

**.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
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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	Cluster Geographic Priorities for this CHF Round
<p>a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies</p> <p>b. Support to key hospitals for key surgical interventions to trauma</p> <p>c. Provision and repositioning of core pipelines (drug kits, RH kits, vaccines and supplies)</p> <p>d. Communicable disease control and outbreak response including supplies</p> <p>e. Strengthen early warning surveillance and response system for outbreak-prone diseases</p> <p>f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns</p> <p>g. Maintain surge capacity to respond to any emergencies</p> <p>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);</p> <p>i. Provision of Emergency mental health and psychosocial care</p> <p>j. Capacity building interventions will include</p> <ul style="list-style-type: none"> • 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 <p>k. Support to referral system for emergency health care including medevacs.</p> <p>l. Support to minor rehabilitation and repairs of health facilities</p> <p>m. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions</p>	<ol style="list-style-type: none"> 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		Project Location(s) - list State and County (payams when possible) where <u>CHF activities</u> will be implemented. If the project is covering more than one State please indicate percentage per State	
Collegio Aspiranti Medici Missionari (CUAMM)		State	County/ies (include payam when possible)
Project CRP Code	CRP Gender Code	%	
SSD-14/H/60378	1	100	Rumbek North (all Payams)
CRP Project Title (please write exact name as in the CRP)			
Enhancing emergency Primary Health Care services and improving referral system in Rumbek North County through the strengthening of CHD capacity and the involvement of the communities			
Total Project Budget requested in the in South Sudan CRP		Funding requested from CHF for this project proposal	
US\$ 253,424		US\$ 150,000	

Total funding secured for the CRP project (to date)	US\$ 55,234
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Are some activities in this project proposal co-funded (including in-kind)? Yes No (if yes, list the item and indicate the amount under column i of the budget sheet)

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CRP 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 CRP
Women:	3472	38729
Girls:	2775	6632
Men:	1317	
Boys:	2775	6631
Total:	10339	88423

Indirect Beneficiaries / Catchment Population (if applicable)

The total population of Rumbek North County will benefit of the action. The total number varies between 58,530 people (adjusted figure for 2014 provided by the SMOH) and 88,423 (estimation provided by HPF in 2013, counting for IDPS).

Children under 5 years: at least 12.291 (estimate: 21% of totals population) ;
PW: at least 3278 (estimate: 5,6% of the total population)

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)
NA

Indicate number of months: 6
1 July to 31 December 2014

Contact details Organization's Country Office

Organization's Address	
Project Focal Person	<i>Francesca Montalbetti</i> f.montalbetti@cuamm.org
Country Director	<i>Chiara Scanagatta</i> c.scanagatta@cuamm.org 00211925098051; 00211913611430
Finance Officer	<i>Francesca Gritti</i> f.gritti@cuamm.org 00211928017075
Monitoring & Reporting focal person	<i>Chiara Scanagatta</i> c.scanagatta@cuamm.org 00211925098051; 00211913611430

Contact details Organization's HQ

Organization's Address	Via San Francesco 126, 35121 Padova, Italy
Desk officer	<i>Serena Menozzi</i> s.menozzi@cuamm.org 00390498751279
Finance Officer	<i>Ilenia Fattore</i> i.fattore@cuamm.org 00390498751279

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

Rumbek North County official population is estimated being 58,530 inhabitants (adjusted figure 2014, SMOH), however the number of IDPs resulting from ethnic conflicts and clashes with the neighboring areas and natural disasters make this figure almost doubling (HPF). In October 2013 the flooding has affected 15,846 individuals only in Rumbek North (52% of those involved in Lakes State, OCHA). There are not precise figures on how December 2013 crises has impacted on the usual internal movements of population escaping from clashes and cattle raids at the borders with Warrap and Unity State, but for sure this conflicts have become more dangerous because of the high availability of weapons amongst civilians. The County does not have a functioning system to ensure access to basic services and that leads to high levels of vulnerability, especially for those groups whose status is already at risk (women, children, IDPs). Besides directly affecting people life conditions, the medium-high level of insecurity, coupled with difficult environmental conditions have discouraged the intervention of NGOs and development agencies, whose actions in the area have been limited and discontinuous, not conducive to the establishment of any network for permanent service provision. Rumbek North can therefore be considered a neglected County. The main road remains not passable for many months, because of the rain and flooding and also of fighting between cattle keepers; that makes extremely difficult to transport any kind of goods, from those concerning health services provision (drugs, equipment...) to those related to ensuring basic life conditions, as building materials, foods supplies... Health staff (both national and international), discouraged by the inadequate work environment and the difficulties in conducting a normal and decent life, are reluctant to work in such areas and therefore even the human resources are rare and their presence is discontinuous. The local authorities, suffering of the overall situation and concerned of remaining isolated, without contact with the capital, prefer to stay in Rumbek and in Rumbek North no one remains to deal with eventual emergency and to ensure continuous and timely situation analysis and decision making process; this has serious effect on health service providers, who miss a referee and whose needs are rarely addressed

