas.
ii) Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services.
iii) Maintain or strengthen medical referral services for emergency cases.
iv) Support vaccination campaigns.
v) Strengthen communicable disease control, prevention, and emergency response capacity.
vi) Maintain surge capacity for emergencies and surgical interventions.
vii) Awareness raising and capacity building in order to prevent and respond to emergency situations

Both static and outreach frontline health services are offered to the catchment population – focusing on women, girls/boys, people living under the poverty line, in flooded-remote areas, cattle camps, IDP/returnees' camps, with particular focus to the recent humanitarian need in Awerial County. Health emergency response (including 24/7 surgical capacities) is provided in Yirol Hospital serving Greater Yirol, while in Greater Tonj the referral system to county hospitals is enhanced.

Tonj East, Tonj South, Yirol East and Awerial are included among the Cluster priority areas. Yirol West belongs to Greater Yirol and its County Hospital is the only referral facility for the three Counties, permanently providing surgical and emergency response. Its inclusion in the project is functional to ensure the effectiveness of Greater Yirol referral system and the access of also Yirol East and Awerial population to emergency care. Further, the recent measles outbreak in Yirol East and West demonstrates the need to reinforce the PHC services delivery and the capacity to responding to emergencies not only at facility level but also through mobile team and through a state referral system and coordination mechanism.

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)

Specific objective of the project is to **ensure continuity of essential health service delivery (safety nets) and adequate emergency response to the humanitarian needs - including surgical intervention and EmONC - in all Greater Yirol and Tonj East and Tonj South with particular focus on Awerial County** through:
- the increase access to PHC at facility level in 3 months, including at least 5% increment in women's access (monthly baseline: 3000 boys, 3200 girls, 4000 men, 4500 women) and IDPs;
- the increase in the access to emergency health service in 3 months (monthly baselines: 10 emergency surgical operations);
- the increase of 5% in the number of referred patients in 3 months (monthly baseline: 34 referred patients).

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For the objective and the identified expected results (see below) specific measurable indicators have been selected, most of which are indicated as Health Cluster priorities and/or are MoH requirements for health reporting since relevant to achieve the HSDP 2011 – 2016 targets, as well as health related MDGs.

The project timeframe (3 months) is adequate to meet the project objectives, since: (i) both implementing partners - CCM and CUAMM - are already operating and have functioning field bases in each target county; (ii) collaboration with institutional partners (Lakes MoH, Warrap State MoH and concerned CHDs) in both states has been established and is fruitful.

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).

The project strategy foresees:

I. the continuous provision of emergency Primary Health Care services with particular focus on routine/outreach based maternal and child health care both preventive and curative services and emergency response to the humanitarian needs

in the area of intervention;
II. strengthen EP&R to shocks, including surgical intervention;
III. strengthening the CHD in the provision of routine/outreach and emergency services;
IV. the establishment of VHCs/Home health promoters and their involvement in a coordinated response to health related emergencies.

Expected results are set as follows:

Output 1: <u>Frontline basic health service available to underserved host, IDPs and returnees population in GY, Tonj East and Toj South are consolidated and expanded through the support to up to 41 facilities (1 hospital, 8 PHCCs and 32 PHCUs) .</u>

1.1 Procurement of essential/emergency drugs, medical/non medical supplies, equipment to up 41 HFs in accordance with the BPHS and integrating the MoH provision and additional emergency drugs like anti-malaria and diarrheal kits are supplied to the IDPS camp and Mingkamann PHCC.
1.2 Provision of Outpatient and Inpatient services at 41 Health facilities.
1.3 Emergency and ordinary comprehensive RH commodities (MISP, FP, ANC, safe and clean delivery, PNC, STI) at HF level. RH services will be reinforced in the IDPs camp through regular field visit and referral of cases to the PHC system.
1.4 Provision of focused ANC and PNC in 41 health facilities and trough weekly outreach service in IDPs settlements.
1.5 Provision of skilled attended delivery at 4 BEmONC and 1 CEmOC centers.
1.6 Provision of clean hygienic assistance of uncomplicated delivery in 32 health facilities.
1.7 Promotion and supply of modern FP methods in 3 health facilities.
1.8 Provision of routine EPI services in 30 health facilities and through weekly outreach services EPI (also for new-born and pregnant women).
1.9 Provision of IMNCI services in 40 health facilities.
1.10 Provision of VCT/PMTCT services in 4 PHCCs and 1 County Hospital
1.11 Supervision of male and female health workers on (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Emergency Obstetric and Neonatal care, (iv) Focused PNC, (v) FP, (vi) VCT/PMTCT and trauma management (including referral.
1.12 On the job training of male and female health workers on IYCF, EPI, IMNCI.
1.13 Provision of medical equipment to 41 health facilities, in accordance with the BPHNS.

