

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against CRP 2014

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CRP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:

CRP Cluster

HEALTH

CHF Cluster Priorities for 2014 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CRP 2014.

Cluster Priority Activities for this CHF Round

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

Cluster Geographic Priorities for this CHF Round

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

SECTION II

Project details

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

Requesting Organization

THESO - The Health Support Organisation

Project CRP Code

SSD-14/H/60204

CRP Gender Code

2a

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

Provision of emergency integrated primary health care services targeting IDPs, returnees and host community affected by current conflict.

Total Project Budget requested in the in South Sudan CRP

US\$ 597,300

Total funding secured for the CRP project (to date)

US\$ 436,000

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

Number of direct beneficiaries targeted in

Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

State	%	County/ies (include payam when possible)
Warrap	100%	Gogrial East (Pathuon, Nyang, Toch Payams)

Funding requested from CHF for this project proposal

US\$ 150 000

Are some activities in this project proposal co-funded (including in-kind)?

Yes No (if yes, list the item and indicate the amount under column i of the budget sheet)

Indirect Beneficiaries / Catchment Population (if applicable)

Host population:138,000

	CHF Project	the CRP
Women:	1714	38122
Girls:	2578	58526
Men:	1396	30860
Boys:	2203	54024
Total:	7891	181 532

IDPS : 12,500

Returnees : 6000

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: 6months

1 July – 31 December 2014

Contact details Organization's Country Office

Organization's Address	
Project Focal Person	<i>Jeff Okello, jeff@theso.org +211 955 065 096</i>
Programme Director	<i>Vimbai Chishanu Emma, vimbai.chishanu@theso.org +211 955 085 964</i>
Finance Manager	<i>Bombo Henry Henry.bombo@theso.org +211 927 129 056</i>
Monitoring & Reporting focal person	<i>Samuel Bojo samuel.bojo@theso.org +211 955 033 927</i>

Contact details Organization's HQ

Organization's Address	
Desk officer	<i>Racheal Amony Racheal.amony@theso.org +211 954 712 939</i>

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

Security in South Sudan remains uncertain and might worsen if the two warring parties and their foreign allies do not abide by the May 7th signed cessation of hostility and the June 10th renewed vow of forming a transitional government of national unity within 60 days.

The close proximity of Gogrial to Unity state makes it a receiving end for IDPs displaced as a result of the armed conflict. At the moment there are approximately 12,500 IDPs mostly women and children feeling the violence in Unity state that are taking shelter in Gogrial East County. In addition, an approximated 6000 returnees that moved into Gogrial before the onset of the December violence are settled in Nyang and Toch East and west payam. The major triggers of humanitarian crisis in Gogrial East county include frequent cattle raids, intercommunal violence, flooding between the months of July to December.

The recent shoot out in Mayenjor Boma of Nyang payam displaced unconfirmed number of IDPs into Toch payam. Access to clean and safe water poses a high risk of communicable diseases such as Cholera and other diarrhea disease. This was the recent case of the suspected cholera cases in Mangol Boma that is under investigation. The vastness of the County with poor road conditions limits access to basic health services in the Gogrial East.

The dispersed nature of a majority of IDPs throughout remote areas and on going conflict hampers humanitarian access especially in three Upper Nile Region states. THESO has been providing emergency integrated primary health care services (PHC) services to affected population from 16th December 2013 to date. In THESO crisis response operated Counties of Juba (UN House), Gogrial East – Warrap state, Guit Count of Unity state, and part of Fangak County bordering Guit County; THESO has been providing emergency integrated primary health care services, prevention and control of communicable diseases, EPI services, HIV/AIDS in emergency and RH minimal initial services package in emergency.

The general inflow of IDPs into Gogrial East from Unity state has really led to a strain in health service provision. The average monthly consultation per PHCC was 1450 patients and clinic at UN House was 2250 patients. Integrated primary health care services provision in Guit County has been limited to PHCC level with no access to PHCUs facilities due to strict bylaws of the authority. Acute respiratory infections, acute watery diarrhoea, and malaria currently account for the highest morbidity levels among IDPs in camps, and rebel control areas and the likelihood of a cholera outbreak in the displacement sites is of serious public health concern as has already been reported in Juba and other places with the start of heavy rains. Health services delivery has been affected by a growing number of health facilities unable to carry out essential health services, mostly due to destruction and looting that followed after the clashes. Generally, most of the facilities lack essential drug supplies, particularly in Guit and Fangak with a large burden of IDPs.