The Health System is poorly functioning;

a) Availability and quality of Safe motherhood/reproductive health: at present, almost all the expected deliveries are done at home. ANC, institutional deliveries, PNC coverage are close to zero. Very few emergency obstetric cases are referred to Rumbek Hospital, often too late. No communication system is in place

b) Availability and quality of Child Health services: the immunization coverage is unknown. According to estimate, DPT3 coverage for under 1 children is below 30%.

c) Availability of health services for most common diseases, public health risks, NCD and NTD. Communicable (Malaria in particular) and other endemic diseases are likely to contribute to high levels of mortality and morbidity among women and children, as in the entire Lakes State. There is not in place an integrated disease surveillance. No data are available regarding diseases incidence and prevalence.

Besides the health services, even the other ones (education, WASH, food security, nutrition) are missing or really poor; contributing to people vulnerability and making even more needed a consistent contribution from the health sector, as it is almost impossible to count on effective prevention measures for the main diseases.

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.

CUAMM started working in Rumbek North County in February 2014, with a program aiming at revitalizing the health system and focusing on the provision of PHC services, in particular for the most vulnerable groups, through a comprehensive intervention addressing both the service delivery at Health Facility and Community level and the strengthening of the CHD.

In the County, there are 7 PHCUs (2 run by private entities, 1 by volunteers), 1 PHCC: though the 5 SMOH ones can count on a concrete structure the services continue to be performed in tukuls, also because building conditions are really poor. Up to the beginning of this year the services were running by few volunteers working without adequate drugs/equipment, the staff CUAMM recruited is not completely adequate in terms of quantity and competencies, being so difficult to find people willing to live and work in so difficult conditions. In Rumbek North, according to BPHS, there should be 69 staff, while at the moment no one is on MoH payroll. No Health Facilities are at the moment present in Madol Payam, that represent the most underserved area of the County. This situation explains the almost complete absence of data on PHC coverage and overall the almost inexistent service delivery described above. Up to now the population had not have access to any kind of health care. Difficult to describe more in details the needs of the local inhabitants, for that lack of information already mentioned. The most urgent action to be taken is to activate the existing facilities to ensure PHC service provision and access on permanent base, especially for those related to the most vulnerable groups health, as PLW and U5. The intervention has to cover all the components contributing to PHCUs and PHCC functioning and which are missing in the current context; infrastructures and utilities (mainly water and power), equipment and drugs, staff training and constant supervision. Gradually the service provision has to be enlarged through Outreaches and Community Based initiatives CHF funds will integrate the HPF resources to create the conditions to maintain emergency PHC services at facility level and to improve the referral system in a context lacking of all the basic network for service provision main components. Further the extension of services to uncovered areas, through mobile clinics, will be supported. Up to now, under HPF program, foreseeing a step by step approach, CUAMM has reactivated 3 of the 8 existing HFs; CHF funds will allow to strengthen the action done at this level and will support the extension to the remaining public units. The objective is to have enough staff, instruments and supplies to guarantee EPI, ANC, Nutritional Screening, Consultation in at least 5 facilities and delivery assistance in the PHCC, having also the effective possibility of referring at any time a serious case (especially MDOC) to the higher level of assistance.

Being CUAMM permanently based in Maper and appointed as direct partner of the CHD, CHF funded activities integration into a wider County Health Plan, specifically elaborated to address the main problems of the system, is ensured and should contribute to

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.

action sustainability

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.

CHF funds will be used to maintain emergency primary health care services in Rumbek North and to contribute to the establishment of a system for the control of and the response to the most common communicable diseases, whose main component will be the enhancement of the immunization activities. Further, they will be used to start and to support the referral system, within the County and between the County and the closest Hospital.

