

## 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](mailto: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.

<b>Requesting Organization</b>		<b>Project Location(s)</b> - 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	
Volunteer Organization for the International Co-operation (OVCI la Nostra Famiglia)		<b>State</b>	<b>%</b>
		County/ies (include payam when possible)	
<b>Project CRP Code</b>	<b>CRP Gender Code</b>	CES	100
SSD-14/H/68969	01	Juba County (Payam: Juba Town, Rejaf, Kator, Northern Bari)	
<b>CRP Project Title</b> (please write exact name as in the CRP)			
Community-Based Mental Health Care in Juba IDP camps and conflict-affected areas			
<b>Total Project Budget requested in the in South Sudan CRP</b>	US\$ 130.100	<b>Funding requested from CHF for this project proposal</b>	US\$ 130.000
<b>Total funding secured for the CRP project (to date)</b>	US\$ 29.131	<b>Are some activities in this project proposal co-funded (including in-kind)?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	
<b>Direct Beneficiaries</b> (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)		<b>Indirect Beneficiaries / Catchment Population (if applicable)</b>	
	<b>Number of direct beneficiaries targeted in</b>	<b>Number of direct beneficiaries targeted in</b>	
		10.000 community members in between family members and	

	CHF Project	the CRP
Women:	1515	2400
Girls:	153	1000
Men:	1680	750
Boys:	152	850
<b>Total:</b>	3500	5000

relatives of the direct beneficiaries.

**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)

Indicate number of months: 10 months

**1 October 2014 – 31 July 2015**

**Contact details Organization's Country Office**

Organization's Address	OVCi South Sudan Office Usratuna Compound, Hai Cinema, Juba
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Monitoring & Reporting focal person	Andrea Bollini, (+211) 0954575941 <a href="mailto:ovcijuba@gmail.com">ovcijuba@gmail.com</a>

**Contact details Organization's HQ**

Organization's Address	OVCi la Nostra Famiglia Via Don Luigi Monza,1 Ponte Lambro (CO) 22037
Desk officer	Rita Giglio, +39 3492726560 <a href="mailto:rita.giglio@lanostrafamiglia.it">rita.giglio@lanostrafamiglia.it</a>
Finance Officer	Marco Simoncelli +39 031625311 <a href="mailto:ovci1@pl.lnf.it">ovci1@pl.lnf.it</a>

## 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<sup>1</sup>

The humanitarian situation in Juba and surrounding areas is currently characterized by the presence of over 40,000 IDP (OCHA, Humanitarian Snapshot as of 9 June 2014). IDP are mainly located in Tongping and UNHouse PoC camps as well as in less visible - though considerable in terms of population - sites in the city and in its surrounding areas. From January to May, this urban IDP sites have been assessed by different agencies including UNHCR, MEDAIR, LIGHT FOR THE WORLD and INTERSOS. The assessment underlined an average population of 10,000 IDP between Mahad School, Lologo river banks and Don Bosco parish, with Don Bosco being a site prevalently composed by female adults and children under the age of 8. Beside those IDP actively seeking for protection from UNMISS, the whole IDP community's background is characterized by as they all escape their homes in Juba or in other locations outside Central Equatoria under the threat and of violence. Studies from post-conflict South Sudan report rates of depression as high as 50% (BMC Psychiatry 2009) among the population. A study of South Sudanese ex-combatants found that 15% reported wishing they were dead or had thoughts of self-harm, and 36% met the criteria for post-traumatic stress disorder (SSDDRC, 2010). No comprehensive assessments on Mental Health needs and Psychosocial support needs have been yet conducted since the eruption of the conflict on the IDP that are currently living in Juba. As so, reliable data on the IDP population affected by a mental trauma are not yet available. It is important to underline that even previously to the 15<sup>th</sup> of December 2013, services on mental health and psychosocial support were basically non existing for the whole population.

## 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 capacity of OVCI to deliver interventions on Mental Health and Psychosocial Support (MHPSS) is currently limited to those clients who have access to Usratuna PHCC (located in Hai Cinema, Juba) and to those clients targeted by the Community Based Rehabilitation (CBR) program delivered by the organisation in Kator and Munuki Payam since 2007. Usratuna PHCC, no stop functioning in Juba since 1986, is currently the unique center for epilepsy treatment in South Sudan. Thanks to the information shared with the health cluster in general and specifically during a sub-cluster meeting on MHPSS last April, OVCI is aware about the current gap in the delivery of services on MHPSS to IDP in Juba. With the current request to CHF, OVCI aims to support the general intervention of the cluster with the provision of emergency mental health and psychosocial care to IDP and host community in Juba and capacity building interventions (Community based interventions including awareness raising and participation in health-related issues; trauma management for key health staff). OVCI already secured funding from CBM Australia and from the Italian religious institution Little Apostle of Charity. Currently available funding are secured to promote referral of clients in need of MHPSS services from outreach area to Usratuna PHCC. With the funding hereby requested to CHF, OVCI will be able to expand its identification and case-management capacity in MHPSS, targeting IDP and traumatized host community members that are currently unable to attend visits at Usratuna PHCC. While doing so, OVCI will strengthen the capacity of the health workers in the wider PHC system of Juba by providing an intensive package of training and an extended monitoring in the implementing period.