Output 2: <u>Effective response to continuous emergency service provision, including health referral and surgical treatment</u>

2.1.Procurement of emergency drugs, medical/non medical supplies and equipment for Yirol County Hospital Emergency Room, Operation Theatre and Surgical Ward
2.2. Infectious disease prevention and control, including integrated emergency outreach campaigns (i.e., U5, P&LWs, IDPs, returnees).
2.3 Referral of emergency (including obstetric) to Yirol Hospital through the strengthen of the existing service and maintenance, communication system provision tha will be warrant thanks to the SMoH ambulance that will be managed by CCM who will take care of all the costs for the referral

Output 3: <u>Local capacities at authorities, facilities and community level in managing the PHC system and responding to health related emergencies are enhanced</u>

3.1.Technical support provision to health workers and CHD officials on epidemic/outbreak management, epidemiological surveillance and organization of response to health related emergencies (contingency plan, mass vaccination campaigns) in coordination with the partner.
3.2. Organization of community based referral and surveillance system, with VHCs, CHWs and TBAs active involvement.
3.3. Participation to the Health Cluster and inter-cluster coordination mechanism at state and national level.
3.4. Creation of Village Health Committees with male and female members and their involvement in the management of the health system at community level

Output 4: <u>Health, Hygiene and Sanitation practices of host, IDPs and returnees' communities are enhanced and preventive health approach is promoted</u>

4.1. Community mobilization to promote good health, hygiene & sanitation practices (prevention of communicable diseases /STIs/ malaria, EPI, health seeking behavior, hygiene, mainstreaming HIV/AIDS related-issues).
4.2. Organization of public sensitization events on Health and Nutrition at community level with main focus on IPDs settlements.

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: **:** <u>Frontline basic health service available to underserved host, IDPs and returnees population in GY and GT area are consolidated and expanded through the support to up to 41 facilities (1 hospital, 8 PHCCs and 32 PHCUs)</u>

• number of >5 consultations (male and female) – CUAMM at least 2,375 men and 3,075 women; CCM at least 5,600 men and 5,825 women;
• number of <5 consultations (boys and girls) – CUAMM at least 1,725 boys and 2,050 girls; CCM at least 3.250 boys and 3,340 girls;
• Number of measles vaccinations given to under 5 in emergency or returnee situation – CUAMM at least 4,000; CCM at least 2,900
• Number of births attended by skilled birth attendants – CUAMM at least 300; CCM at least 35;
• Number of antenatal clients receiving IPT2 second dose – CUAMM at least 500; CCM at least 658;
• Percentage of DPT3 coverage among children under 1 year – CCM at least 615 children; CUAMM at least 350

• Number of clients counseled and tested for HIV – CUAMM at least 990 ANC clients; CCM at least 150 ANC clients;
• Number of health workers supervised in MISP/communicable diseases / outbreaks / IMCI / CMR/trauma, BEMONC. CUAMM at least - (30% women); CCM: – 30 (50% women);

For Output n.2: Effective response to continuous emergency service provision, including health referral and surgical treatment
• Number of emergency operations done: CUAMM at least 45 (22 men and 23 women);
• Number of cases referred to County Hospital: at least 50

For Output n.3: Local capacities at authorities, facilities and community level in managing the PHC system and responding to health related emergencies are enhanced
• Number of CHD staff supervised on emergency preparedness and response – Target 17, 30% women
• Number of disease outbreaks detected – At least 50.

For Output n.4: Health, Hygiene and Sanitation practices of host, IDPs and returnees' communities are enhanced and preventive health approach is promoted
• Number of community members sensitized on environmental and personal hygiene, disease outbreak response and control (2,153 members,40% women).

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 log frame.