Rumbek North communities, in particular vulnerable groups such as children, women, marginalized groups (cattle camps inhabitants), IDPs, will be assisted through the establishment of outreach frontline health services and the implementation of static basic health service in the PHCC and PHCUs, including ANC, EPI, IMCI, health education. Given the deep weakness of HF's network, PHCC and PHCUs will be strengthened through the provision of drugs/equipment/supplies and the improvement of their infrastructures and the staff will be trained and supervised in order to perform the Basic Package of Health Services. A basic referral system to Rumbek State Hospital will be put in place.

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)

The overall objective of the project is to enhance Rumbek North County population's access to basic health services, focusing on underserved communities and marginalized groups, through the provision of frontline health services and the capacity building of local health staff.

The specific objectives are

- To establish and strengthen a frontline basic health services system
- To create the linkage within County Health System different level and between County and State Health systems through an effective referral system

After 6 months

- at least 5 HF's will be adequately equipped and provided with drugs and supplies and the staff
- at least 3 weekly exits will be regularly performed to ensure EPI, ANC, Nutrition Screening and consultations on the most remote areas and there will be the conditions to activate emergency County wide initiatives as mass vaccination campaign
- the main HF's will be in constant contact and serious cases will be timely referred to Maper and/or to Rumbek

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 aims to ensure services provision and to increase their quality. The core areas of intervention will be the following:

-Revitalization of SMOH health care units (Meen, Malueth, Aciek, Wun Rieng PHCUs and Maper PHCC): Identified needs in terms of infrastructure, equipment and medical supplies will be addressed. Gaps in local staff knowledge and capacities will be filled through continuous supportive supervision and on job training. All the facilities, including those run by private entities and/or volunteers (Maper, Aloor, Amok PHCUs), will benefit of supportive supervisions and training and they will be involved in the outreaches plan. HF's and CHD Staff retention strategy in terms of living and working conditions improvement will be put in place to ensure permanent service provision and management

-Outreaches: to increase coverage of PHC basic services, a weekly outreaches plan will be performed together with the CHD team in collaboration with SMOH. Special care will be taken to support the hard to reach communities and the area not served by any HF's or served by those units not yet reached by the revitalization action.

-Effective referral system within the County and between the County and the closest referral Hospital (Rumbek SH), in terms of communication and transport

The quality of the services will be improved through staffing and equipping the units; recruiting and training local staff; using national clinical guidelines; implementing supportive supervisions.

Further Health System management will be enhanced through

- Technical Assistance to the CHD members, to assist in planning and coordinate health services provision, focusing in particular on Disease Surveillance and Emergency preparedness and Response.
- Community involvement in the dialogue with the CHD

The activities to be implemented are the following:

For O.1

- Provision and transport of essential drugs, medical supplies, furniture, equipment, stationery, records, cleaning materials for and minor renovation of the existing SmoH HFs (Meen, Malueth, Aciek, Wun Rieng PHCUs and Maper PHCC) for the provision of PHC basic services (ANC, EPI, growth monitoring, consultation, health education) and for skilled delivery assistance. Procurement will be defined once the funds will be available to address the more urgent needs at that moment, without duplicating any other contribution
- Improvement of Maper PHCC infrastructure to include accommodation facilities as retention strategy for PHCC and CHD staff; construction of two self contained rooms house. Being Maper a quite difficult environment and at the same time poor in terms of locally available health staff, it is crucial to be in conditions of offering fair accommodation (safe, close to the facilities, adequate to resist to the adverse weather) to attract people coming from outside and to effectively retain them, besides a salary in line with the harmonized salary scale and an incentive/allowance scheme rewarding those working more and better
- Organization of and provision of essential drugs, basic equipment and transport for community outreaches, at least 2 per week from Maper PHCC/CHD to PHCUs not still functioning and hard to reach areas (48 outreaches in 6 months) for the provision of PHC basic services (ANC, EPI, growth monitoring, consultation, health education)
- Organization of mass vaccination campaign in response to eventual emergencies or to boost the immunization coverage in particularly unserved areas according to CHD plan
- Training (5 days) of staff of 8 HFs (16 staff, Meen, Malueth, Aciek, Wun Rieng, Maper, Aloor, Amok PHCUs and Maper PHCC) on IMCI and emergency preparedness
- Conduction of *supportive supervisions* with CHD targeting all the 8 HFs in the County (Meen, Malueth, Aciek, Wun Rieng, Maper, Aloor, Amok PHCUs and Maper PHCC), once each quarter

For. O. 2

- Transport costs reimbursement for the referral from Maper PHCC to Rumbek State Hospital (car hiring in support to ambulance, maintenance/fuel/insurance for the available vehicles)
- Training (5 days) staff of 8 HFs (16 staff) on Obstetric emergency management and referral
- Elaboration and distribution of specific records to track down the referred cases and to monitor the referral system effectiveness
- Procurement of communication equipment for PHCC and outreaches team (2 radios, being the others procured with other funds)