## 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 funding will be used to contribute to the achievement of the following cluster priorities: provision of emergency mental health and psychosocial care (priority "i") and delivering capacity building interventions including community based interventions (priority "j") (awareness raising, hygiene promotion, education and participation in health-related issues) and trauma management for key health staff. Funding from CHF to this project are crucial in the current emergency scenario because: 1. they will allow OVCI to expand its expertise and services in MHPSS (even through the strengthen of already existing national health facilities) to the IDP and conflict affected community of Juba (service delivery); 2. They will ensure training of national professionals in MHPSS (capacity building to over 185 professionals including social workers, nurses, clinical officers, community based rehabilitation workers); 3. The funds will be used to deliver to the humanitarian community and other stakeholders (such as the donor community) in South Sudan an updated picture of existing MHPSS services in Juba, including needs of the beneficiaries and gaps of the health-system to be covered in future. The weakness of MHPSS services in Juba is well known by key-actors such as MoH and NGO partners. The same actors, including OVCI, were aware about how urgent was to target MHPSS clients in post-conflict scenario before December 2013; this urgency became a consistent emergency in the current crisis and CHF funds will be used to address the critical status quo of MHPSS services for the IDP and conflict-affected community in Juba.

### 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 objective of this CHF project is to strengthen the capacity of a community based network to deliver services in Mental Health and Psychosocial Support to IDP and traumatized host community in Juba. This CHF project is fully linked to the CRP project in terms of objectives. The project strategy is designed along three main components that OVCI defined according to the above mentioned cluster priority: Components are: 1. Capacity building on MHPSS to health workers and community workers (195 profiles among health workers and social workers trained – Outcome 1: A network of social workers and health workers is trained on the delivery of services in mental health and psychosocial support ); 2. Case management of MHPSS clients in outreach and in PHC network in Juba (3305 consultation delivered – Outcome 2: Access to services for IDP and traumatized host community in need of MHPSS is provided); 3. Survey study to profile the punctual needs of service delivery targeting IDP and host community affected by severe mental disorder in Juba (1 survey document available to the humanitarian community and key stakeholders – Outcome 3: Punctual figures on the specific needs in NHPSS among the IDP and the traumatized host community affected by severe mental disorders are available ).

<sup>1</sup> 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.

### 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 is designed along three main components that OVCI defined according to the above mentioned cluster priority: Components are: 1. Capacity building on MHPSS to health workers and community workers (195 profiles among health workers and social workers trained); 2. Case management of MHPSS clients in outreach and in PHC network in Juba (3305 consultation delivered); 3. Survey study to profile the punctual needs of service delivery targeting IDP and host community affected by severe mental disorder in Juba (1 survey document available to the humanitarian community and key stakeholders).

The first set of activities is planned in relation to the first component. This activities will be all focused on training of health workers and social and community workers on the key concepts of MHPSS. In fact, being MHPSS a barely existing service in Juba, community and health workers need to be thoroughly trained in a number of core skills such as: assessment of individuals, families and groups perceptions of problems, psychological first aid, providing emotional support, grief counselling, stress management, problem-solving counselling, mobilising family and community resources and referral. A particular attention will be given to the 'psychological first aid' concept, with focus on listen, convey compassion, assess needs, ensure basic physical needs are met, do not force talking, provide or mobilise company from preferably family or significant others, encourage but do not force social support, protect from further harm. Other trainings will include in basic mental health knowledge and skills, supportive counselling, management of medically unexplained somatic complaints, substance use issues and referral, problem-solving counselling, mobilising family and community resources and referral. At the end of the planned trainings, the capacity of the community workers and CBR workers to identify and deliver service to clients in need of psychosocial support and to identify suspected mental health clients will be improved (Output 1.1). While the training to social workers is designed to provide skills to be used during the field work, training of health workers will include a stronger aspect on dealing with Mental Health cases. Being Usratuna PHCC the only existing centre in South Sudan specialised on epilepsy treatment, part of the training will be delivered to strengthen case-management capacity and to reinforce the referral of epileptic cases from PHC system of Juba to Usratuna PHCC. Training of health workers on Psychosocial support is anyway included in the package so to promote identification of cases among the PHC network. At the end of the training, the capacity of health workers to deliver services to clients affected by severe mental disorders will be strengthened (Output 1.2). Both the training package for health and community workers will contribute to the outcome 1: a network of social workers and health workers is trained on the delivery of services in mental health and psychosocial support. Being MHPSS a new subject for most of the students, the qualitative results of the trainings will be monitored in three steps; step 1: final examination at the end of each training, with feedbacks on the results provided from the trainer to the students in a one-to-one dialogue; step 2: written performance evaluation of the outreach team members every two months (evaluation delivered by the Project Manager of the Technical Assistant); step 3: on the job training delivered by the Technical assistant to the outreach team,