Currently THESO is accessing funding for health system strengthening from HPF covering Gogrial East county. However, this funding is overwhelmed by the humanitarian crisis characterized by rapid population movements, limited accessibility due to floods and heavy rains. This funding covers basically drugs supply chain and human resources, facility case management

As a development context funding, critical gaps in service deliver exist in the areas of emergency. Lietnohm and Lunerkel PHCC have full staff complements supported by HPF, however quality service provision has mainly been hampered by lack of provision basic equipment, drugs, medical supplies, basic lab equipment and supplies. As such this CHF grant will enhance emergency preparedness and response for Gogrial east county.

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 dispersed nature of majority of IDPs throughout remote areas and on going conflict hampers humanitarian access especially in three Upper Nile Region states

There is a serious deterioration in the health and nutrition status of the most vulnerable populations including <5 children, PLW, and the elderly, particularly in displacement sites as there is no continuation funding for THESO in Gogrial East to continue with integrated primary health care services provision since the three (3) months crisis response plan project from January to March 2014 ended in Late March. THESO continues to provide integrated primary health and nutrition services in Gogrial East County through contribution of HPF fund even though it is not covering all the health facilities.

As such it is of utmost importance that THESO needs more urgent funding to meet the emergency health needs of boys; girls; men; women and the elderly IDPs. The proposed project will put in place emergency health measures including mobile clinics outreaches to hard to reach areas addressing the health needs and scale up THESO surge capacity to meet high number of IDPs and host community affected by the current crisis targeting children <5; PLW, and the elderly. There is need to continue and expand the current provision of health services so that communities can access and utilize the nearby health facilities on both sites of the conflict. THESO shall continue working closely with while building the capacity of the four counties health departments in identified management gaps with main focus on health and nutrition management information system and to plan and response to health emergencies and disease surveillances and response. THESO has no other source of fund to fill the funding gap to support this project despite the high need for continuation with health intervention in these priority counties

HPF's major focus is on health systems strengthening and not on humanitarian emergencies. As such emergency response remains underfunded to launch strategic and timely emergency response when it comes. For instance during the shooting in Mayenjor , it

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.

took THESO more than 48hours to charter a helicopter for medical evacuation.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

The overall objective of the project is to reduce vulnerability of IDPs and host communities to health related emergencies of the most neglected and disadvantaged groups - especially newborns, under five children (boys and girls), women, men – in Gogrial East County of Warrap State

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

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

The project targets Luanyaker PHCC; Lietnohn PHCC and all the 12 PHCUs in Gogrial East county. The project will target IDPS; and MARPs living in and host communities.

In Gogrial East THESO is the County lead service provider of HPF funding mechanism providing integrated primary health care services offered at all PHCC, PHCCs and PHCU levels and is the only NGO operating in this area.

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 project specific objectives are:

- Provision of emergency integrated Primary Health Care services in Luanyaker PHCC+ of Gogrial East County for 7891 vulnerable populations (boys and girls, men and women and elderly) with limited or no access to health services in the last six months period of 2014 (July – December 2014).
- Work with four CHDs in planning, and monitoring of emergency preparedness and facilitate their capacity to respond, including surge interventions.
- Respond to health-related emergencies using Luanyaker PHCC+ in Gogrial East County, including control and management of communicable diseases.

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

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

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.

List the main activities and results to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

- Provision of integrated emergency curative care and preventive services 6 days a week in line with the basic package of health services with laboratory services in all health facilities and emergency referral services in place for boys and girls and men and women
- Strengthen emergency surgical and surge capacities of Luonyaker PHCC+ and Lietnohm PHCC as main referral Centres for the 12 PHCUs in Gogrial East County.
- Ensure provision and timely distribution of medicines, equipment and other essential supplies to Luonyaker PHCC+, Lietnohm and all the 12 PHCUs in Gogrial East
- Continue equal formal and on job trainings for male & female HCWs, CHWs and community volunteers on topics that aims to address key causes of poor health in communities especially during emergencies
- Continue conducting routine and emergency EPI services in all health facilities including community outreaches in hard to reach areas and EPI defaulter tracing as well as supporting MoH vaccination campaigns (NIDs) and ensuring provision of vitamin A and de warming tablets targeting boys and girls and women of reproductive age
- Conduct regular outreaches supporting community TBAs and community health workers in mobilization, sensitization and encouraging women to attend ANC services and deliver for health facilities
- Conduct weekly health promotion using male and female CHWs with locally available appropriate IEC materials at health facilities and the community addressing priority diseases and addressing pregnant women and children under 5
- Procure, transport, deliver and install emergency surgical supplies and consumables to Luanyaker PHCC ; Lietnohm and all the 12 PHCUs in Gogrial East
- Health facilities operational six days a week in line with the basic package of health services

