South Sudan
2014 CHF Standard Allocation Project Proposal
for CHF funding against CRP 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 CRP 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:

CRP 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 CRP 2014.

Cluster Priority Activities for this CHF Round

a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
b. Support to key hospitals for key surgical interventions to trauma
c. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
d. Communicable disease control and outbreak response including supplies
e. Strengthen early warning surveillance and response system for outbreak-prone diseases
f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns
g. Maintain surge capacity to respond to any emergencies
h. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies);
i. Provision of Emergency mental health and psychosocial care
j. Capacity building interventions will include
    - Emergency preparedness and communicable disease control and outbreak response
    - Emergency obstetrical care, and MISP (minimum initial service package-MISP)
    - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
    - Trauma management for key health staff
k. Support to referral system for emergency health care including medevacs.
l. Support to minor rehabilitation and repairs of health facilities
m. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

Cluster Geographic Priorities for this CHF Round

1. **Jonglei** – all counties
2. **Upper Nile** – all counties
3. **Unity** – all counties
4. **Lakes** – Awerial, Yirol West, Yirol East and Rumbek North
5. **Central Equatoria** – Juba (IDP camps)
6. **Warrap** - Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East

SECTION II

Project details
The sections from this point onwards are to be filled by the organization requesting CHF funding.

Requesting Organization
CCM- Comitato collaborazione Medica

Project CRP Code	**CRP Gender Code**
SSD-14/H/60629	2a

CRP Project Title *(please write exact name as in the CRP)*
Strengthen the capacities of the CHD in the provision of routine and emergency Primary Health Care services for host communities and IDPs (main focus on 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 Awerial and Yirol East (Lakes State) and Tonj East and Tonj South (Warrap State) counties

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	61%	*Yirol east, Yirol West, Awerial*
Warrap	39%	Tonj East, Tonj South

Total Project Budget requested in the in South Sudan CRP	US$ **750,350**
Total funding secured for the CRP project *(to date)*	US$ **250.000**

Funding requested from CHF for this project proposal	US$ 400.000 (CCM – 75%, CUAMM – 25%)
Are some activities in this project proposal co-funded (including in-kind)? Yes X No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)*	

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CRPproject 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 CRP
Women:	24,343	55,452
Girls:	13,693	53,879
Men:	15,324	35,730
Boys:	11,993	65,852
Total:	**65,353**	**210,913**

Indirect Beneficiaries / Catchment Population (if applicable)

Total: 304,075.

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 102.711 IDPs arrived in Awerial County due to recent humanitarian situation in Juba.

NB: Direct beneficiaries targeted in CHF project represent around 30% 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)

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

Indicate number of months: 6 months

1 July - 31 December 2014

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*
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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 deteriorated since December 2013, when heavy fighting between different forces erupted in Juba and spread to several states. Before the crisis, Greater Yirol (Lakes State), Tonj East and Tonj South (Warrap State) counted 524.100 inhabitants[2], 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. As reported in *the South Sudan situation bulletin of May 2014 (OCHA*), only in Awerial it is registered the displacement of about **102,711** IDPs (with the highest concentration in Migkamann (**91,710 IDPs**). The main threaten in the area, with particular focus to the IPDs community, is the approaching of the rainy season that increase the incidence of malaria and water-borne diseases. Particular attention should be give to the outbreak of Cholera in IDPs camps in Juba that risks to spread in other counties with heavy consequences.

Insecurity registered in the area and sub-tribal clashes are raising the demand for emergency health services. For instance, violence in Rubkuey could lead to the displacement of people in the neighboring counties (Tonj East and Tonj South) increasing the difficulties of the health system to cope with the emergency.

The maternal mortality rate in the area of intervention is 2,054/100,000, 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 in the target counties 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. 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. 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 as well as is requesting a particular attention the presence of Hepatyte E cases in Awerial that can represent a serious risk for the pregnant mothers. The CHD capacities are limited due to lack of technical skills: 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.

Priority will be given to:

- ensure that PHC and RH services are available in all the area;
- guarantee an adequate availability of drugs such as anti-Malarial, anti-diarrheal , cholera medications, etc.
- sensitize the communities promoting the adoption of good health and hygiene practices, such as the use of latrines and safe/clean water;
- ensure measles and OPV vaccinations for under 5 in addition to routine vaccination at the HFs

Further, the project will strengthen the referral system and the access to emergency care for children and women, boys and girls and elderly, while a special focus to the IDPs in Mingkaman (Awerial County) and other areas.