The second component is designed to be implemented at the end of the delivery of the training package (Component 1). It mainly consists in outreach sessions delivered by the community workers (including the CBR team) and MHPSS services delivered by health workers in outreach or at PHCC and hospital level. Main activities included in the outreach conducted by the community workers are: community entry sessions through focal discussion groups in IDP sites; creation of community-based self-help support groups; establish focal points in outreach areas; identification of clients through community mobilization and referral of suspected clients from community to community workers; outreach sessions from CBR workers to assess prospect clients; conduction of referral to Usratuna PHCC for IDP with epilepsy; household level follow-up of patients; deliver outreach and non-intrusive emotional support in the target community; deliver outreach and psycho-education; educate other humanitarian aid workers as well as community leaders (including teachers) in core psychological care skills; promote referral from the community to PHC for suspected mental health clients. Three specific activities (support PHC with basic psychiatric drugs; monitoring of the outreach team; supervise PHC service delivery in mental health) have been designed to support the few existing PHC centers that are currently delivering MHPSS services in Juba (namely Juba Teaching Hospital and Usratuna PHCC). Main activities designed including a direct involvement of health workers in outreach or at PHC level are: assess and treatment of epileptic clients at Usratuna PHCC; conduct mobile clinic sessions (focus: epilepsy) for IDP in PoC sites; Follow-up up of clients at PHC level (2<sup>nd</sup> visit, 3<sup>rd</sup> visit); supervise PHC service delivery in MHPSS for those clients referred to Juba Teaching Hospital. The package of activities planned in the above described second component of the project will ensure the delivery of MHPSS services to the target community through a network of social workers and health workers (Output 2.1) and will provide access to care for people living with mental health problems, focusing on epilepsy (Output 2.2). Both the output 2.1 and 2.2 will contribute to the outcome 2, identified as the provision of access to MHPSS services for IDP and traumatized host community in need.

The activities of the third component of the program are designed to reach Output 3.1: conduct a survey on the specific needs in MHPSS among the IDP and the traumatized host community affected by severe mental disorders. Main activities will be: set up reporting system on MHPSS for community workers and PHC; data collection through questionnaire and interview to core stakeholders; analysis of the reports, survey transcription; communication of findings between health cluster, NGO Health Forum and protection cluster members. Outcome n.3 at the end of the program will be the availability of punctual figures on the specific needs in MHPSS among the IDP and the traumatized host community affected by severe mental disorders.

Finally, the project targets host community and IDP community in Juba and surrounding area through 2 gateways for the delivery of services. Gateway n.1 is represented by the daily work of at least 5 different outreach teams of CBR workers and social workers who will operate 5 days/week in the following areas: Munuki Payam, Kator Payam, Gumbo – Don Bosco (IDP site), Mahad School (IDP site), Lologo (IDP site), UNMISS PoC and UNHOUSE PoC. Munuki payam (including the area of Gudele, which was one of the most violence affected areas in Dec. 2013) and Kator Payam are included in the current project because OVCI is already delivering (since 2007) a Community Rehabilitation Program in this parts of the city, where it also have two field CBR offices; though the CBR program finally aims to support people living with disabilities (PWD), it operates through a framework that includes health components even in terms of psychological support to the targeted families. OVCI already enrolled CBR workers will attend all of the trainings planned in this project on the topic of psychological support so that this staff will be actively participating to the goals. By including Munuki and Kator payam, OVCI will strengthen the outreach of the current project by optimizing already existing human resources and infrastructures. The described teams will deliver psychosocial support in outreach and will identify mental health cases to be referred to the PHC network. The teams will be operating both with IDP and host community. Gateway n. 2 will be represented by the PHC network in Juba, including: Usratuna PHCC, Juba Teaching Hospital, Gumbo – Don Bosco PHCC, Mahad

PHCC, Munuki PHCC, Kator PHCC, Lologo PHCC, Gurei PHCC, Nyokoren PHCC and possibly those PHCC that have been activated in UNHOUSE and UNMISS PoC sites. Periodically, and according to the number of clients and to the realistic possibility of the IDP living in PoC sites to attend health services outside the PoC site, a mobile clinic will operate directly in the IDP area (especially in the PoC sites, where beneficiaries might still be concerned about leaving the camp to attend mental health service at PHCC level in Juba) so to assess and treat mental health cases. With this two gateways for the delivery of services, there will be a referral system.

