

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, Cueilbet, 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

The Health Support Organization (THESO)

Project CAP Code

SSD-14/H/60204

CAP Gender Code

1

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

Responding to health emergencies through emergency health services targeting IDPs, returnees and host community.

Total Project Budget requested in the in South Sudan CAP

US\$ 1,991,000

Total funding secured for the CAP project (to date)

US\$ 97, 000

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

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	2334	54,860
Girls:	2428	41,424

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	50%	Gogrial East County
Unity	50%	Guit County

Funding requested from CHF for this project proposal

US\$100,000

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

Indirect Beneficiaries / Catchment Population (if applicable)

The indirect beneficiaries are estimated around 16,786 hosts community people, corresponding to 25% of the total population of host communities of Guit and Gogrial East Counties. Among indirect beneficiaries, particularly vulnerable categories are main

Men:	2117	46,224
Boys:	2393	39,024
Total:	9,272	181,532

project target, including 87 pregnant women (4% of population); 456 under -5 children (21% of population); and approximately 18,084 women of reproductive age.

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)

3 Months
15 January to 14 April 2014

Contact details Organization's Country Office

Contact details Organization's HQ

Organization's Address	The Health Support Organization (THESO)
Project Focal Person	Oceng Paul, ocengpaul2@gmail.com / +211 954 668 229
Country Director	Jeff Okello, director@thesoworld.org / +211 955 065 096
Finance Officer	Bombo Henry, fam@thesoworld.org / +211 927 129 056
Monitoring & Reporting focal person	Michael Ocira, monitoring@thesoworld.org / 0977406094

Organization's Address	Plot 16A, Block 3K South, Opp South Sudan Mine Action Authority, Off Equatoria Street
Desk officer	Asunta Agnes, inquiry@thesoworld.org / +211 954 712 939
Finance Officer	Frehiwot Kelemu, fam@thesoworld.org / +211 955350121

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

The political differences between the SPLM senior leadership resulted into a fighting that erupted on 15 December 2013 due to political disputes between the governing SPLM leadership members that led to defections of many SPLA battalions in Jonglei, Upper Nile, Central Equatoria, and Unity states that stayed in rebels control until of recent when government forces have reclaims some strategic towns such as Bentiu on 10th January 2014 and Bor which has switch sides three times is finally in a process of being reclaim by government troops. The gun battles that rocked Bentiu Town from 7th to 10th January 2014 have left more than 35, 000 IDPs displaced in Guit County as per County Health Department and Commissioner office unverified reports. The IDPs are in needs of emergency health response. THESO started responding to the emergency on 10th January 2014 by provision of surgical care to 35 gunshot wounds and 2 fractures patients at Manga PHCC that is the main referral centre in Guit County. Currently THESO is running Manga PHCC, Nierni PHCC, Thoan/Nyathor PHCC, and Watnyotni PHCU however with limited drugs supplies. I Gogrial East County, THESO is continuing provision of health care services in all 23 health facilities in the county though the available drugs supplies shall run out by mid February 2014 and needs replenishing soon. On Wednesday night, cattle raiders from unity state raided cattle camps in Tonj North County of Warrap State leaving four cattle keepers dead and one seriously wounded. The wounded patient is being managed at Liethnom PHCC in Gogrial East being operated by THESO. THESO shall continue working closely with MoH, SMOH, CHD, Clusters leads, UN Agencies, and community leaders to in addressing urgent needs of the IDPs in UN House.

B. Grant Request Justification

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

The combination of the failed coup attempt and the current rebellion which is leaving thousands displaced with urgent needs for humanitarian assistance and especially the high needs for emergency health services to prevent communicable diseases health outbreaks throughout the current crisis in the IDPs camps do strongly emphasize CHF 2014 role in managing and sustaining these health emergencies. CHF 2014 allocation shall be essential to manage and sustain the emergency health needs and maintain uninterrupted service deliveries, as the above-mentioned factors have tightened up the available budget (both CHF and other THESO resources), which will be exhausted within the first quarter of 2014.