Training:

- Train 60 EPI vaccinators (Male and Female) for 5 days on delivery of high impact EPI services

- 5 days refresher training of 30 health staff (Male and Female) on rational drugs use
- Training of 30 health staff (Male Female) trained on integrated disease response and district health information systems in conjunction with state ministry of health and county health departments.
- Training of 10 MCHWs/Midwives on SRH in emergency setting
- Development of county emergency preparedness and response plan by 25 people for 2 days
- Training of 10 health staff on emergency preparedness and response for 2 days

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

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

The end of 2014 CHF grant period (July – December 2014) THESO expects to achieve:

- Health facility operational six days a week in line with the basic package of health services (Luanyaker PHCC+)
- Patients (Boys and Girls and Men and Women) responded to at 1 referral health facility 6 days a week
- Expanded program on immunization at both health facility and community out reaches provided to under5 children (Boys and Girls) and women of childbearing age.
- DPT3 coverage increased by 5% in project locations among boys and girls under fives
- ANC services at health facilities provided to pregnant mothers
- Facility based child birth services provided to expectant mothers by skilled birth attendance (mid wives)
- Post natal care services provided to all mothers
- Six monthly supervisory visits to health facilities conducted by a team from CHD, THESO and SMOH
- Drugs, equipment and other essential supplies distributed timely to all health facilities
- 5 days refresher training of 30 health staff (Male and Female) on rational drugs use ensured
- 30 health staff (Male Female) trained on integrated disease response and district health information systems in conjunction with state ministry of health and county health departments conducted.
- Three village health committees (Female and Male) trained on conducting sensitization and health educations
- 60 EPI vaccinators (Male and Female) trained for 5 days on delivery of high impact EPI services
- 5 days refresher training of 30 health staff (Male and Female) conducted on rational drugs use
- 30 health staff (Male Female) trained on integrated disease response and district health information systems in conjunction with state ministry of health and county health departments
- To have drafted an emergency preparedness and response plan for Gogrial East
- To have capacitated 10 MCHWs/Midwives on SRH in emergency setting

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.	Total number of outpatient consultations	7891 (2203Boys, 2578Girls, 1396Men, 1714Women)
X	2.	Number of >5 outpatients consultations	2240 (1165 Female and 1075 Male) consulted and managed
X	3.	Number of <5 outpatient consultations (male and female)	-3109 under five year children (1617 Female and 1492 Male) consulted and managed within received of report
X	4.	Number of <5 children received measles vaccinations in emergency or returnee situation	-1687 <5 children (877Female and 810 Male) vaccinated
X	5.	Number of surgical interventions carried out	- All trauma cases within project area are intervened to and managed within 12 hours
X	6.	Number of health workers trained in emergency preparedness and response	- 30 CHD and HF staffs (15 male and 15 male) trained in emergency preparedness and response
X	7.	Proportion of communicable diseases outbreaks detected and responded to within 48hrs	All communicable diseases outbreaks detected and responded to within 48hrs
X	8.	% DPT3 coverage in children under 1	5% increase in DPT3 coverage in children under 1
X	9.	Number of births attended by skilled birth attendants	158 Births attended by skilled birth attendants
X	10.	Proportion of pregnant women receiving at least 2 nd dose of TT vaccination	216 pregnant women receiving at least 2 nd dose of TT vaccination

vi). Cross Cutting Issues

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

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

Gender: Under5 children, Women and girls have been the most vulnerable groups during the crisis (pregnant women, women head of households, women victims of violence and women living in IDPs and in hiding) are part of the project main target and are direct beneficiaries of most activities. In order for their needs to be adequately addressed, the project pursues the following gender-oriented approach

- Inclusion of both men and women in EPI services, health education sessions on RH, FP, nutrition/breast-feeding and STIs;
- Having equal presentation of both gender in Village Health Committees and Payam health advisors

- Continue partnership and motivation of TBAs to promote early ANC and health facility deliveries
- Engagement of female and male teachers in disseminating health related messages mainly focusing on STIs
- Utilization of female and male peer-to-peer education at health facilities and school level to fill cultural gaps
- Identification/dissemination of best practices /successful stories by female and male workers to stimulate behavioral changes in the community
- Provision of individual counseling by both female and male counselors to patients on health prevention according to the individual needs.