Thanks to the complementarily of the present allocation with the HPF program, that is allowing the partners to support 5 CHDs, 40 Health Facilities (8 PHCCs, 32 PHCUs) and 1 hospital (Yirol), CHF allocation will make possible the improvement of the quality of the health emergency services and surgical capacity. In Greater Yirol, Yirol County Hospital, is the only facility providing surgical/emergency response, CEMONC and having an ambulance service.

As HPF can cover up to 75% of the PHCs service delivery costs but NOT key health emergency activities, outreaches and surgical capacities, for which not adequate funding have been secured. The project shall then address the following:

- Human resources gaps, especially in most crisis-affected area;
- routine basic health service delivery and RH gaps;
- Oral Rehydration Therapy (ORT) corner established with necessary supply for children affected by diarrhea.
- Cold chain reinforced at HF level;
- supported facilities are provided timely with drugs and medical supplies. Additional emergency drugs kits are supplied to the IDPS camp and Mingkamann PHCC;
- epidemiological surveillance and outreaches for communicable diseases are conducted.
- immunizations campaigns via fixed and mobile health clinics targeting IDPs and returnees are realized;
- hospital surgical capacities are empowered and the referral system is enforced;
- CHD capacities are developed in EP&R.
- Capacity building on emergency management through short and medium term training established and shared.

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.

[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.

[2] South Sudan Census, 2008 with population growth (annual %) of 4.3% (http://data.worldbank.org/indicator/SP.POP.GROW)

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

The project will contribute to the Health Cluster priority through the support of the county health systems of Awerial, Yirol East and Yirol West (Lakes State), Tonj East and Tonj South (Warrap state) which are considered geographical priority areas by the cluster. The project will contribute to the achievement of the following cluster priority:

a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
b. Support to key hospitals for key surgical interventions to trauma
c. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
d. Communicable disease control and outbreak response including supplies
e. Strengthen early warning surveillance and response system for outbreak-prone diseases
f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns
g. Maintain surge capacity to respond to any emergencies
h. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies);
i. Provision of Emergency mental health and psychosocial care
j. Capacity building interventions will include
    - Emergency preparedness and communicable disease control and outbreak response
    - Emergency obstetrical care, and MISP (minimum initial service package-MISP)
    - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
    - Trauma management for key health staff
k. Support to referral system for emergency health care.
l. Support to minor rehabilitation and repairs of health facilities
m. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

ii) Project Objective

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

Specific objective of the project is **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.** The project will ensure the continuity of essential health service delivery (safety nets) and adequate emergency response to the humanitarian needs, including surgical intervention and EmONC in the target counties through:

- the increase access to PHC at facility level, 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 6 months (monthly baselines: 10 emergency surgical operations);
- the increase of 5% in the number of referred patients in 6 months (monthly baseline: 34 referred patients).

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 (6 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 to enhance preventive health approach and best practices.

Expected results are set as follows:

Output 1: Frontline basic health service consolidated and expanded in 41 facilities (1 Hospital, 8 PHCCs and 32 PHCUs)) and integrated outreaches plan of 5 target counties.

1.1 Procurement of essential/emergency drugs, medical/non medical supplies, equipment in 40 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 in **8 PHCCs and 32 PHCUs**.
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 CEmONC at Hospital level (and obstetric emergency referral from the HUs)
1.5 Provision of focused ANC and PNC in 40 health facilities and trough weekly outreach service in IDPs settlements.
1.6 Provision of skilled attended delivery and BEmONC in at least 5 PHCC.
1.7 Provision of clean hygienic assistance of uncomplicated delivery in 40 health facilities.
1.8 Promotion and supply of modern FP methods.
1.9 Provision of routine EPI services in 41 health facilities and through weekly outreach services EPI (also for new-born and pregnant women).
1.10 Provision of IMNCI services in 40 health facilities.
1.11 Provision of VCT/PMTCT services
1.12 Technical Assistant and supervision of the health workers on (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Focused PNC, (iv) FP, (iv) VCT/PMTCT and trauma management (including referral).
1.13 On the job training of male and female health workers on IYCF, EPI, IMNCI.