For. O. 3

- Technical Assistance on IDSR and EP&R, in the field of the overall strengthening of CHD, through the permanent presence of a Technical Advisor in Maper
- Realization of County Health Coordination Meetings (once per quarter) as a mean of Rapid Response to emergencies and outbreaks, involving also Community leaders and representatives

The impact and the sustainability of the actions carried on with CHF funds will be enhanced by the integration with the HPF program, not only for what concerns the activities referring to the same areas of intervention but also because of those targeting the CHD and the communities. Through an intensive and comprehensive capacity building process, the CHD will acquire skills and knowledge enabling him to effectively plan, implement, monitor and evaluate the health service delivery but also to be prepared to identify and respond to any health related emergency. Through the establishment of the Village Health Committees and the identification of a Home Health Promoters network, the community will start playing an active role in its own health promotion, strengthening disease prevention, timely and properly responding to the most common diseases and taking part to County Health Services definition and organization.

CHF funds will complement HPF budget, reinforcing those areas (as equipment and drugs purchase, infrastructures improvements) whose needs are huge and expensive and cannot be easily covered by a single donor. HPF main focus, as briefly explained above, is on CHD capacity building and that is functional to ensure CHF action being part of a structured County Health Plan, constantly monitored and adjusted to make it more in line with the actual needs and to avoid duplications. In this way, CHF funded action will be integrated into a wider program, ensuring its sustainability and a more attentive use of the available resources. In the case of drugs procurement, for instance, the funds made available by CHF will be allocated to buy those medicines the CHD and CUAMM would have identified as missing or insufficient after having monitored HFs consumption and most common diseases trend, discussed with the SMOH on government provision and revised the available stock, procured with HPF. Besides maximizing the contribution of different donors, the technical assistance provided to the CHD to promote its ownership and stewardship respect to all the health activities implemented in its area is also functional to facilitate donors exit strategy; the resources are carefully and precisely allocated targeting clearly identified needs and in line with a wider plan, not strictly depending on a single funds source but based on the integration and organization of different support under a long term perspective

Being the Health System almost absent since long, it will require time to reach high numbers of direct beneficiaries, both because of the conditions of the facilities and the lack of knowledge and competencies by the staff and of the population not being used to have access to services

Indicators for OUTPUT 1:

- n° of U5 children outpatient consultations (at least 2.800)
- n° of adult consultation (at least 4.300)
- n° of birth attended by skilled birth attendants (at least 30)
- n° of ANC clients receiving IPT2 (at least 400)
- n° of staff trained on IMCI ; Safe motherhood focused ANC, Intrapartum and postpartum care; EPI and disease surveillance (16, 7 female))

- Percentage DPT3 coverage in U1 children (10%)
- N° of < children 6 months to 15yrs received measles vaccinations in emergency or returnee situation (2750)
- n° of supportive supervisions to HF's realized in 6 months (14-7 HF's visited twice)

Indicators for OUTPUT 2:

- n° of patients referred to the next facility level (24, 75% female)
- n° of staff trained on Obstetric emergency management and referral (16, 7 female)

Indicators for OUTPUT 3:

- n° of CHD members benefiting of constant TA: 3
- n° of County Health Coordination Meeting realized/attended :6

The target and therefore the number of total direct beneficiaries has been calculated taking into account the actual number of access to the main services provided at Maper PHCC level. Being the PHCC regularly opened since just February 2014 it is difficult, especially in this so unstable situation, to forecast a reliable increasing trend, therefore it has been decided to keep the actual values, with the objective of AT LEAST maintaining the base line. In a context where people are not used to address the health services and the continuous cattle raids and adverse climate events contribute to keep the local population far from the facilities, this already constitutes an ambitious goal and it is the base to build further improvement. Additional resources, as those of CHF compared to those of HPF, can contribute in accelerating HF's reopening process and therefore facilitate the increase in the number of direct beneficiaries

It must be considered

- Rumbek North official population is quite small
- project duration is limited
- at present only 3 HF's are working and only one of them (the PHCC) is providing the complete package of preventive and curative services for mothers and children
- it will take time to increase the number of operational facilities and to significantly improving their performance
- outreaches activities, which would allow to reach larger portions of population, are hampered by the insecurity and the adverse weather