Finally, the project approach and the gender-sensitiveness in the staff recruitment process tend to valorize women's skills and capacities (i.e., mediation, knowledge of the context, peer-to-peer communication) in health promotion and sensitization. Gender mainstreaming is the rationale behind the project design and gender disaggregated data will be collected to monitor equal access to health services.

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

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

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

vii) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

THESO (The Health Support Organisation) is a South Sudanese based charity Organisation, providing support in Gogrial East County.

The facilities; Luonyaker PHCC+ was built and started by government and THESO has been supporting the health & nutrition services management at the health facility and provides technical assistance in health service delivery. The PHCC+ is government health facilities recognized by central and State MoH as the county main referral facility and is taken as a model of effective integrated primary health care facility in Warrap State for the quality of services provided. THESO is a renowned partner in Warrap SMOH and CHD and this collaboration ensures the respect of all MoH guidelines/protocols in health care delivery, as well as the adherence to DHIS/IDRS reporting system and timeframes.

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

The project aims at ensuring continuation and preventing the disruption of the provision of basic service package and uninterrupted emergency services, including minor surgical interventions. The target population ranges from local communities (with particular focus on the MARPs, including newborn, U5, women head of households and victims of traumas/violence) to IDPs. Activities have been designed to (i) strengthen RH services, including basic obstetric and neonatal care services; (ii) ensure health emergencies requiring surgeries properly treated/stabilized; (iii) guarantee that health complications are effectively recognized and treated. Theoretical workshops and on-the-job trainings will be conducted during the project time, to further enhance skills and competences of health staff. An appropriate referral system will be facilitated through enhanced partnership with CHD, in line with RSS MoH referral guidelines and skilled personnel (medical team) will be available 24/7 to perform emergency minor surgical interventions and to promptly respond to any other minor surgical emergency.

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

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

The project design is based on the proactive and continuous collaboration between THESO and health institutions in States and Gogrial East county levels. In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), a Management Committee (MC) will be purposely established and meet on regular basis to ensure achievement of expected results. The Management Committee will be composed of CHD Managers, THESO Area Coordinator and

representatives of County Authorities, and will be responsible for: (i) defining/consolidating/readjusting the work plan, (ii) sharing information and data on the activities and services carried out and in pipeline, (iii) debating possible project implementation challenges and identifying the related way forward, (iv) providing technical assistance in the project supervision, (v) consolidating quarterly project reports.

Due to flooding that occurs in Gogrial East THESO will procure a motorbike for the emergency officer to access other PHCUs that will not be accessible by vehicle.

viii) Monitoring and Reporting Plan

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

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

The Management Committee of the project, including representatives from all partner associations, will be set up and meet on monthly basis to ensure effective monitoring of the project activities. In particular, it will look for shared solutions to the problems that may arise and redefine the strategy of intervention on the basis of the data acquired during the monitoring exercise.

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

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

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

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

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

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

D. Total funding secured for the 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)
OFDA / RRF (January – March 30 th 2014)	97000
CHF (January – March 2014)	100000
HPF (January – June 2014)	239000
Pledges for the CRP project	0000

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/60204	Project title: Provision of Emergency Integrated Primary and Secondary Health Care Services targeting IDPs and host community affected by current conflict.	Organisation: THESO