Output 2: Effective response to continuous emergency service provision in 1 hospital (Yirol West), including surgical treatment (for trauma or other needs) and obstetric complications attendance. County wide referral system is ensured
2.1.Procurement of emergency drugs, medical/non medical supplies and equipment
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 the County Hospital through the strengthen of the existing service and maintenance, communication system provision that 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: Local capacities at authorities, facilities and community level in managing the PHC system and responding to health related emergencies are enhanced
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: Health, Hygiene and Sanitation practices of host, IDPs and returnees' communities are enhanced and preventive health approach is promoted
4.1 Community mobilization to promote good health, hygiene & sanitation practices (prevention of communicable diseases /STIs/ malaria, EPI, health seeking behaviour, hygiene, mainstreaming HIV/AIDS related-issues).
4.2 Workshops/Training of opinion leaders (VHCs, HHPs, etc)
4.3 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.

Output 1: Frontline basic health service consolidated and expanded in 41 facilities (1 Hospital, 8 PHCCs and 32 PHCUs)) and integrated outreaches plan of 5 target counties.
• number of >5 outpatient consultations (male and female) – at least (men and women) 39667;
• number of <5 outpatient consultations (boys and girls) – at least 8694 boys and 9660girls
• Number of measles vaccinations given to under 5 in emergency or returnee situation – 31000
• Number of births attended by skilled birth attendants – at least 674
• Number of antenatal clients receiving IPT2 second dose – 2098
• DPT3 coverage among children under 1 year –at least 2332
• Number of clients counseled and tested for HIV –at least 1,950 ANC clients;
• Number of health workers supervised in MISP/communicable diseases / outbreaks / IMCI / CMR/trauma, BEMONC.: 38 (50% women);

Output 2: Effective response to continuous emergency service provision in 1 hospital (Yirol West), including surgical treatment (for trauma or other needs) and obstetric complications attendance. County wide referral system is ensured
• Number of emergency treatment done: 752;
• Number of cases referred to County Hospital: at least 100

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 supervised on emergency preparedness and response – Target 20, 30% women
• Number of disease outbreaks detected: 100%

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 10080 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 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.	**No. of <5 outpatient consultations (males 8640 and female 9660)**	18,354
X	2.	**No. of measles vaccinations given to <5 in emergency or returnee situation**	31000
X	3.	**No. of births attended by skilled birth attendants**	674
X	4.	**No. of antenatal clients receiving IPT2 second dose**	2098
X	5.	**No. of >5 outpatient consultations (male and female)**	39667
	6.	**DPT3 (static and outreach)**	2332
	7.	**No. of Emergency treatments (wounds/injured, burns, EmONC)**	752
	8.	**No. of clients counseled and tested for HIV -at least**	1,950
	9.	**No. of community members reached by health education messages**	10080
	10.	**No. of Emergency referral**	100
	11.	**Total indirect beneficiaries**	304,075

vi). Cross Cutting Issues

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

Some of the action promoted to improve the gender issues are the following: (i) equal opportunity of accessing health services offered in PHCC/PHCU are ensured to both male and female patients; (ii) mobile clinic services in the most remote areas and critical contexts (returnees and IDPs area) facilitate women in accessing health care, as they are usually penalized by HFs distance because of their home care duties and of some traditional rules regulating their movements. Moreover, women play a great role in the successful implementation of the project activities through the active participation of the female health staff in health activities, including outreach and health education sessions. TBA are even involved to increase the access of mother to the Health Facilities through continuous on job training and routine supervision. In the same way community activities are organized involving women and youth in order to make their right to health and the importance of cultural behavioral changes. Specific session on hand-washing and cholera education will be reinforced during R2 project. Finally the project emphasize RH services, specifically targeting women and girls and infant female patients which represent the majority.

CCM and CUAMM are working to reduce to the minimum the environmental impact of their activities. In particular the IPS are taking the following 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 also:
(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.

With regard to the prevention of the HIV and the treatment of patients CCM and CUAMM are taking the following measure: (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 2014 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 workplan (Section III)[3].

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 l 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 (weekly IDSR and monthly DHIS) related to basic services provision will be shared at State Level (Lakes and Warrap s)MoH, state and national health clusters, donors and 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 and related report for the SMoH and the cluster (IDSR, DHIS, etc). 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 the 5 counties authorities and Warrap and Lakes 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

[3] 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.

HQ administrative department II) Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; III) compilation of financial report is elaborated by CCM/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 CRP project
Please add details of secured funds from other sources for the project in the CRP.