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.	Number of consultations, 5 years or older	**9,275**
		Men	7,975
		Women	8,900
X	2.	Number of <5 consultations (male and female)	**6,565**
		Male	4,975
		Female	5,390
	3.	No. of children under 1 receiving DPT 3	665 (50% boy,50% girls)
X	4.	Number of measles vaccinations given to under 5 in emergency or returnee situation	**4,725**
		Girls	2,367
		Boys	2,358
X	5.	Number of births attended by skilled birth attendants	335
	6.	No. of Emergency surgeries done	45 (50% male and 50% female)
	7.	No. of ANC clients tested for HIV	1,140
	8.	No. of ANC clients IPT2	1.158
X	9.	Proportion of communicable diseases detected and responded to within 72 hours	80%
	10.	Number of disease outbreaks detected	Around 2/quarter
	11.	Number of disease outbreaks responded within 72 hours	2

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

Mitigation measures: (i) incinerators and placenta pits for hazardous waste management are in use and periodically maintained in all CCM-CUAMM supported facilities; (ii) all the targeted Health Facilities will be provided with WHO guidelines on waste management and monitoring on their regular application will be ensured; (iii) the mobile clinic teams will be trained on how manage the waste material produced during the outreaches visits, (iv) periodic maintenance will be regularly done on the ambulance and project vehicles as well as on HFs' generators, in order to limit the waste of fuel and related-emissions.

Project activities that contribute to environmental mitigation include:
(i) Continuous on-the-job health staff training proper hospital waste management to prevent environmental hazards.
(ii) Sensitizing host and displaced communities on environmental and personal hygiene, sanitation, disease outbreaks prevention/control at the health facility and the community level targeting prisons, schools, IDPs and returnees camps.

HIV: (i) mainstream FP (including contraceptives distribution) in comprehensive RH services, (ii) promote VCT and PMTCT services availed in Yirol Hospital (priority target: prisoners, soldiers, youths, P&LWs), TB/HIV positive persons, (iii) facilitate the counseling and referral of HIV positive patients to facilities where ARV treatment is available, (iv) include HIV/AIDS awareness messages in health education sessions at facility and community level, (v) guarantee universal precautions and safe blood supply during direct transfusions (surgery), (vi) manage the consequences of sexual violence, including provision of PEP and linking with protection cluster for client follow-up.

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.

The project has been structured in 4 expected results that shall contribute to the achievement of the project objectives. Expected results and related activities have been developed in accordance with (i) the objectives, expected results and targets defined by the HDSP, BPHNS and County Health Operational plans 2013 for the counties. CCM/CUAMM will be the implementing partners. CCM and CUAMM words in partnership with both the Lakes and Warrap SMoH in the area.
Project implementing partners are the INGOs CCM (Comitato Collaborazione Medica) and CUAMM – Doctors with Africa, respectively Lakes SMoH partners for health care service provision in Awerial/Yirol East and Yirol West counties and CCM is a partner of Warrap SMoH in Tonj South and East counties. CCM/CUAMM share similar vision/mission, core sectors of intervention and have operational MoU signed with concerned SMoH for supporting the provision of integrated primary/secondary health care and nutrition services in the respective catchment areas. Strengthening local health system through collaboration with stakeholders and researching for synergies, preventing duplications or establishment of parallel health/nutrition structures, are CCM/CUAMM pillars in programme planning and implementation. Both CCM/CUAMM are registered INGOs in SS and acknowledged also by the national MoH. At local level, smooth collaboration with CHD and other local institutions (Counties Manager, RRC Office, Commissioner, etc.) is already in place.

CCM/CUAMM partnership ensures adequate support and supervision to integrated PHC & Nutrition service delivery and emergency response in all Greater Yirol. Existing coordination to enhance the referral system, build CHD capacities and raise community awareness.
The project design is based on sound collaboration among CCM/CUAMM, health institutions at state and county level, other stakeholders (UNICEF, WFP, other INGOs and CBOs). In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), 2 project coordination bodies will be purposely established and meet on regular basis to ensure achievement of expected results:

- MANAGEMENT COMMITTEE (one per county): Composed of CHDs Manager and CCM/CUAMM Project Managers, the MC will meet on monthly basis in each county and will be responsible for: (i) defining/consolidating/readjusting the work plan, (ii) sharing information and data on the activities 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, (vi) representing the Project board in front of local stakeholders and when project-related decisions are taken.
- STEERING COMMITTEE (one per State): Composed of Lakes State MoH DG (or his/her delegate), CCM/CUAMM Country Representatives in South Sudan (or his/her delegate), the SC will meet on quarterly basis and will be responsible for: (i) supervising the general project implementation and provide related feedback/advice to the Management Committee, (ii) facilitating integration of the project with other health activities in the catchment areas, (iii) linking with other stakeholders at federal and state level (Nutrition & Health Clusters, WaSH clusters, UNFPA, WHO, UNICEF, other INGOs, etc.) to facilitate the project implementation and promotion.