All that explains why the number of beneficiaries remains low

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

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

OUTCOME 1: Emergency Primary Health Care services to underserved local communities and IDP's group (with specific focus on mothers and children health) are granted

The project will contribute to

- Improved availability of antenatal care and post natal care as close as possible to the community through the inclusion of Focused ANC and PNC in the outreach program and amongst the services delivered by the HF's.
- Improved availability of skilled attended delivery at PHCC level (supported in staff and equipment/supplies to assist uncomplicated cases)
- Improved routine immunization coverage through the inclusion of routine immunization in the integrated outreaches program, organization of immunization week/day, increasing of daily working vaccination fixed posts with adequate and constantly working cold chain
- Improved under 5 preventive and curative services availability with curative consultation permanently integrated in the outreaches visits and IMCI and Nutrition monitoring regularly performed at PHCUs and PHCC level.

OUTCOME 2: Effective response to emergencies including health referral, is ensured

The project will contribute to strengthening referral linkages between community and Health Units through staff training on emergency obstetric care and referral means availability to transfer women with obstetric complications and serious U5 patients to MAPER PHCC and Rumbek State Hospital

OUTCOME 3: The capacity of CHD in the field of Integrated IDSR and EP&R and in the overall management of PHC services is improved

CHD capacity building process will be ensured by the constant presence on ground of qualified and expert technical staff

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 < 5 outpatient consultations	2800 (50% female)
X	2.	Number of >5 outpatient consultations	4300 (70% female)
X	3.	Number of birth attended by a skilled birth attendant	30
	4.	Number of ANC clients receiving IPT2	400
X	5.	DPT3 coverage in U1 children (%)	10%
	6.	Number of patients referred to the next facility level	24
	7.	Number of CHD members under TA	3 (male)
	8.	Number of < children 6 months to 15yrs received	2750

		measles vaccinations in emergency or returnee situation	
X	9.	Number of health workers trained in emergency preparedness and response	16 (7 female)

vi). Cross Cutting Issues

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

DISASTER RISK REDUCTION is mainstreamed in all project components through the provision of basic health services for resident, IDPs and returnees' communities both at facility and outreach level, by implementing the following activities: (i) improving HF's capacities in dealing with routine and emergency cases, through the provision of material resources and the strengthen of local staff emergency preparedness and control mechanisms; (ii) maintaining the IPD within the PHCC; (iii) supporting the routine mass immunization for all children U5; iv) strengthening the referral system to the next level of care.

Further, the project is integrated into a wider intervention, aimed also to strengthen the CHD and therefore to increase its capacities in early detecting and responding to any public health emergencies.

ENVIRONMENT: Measures undertaken to mitigate against negative environmental impact due to the project activities include: (i) use of solar power to prevent environmental pollution by emissions from the power generator; (ii) use of properly constructed placenta pit to dispose maternity biological waste; (iii) use of compost pit for minor hazardous biodegradable waste.

Project activities that contribute to environmental mitigation include: (i) continuous on-the-job health staff training proper 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.

HIV: being Rumbeck North health system still very weak, the introduction of HIV/AIDS specifically related services will be evaluated along the project implementation. However, advocacy will be started at the MoH for future provision of tests and supplies and the possibility of including HIV/AIDS amongst the topic to be treated during the training foreseen under the HPF program and during the health education sessions at HF's and outreaches level will be considered. Of course CUAMM will ensure that the universal procedures to prevent HIV and AIDS are respected and implemented, as well as that the staff is informed on HIV/AIDS prevention.

GENDER: (i) equal opportunity of accessing the health services offered by the involved HF's will be ensured to both male and female patients; (ii) mobile clinic service in the most remote areas and critical contexts (as returnees and IDPs camps) will facilitate women in accessing health care, as they are usually more penalized by HF's distance because of their home care duties and of some traditional rules regulating their movements; (iii) reproductive health enhancement as one of the project's targets. Moreover, women will play a great role in the successful implementation of the project activities through the active participation of the female health staff in the health activities, including outreach and health education sessions

Therefore, the activities whose impact on gender issue is more consistent are

- ensure adequate conditions at HF's level (in terms of equipment, supplies and staff knowledge) to provide RH services and promoting women health on constant base (ANC, delivery assistance, health education, referral)
- ensure RH services provision as much close as possible to the community through outreaches plan implementation to reduce the obstacles hampering women possibility of accessing health care and health related information
- ensure female health staff participation to the training activities, valorizing their contribution in making the provided services more in line with women needs and perceptions

CAPACITY DEVELOPMENT: on the job trainings coupled with regular supportive supervision is one of the main project activities to concretely enforce the local health system and ensure adequate sustainability to the project. They integrate the formal trainings conducted under the HPF program.