The above described gateway for service delivery through the PHC will be linked to the outreach teams by a referral system which will be mainly functioning on mental health and epilepsy cases. Main referral point in the network will be: Usratuna PHCC (Epilepsy cases, Psychosocial support), Juba Teaching Hospital (Psychiatric clients). According to the capacity of the partners, the project will strengthen possibly existing services in MHPSS in those PHCC operating in PoC sites by providing expertise and drugs and by including them in the referral network.

Coordination will be a crucial component of the project. In fact OVCI is expecting that the start-up of services in MHPSS (both in terms of capacity building and service delivery) will attract a wide number of partners among international and national actors. One of the first tangible benefits for them (and for the beneficiaries of other existing programs) will be the availability of a referral system for MHPSS in Juba. As so, the referral of cases is expected to take place not only as a consequence of the outreach sessions performed by the outreach teams of OVCI, but also as a direct referral performed by other partners operating in health and protection sectors. The Project Manager, the Health Coordinator, and the Country Representative will attend the coordination meetings both at State (CES) and national level. Milestones of the coordination will be the participation to the Health Cluster and to the Protection Cluster at the two already mentioned levels. Particularly, as what concerns the Protection Cluster, OVCI will also attend the currently existing working groups on GBV and Child Protection. The coordination is expected to be particularly significant with the following organisation: Terre des Hommes (currently leading Child Protection at CES level), Israid (currently leading GBV at CES level), Light for the world (an INGO targeting people leaving with disability), Handicap International, MSF and Caritas South Sudan (partners that already drafted interventions on MHPSS in Juba and might start them up in the next future).

Targeted beneficiaries of the project will be 3305 persons among IDP and host community in Juba and 185 health professionals and social workers in Juba. No baseline study is currently available concerning the MHPSS state of the art in Juba; as so, the number of beneficiaries has been estimated according to the following criteria: 1. Number of spontaneous referrals to Usratuna PHCC (from partner NGOs working in Mahad, Gumbo and Lologo IDP sites) of clients affected by convulsions between the 1<sup>st</sup> of Feb. 2014 and the 31<sup>st</sup> of May (av. 50 clients/month); 2. Number of referrals to Usratuna PHCC from OVCI CBR team operating in Gumbo, Mahad and Lologo IDP sites between 1<sup>st</sup> of May – 31<sup>st</sup> of May (av. 25 clients/month); 3. number of clients affected by Mental Health disorders registered by Juba Teaching Hospital Mental Health service in May 2014 (>80 clients); 4. Data available in Usratuna PHCC concerning the prevalence of active convulsive epilepsy in Juba (av. 2,8 % in 2013); 5. The definition of the target population has been done including suggestions received by partner NGOs operating in the PoC sites of Juba, suggestions received from Civil Society organisation in Juba, suggestions received by ICRC (while they were performing feasibility studies on MHPSS programs in Juba); 6. the applicant also considered the figures and the incidence calculation method made available in “*Rapid Mental Health Situational Analysis: Mental health priority conditions, community practices and available services and supports*” released by IMC in October 2013) which is one of the few documents on MHPSS in a refugee context in South Sudan. The assessment states that data from a previous study conducted by IMC in Darfur showed that major depressive disorders was reported by 31% (Kim et al, 2007) and another study conducted in Juba suggests that over one third (36%) of respondents met symptom criteria for PTSD (Bayard et al, 2009). The World Health Organization (WHO) estimates that rates of common mental disorders such as anxiety disorders and depression double in the context of humanitarian emergencies from a baseline of about 10% to 20% while people with severe mental disorders (2--3%) are especially vulnerable in such contexts and need access to care. 6. A final document that has been considered by OVCI to estimate the number of beneficiaries for this project has been published in August 2013 and later on re-issued on South Sudan Medical Journal (“ Post-Conflict Mental Health in South Sudan: Overview of Common Psychiatric Disorders”).

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

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

The project aims to achieve 3 outcomes:

1. A network of social workers and health workers is trained on the delivery of services in mental health and psychosocial support
2. Access to services for IDP and traumatized host community in need of MHPSS is provided
3. Punctual figures on the specific needs in NHPSS among the IDP and the traumatized host community affected by severe mental disorders are available

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 <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(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)</small>
xx	1.	# of health workers trained in emergency MHPSS	110 (70 female/40 male >18yrs)
	2.	# of community workers trained in emergency MHPSS	85 (45 female/40 male >18yrs)
	3.	# of health workers trained in epilepsy case-management	10 (8 female/2 male > 18yrs)
	4.	Total # of MHPSS outpatient consultations	3305 (1500 female/1805 male)
	5.	# of >5 outpatient MHPSS consultations	3000 (1400 female, 1600 male)
	6.	# of <5 outpatient MHPSS consultations	305 (153 female, 152 male)
	7.	# of referral of MHPSS clients from IDP sites	1500 (500 female, 1000 male)
	8.	% of clients receiving 2 <sup>nd</sup> visit	1000 (650 male, 350 female)
	9.	% of clients receiving 3 <sup>rd</sup> visit	600 (400 male, 200 female)

**vi). Cross Cutting Issues**

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

The main cross-cutting issue addressed by the project is social welfare of the families by nurturing the mental being of the parents children have better chances of staying within the family unit and therefore do not need to rely on government or NGO schemes for support.  
Crosscutting themes include the impact that those with good mental health care awareness can have on greater IDP community for example: national development, security, personal health care, a better taken care of with people who are mentally and emotionally healthy.

