OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Comitato Collaborazione Medica
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Saving lives through primary health care services and strengthening the emergency response to the humanitarian needs in under-served areas of Tonj South and Tonj East counties.
Allocation Type Category :	

OPS Details

Project Code :	SSD-16/H/89750	**Fund Project Code :**	SSD-16/HSS10/SA2/H/INGO/3628
Cluster :	Health	**Project Budget in US$:**	150,362.56
Planned project duration :	6 months	**Priority:**	2
Planned Start Date :	01/10/2016	**Planned End Date :**	31/03/2017
Actual Start Date:	01/10/2016	**Actual End Date:**	31/03/2017

Project Summary :

The overall goal of the project is to reduce the morbidity and mortality of children U5 (boys and girls), PLW, older people and other vulnerable groups (HIV/TB people, IDPs/returnees) in Tonj South and Tonj East by combining health emergency response (communicable disease control, EmONC capacities and RH services) and institutional/community preparedness..
In particular, according to the Health Cluster priorities, the project aims to prevent, detect and respond to disease outbreaks and immunizations of U5 in remote under-served area of Tonj east and Tonj south county and to increase basic lifesaving health services in the target areas.
Therefore, the project specific purposes include:
1. To increase access to lifesavings, essential and emergency health care services in Tonj South and Tonj East counties, targeting the main causes of mortality amongst vulnerable populations, particularly women and children with limited or no access to health services, IDPs and other vulnerable groups (nomadic peoples, prisoners), including case management of severe acute malnutrition of U5.
2. To increase CHD capacities to prevent diseases outbreak, targeting hard to reach and vulnerable communities in TS and TE.
In the overall framework of the generalized humanitarian crisis of South Sudan, Tonj South and Tonj East report health indicators that are below the national average. CCM has supported the CHDs and Tonj civil Hospital in the target areas in the last years to improve the quality and the access of essential services. Recent funding gaps, combined with the country financial crisis, have significantly reduced the coverage of some services, including EPI, in hard to reach areas. Current vaccination services are provided only at facility level. Therefore, the counties have registered a steady decline in the percentage of vaccinated children, with the eruption of a measles outbreak in Tonj South. Moreover, the high level of malnutrition is putting at higher risk of death, disability and disease an increasing number of children and PLWs. Because of foreseen financial gaps, outreach activities are not currently planned in the coming six months, with the high risk of a further deterioration of the situation.
The project will reach 129,110 beneficiaries, of which 51,790 are U5 children and 10,410 pregnant and lactating women. 7,000 beneficiaries come from displaced communities.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
32,630	44,690	25,445	26,345	129,110

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	22,645	23,545	46,190
Pregnant and Lactating Women	0	10,410	0	0	10,410
Internally Displaced People	500	900	2,800	2,800	7,000
Trainers, Promoters, Caretakers, committee members, etc.	83	37	0	0	120

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

According to the Health Cluster priorities, the project is aimed to increase basic lifesaving health services in the target areas in remote underserved area of Tonj east and Tonj south counties. The project will contribute to the procurement of medical supplies and commodities, including mobile cold chain facilities, basic health and RHC kits, blood transfusion kits, through the core pipeline, ensuring the effective provision of frontline services and complementing the stock of kits and supplies that are necessary for outbreak response and mobile activities (i.e. syringes, gloves, cannulas, masks, giving sets, rapid response tests, tetracycline capsules).
Access to emergency primary health care (PHC), targeting the main causes of mortality amongst vulnerable populations, particularly women and children with limited or no access to health services is improved. Essential Basic Care (EPI, IMCI, general consultation) and RH services is provided in both at facility level and through regular outreaches and mobile clinics in underserved and remote areas.
On-the-job training on emergency response, IMCI, MISP, trauma management, prevention of disease outbreak will improve the provision and access to health care services. Finally, VHC and women groups involvement in the health services management and promotion will ensure the spread of health education messages and the increase of health services demand especially in under-served areas.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Samuele Tognetti	Country Representative CCM	countryrep.ssd@ccm-italia.org	+211(0)923414868
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BACKGROUND

1. Humanitarian context analysis

Since December 2013, the current civil war has devastated the lives of millions of South Sudanese and displaced more than 2.2 million people. About 1.6 million of them have been displaced internally in South Sudan and over 600,000 are refugees in neighboring countries. The conflict has weakened an already challenged local health system, with infrastructure destroyed by the fighting, staff and humanitarian workers targeted or displaced, and parallel and separate delivery of basic services not making the best use of limited resources and with the risk to disrupt the institutional health system. Evidence shows that the highest cause of death in South Sudan is not the direct violence of the conflict but the consequences of the secondary impacts of war, such as disease, hunger, the destruction of markets and infrastructure and the massive disruption to livelihoods caused by people fleeing from the conflict.