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.

CUAMM will be the only Project implementing partner. CUAMM is a registered INGOs in SS and acknowledged also by the national MoH. It has signed a three years MoU with Lakes State MoH for supporting the provision of integrated primary/secondary health care and nutrition services. It is present in Lakes State since 2007, operating in Yirol West County. In 2013 it was asked by the SMOH to include Rumbeck North into its intervention area; in June the first contacts with the County authorities have been taken and since November the 1st CUAMM has been nominated County Partner for Rumbeck North under the HPF program. The present project will be integrated into this wider plan. Both are based on strengthening of local health system through collaboration with stakeholders and researching for synergies, preventing duplications or establishment of parallel health/nutrition structures.

HPF program foresees the collocation in Maper of a PH expert as County Coordinator and Technical Advisor of the County Medical Officer, as main strategy to strength and develop the CHD. He will provide a comprehensive support ensuring critical identification of the existing gaps in HS main pillars and build the capacities to effectively plan and monitor health intervention, with the aim of ensuring uniform quality service delivery in the entire County. He will be permanently based in Maper from the beginning of 2014 (to give time for his accommodation arrangement), but in the meanwhile he will stay in Rumbeck, travelling on regular base to Rumbeck North and being in constant contact with the SMOH and the CHD to plan and initiate program implementation. In order to start up in a consistent way also the activities more related to service delivery included in this project, a PH nurse will accompany the PH expert, being in charge of action planning, implementation, monitoring and in particular of HF's and outreaches supervision, staff on job training, data collection, analysis and report. CUAMM Country Manager from Juba will support in maintaining the institutional relationship, while CUAMM HQ will help in monitoring project development, from both an administrative/financial and technical perspective.

The project design is based on sound collaboration among CUAMM, health institutions at state and county level, other stakeholders (firstly HPF, followed by other agencies which have already shown their interest in cooperating with CUAMM in Rumbeck North, as IOM and UNICEF and Italian Cooperation and UNFPA and WHO). UNICEF, UNFPA and WHO have already started supporting

CUAMM intervention in Rumbek North providing some emergency kits. CUAMM is regularly updating these partners on its activities and on Rumbek North situation and on the base of this information and on the continuous needs assessment it has been able to obtain useful tools and instruments. The same reports ensure these actors being aware of the use done and the impact produced of the provided items. An important in kind contribution has come from the SMOH, the ambulance. CUAMM and the SMOH have recently signed a MoU regulating ambulance management and use.

In order to ensure proper coordination within all these actors, adherence to the activity plan and capacity of prompt project adjustments (when required), always in agreement with the local policies, the project implementation will be oriented by the new County Health Coordination Mechanism which is going to be established under the HPF Program. Its main aim is to link the CHD with all level of the health system (including the SMOH) and its various actors and stakeholder, through different but integrated rooms for sharing information, discuss challenges and related solutions, providing feedback, in order to promote reciprocal accountability, putting the CHD in conditions of maintaining effective and active control and ownership on what is going on in the County and ensure it is getting all the elements to elaborate an annual workplan respondent to the real needs. This kind of mechanism is clearly functional also to a smooth project implementation. It will consist into a monthly meeting limited to CHD members and their implementing partners and a quarterly meeting opened to HFs and Village Health Committees representatives and to other stakeholders.

viii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met.
2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².

CUAMM shall ensure continuous monitoring of project activities by:

- **EFFECTIVE REPORTING SYSTEM:** (i) compilation of daily/weekly/monthly health facility registers, (ii) compilation of outreach reports, (iii) compilation of monthly and quarterly reports for concerned CHDs and State MoH (DHIS reporting tools), (iv) compilation of quarterly progress report for donors, (v) monthly and quarterly reports to HQ project department. With regard to data collection and analysis, utilization of DHIS shall ensure integration of project data within the MoH reporting system.
- **QUALIFIED TECHNICAL ASSISTANCE:** CUAMM will employ technical human resources skilled in Health and emergency related program management and supervision, responsible for assisting local health staff at both facility and outreach level. They will be based in each main project location and will ensure daily supervision of the quality of the services provided and consistency of data collected.
- **M&E OFFICER:** CUAMM Country Manager, based in SS Head Office (Juba), will be responsible of periodic visits in the project areas, to check about indicators, targets and performances, to be analyzed together with HQ project department to monitor project development
- **EXTERNAL MONITORING:** implementing partners will share periodical information and data on the project implementation with Health Cluster focal persons both at Lakes State and federal level, to compare views and get additional inputs and comments. **EFFECTIVE FINANCIAL MONITORING SYSTEM:** (i) CUAMM 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. Lakes State field administrator, based in Yiro, will be in charge of the present project management, with the support of the CM and 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 CUAMM CM with the support of the field administrator and subsequently approved by HQ administrative department.