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 work plan (Section III)[2].

The Management Committee of the project, including representatives from all partner associations, will be set up and meet on monthly basis to ensure effective monitoring of the project activities. In particular, it will look for shared solutions to the problems that may arise and redefine the strategy of intervention on the basis of the data acquired during the monitoring exercise.
CCM employs technical staff qualified and experienced in field-work and training roll-out, responsible for the provision of continuous TA and supportive supervision to undertake project activities. CCM staff includes also an M&E Officer based in SS Head Office (Juba), who will pay periodic visits in the project areas, to check about indicators, targets and 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.
An effective reporting system is envisaged and it will be integrated as much as possible with the already existing sectors monitoring systems:
All relevant project data and reports related to basic services provision will also be shared at State Level with Warrap MoH, other relevant Line Ministries and all main stakeholders, through proactive participation in the sector cluster coordination mechanism at State level. The same will be done at federal level, through CCM Juba office.
The monitoring of the activities and the evaluation of the project progress will be ensured through the establishment of several control mechanisms. These are reported below:

- *Effective Reporting System*: (i) compilation of daily/weekly/monthly facility registers. Health staff will be trained, supervised and supported to ensure the regular compilation of registers and reports including the daily/weekly/monthly health facility registers (ii) compilation of outreach reports (iii) compilation of monthly and quarterly reports for Twic County authorities and Warrap State MoH; (iv)Quarterly progress reports and final report will also be compiled for the donor, using the facility and activities data; (v) monthly and quarterly reports are regularly shared with HQ project department for revision;
- *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 reconcile on a weekly/monthly basis under the supervision of HQ administrative department II) Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; III) compilation of financial report is elaborated by

[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.

CCM/CUAMM country administration with the support of a Project accountant and subsequently approved by HQ administrative department.

- *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*; (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. Moreover, 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.

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)
HPF	US$ 50,353
Pledges for the CAP project	

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/60629	**Project title:** Strengthen the capacities of the CHD in the provision of routine and emergency Primary Health Care services for vulnerable women in childbearing age, newborns and children under 5, and surge the capacities of communities and local authorities to respond to health-related emergencies in Greater Yirol (Lakes State) and Greater Tonj (Warrap State).	**Organisation: CCM/CUAMM**

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster 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 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 ensure the provision of routine/outreach and emergency Primary Health Care services for, for children and women, boys and girls (including adolescents) and elderly and EP&R to promptly respond to health needs of host, IDPs and returnee communities in Greater Yirol (Lakes State), Tonj East and Tonj South (Warrap State) counties.	• Continuous and effective frontline hospital health care and emergency referral services in 41 HF; • 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 under the stewardship of VHC and community leaders.	- Final project report; - Consolidated official health data from Warrap State and Twic CHD; - Other data sources (OCHA, IOM, etc.)	- Internal and cross-borders political stability; - Stable economic conditions, - Institutional willingness to effectively target emergencies; - No movement restrictions for implementing partners
Outcome 1	To to **ensure continuity of essential health service delivery (safety nets) and adequate emergency response to the humanitarian needs - including surgical intervention and EmONC - in all Greater Yirol and Tonj East and Tonj South with particular focus on Awerial County**	- % increased access to PHC at facility level in 3 months, including at least 5% increment in women's access (monthly baseline: 3000 boys, 3200 girls, 4000 men, 4500 women) and IDPs; - % increment in the access to emergency health service in 3 months (monthly baselines: 10 emergency surgical operations); - % increment in the number of referred patients in 3 months (monthly baseline: 34 referred patients).	- 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 (MoH, CHD, HIV/AIDS Local Authorities, etc.); - Conducive environment for INGOs in county; - Collaboration from other stakeholders (UN agencies, other IPs operating at PHC level and in Nutrition/WaSH, returnees' sectors),