Tonj East and Tonj South (Warrap) counties count 281,105 inhabitants (roughly 50% women, 50% men) living mostly of agriculture and livestock. Tonj South and Tonj East health indicators are among the worst of South Sudan, estimated to be above the national average and in line with the former Warrap State figures. As per the National Baseline Household Survey 2009, the infant mortality rate is 139/1,000 live births higher than the national data of 102/1000 live births, under 5 mortality rate is 176/1,000 live births higher than the national data of 93/1,000 live births, maternal mortality rate is 2173/100,000 live births higher than the national figure of 2054/100,000 live births arguably the highest in the world and the data shows 12% of the children are immunized. Low immunization coverage and high malnutrition rate contribute to the high mortality rate. Information on vaccination status also shows the low performance of Warrap in terms of coverage compared to the national data. While only 2,6% of children aged 12-23 months had all nine recommended vaccinations, Warrap reported the lowest rate at 1,4%. Despite valuable improvements registered from 2013 to 2015 in the area (Penta3: 64% in TE and 87% in TS; Measles: 73% in TE and 86% in TS in 2015), the last months have seen a reduction in the percentage of children vaccinated and an increase in the defaulters, almost halving the previously achieved results. Financial limitations in the main donors' funding at the beginning of 2016 has resulted in the reduction of vaccinators and outreach activities implemented by the CHDs in partnership with CCM. As a consequence, in Tonj South, repeated cases of measles were reported since May 2016 and with the highest outbreak peak in June.
The current situation is aggravated by the very high level of malnutrition in the area: according to last data available (Nutrition cluster caseload calculation, 2016), GAM prevalence in Tonj East and Tonj South counties is close to 20% (GAM 17.6%, SAM 4.6%, and MAM 13.4%). Poor food security, lack of access to clean water, lack of sanitation and increased prevalence of diseases are the root causes of malnutrition, putting at risk the nutritional status of the vulnerable population. High levels of malnutrition and low access to PHC services for mothers and children, mostly due to movement constraints, poverty and limited awareness on health and nutrition risks, contribute to the extremely alarming levels of child mortality in the targeted counties. The nutritional situation in the area has deteriorated considering the high reduction of funds from HPF and UNICEF in the first half of 2016 .

2. Needs assessment

CCM, in close coordination with Tonj East and Tonj South County Health Departments, is leading the delivery of health and nutrition services in both counties with the HPF support. A total of 21 PHC facilities and one hospital (Tonj Civil Hospital) are currently functional in TE and TS counties. All of them are supported by CCM under HPF and MOH.
The health profile of both Counties, compared also to the national data, shows that TE and TS county health systems face several challenges attributed to low health service coverage, lack of trained health workers, fragile state of security, low level of literacy rate, and poor roads condition. Please refer to annex 1, 2 and 3 (in documents section) which explain the specific need of the target groups and give a detailed explanation of exiting capacity and gaps.
The needs assessments were conducted as parts of an analysis exercise in June 2016. Main goals of the analysis exercise were:
1. Having updated information on maternal, neonatal and children health and mortality rates, besides a description of the epidemiological pattern in each County, considering non-communicable and chronic diseases. The health assessments were based on the successes and challenges of the past three years of activities carried out by CCM in close coordination with the County Health Departments in both counties.
2. Supporting the drafting of the new proposals aiming at the strengthening of the County Health System.
All essential national documents, strategies and policies guided the development and management of all health and health-related services and activities carried out by CCM and the CHDs in both Counties. They include the most updated versions of Strategic Plans, Services Protocols, Training Manuals and Treatment Guidelines.
Specifically, both secondary (national and county reports and strategies) and primary data (DHIS) were utilized to describe the health situation in the areas as per the latest data available. All data and information shared are well referenced in the documents.
Finally, the number of beneficiaries considered for this proposal has been based on projection of ongoing and planned activities, considering county population and current trends of service provision.