Lack of additional support and consequent THESO reduced capacities would seriously affect the emergency health response to the IDPs and maintaining routine health care services provision in Guit and Gogrial East Counties and endanger IDPs populations relying on these health facilities for life-savings interventions. The request for enhanced CHF support is meant at:

- i. Ensuring 24/7 emergency services (including surgical and obstetric emergencies) and management of health complications;
- ii. Providing the minimum basic service package to MARPs in IDPs camps (with particular emphasis to Under 1, Under 5, P&LWs, IDPs);
- iii. Strengthening the capacities of THESO health and CHDs staff on early warning, first aid, provision of emergency health service, prevention/control of outbreaks;

Close collaboration with IDPs camps management, UN Agencies, THESO and CHDs ensures the effective integration of health posts, mobile health clinics, health facilities services in the counties health system, the timely info sharing among partners, IDRS/HMIS reporting and coordination to tackle/control emergencies and to link up for an integrated management of frontline Health Care services.

The present proposal for CHF 2014 allocation is therefore meant at filling this financial gap and preventing disrupting emergency and safety net services in the IDPs camps in Guit and Gogrial East Counties. The project budget has been accordingly organized: all the direct personnel, activities, and running costs cover the whole project period (3 months).

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

The overall objective of the project is to reduce vulnerability to health related emergencies of the most neglected and disadvantaged groups - including women, men, newborn, boys and girls, IDPs in Guit County and Gogrial East County

The purposed project is perfectly integrated within the Health Cluster strategy for 2014 and is in line with all the three revised key priorities (CAP 2014+):

- Provision of emergency Primary Health Care services for vulnerable populations with limited or no access to health services
- Strengthen emergency preparedness and capacity to respond, including surgical interventions
- Respond to health-related emergencies, including controlling the spread of communicable diseases.

The project targeted 2 Counties of Gogrial East and Guit. The project will also target MARPs living in IDPs camps.

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 specific objectives are:

- Provision of emergency Primary Health Care services in 2 Counties for over 64, 000 vulnerable populations (men and women, boys and girls, and elderly) with limited or no access to health services.
- Strengthen CHDs emergency preparedness and capacity to response including surgical interventions
- Respond to health-related emergencies in two counties of Gogrial East and Guit including controlling the spread of

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.

communicable diseases in 2014.

The achievement of the objectives and of the expected results (see below) will be monitored through the utilization of a number of specific measurable indicators, selected among the Health Cluster output indicators and the MoH requirements for health reporting, relevance to achieve the BPHS and HSDP 2012 – 2016 targets, as well as health related MDGs.

The project timeframe is considered adequate to meet the project objectives, since it represents the natural continuation and enhancement of 2014 CHF project. The requested additional resources would prevent the disruption (or serious reduction) in frontline health service provision in UN Compounds and contribute to scale up awareness raising and outreach capacities, in order to improve the epidemiological surveillance and response in the project catchment area.

iii) 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).

Description of activities:

- Provision of emergency integrated curative care and preventive services 6 days a week in line with the basic package of health services with laboratory services in all the PHCCs and emergency referral services in place for boys and girls and men and women, and the elderly men and women
- Ensure provision and timely distribution of emergency medicines, equipment and other essential supplies to all health facilities
- Continue equal formal and on job trainings for male & female HCWs, & community volunteers on topics that aims to address key causes of poor health in communities
- Continue conducting routine EPI services in all health facilities including community outreaches in hard to reach areas and EPI defaulter tracing as well as supporting MoH vaccination campaigns (NIDs) and ensuring provision of vitamin A and deworming tablets targeting boys and girls and women of reproductive age
- Continue providing Antenatal care services to pregnant mothers including prevention of mother to child transmission of HIV services at all health posts; conduct regular outreaches supporting community TBAs and community health workers in mobilization, sensitization and encouraging women to attend ANC services and deliver for health facilities
- Provision 5 days refresher trainings for equal number of male & female health workers & CHD staffs on integrated disease surveillance and response, district health information systems, and have in place EWARN to strengthen emergency response
- Conduct weekly health promotion using male and female CHWs with locally available appropriate IEC materials at health facilities and the community addressing priority diseases and addressing pregnant women and children under 5