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)
HPF (Y2 July 14-June 15)	30796
Italian Cooperation	24438
Pledges for the CRP project	

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:

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

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

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

LOGICAL FRAMEWORK		
CHF ref./CRP Code: SSD-14/H/60378	Project title: Enhancing emergency Primary Health Care services and improving referral system in Rumbek North County through the strengthening of CHD capacity and the involvement of the communities	Organisation: Collegio Aspiranti Medici Missionari (CUAMM)

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	To enhance Rumbek North County population's access to basic health services, focusing on underserved communities and marginalized groups, through the provision of frontline health services and the capacity building of local health staff.	Number of HFs effectively providing PHC services % increment (within 6 months) of the number of access to the selected 5 SMOH HFs % increment (within 6 months) of the number of cases referred to the above HFs (within the State)		
CHF project Objective	To establish and strengthen a frontline basic health services system To create the linkage within County Health System different level and between County and State Health systems through an effective referral system	Number of HFs effectively providing PHC services % increment (within 6 months) of the number of access to the selected 5 SMOH HFs % increment (within 6 months) of the number of cases referred to the above HFs (within the State)	- HFs registers - Ambulance register - DHIS monthly report	- Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff - Passable road conditions and bearable weather
Outcome 1	Emergency Primary Health Care services to underserved local communities and IDP's group (with specific focus on mothers and children health) are granted	Number of HFs effectively providing PHC services % increment (within 6 months) of the number of access to the selected 5 SMOH HFs % increment (within 6 months) of the number of cases referred to the above HFs (within the State)	- HFs registers - Ambulance register - DHIS monthly report	- Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff - Passable road conditions and bearable weather

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.1	5 Health Facilities regularly providing ANC, EPI, Health Education, Consultation	<ul style="list-style-type: none"> • Number of U5 children consultations (at least 2.800) • Number of adult consultation (at least 4.300) • Number of birth attended in HF (at least 30) • Number of ANC clients receiving IPT2 (at least 400) 	<ul style="list-style-type: none"> - HFs register - DHIS monthly report 	<ul style="list-style-type: none"> - Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff - Passable road conditions and bearable weather
Activity 1.1.1	Provision and transport of essential drugs, medical supplies, furniture, equipment, stationery, records, cleaning materials for and minor renovation of the existing SmoH HFs (4 PHCUs and 1 PHCC) for the provision of PHC basic services (ANC, EPI, growth monitoring, consultation, health education) and for skilled delivery assistance			
Activity 1.1.2	Improvement of Maper PHCC infrastructure to include accommodation facilities as retention strategy for PHCC and CHD staff			
Output 1.2	Outreaches Plan regular implementation (2 exits per week) and prompt emergency response at community level (mass vaccination campaign organized within one week from the decision)	Percentage DPT3 coverage in U1 children (10%) Number of < children 6 months to 15yrs received measles vaccinations in emergency or returnee situation (2750)	<ul style="list-style-type: none"> - EPI register 	<ul style="list-style-type: none"> - Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff - Passable road conditions and bearable weather
Activity 1.2.1	Organization of and provision of essential drugs, basic equipment and transport for community outreaches, at least 2 per week from Maper PHCC/CHD to PHCUs not still functioning and hard to reach areas (48 outreaches in 6 months) for the provision of PHC basic services (ANC, EPI, growth monitoring, consultation, health education)			
Activity 1.2.2	Organization of mass vaccination campaign in response to eventual emergencies or to boost the immunization coverage in particularly unserved areas			
Output 1.3	At least 16 Health Staff trained according to the plan and supervised during the quarterly round	Number of staff trained on IMCI ; Safe motherhood focused ANC, Intrapartum and postpartum care; EPI and disease surveillance Number of supportive supervisions to HFs realized in 6 months (14-7 HFs visited twice)	<ul style="list-style-type: none"> - CHD training dossier - CHD supervision visits report 	<ul style="list-style-type: none"> - Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff - Passable road conditions and bearable weather
Activity 1.3.1	Training of staff of 8 HFs (16 staff) on IMCI and emergency preparedness			
Activity 1.3.2	Conduct of <i>supportive supervisions</i> with CHD targeting all the 7 HFs in the County			
Outcome 2	Effective response to emergencies including health referral, is ensured	Number of patients referred to the next facility level	<ul style="list-style-type: none"> - HFs register 	<ul style="list-style-type: none"> - Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff - Passable road conditions and bearable weather
Output 2.1	Transport (1 vehicle) and communications means (2 radio) available to ensure referral system effectiveness	Number of patients referred to the next facility level	<ul style="list-style-type: none"> - HFs register 	<ul style="list-style-type: none"> - Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff - Passable road conditions and bearable weather