**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 will be directly implemented by the applicant. No outside contractors are planned to take part to the project. A minor component of delivery of MHPSS services will take place through a network of PHCC and one hospital. All of this partners will be supported in terms of training and provision of a basic set of MHPSS drugs by OVCI.

**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)<sup>2</sup>.
1. Monitoring and reporting is planned to be done:
    - a) Monitoring of the program will be done by the Project Manager. He/she will prepare weekly-based action plans, which will be daily followed and implemented by him/her and by the team members;
    - b) Monitoring of results will be done at different levels, including: evaluation of the periodical trend of the indicators by Project Manager and Health Advisor, evaluation of the quality of MHPSS delivered services within the beneficiaries during the focal discussion groups; coordination meetings with the cluster; internal coordination meetings within Project Manager, Country Director and Health Advisor;
    - c) Each client will receive a comprehensive assessment of history relating to mental health and follow up to monitor mood and behavior;
    - d) Project Manager will be reporting to MoH (DHIS, IDSR) and Health Cluster on a weekly base. Quarterly reports will be submitted to CHF.
  2. There is currently no baseline for the indicators. A baseline will be prepared after the second month of the project and will be completed with a survey on the punctual needs of MHPSS services detected among the IDP community. Monitoring team will be established at the beginning of the project period and will be composed by Project Manager, Health Advisor, Country Director. According to their presence in South Sudan, the Monitoring team meetings will be attended by the MDs (Neuropsychiatric) and Psychologist included in the project. Monitoring team will meet on a weekly base and will report to the HQ every 15 days. Reports from the monitoring team to MoH GoSS and clusters will be released on a monthly base. Indicators will be collected by hard copy forms on a daily base and transcript in soft copy weekly by the Project Manager.
  3. The analysis of the data will be done with the goal to estimate the feasibility to provide a long term response to MHPSS needs in partnership with MoH GoSS.

**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)
CBM Australia through AUSAID (May, 2014)	10.000
Institute of the Little Apostles of Charity (May, 2014)	19.131
<b>Pledges for the CRP project</b>	

<sup>2</sup> 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			
<b>CHF ref./CRP Code:</b> SSD-14/H/68969	<b>Project title:</b> Community-Based Mental Health Care in Juba IDP camps and conflict-affected areas	<b>Organisation:</b> Volunteer Organization for the International Co-operation (OVCI la Nostra Famiglia)	

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Goal/Impact (cluster priorities)</b>	<i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i>  Provision of Emergency mental health and psychosocial care to IDP and host community in Juba and capacity building interventions (Community based interventions including awareness raising and participation in health-related issues; Trauma management for key health staff)	<i>What are the key indicators related to the achievement of Cluster Priority activities?</i>  Total # of outpatient consultations (3305, 1500 female, 1805 male); # of >5 outpatient consultations (3000, 1500 female, 1600 male); # of <5 outpatient consultations (305, 153 female, 152 male) # of clients receiving 2 <sup>nd</sup> visit (1000, 650 male, 350 female); # of clients receiving 3 <sup>rd</sup> visit (600, 400 male, 200 female).	<i>What are the sources of information on these indicators?</i>  Training attendance registers (OVCI Juba); Training evaluation registers (OVCI Juba); Job performance evaluation register (OVCI Juba); DHIS reports (MoH); Individual client records (OVCI Juba); Usratuna PHCC outpatient register (OVCI Juba and MoH);	
<b>CHF project Objective</b>	Strengthen the capacity of community based networks to deliver services in Mental Health and Psychosocial support to IDP and traumatized host community	# of health workers trained in emergency MHPSS (110, 70 female, 540 male); # of community workers trained in emergency MHPSS (85, 45 female, 40 male); # of health workers trained in epilepsy case-management (8, 8 female, 2 male); Total # of MHPSS outpatient consultations (3305, 1500 female, 1805 male); # of >5 outpatient MHPSS consultations (3000, 1500 female, 1600 male); # of <5 outpatient MHPSS consultations (305, 153 female, 152 male); # of referral of MHPSS clients from IDP sites (1500, 500 female, 1000 male); % of clients receiving 2 <sup>nd</sup> visit (1000, 650 male, 350 female); % of clients receiving 3 <sup>rd</sup> visit (600, 400 male, 200 female).	Training attendance registers (OVCI Juba); Training evaluation registers (OVCI Juba); Job performance evaluation register (OVCI Juba); DHIS reports (MoH); Individual client records (OVCI Juba); Usratuna PHCC outpatient register (OVCI Juba and MoH);	An armed conflict erupts in Juba; a significant change in the leadership of the ruling party as well as a crisis between the national leadership and the political leadership of Equatoria region might affect the achievement of the objectives, when faced through violent armed conflict. Closure of Juba International Airport. Evacuation of expatriate staff involved in the project. Relocation of Juba IDP to out of reach area.