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

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

The end of 2014 CHF grant period THESO expected to achieve:

- Health facilities operational six days a week in line with the basic package of health services (5 PHCCs)
- Patients (Boys and Girls and Men and Women) responded to at 5PHCCs 6 days a week
- Expanded program on immunization at both health facility and community out reaches provided to less than 5 children (Boys and Girls) and women of childbearing age.
- ANC services at health facilities provided to pregnant mothers
- Facility based child birth services provided to expectant mothers by skilled birth attendance (midwives)
- Post natal care services provided to all mothers
- Six supervisory visits to health facilities conducted
- Drugs, equipment and other essential supplies distributed timely to all health facilities
- 15 health staff (06 Male and 07 Female) refresher training on RH and essentials of public health in emergencies conducted
- 15 health staff (06 Male and 07 Female) trained on integrated disease response and district health information systems in conjunction with state ministry of health and county health departments conducted.
- 10 Community health workers (5Female and 5Male) trained on conducting sensitization and health educations

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.	Number of births attended by skilled birth attendants	- 26 deliveries
X	2.	Number of under five consultations (Boys and girls)	2221
X	3.	Number of consultations, 5 years or older (Boys and girls)	5126
	4.	Number of measles vaccinations given to under 5 in emergency situation	2750
	5.	Proportion of under 1 year children immunized against DPT3	4072 (536 girls and 536 boys) vaccinated
	6.	Number of facility maintained and equipped with appropriate medical supplies and equipment	- 2 health posts maintained and equipped with essential medical supplies and drugs.

7.	Number of people who attend designed awareness raising campaigns	6,500 (3,500 women and 3,000 men) IDPs received designed behavioural change communication on important health topics (malaria, cholera, pneumonia, malnutrition, HIV/AIDS).
8.	Number of health workers and CHWs trained or retrained	15 Health providers (08 women and 07 men) training on integrated disease response Midwives training on EmNOC and RH (5 Midwives, 5 Clinical Officers, 10 Nurses, and 20CHWs).

vi). Cross Cutting Issues

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

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

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

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

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

HIV/AIDS: The project intends to increase RH services and HIV/AIDS awareness of IDPs through health education sessions given at both facility and outreach level. VCT/PMTCT services to IDPs, with main focus on ANC attendees, and the action foresees to enhance this service, ensuring that all pregnant women and their partners are informed and educated on the risk of HIV transmission from mother to child. Anyhow, to further promote VCT services sensitization and awareness creation to counter traditional beliefs are still required. All the HIV/AIDS activities are perfectly integrated within the main project components, which closely focus on raising awareness/sensitization, counseling and community participation as preferred approach to reduce the risk of health related emergencies due to negligence or proliferation of unhealthy behavior.

Capacity Development: Theoretical and on the job trainings, workshops and coordination meetings involving health personnel have been included as main project activities to concretely foster the early warning and health emergency risk reduction in the county and ensure adequate sustainability to the project. The identified implementation modalities (see below) envisage and pursue full and active involvement of the institutional stakeholders in the project follow-up and consistent monitoring, as well as in the regular info and data sharing with other stakeholders to better coordinate emergency response and manage integrated resources. As far as health personnel are concerned, when availability of qualified health staff is limited, also the task shifting approach (endorsed by WHO), backed by continuous supportive supervision is pursued.

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

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.

THESO (The Health Support Organisation) is a South Sudan based NGO, providing health care services in five states of South Sudan including Warrap and Unity states.