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 2.1.1	Transport costs reimbursement for the referral from Maper PHCC to Rumbek State Hospital		
Activity 2.1.2	Procurement of communication equipment for PHCC and outreaches team		
Output 2.2	At least 16 Health Staff trained and provided with monitoring tools to ensure referral system quality	Number of staff trained on Obstetric emergency management and referral	- CHD training dossier
			- Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff Passable road conditions and bearable weather
Activity 2.2.1	Training staff of 8 HFs (16 staff) on Obstetric emergency management and referral		
Activity 2.2.2	Elaboration and distribution of specific records to track down the referred cases and to monitor the referral system effectiveness		
Outcome 3	The capacity of CHD in the field of Integrated IDSR and EP&R and in the overall management of PHC services is improved	Number of CHD members benefiting of constant TA	- CHD members list
			- Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff Passable road conditions and bearable weather
Output 3.1	Technical advisor permanently based in CHD and CHD members permanently present in Maper	Number of CHD members benefiting of constant TA	- CHD members list
			- Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff Passable road conditions and bearable weather
Activity 3.1.1	Technical Assistance on IDSR and EP&R to the CHD		
Output 3.2	Regular implementation of Quarterly Coordination meetings between different actors working in RN County	Number of County Health Coordination Meeting realized/attended :6	- County Health Coordination Meetings minutes/report
			- Security - Possibility of recruiting staff adequate in terms of quality and quantity - Continuous on ground presence of CHD staff Passable road conditions and bearable weather
Activity 3.2.1	Realization of County Health Coordination Meetings as a mean of Rapid Response to emergencies and outbreaks, involving also Community leaders and representatives		

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The workplan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	1 July 2014	Project end date:	31 December 2014
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Activities	Q2	Q3/2014			Q4/2014			Q1/2015			Q2/2015	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1.1.1: Provision and transport of essential drugs, medical supplies, furniture, equipment, stationery, records, cleaning materials for and minor renovation of the existing SmoH HFs (4 PHCUs and 1 PHCC) for the provision of PHC basic services (ANC, EPI, growth monitoring, consultation, health education) and for skilled delivery assistance		x	x	x	x	x	x					
Activity 1.1.2: Improvement of Maper PHCC infrastructure to include accommodation facilities as retention strategy for PHCC and CHD staff					x	x	x					
Activity 1.2.1: Organization of and provision of essential drugs, basic equipment and transport for community outreaches, at least 2 per week from Maper PHCC/CHD to PHCUs not still functioning and hard to reach areas (48 outreaches in 6 months) for the provision of PHC basic services (ANC, EPI, growth monitoring, consultation, health education)		x	x	x	x	x	x					
Activity 1.2.2: Organization of mass vaccination campaign in response to eventual emergencies or to boost the immunization coverage in particularly unserved areas		Upon necessity										
Activity 1.3.1 : Training of staff of 7 HFs (14 staff) on IMCI and emergency preparedness				x								
Activity 1.3.2 : Conduction of <i>supportive supervisions</i> with CHD targeting all the 7 HFs in the County				x			x					
Activity 2.1.1: Transport costs reimbursement for the referral from Maper PHCC to Rumbek State Hospital		x	x	x	x	x	x					
Activity 2.1.2: Procurement of communication equipment for PHCC and outreaches team		x	x									
Activity 2.2.1 : Training staff of 7 HFs (14 staff) on Obstetric emergency management and referral					x							
Activity 2.2.2: Elaboration and distribution of specific records to track down the referred cases and to monitor the referral system effectiveness		x	x	x	x	x	x					
Activity 3.1.1: Technical Assistance on IDSR and EP&R to the CHD		x	x	x	x	x	x					
Activity 3.1.2: Realization of County Health Coordination Meetings as a mean of Rapid Response to emergencies and outbreaks, involving also Community leaders and representatives		x	x	x	x	x	x					

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