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1	**Frontline basic health service available to underserved host, IDPs and returnees population in GY, Tonj East and Toj South are consolidated and expanded through the support to up to 41 facilities (1 hospital, 8 PHCCs and 32 PHCUs) .**	- number of >5 consultations (male and female) – CUAMM at least 2,375 men and 3,075 women; CCM at least 5,600 men and 5,825 women; ▪ number of <5 consultations (boys and girls) – CUAMM at least 1,725 boys and 2,050 girls; CCM at least 3,250 boys and 3,340girls; ▪ Number of measles vaccinations given to under 5 in emergency or returnee situation – CUAMM at least 4,000; CCM at least 2,900 ▪ Number of births attended by skilled birth attendants – CUAMM at least 300; CCM at least 35; ▪ Number of antenatal clients receiving IPT2 second dose – CUAMM at least 500; CCM at least 658; ▪ Percentage of DPT3 coverage among children under 1 year – CCM at least 315 children; CUAMM at least 350 ▪ Number of clients counseled and tested for HIV – CUAMM at least 990 ANC clients; CCM at least 150 ANC clients; ▪ Number of health workers supervised in MISP/communicable diseases / outbreaks / IMCI / CMR/trauma, BEMONC. CUAMM at least - (30% women); CCM: – 30 (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	- MoH continue supporting the development of Primary Health Care Service provision in selected counties of Warrap State and Lakes State - Local communities, IDPs and returnees do acknowledge and are willing to access/utilize HFs services
Activity 1.1	Procurement of essential/emergency drugs, medical/non medical supplies, equipment to up 41 HFs in accordance with the BPHS and integrating the MoH provision and additional emergency drugs like anti-malaria and diarrheal kits are supplied to the IDPS camp and Mingkamann PHCC.			
Activity 1.2	Provision of Outpatient and Inpatient services at 41 Health facilities.			
Activity 1.3	Emergency and ordinary comprehensive RH commodities (MISP, FP, ANC, safe and clean delivery, PNC, STI) at HF level. RH services will be reinforced in the IDPs camp through regular field visit and referral of cases to the PHC system			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.4	Provision of focused ANC and PNC in 41 health facilities and trough weekly outreach service in IDPs settlements..			
Activity 1.5	Provision of skilled attended delivery at 4 BEmONC and 1 CEmOC centers.			
Activity 1.6	Provision of clean hygienic assistance of uncomplicated delivery in 32 health facilities.			
Activity 1.7	Promotion and supply of modern FP methods in 3 health facilities.			
Activity 1.8	Provision of routine EPI services in 30 health facilities and through weekly outreach services EPI (also for new-born and pregnant women).			
Activity 1.9	Provision of IMNCI services in 40 health facilities.			
Activity 1.10	Provision of VCT/PMTCT services in 4 PHCCs and 1 County Hospital			
Activity 1.11	Supervision of male and female health workers on (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Emergency Obstetric and Neonatal care, (iv) Focused PNC, (v) FP, (vi) VCT/PMTCT and trauma management (including referral).			
Activity 1.12	Supervision of male and female health workers on IYCF, EPI, IMNCI.			
Activity 1.13	Provision of medical equipment to 41 health facilities, in accordance with the BPHNS			
Output 2	**Effective response to continuous emergency service provision, including health referral and surgical treatment**	• Number of emergency operations done: CUAMM at least 45 (22 men and 23 women); - Number of cases referred to County Hospital: at least 50 -	- Quarterly Narrative project reports for donors and WSMoH, - Quarterly Technical Performance reports for donors and SMoHs, - Monthly DHIS/HMIS data - Weekly IDSR data	- MoH continue supporting the development of Secondary Health Care Service provision in selected counties of Warrap State and Lakes State
Activity 2.1	Procurement of emergency drugs, medical/non medical supplies and equipment for Yirol County Hospital Emergency Room, Operation Theatre and Surgical Ward			
Activity 2.2	Infectious disease prevention and control, including integrated emergency outreach campaigns (i.e., U5, P&LWs, IDPs, returnees).			
Activity 2.3	Referral of emergency (including obstetric) to Yirol Hospital through the strengthen of the existing service (vehicle procurement and maintenance, communication system provision);			
Output 3	**Local capacities at authorities, facilities and community level in managing the PHC system and responding to health related emergencies are enhanced**	- Number of CHD staff supported on emergency preparedness and response – Target 17, 30% women - Number of disease outbreaks detected – At least 50.	- Attendance sheet;	- CHD will to improve their capacity to manage the Health System - VHC are committed to be involved in Primary and Secondary Health Care
Activity 3.1	Technical support provision to health workers and CHD officials on epidemic/outbreak management, epidemiological surveillance and organization of response to health related emergencies (contingency plan, mass vaccination campaigns) in coordination with the partner.			
Activity 3.2	Organization of community based referral and surveillance system, with VHCs, CHWs and TBAs active involvement.			
Activity 3.3	Participation to the Health Cluster and inter-cluster coordination mechanism at state and national level.			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Activity 3.4	Creation of Village Health Committees with male and female members and their involvement in the management of the health system at community level			
Output 4	**Health, Hygiene and Sanitation practices of host, IDPs and returnees' communities are enhanced and preventive health approach is promoted**	- Number of community members sensitized on environmental and personal hygiene, disease outbreak response and control (2,153 members,40% women).	- *Sensitization report* - *CCM/CUAMM internal documentations*	- Local authorities are supportive in mobilizing community members on EP&R
Activity 4.1	Community mobilization to promote good health, hygiene & sanitation practices (prevention of communicable diseases/STIs/malaria, EPI, health seeking behavior, hygiene, mainstreaming HIV/AIDS related-issues).			
Activity 4.2	Organization of public sensitization events on Health and Nutrition at community level with main focus on IPDs settlements.			