Source/donor and date (month, year)	**Amount** (USD)
OCHA - R1 2014	250.000 USD
Pledges for the CRP project	
HPF (1/11/2013 – 31/12/2016)	110.149 USD

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./CRP 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 host communities and IDPs (main focus on 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 Awerial and Yirol East (Lakes State) and Tonj East and Tonj South (Warrap State) counties	**Organisation: CCM/CUAMM**

Goal/Objectives/Outcomes/Outputs		**Indicator of progress**	**Means of Verification**	**Assumptions and Risks**
Goal/Impact (cluster priorities)	The project will contribute to the achievement of the following cluster priority: a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies b. Support to key hospitals for key surgical interventions to trauma c. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies) d. Communicable disease control and outbreak response including supplies e. Strengthen early warning surveillance and response system for outbreak-prone diseases f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns g. Maintain surge capacity to respond to any emergencies h. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies); i. Provision of Emergency mental health and psychosocial care. j. Capacity building interventions will include Emergency preparedness and communicable disease control and outbreak response k. Emergency obstetrical care, and MISP (minimum	• *U* 5 consultations (male and female) 18.354 (Boys 8640, Girls 9660) • number of >5 consultations (male and female) 39667 • Total indirect *beneficiaries 304,075*	• Final project report; • Consolidated official health data from SMoHs and CHDs; • Other data sources (OCHA, IOM, etc.)	

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	initial service package-MISP) l. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues m. Trauma management for key health staff n. Support to referral system for emergency health care. o. Support to minor rehabilitation and repairs of health facilities p. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions			
CHF project Objective	*Specific objective of the project is* 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.	• 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. • Number of CHD members involved in capacity built and supervision activity. • Number of activities realized at community level under the stewardship of VHC and community leaders.	• Final project report; • Consolidated official health data from SMOHs and CHDs • 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	**To ensure continuity of essential health service delivery (safety nets) and adequate emergency response to the humanitarian needs - including surgical intervention and EmONC - in Greater Yirol, Tonj East and Tonj South Counties with particular focus on Awerial.**	• Increase access to PHC at facility level, 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 6 months (monthly baselines: 10 emergency surgical operations); • increase of 5% in the number of referred patients in 6 months (monthly baseline: 34 referred patients).	• Final project report; • Consolidated official health data from SMoHs and CHDs; • 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),*
Output 1	**Frontline basic health service consolidated and expanded in 41 facilities (1 Hospital, 8 PHCCs and 32 PHCUs)) and integrated outreaches plan of 5 target counties.**	• Number of >5 consultations (male and female) – at least (men and women) 39667; • Number of <5 consultations (boys and girls) – at least 8694 boys and 9660girls • Number of measles vaccinations given to under 5 in emergency or returnee situation – 31000	• Quarterly Narrative project reports for donors and WSMoH, • Quarterly Technical Performance reports for donors and SMoHs, • Monthly DHIS/HMIS data • Weekly IDSR data • Monthly health reports;	• MoH continue supporting the development of Primary Health Care Service provision in selected counties of Warrap State and Lakes State • Local communities,

Goal/Objectives/Outcomes/Outputs			Indicator of progress	Means of Verification	Assumptions and Risks
			• Number of births attended by skilled birth attendants – at least 674 • Number of antenatal clients receiving IPT2 second dose – 2098 • DPT3 coverage among children under 1 year –at least 2332 • CMR/trauma, BEMONC.: 38 (50% women)	• Training attendance sheet; • CHD/CCM coordination meeting reports. •	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 in 40 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 in **8 PHCCs and 32 PHCUs**.				
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.				
Activity 1.4	CEmONC at Hospital level (and obstetric emergency referral from the HUs)				
Activity 1.5	Provision of focused ANC and PNC in 40 health facilities and trough weekly outreach service in IDPs settlements.				
Activity 1.6	Provision of skilled attended delivery and BEmONC in at least 5 PHCC.				
Activity 1.7	Provision of clean hygienic assistance of uncomplicated delivery in 40 health facilities.				
Activity 1.8	Promotion and supply of modern FP methods.				
Activity 1.9	Provision of routine EPI services in 41 health facilities and through weekly outreach services EPI (also for new-born and pregnant women).				
Activity 1.10	Provision of IMNCI services in 40 health facilities.				
Activity 1.11	Provision of VCT/PMTCT services				
Activity 1.12	Technical Assistant and supervision of the health workers on (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Focused PNC, (iv) FP, (iv) VCT/PMTCT and trauma management (including referral).				
Activity 1.13	On the job training of male and female health workers on IYCF, EPI, IMNCI.				
Output 2	**Effective response to continuous emergency service provision in 1 hospital (Yirol West), including surgical treatment (for trauma or other needs) and obstetric complications attendance. County wide referral system is ensured**		• Number of emergency treatment done: 752; • Number of cases referred to County Hospital: at least 100	• Monthly health reports; • 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				
Activity 2.2	Infectious disease prevention and control				
Activity 2.3	Referral of emergency (including obstetric) to the County Hospital through the strengthen of the existing service and maintenance				
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 supervised on emergency preparedness and response – Target 20, 30% women • Number of disease outbreaks detected: 100%	• Monthly health reports; • Training reports and minute; • Attendance sheets; • CHD/CCM coordination meetings minutes.	- 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 10080 members,(40% women).	VHC meeting reports; CHD meeting reports; CCM/CUAMM internal documentation.	- Local authorities are supportive in mobilizing community members
Activity 4.1	Community mobilization to promote good health, hygiene & sanitation practices (prevention of communicable diseases /STIs/ malaria, EPI, health seeking behaviour, 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:	**01July 2014**	**Project end date:**	**31 December 2014**