The facilities (5PHCCs) are operated by THESO to provide emergency health & nutrition services management at the health facilities and technical assistance in health service delivery. All the health facilities are THESO facilities using Luanyaker and Manga PHCCs as main referral facilities. THESO is a partner in Warrap and Unity SMoHs and CHDs of Gogrial East and Guit Counties and this collaboration ensures the respect of all MoH guidelines/protocols in health care delivery, as well as the adherence to DHIS/IDRS reporting system and timeframes.

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

The project aims at ensuring continuation and preventing the disruption of the provision of basic service package and uninterrupted emergency services, including surgical interventions. The target population ranges from local communities (with particular focus on the MARPs, including newborn, U5, women head of households and victims of traumas/violence) to returnees. Activities have been designed to (i) strengthen RH services, including basic obstetric and neonatal care services; (ii) ensure health emergencies requiring surgeries properly treated/stabilized; (iii) guarantee that health complications are effectively recognized and treated. Theoretical workshops and on-the-job trainings will be conducted during the project time, to further enhance skills and competences of health staff. An appropriate referral system will be facilitated through enhanced partnership with CHDs, in line with RSS MoH referral

guidelines and skilled personnel (medical team) will be available 24/7 to perform emergency minor surgical interventions and to promptly respond to any other minor surgical emergency.

Furthermore, the project foresees to scale-up the promotion of maternal and child health, through the organization of education and sensitization activities. The project will utilize the health staff, as well as the already functioning community mechanisms, to reach out and disseminate essential and key messages to the local populations, and returnees in a bid to change the health seeking behavior. Health education and sensitization activities will mainly focus on child health and the importance of immunization, personal and community hygiene, malaria prevention and treatment.

Finally, the project will also build the County Health Department capacities by providing refresher training the personnel on strategic planning and involving them in the monitoring and supervision of activities being implemented. Village Health Committees (Home Health Promoters) will be provided refresher training in order to enhance the involvement of the community in the acknowledgment and ownership of the health services offered in the counties. With regard to data collection and analysis, the correct and timely utilization of DHIS and IDRS will ensure integration of the project data within the MoH reporting system and will contribute to the timely info sharing to prevent/control outbreaks.

The project design is based on the proactive and continuous collaboration between THESO and health institutions in Warrap and Unity States and County of Gogrial East and Guit level. In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), a Health Management Committee (HMC) will be purposely established and meet on regular basis to ensure achievement of expected results. The Health Management Committee will be composed of CHD Managers, THESO Area Coordinators and representatives of two Counties Authorities, and will be responsible for: (i) defining/consolidating/adjusting 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 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.

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

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

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

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

- *Effective Reporting System:* (i) compilation of daily/weekly/monthly facility registers. Health staff will be trained, supervised and supported to ensure the regular compilation of registers and reports including the daily/weekly/monthly health facility registers (ii) compilation of outreach reports (iii) compilation of monthly and quarterly reports for Gogrial East and Guit Counties authorities and State MoH; (iv) Quarterly progress reports and final report will also be compiled for the donor, using the facilities and activities data; (v) monthly and quarterly reports are regularly shared with HQ project department for revision;
- *Effective financial monitoring system:* (i) THESO accounting system is based on the double-entry system records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of HQ administrative department (II) Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; (iii) compilation of financial report is elaborated by THESO country administration with the support of a Finance Officer and subsequently approved by HQ administrative department.
- *Employment and/or utilization of key human resources:* (i) Health professionals skilled in hospitals management and supervision, responsible for assisting and supporting the local health staff in the daily provision of service to local communities, and returnees; (ii) M&E Officer; (iii) THESO HQ desk reviewers,

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.

Experience sharing: THESO will share periodical information and data on project implementation with the Health cluster focal person both at Unity and Warrap States and central level, to share views and lessons learnt, and get additional inputs and comments. Moreover, coordination meetings will be organized with all CHDs and other stakeholders in the health sector, to monitor the emerging needs of the county population and ensure prompt reaction to emergency situations.