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 Feb 2014**	**Project end date:**	**30st Apr 2014**

Activities		**Q1/2014**			**Q2/2014**			**Q3/2014**			**Q4/2014-2015**		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	DEc
Activity 1.1	Procurement of essential/emergency drugs, medical/non medical supplies, equipment to up 41 HFs in accordance with the BPHS and integrating the MoH provision and additional emergency drugs like anti-malaria and diarrheal kits are supplied to the IDPS camp and Mingkamann PHCC.		X	X									
Activity 1.2	Provision of Outpatient and Inpatient services at 41 Health facilities.		X	X	X								
Activity 1.3	Emergency and ordinary comprehensive RH commodities (MISP, FP, ANC, safe and clean delivery, PNC, STI) at HF level. RH services will be reinforced in the IDPs camp through regular field visit and referral of cases to the PHC system		X	X	X								
Activity 1.4	Provision of focused ANC and PNC in 41 health facilities and trough weekly outreach service in IDPs settlement.		X	X	X								
Activity 1.5	Provision of skilled attended delivery at 4 BEmONC and 1 CEmOC centers.		X	X	X								
Activity 1.6	Provision of clean hygienic assistance of uncomplicated delivery in 32 health facilities.		X	X	X								
Activity 1.7	Promotion and supply of modern FP methods in 3 health facilities.		X	X	X								
Activity 1.8	Provision of routine EPI services in 30 health facilities and through weekly outreach services EPI (also for new-born and pregnant women).		X	X	X								
Activity 1.9	Provision of IMNCI services in 40 health facilities.		X	X	X								
Activity 1.10	Provision of VCT/PMTCT services in 4 PHCCs and 1 County Hospital		X	X	X								
Activity 1.11	Supervision of male and female health workers on (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Emergency Obstetric and Neonatal care, (iv) Focused PNC, (v) FP, (vi) VCT/PMTCT and trauma management (including referral.		X	X	X								
Activity 1.12	Supervision of male and female health workers on IYCF, EPI, IMNCI.		X	X	X								
Activity 1.13	Provision of medical equipment to 41 health facilities, in accordance with the BPHNS		X	X									
Activity 2.1	Procurement of emergency drugs, medical/non medical supplies and equipment for Yirol County Hospital Emergency Room, Operation Theatre and Surgical Ward		X	X									
			X	X									
Activity 2.2	Infectious disease prevention and control, including integrated emergency outreach campaigns (i.e., U5, P&LWs, IDPs, returnees).		X	X	X								
Activity 2.3	Referral of emergency (including obstetric) to Yirol Hospital through the strengthen of the existing service (vehicle procurement and maintenance, communication system provision);		X	X	X								
Activity 3.1	Technical support provision to health workers and CHD officials on epidemic/outbreak management, epidemiological surveillance and organization of response to health related emergencies (contingency		X	X	X								

Activities		Q1/2014			Q2/2014			Q3/2014			Q4/2014-2015		
	plan, mass vaccination campaigns) in coordination with the partner.												
Activity 3.2	Organization of community based referral and surveillance system, with VHCs, CHWs and TBAs active involvement.		X	X	X								
Activity 3.3	Participation to the Health Cluster and inter-cluster coordination mechanism at state and national level.		X	X	X								
Activity 3.4	Creation of Village Health Committees with male and female members and their involvement in the management of the health system at community level		X										
Activity 4.1	Community mobilization to promote good health, hygiene & sanitation practices (prevention of communicable diseases/STIs/malaria, EPI, health seeking behavior, hygiene, mainstreaming HIV/AIDS related-issues).			X									
Activity 4.2	Organization of public sensitization events on Health and Nutrition at community level		X										

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