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Outcome 1</b>	A network of social workers and health workers is trained on the delivery of services in mental health and psychosocial support	<ul style="list-style-type: none"> <li># of trainings delivered (8)</li> <li># of attendances at the training (&gt;180)</li> <li># of successful students after final evaluation (80%)</li> <li>constant on the job training from a Technical Advisor in the project period is delivered</li> <li># of positive job performance evaluations (&gt;80%)</li> </ul>	<p><i>What are the sources of information collected for these indicators?</i></p> <p>Training attendances registers (OVCI Juba); Final evaluation registers (OVCI Juba); Presence of the Technical Advisor in Juba in the project period; Registers with job performance evaluations (OVCI Juba).</p>	Impossibility to recruit expatriate trainers due to travel warnings to South Sudan and particularly to Juba (closure of Juba International Airport); impossibility for the health professionals and for the social workers to attend the trainings due to security reasons (road closures, restricted curfews). This factors might happen if a significant and violent change in the ruling party will take place.
<b>Output 1.1</b>	The capacity of community workers and CBR workers to identify and deliver service to clients in need of psychosocial support and to identify suspected mental health clients is improved	<ul style="list-style-type: none"> <li># of community workers trained in emergency MHPSS (85; 53% female, 47%male)</li> <li># of attendances at the trainings (85)</li> <li># of successful students at the end of training (80%) % of positive job performance evaluations (&gt;80%)</li> </ul>	Training attendances register (OVCI Juba); Training results register (OVCI Juba); Job performance evaluation register (OVCI, Juba)	Impossibility to recruit expatriate trainers due to travel warnings to South Sudan and particularly to Juba (closure of Juba International Airport); impossibility for the social workers to attend the trainings due to security reasons (road closures, restricted curfews).
<b>Activity 1.1.1</b>	4 days training for 35 participants in emergency individual, family and community psychosocial and mental health assessment skills			
<b>Activity 1.1.2</b>	4 days training for 25 participants training in assessment of individuals, families and groups perceptions of problems, psychological first aid			
<b>Activity 1.1.3</b>	4 days training for 25 participants in provision of emotional support, grief counselling, stress management			
<b>Activity 1.1.4</b>	3 days training for 25 participants in problem-solving counselling, mobilising family and community resources and referral			
<b>Output 1.2</b>	The capacity of health workers to deliver services to clients affected by severe mental disorders is strengthened	<ul style="list-style-type: none"> <li># of health workers trained in emergency MHPSS (110; 64% female, 36% male)</li> <li># of health workers trained in epilepsy case management (10; 80% female, 20% male)</li> <li># of trainings delivered (6)</li> <li># of attendances at the trainings (&gt;100)</li> <li># of successful students after final evaluation (&gt;80%)</li> <li># of health facilities delivering MHPSS services (&gt;4) constant on the job training of a Technical Advisor in the project period</li> <li># of positive job performance evaluations (&gt;80%)</li> </ul>	<ul style="list-style-type: none"> <li>Training attendances register (OVCI Juba);</li> <li>Training results register (OVCI Juba);</li> <li>DHIS (Data on health facilities reporting MHPSS services to DHIS);</li> <li>Job performance evaluation register (OVCI, Juba)</li> </ul>	Impossibility to recruit expatriate trainers due to travel warnings to South Sudan and particularly to Juba (closure of Juba International Airport); impossibility for the health professionals to attend the trainings due to security reasons (road closures, restricted curfews).
<b>Activity 1.2.1</b>	5 days training for 25 participants training PHC workers in basic mental health knowledge and skills			
<b>Activity 1.2.2</b>	4 days training for 25 participants training PHC workers in psychological first aid			
<b>Activity 1.2.3</b>	5 days training for 25 participants Training PHC workers in supportive counselling, management of medically unexplained somatic complaints, substance use issues and referral			
<b>Activity 1.2.4</b>	6 days refresh training for 10 Clinical Officers on epilepsy assessment and treatment and referral			
<b>Outcome 2</b>	Access to services for IDP and traumatized host community in need of MHPSS is provided	<ul style="list-style-type: none"> <li># of outreach sessions delivered (&gt;220 sessions)</li> <li># of referrals from PoC and IDP sites to Usratuna PHCC and # of referrals from PoC and IDP sites to JTH MH unit (&gt;1500 clients)</li> </ul>	<ul style="list-style-type: none"> <li>Individual client records (OVCI Juba)</li> <li>OVCI Outreach team records (OVCI Juba)</li> <li>Usratuna PHCC register (OVCI Juba)</li> <li>DHIS (MoH)</li> </ul>	The IDP community is not relocated in out of reach area ; roads in Juba and surrounding area are open and access to the IDP area is generally allowed by UN authorities and the Government.
<b>Output 2.1</b>	A network of social workers, health workers and community based rehabilitation workers delivers services in psychosocial support to clients among IDP and traumatized members of the host community	<ul style="list-style-type: none"> <li>Total # of MHPSS outpatient consultations (3305, 1500 female, 1805 male);</li> <li># of &gt;5 outpatient consultations (3000, 1400 female, 1600 male);</li> <li># of &lt;5 outpatient consultations (305, 153 female, 152 male)</li> </ul>	<ul style="list-style-type: none"> <li>Individual client records (OVCI Juba)</li> <li>OVCI Outreach team records (OVCI Juba)</li> <li>Usratuna PHCC register (OVCI Juba)</li> <li>DHIS (MoH)</li> </ul>	Salaries of trained professionals (health workers and social workers) out of OVCI payroll is provided by the Government on a regular base. IDP are not relocated in out of reach area. IDP sites are non-hostile to NGO services. Travelling in Juba and surrounding area is safe. Pressure might raise from