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	7891 IDPs, returnees and host community directly benefited from THESO emergencies health services	Number beneficiaries reached Number of health facilities operating Number of CHD supported	<ul style="list-style-type: none"> • Patients register books • IDSR weekly reports • Health facility monthly reports • THESO monthly reports • CHD and SMoH reports 	
CHF project Objective	Provision of emergency integrated primary health care services for vulnerable populations with limited or no access to quality health services	Total # of outpatient consultations Number of health facilities operating % DPT3 coverage in children under 1	<ul style="list-style-type: none"> • Patients register books • IDSR weekly reports • Health facility monthly reports • THESO monthly reports • CHD and SMoH reports 	<ul style="list-style-type: none"> • Security situation in the area continue to prevails
Outcome 1	7, 891 or more vulnerable populations with limited or no access to health services lives healthily in target area	-Over 7, 891 individuals benefited from the BPHS project 4050 < 5 children received measles vaccinations in emergency or returnee situation # of < children 6 months to 15yrs received measles vaccinations in emergency or returnee situation 40 % of pregnant women receiving at least 2nd dose of TT vaccination	<ul style="list-style-type: none"> • Patients register books • IDSR weekly reports • Health Facility monthly reports • THESO monthly reports • CHD and SMoH Reports 	<ul style="list-style-type: none"> • Security situation in the area will be firm • Collaboration work with CHD & SMoH will continue and become stronger
Output 1.1	Luanyaker PHCC; Lietnohn an 12 PHCUs operational seven days a week providing quality primary referral centre services in line with the basic package of health services	<ul style="list-style-type: none"> • Number of surgical interventions carried out (20) • Number of inpatients admissions managed and discharged (1200) • Number of emergency cases managed • Number of referrals in and out of PHCCs • Number of women of reproductive age immunized (900). • Number of births attended by skilled birth attendants (1500) 	<ul style="list-style-type: none"> • Patients register books • IDSR weekly reports • Health facility monthly reports • Immunization register books • ANC register books • THESO monthly reports • THESO final report 	<ul style="list-style-type: none"> • Security situation in the area will be firm • Collaboration work with CHD & SMoH will continue and become stronger

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		<ul style="list-style-type: none"> Number of survivors of SGBV receiving clinical care (20) # of measles vaccinations given to < 5 in emergency or returnee situation 		
Activity 1.1.1	Equipping 1 PHCC+ with basic emergency surgical and consumable supplies and provide minor surgical services.			
Activity 1.1.2	Drugs, equipment and other essential supplies distributed timely to Luanyaker PHCC+			
Activity 1.1.3	Expanded program on immunization at both health facility and out reaches provided to under-one children (Boys and Girls) and women of childbearing age.			
Activity 1.1.4	Support National Immunization days provided for children under one and beyond			
Activity 1.1.5	ANC and PNC services at health facility provided to pregnant and expectant mothers and infants			
Activity 1.1.6	Facility based child birth services provided to expectant mothers by skilled birth attendance (mid wives)			
Outcome 2	County provides Emergency preparedness and response including surgical interventions	<ul style="list-style-type: none"> Two health facility providing surgical emergency services. Six health facilities with EWARN supplies 4 of outbreaks responded to within 24Hrs number of health emergencies managed 50 % of the states/MOH hubs with emergency kits and prepositioned 	<ul style="list-style-type: none"> ISDR weekly reports HMIS monthly reports Health facilities monthly report THESO monthly reports CHD monthly reports SMoH monthly reports 	<ul style="list-style-type: none"> Security situation in the area will be firm Collaboration work with CHD & SMoH will continue
Output 2.1	County capacitated to provide emergency preparedness and capacity to respond, including surgical interventions	<ul style="list-style-type: none"> Number of emergency surgical trauma cases managed Number of weekly emergency preparedness and response reports submitted Number of disease surveillance and response conducted Number of emergency tools and kits prepositioned at county level Number of health workers trained in emergency preparedness and response (20). # of estimated beneficiaries reached by the supplies from the pipeline (emergency supplies and kits) (1500 kits) 	<ul style="list-style-type: none"> Facility report Supervision report 	<ul style="list-style-type: none"> Security situation in the area will be firm Collaboration work with CHD & SMoH will continue
Activity 2.1.1	Strengthening of Luonyaker PHCC as the main referral Centre in response to emergency surgical trauma cases and referral services			
Activity 2.1.2	Ensure in County timely prepositioning and distribution of emergency preparedness and response tools and kits supplies			
Output 2.2	Health care staff and support staff capacity build to provide the essential services	<ul style="list-style-type: none"> Number of staffs trained on EPI vaccinators (60). 	<ul style="list-style-type: none"> Facility report Supervision report 	<ul style="list-style-type: none"> Security situation in the area will be firm Collaboration work with CHD & SMoH will continue
Activity 2.2.1	Training of three village health committees (Female and Male) on conducting sensitization and health educations			
Activity 2.2.2	60 EPI vaccinators (Male and Female) train for 5 days on delivery of high impact EPI services			
Activity 2.2.3	Conduct 5 days refresher training of 30 health staff (Male and Female) on rational drugs use			
Outcome 3	Respond to health-related emergencies, including controlling the spread of communicable	<ul style="list-style-type: none"> Proportion of communicable diseases outbreaks detected and responded to within 48 hours 	<ul style="list-style-type: none"> Facility report Supervision report 	<ul style="list-style-type: none"> Security situation in the area will be firm Collaboration work with CHD &