Activities	**Q2**	**Q3/2014**			**Q4/2014**			**Q1/2015**			**Q2/2015**	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Output 1: Frontline basic health service consolidated and expanded in 41 facilities (1 Hospital, 8 PHCCs and 32 PHCUs)) and integrated outreaches plan of 5 target counties.												
1.1 Procurement of essential/emergency drugs, medical/non medical supplies, equipment in 40 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	X						
1.2 Provision of Outpatient and Inpatient services in 8 PHCCs and 32 PHCUs.		X	X	X	X	X	X					
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	X	X	X					
1.4 CEmONC at Hospital level (and obstetric emergency referral from the HUs)		X	X	X	X	X	X					
1.5 Provision of focused ANC and PNC in 40 health facilities and trough weekly outreach service in IDPs settlements.		X	X	X	X	X	X					
1.6 Provision of skilled attended delivery and BEmONC in at least 5 PHCC.		X	X	X	X	X	X					
1.7 Provision of clean hygienic assistance of uncomplicated delivery in 40 health facilities.		X	X	X	X	X	X					
1.8 Promotion and supply of modern FP methods.		X	X	X	X	X	X					
1.9 Provision of routine EPI services in 41 health facilities and through weekly outreach services EPI (also for new-born and pregnant women).		X	X	X	X	X	X					
1.10 Provision of IMNCI services in 40 health facilities.		X	X	X	X	X	X					
1.11 Provision of VCT/PMTCT services		X	X	X	X	X	X					
1.12 Technical Assistant and supervision of the health workers on (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Focused PNC, (iv) FP, (iv) VCT/PMTCT and trauma management (including referral).		X	X	X	X	X	X					
1.13 On the job training of male and female health workers on IYCF, EPI, IMNCI.												
Output 2: Effective response to continuous emergency service provision in 1 hospital (Yirol West), including surgical treatment (for trauma or other needs) and obstetric complications attendance. County wide referral												

	Q2	Q3/2014			Q4/2014			Q1/2015			Q2/2015	
system is ensured												
2.1 Procurement of emergency drugs				X	X	X						
2.2 Infectious disease prevention and control		X	X	X	X	X	X					
2.3 Referral of emergency (including obstetric) to the County Hospital through the strengthen of the existing service and maintenance		X	X	X	X	X	X					
Output 3: Local capacities at authorities, facilities and community level in managing the PHC system and responding to health related emergencies are enhanced												
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.		X	X	X	X	X	X					
3.2 Organization of community based referral and surveillance system, with VHCs, CHWs and TBAs active involvement.			X	X	X	X	X					
3.3 Participation to the Health Cluster and inter-cluster coordination mechanism at state and national level.		X	X	X	X	X	X					
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	X									
Output 4: Health, Hygiene and Sanitation practices of host, IDPs and returnees' communities are enhanced and preventive health approach is promoted												
4.1 Community mobilization to promote good health, hygiene & sanitation practices (prevention of communicable diseases /STIs/ malaria, EPI, health seeking behaviour, hygiene, mainstreaming HIV/AIDS related-issues).		X	X	X	X	X	X					
4.2 Organization of public sensitization events on Health and Nutrition at community level with main focus on IPDs settlements				X			X					

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