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		<ul style="list-style-type: none"> <li># clients receiving 2<sup>nd</sup> visit (1000, 650 male, 350 female)</li> <li># of clients receiving 3<sup>rd</sup> visit (600, 400 male, 200 female)</li> </ul>		the government side to those NGO delivering services to pro-rebels community members, affecting the capacity to target the clients.
<b>Activity 2.1.1</b>	24 community entry sessions through focal discussion groups			
<b>Activity 2.1.2</b>	Facilitate creation of community-based self-help support groups.			
<b>Activity 2.1.3</b>	Deliver outreach and non-intrusive emotional support in the target community			
<b>Activity 2.1.4</b>	Deliver outreach and psycho-education			
<b>Activity 2.1.5</b>	Educate other humanitarian aid workers as well as community leaders (e.g., village heads, teachers, etc) in core psychological care skills			
<b>Activity 2.1.6</b>	Promote Referral from the community to PHC for suspected mental health clients			
<b>Activity 2.1.7</b>	Support PHC with basic psychiatric drugs			
<b>Activity 2.1.8</b>	Monitoring of the outreach team			
<b>Activity 2.1.9</b>	Supervise PHC service delivery in mental health			
<b>Output 2.2</b>	Provide access to care for people living with mental health problems, focusing on epilepsy	<ul style="list-style-type: none"> <li>Total # of MHPSS outpatient consultations &gt; 1000</li> <li># of &gt;5 outpatient consultations &gt; 800</li> <li># of &lt;5 outpatient consultations &gt; 200</li> </ul>	<ul style="list-style-type: none"> <li>Usratuna PHCC Epilepsy Unit register</li> <li>Individual client records (OVCI Juba)</li> <li>OVCI Outreach team records (OVCI Juba)</li> <li>OVCI MHPSS mobile clinic register</li> <li>OVCI MHPSS outreach team register</li> </ul>	Juba International Airport and Nimule-Juba road remain open so that the suppliers of drugs can use this gateways to deliver procurements. Access to IDP area is safe and the IDP community is not under threat of political leaders.
<b>Activity 2.2.1</b>	Establish focal points in outreach areas			
<b>Activity 2.2.2</b>	Identification of clients through community mobilisation			
<b>Activity 2.2.3</b>	Referral of suspected clients from community to CBR workers			
<b>Activity 2.2.4</b>	Outreach sessions from CBR workers to assess prospect clients			
<b>Activity 2.2.5</b>	Conduction of referral to Usratuna PHCC for people with epilepsy			
<b>Activity 2.2.6</b>	Assess and treatment of epileptic clients at Usratuna PHCC			
<b>Activity 2.2.7</b>	Conduct mobile clinic sessions (focus: epilepsy) for IDP in PoC sites			
<b>Activity 2.2.8</b>	Household level follow-up of patients			
<b>Activity 2.2.9</b>	Follow-up up of clients at PHC level			
<b>Activity 2.2.10</b>	<b>Supervise PHC service delivery in epilepsy</b>			
<b>Outcome 3</b>	Punctual figures on the specific needs in NHPSS among the IDP and the traumatized host community affected by severe mental disorders are available	<ul style="list-style-type: none"> <li>survey available and shared with key actors by the end of the project</li> </ul>	Health Cluster meeting minutes May 2015	The security scenario in Juba must be safe enough for OVCI to host an expatriate Technical Advisor for 8 months.
<b>Output 3.1</b>	Conduct a survey on the specific needs in MHPSS among the IDP and the traumatized host community affected by severe mental disorders	<ul style="list-style-type: none"> <li>survey criteria and data collection methods defined by Q4;</li> <li>survey available at the end of the project</li> </ul>	OVCI office Juba (MHPSS project records)	The security scenario in Juba remains as today, access to IDP community is regularly provided.
<b>Activity 3.1.1</b>	Community entry sessions through focal discussion groups			
<b>Activity 3.1.2</b>	Set up reporting system on MHPSS for community workers and PHC			
<b>Activity 3.1.3</b>	Data collection through questionnaire and interview to core stakeholders			
<b>Activity 3.1.4</b>	Analysis of the reports, survey transcription			
<b>Activity 3.1.6</b>	Communication of findings between health cluster, NGO Health Forum and protection cluster members			