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	diseases			SMoH will continue
Output 3.1	CHD respond to health-related emergencies within 24Hrs	<ul style="list-style-type: none"> # of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits) 	<ul style="list-style-type: none"> Facility report Supervision report 	<ul style="list-style-type: none"> Security situation in the area will be firm Collaboration work with CHD & SMoH will continue
Activity 3.1.1	Continue equal formal and on job trainings for male & female HCWs, & community volunteers on epidemic diseases identification and notification			
Activity 3.1.2	20 Health providers (10 women and 10 men) training on integrated disease response			
Output 3.2	Community involvement improved in health-related emergencies control	<ul style="list-style-type: none"> Number of community sessions Number of community representative insured 	<ul style="list-style-type: none"> Facility report Supervision report 	<ul style="list-style-type: none"> Security situation in the area will be firm Collaboration work with CHD & SMoH will continue
Activity 3.2.1	Conduct weekly health promotion using male and female CHWs with locally available appropriate IEC materials at health facilities and the community addressing priority diseases that affect/infect pregnant women and children under 5			
Activity 3.2.2	Continue equal formal and on job trainings for male & female HCWs, & community volunteers on topics that aims to address key causes of poor health in communities			
Activity 3.2.3	Trained village health committees/Home Health Promoters (Female and Male) encourage to mobilize and sensitize community through health educations			

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The workplan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	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	Provision of integrated emergency curative care and preventive services 6 days a week in line with the basic package of health services with laboratory services in all health facilities and emergency referral services in place for boys and girls and men and women		X	X	X	X	X	X						
Activity 2	Strengthen emergency surgical and surge capacities of Luanyaker PHCC+ as main referral Centre in Gogrial East County.		X	X										
Activity 3	Ensure provision and timely distribution of medicines, equipment and other essential supplies to all health facilities		X	X	X	X	X	X						
Activity 4	Continue equal formal and on job trainings for male & female HCWs, CHWs and community volunteers on topics that aims to address key causes of poor health in communities		X	X	X	X	X	X						
Activity 5	Continue conducting routine and emergency EPI services in all health facilities including community outreaches in hard to reach areas and EPI defaulter tracing as well as supporting MoH vaccination campaigns (NIDs) and ensuring provision of vitamin A and de warming tablets targeting boys and girls and women of reproductive age		X	X	X	X	X	X						
Activity 6	Conduct regular outreaches supporting community TBAs and community health workers in mobilization, sensitization and encouraging women to attend ANC services and deliver for health facilities		X	X	X	X	X	X						
Activity 7	Conduct weekly health promotion using male and female CHWs with locally available appropriate IEC		X	X	X	X	X	X						

Activities		Q2	Q3/2014			Q4/2014			Q1/2015			Q2/2015		
	materials at health facilities and the community addressing priority diseases and addressing pregnant women and children under 5													
Activity 8	Procure and transport, deliver and install emergency surgical supplies and consumables to Luanyaker PHCC+		X	X										
Activity 9	Health facilities operational six days a week in line with the basic package of health services		X	X	X	X	X	X						
Activity 10	Train 60 EPI vaccinators (Male and Female) for 5 days on delivery of high impact EPI services		X											
Activity 11	5 days refresher training of 30 health staff (Male and Female) on rational drugs use		X											
Activity 12	Training of 30 health staff (Male Female) trained on integrated disease response and district health information systems in conjunction with state ministry of health and county health departments.		X											
Activity 13	Development of county emergency preparedness and response plan by 25 people for 2 days		X	X	X									
Activity 14	Training of 30 health staff (Male Female) trained on integrated disease response and district health information systems in conjunction with state ministry of health and county health departments.		X	X	X									
Activity 15	Training of 10 health staff on emergency preparedness and response for 2 days		X	X	X									
Activity 16	Project review meetings		X	X	X	X	X	X						
Activity 17	Health Emergency Campaigns		X	X	X	X	X	X						

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