D. Total funding secured for the CAP project	
Please add details of secured funds from other sources for the project in the CAP.	
Source/donor and date (month, year)	Amount (USD)
Pledges for the CAP project	
HPF (November 2013)	US \$ 382,907

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/60204		Project title: Responding to health emergencies through emergency health services targeting IDPs, returnees and host community.	Organisation: The Health Support Organization (THESO)
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (Cluster priorities)	9272 IDPs, returnees and host community directly benefited from THESO emergencies health services	Number beneficiaries reached Number of health facilities operating Number of CHD supported	<ul style="list-style-type: none"> ➤ Patients register books ➤ IDSR weekly reports ➤ Health facility monthly reports ➤ THESO monthly reports ➤ CHD and SMoH reports
CHF project Objective	Provision of emergency Primary Health Care services for vulnerable populations with limited or no access to health services	Number beneficiaries reached Number of health facilities operating	<ul style="list-style-type: none"> ➤ Patients register books ➤ IDSR weekly reports ➤ Health facility monthly reports ➤ THESO monthly reports ➤ CHD and SMoH reports Security situation in the area will be firm Collaboration work with CHD & SMoH
Outcome 1	Provision of free quality accessible emergency Primary Health Care services for 9, 272 vulnerable populations with limited or no access to health services	-Over 9, 272 individuals benefited from the BPHS project -85% of under five children with fever managed within 24hrs of disease onset as a result of the CHF project -Number of children vaccinated against measles and immunized against DPT3 -85% deliveries conducted by skilled health staff in the project areas -Number of obstetric cases managed and or referred for further management	<ul style="list-style-type: none"> ➤ Patients register books ➤ IDSR weekly reports ➤ Health Facility monthly reports ➤ THESO monthly reports ➤ CHD and SMoH Reports Security situation in the area will be firm Collaboration work with CHD & SMoH
Output 1.1	Health facilities operational six days a week in line with the basic package of health services (5 PHCCs)	number of patients clerk and managed -number of emergency cases managed -number of referrals in and out of PHCCs -number of children immunized and vaccinated -number of women of reproductive age immunized	<ul style="list-style-type: none"> ➤ Patients register books ➤ IDSR weekly reports ➤ Health facility monthly reports ➤ Immunization register books ➤ ANC register books ➤ THESO monthly reports ➤ THESO final report Security situation in the area will be firm Collaboration work with CHD & SMoH
Activity 1.1.1	Equipping 5 PHCCs with basic facilities supplies and operational.		
Activity 1.1.2	Drugs, equipment and other essential supplies distributed timely to 5 health facilities.		
Activity 1.1.3	Expanded program on immunization at both health facility and out reaches provided to under-one children (Boys and Girls) and women of childbearing age.		
Activity 1.1.4	Support National Immunization days provided for children under one and beyond		
Activity 1.1.5	ANC services at health facilities provided to pregnant mothers		