## 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.)

<b>Project start date:</b>	<b>1 October 2014</b>	<b>Project end date:</b>	<b>31 July 2015</b>
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Activities		Q4/2014			Q1/2015			Q2/2015			Q3/2015
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Activity 1:	Recruitment of expatriate manager (Job description and selection process)	X									
Activity 2:	Contracting technical advisors/consultants (Definition of ToR and contracting)	X	X	X							
Activity 3:	Recruitment of social workers and CBR workers (Contracting)	X	X								
Activity 4:	Procurement of drugs and equipment		X	X							
Activity 5:	Establish M&E team (Project Manager, Health Advisor, Country Director, Consultants)		X								
Activity 6:	Definition of criteria for the MHPSS survey (forms etc..)		X								
Activity 7:	Overall monitoring of the program by the Project Manager		X	X	X	X	X	X	X	X	
Activity 8:	Clearance to conduct operations in PoC sites and coordination with existing or newly established MHPSS services in Juba and PoC – setting-up of the referral system		X								
Activity 9:	Weekly meeting of the M&E team		X	X	X	X	X	X	X	X	X
Activity 10:	Reporting from the M&E team to HQ every 15 days		X	X	X	X	X	X	X	X	X
Activity 11:	Sharing reports from M&E team to MoH GoSS every week			X	X	X	X	X	X	X	X
Activity 12:	Coordination and reporting to Health Cluster and Protection Cluster partners	X	X	X	X	X	X	X	X	X	X
Activity 13:	Definition of training calendar and delivery of invitation letters to partners	X	X	X			X				
Activity 14:	4 days training for 35 participants in emergency individual, family and community psychosocial and mental health assessment skills		X								
Activity 15:	4 days training for 25 participants training in assessment of individuals, families and groups perceptions of problems, psychological first aid		X								
Activity 16:	4 days training for 25 participants in provision of emotional support, grief counselling, stress management						X				
Activity 17:	3 days training for 25 participants in problem-solving counselling, mobilising family and community resources and referral						X				
Activity 18:	4 days training for 35 participants in emergency individual, family and community psychosocial and mental health assessment skills		X								
Activity 19:	5 days training for 25 participants training PHC workers in basic mental health knowledge and skills			X							
Activity 20:	4 days training for 25 participants training PHC workers in psychological first aid			X							
Activity 21:	5 days training for 25 participants Training PHC workers in supportive counselling, management of medically unexplained somatic complaints, substance use issues and referral				X						
Activity 22:	6 days refresh training for 10 Clinical Officers on epilepsy assessment and treatment and referral	X									
Activity 23:	Written evaluation at the end of every training		X	X	X						
Activity 24:	Performance evaluation of the outreach team members			X		X		X		X	
Activity 25:	On the job training provided by the Technical Advisor to the outreach team		X	X	X	X	X	X	X	X	
Activity 26:	24 community entry sessions through focal discussion groups			X	X	X	X	X	X		
Activity 27:	Facilitate creation of community-based self-help support groups.			X	X	X					

Activities		Q4/2014			Q1/2015			Q2/2015		Q3/2015
Activity 28:	Deliver outreach and non-intrusive emotional support in the target community	X	X	X	X	X	X	X	X	
Activity 29:	Deliver outreach and psycho-education	X	X							
Activity 30:	Educate other humanitarian aid workers as well as community leaders (e.g., village heads, teachers, etc) in core psychological care skills	X	X	X	X	X	X	X		
Activity 31:	Promote Referral from the community to PHC for suspected mental health clients	X	X	X	X	X	X	X	X	
Activity 32:	Support PHC with basic psychiatric drugs	X	X	X	X	X	X	X	X	
Activity 33:	Monitoring of the outreach team	X	X	X	X	X	X	X		
Activity 34:	Supervise PHC service delivery in mental health	X		X		X		X		
Activity 35:	Community entry sessions through focal discussion groups	X	X	X						
Activity 36:	Set up reporting system on MHPSS for community workers and PHC	X	X							
Activity 37:	Data collection through questionnaire and interview to core stakeholders	X	X	X	X	X				
Activity 38:	Analysis of the reports, survey transcription						X	X		
Activity 39:	Communication of findings between health cluster, NGO Health Forum and protection cluster members		X		X		X		X	
Activity 40:	Auditing								X	

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