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Activity 1.1.6	Facility based child birth services provided to expectant mothers by skilled birth attendance (mid wives)			
Activity 1.1.7	Post natal care services provided to all mothers			
Outcome 2	Strengthen emergency preparedness and capacity to respond, including surgical interventions	-Number of health facility providing surgical emergency services. -Number of health facilities with EWARN supplies -number of outbreaks responded to within 72hrs -number of health emergencies managed -number of communicable diseases cases managed	<ul style="list-style-type: none"> ➤ ISDR weekly reports ➤ HMIS monthly reports ➤ Health facilities monthly report ➤ THESO monthly reports ➤ CHD monthly reports ➤ SMoH monthly reports 	Security situation in the area will be firm Collaboration work with CHD & SMoH
Output 2.1	Facility capacitated to provide emergency preparedness and capacity to respond, including surgical interventions	Number of health facility providing surgical emergency services.	<ul style="list-style-type: none"> ➤ Facility report ➤ Supervision report 	Security situation in the area will be firm Collaboration work with CHD & SMoH
Activity 2.1.1	Strengthening of Luonyaker PHCC as the main referral Centre in response to epidemic prone disease			
Activity 2.1.2	Ensure provision and timely distribution of medicines, equipment and other essential supplies to all health facilities			
Output 2.2	Health care staff capacity build to provide the essential services	Number of staffs trained	<ul style="list-style-type: none"> ➤ Facility report ➤ Supervision report 	Security situation in the area will be firm Collaboration work with CHD & SMoH
Activity 2.2.1	20 Health staff training on IMNCI (5 Clinical Officers, 10 Nurses & 20 CHW and 01 from CHD)			
Activity 2.2.2	Midwives training on EmOC and RH (06 Midwives, 05 Clinical Officers and 02 Nurses).			
Outcome 3	Respond to health-related emergencies, including controlling the spread of communicable diseases	Emergency preparedness Plan	<ul style="list-style-type: none"> ➤ Facility report ➤ Supervision report 	Security situation in the area will be firm Collaboration work with CHD & SMoH
Output 3.1	CHD capacity build to respond health-related emergencies	CHD plan	<ul style="list-style-type: none"> ➤ Facility report ➤ Supervision report 	Security situation in the area will be firm Collaboration work with CHD & SMoH
Activity 3.1.1	Continue equal formal and on job trainings for male & female HCWs, & community volunteers on topics that aims to address key causes of poor health in communities			
Activity 3.1.2	20 Health providers (10 women and 10 men) training on integrated disease response			
Output 3.2	Community involvement improved in health-related emergencies control	Number of community sessions Number of community representative insured	<ul style="list-style-type: none"> ➤ Facility report ➤ Supervision report 	Security situation in the area will be firm Collaboration work with CHD & SMoH
Activity 3.2.1	Conduct weekly health promotion using male and female CHWs with locally available appropriate IEC materials at health facilities and the community addressing priority diseases and addressing pregnant women and children under 5			
Activity 3.2.2	Continue equal formal and on job trainings for male & female HCWs, & community volunteers on topics that aims to address key causes of poor health in communities			
Activity 3.2.3	2 village health committees (Female and Male) trained on conducting sensitization and health educations			

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:	Jan 15th 2014	Project end date:	April 14th 2014
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Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1: Project alignment and start up workshop	X											
Activity 2: Assigning of staffs for each health facilities	X	X										
Activity 3: Provide emergency humanitarian assistance for displaced and returnees emergency curative care and preventive services 6 days a week in 2 PHCCs and 11 PHCUs	X	X	X	X								
Activity 4: Procurement of essential drugs and supplies for the health facilities	X			X								
Activity 5: Transportation of drugs and medical supplies		X										
Activity 6: Continue conducting on job trainings every Fridays for all health staff, community health workers and community volunteers on management of emergency epidemic prone diseases	X	X	X	X								
Activity 7: Expanded program on immunization at both health facility and community out reaches provided to under-one children (Boys and Girls) and women of childbearing age.	X	X	X	X								
Activity 8: Conduct surveillance for epidemic prone disease such as measles and insure vaccination of children in campaign and outreach services and ensuring provision of vitamin A and de warming tablets		X	X									
Activity 9: Midwives training on EmNOC and RH (06 Midwives, 05 Clinical Officers and 10 Nurses).		X										
Activity 10: 10 Health staff training on IMNCI (05 Clinical Officers, 10 Nurses & 20 CHW and 01 from CHD)		X										
Activity 11: 10 Health providers (05 women and 05 men) training on integrated disease		X										
Activity 12: village health committees trained on conducting sensitization and health educations		X										
Activity 13: Strengthening of Luonyaker PHCC as the main referral Centre in response to epidemic prone disease		X										
Activity 14: Conduct weekly health promotion with locally available appropriate IEC materials at health facilities and the community												
Activity 15: IDSR and monthly report from the health facilities	X	X	X	X								
Activity 16: Conduct quarterly Supportive Supervision and regular follow up.			X									
Activity 17: Desk review on project performance and final report submission												

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