3. Description Of Beneficiaries

The main project beneficiaries are children U5 and P&LW, living in poor condition in the two counties of Tonj East and Tonj South. The project directly targets the most vulnerable people, with particular focus on children U5 (boys and girls), pregnant and lactating women, elderly, and displaced or refugee persons in spontaneous or organized settlements. Beneficiaries have been identified among all patients accessing health services at facility and community level (OPD U5 and Adult, ANC/PNC, EPI, outreaches and mobile clinics), with particular attention to groups heavily affected by natural disasters (flood, heat) and with low financial capacity and income (reduced harvest capacity, loss of livestock, unhealthy household).
Out of 128.116 total beneficiaries, 35% are woman accessing both preventing and curative care and H&N promotion activities; 8% are pregnant and lactating women accessing ANC, assisted during delivery and participating at health awareness activities; 40% are children under five, equally distributed between boys and girls. 7000 beneficiaries are estimated to come from IDPs communities or temporarily resettled groups.
Beneficiaries also include 60 health care providers and CHD team mebers and 60 community leaders supported and trained (on the job) in the prevention, control and management of epidemics and health emergencies.
Tonj South County is the ancestral home for the Dinka along with the Bongo ethnic groups with small populations of other tribes. The people of Tonj South County mainly rely on cattle keeping with about 3.75% depending on Agriculture and seasonal fishing, the weather patterns are unpredictable with sometimes heavy rains characterized with floods or extended periods of dry spells, there is poor access to safe water by only about 27% of the population, poor sanitation with about 20% of the population having access to sanitary facilities. Only 21.9% of the school going age attends school with only 15% of the girls going to school. The County is food insecure and characterized with frequent interclan fights and attacks from the neighboring states especially Manyangok and Aguka Payam's resulting into massive casualties, disabilities and death (Report by RSCO team 2010).
Tonj East County is located in Warrap State, South Sudan and it is administratively sub-divided into 6 payams. It is located at the border between Warrap and Unity and Lakes State where recurrent fighting are ongoing.
Recent estimates (as per DHIS 2016 Population data) indicate that the county has a population of 158,411 people. The main residents of the County are Dinka and the community depends mainly on crop farming and animal husbandry for their livelihoods.
Tonj East County lies in a flood plains zone which is characterized by flat terrain, black soil and sandy loam. During the rainy season (May-September), the majority of the communities in Tonj East remains isolated due to inaccessible roads thus further worsening the general living conditions in the County as well as creating serious shortage of food.

4. Grant Request Justification

Comitato Collaborazione Medica (CCM) is an international non-governmental organization specialized in the health sector. CCM is present in Southern Sudan since 1983, with a valuable experience in the management of both health and nutrition projects founded by several donors. The presence of CCM in the project target counties dates back to 2005. In the framework of the county-wide funding approach, CCM is the CHD leading agency and the main Health provider in the 2 project counties, responsible also for Nutrition program within the PHC system. CCM, partnering with WVI, also applied to the HPF-2 as Leading Agency in Tonj state. If awarded the grant, CCM will continue supporting PHC and nutrition services in the two counties. The current project is of upmost importance to cover critical funding gaps, already emerging from the budget submitted to HPF, which was developed on the basis of the ceiling indicated. Unfortunately, under HPF project, outreach activities could not be included, resources to involve HHPs and local communities were extremely limited; procurement of drugs, consumables, supplies and equipment insufficient to cover the current gaps. CHF resources are therefore crucial to complement the potential HPF project. The lack of the CHF support will maintain the provision of services at static level, with consequences for the most difficult to reach populations. Added values to the present proposal is based on: CCM long-standing partnership with SMoHs/CHDs in both counties; integration of CHF project within broader programs supported by other donors and mainly focusing on institutional capacity building of CHDs and development of County Health Systems; cooperation and partnership with other stakeholders in the area; and scaling-up community activities to ensure increased access to the services and dissemination of correct information on prevention practices.

5. Complementarity

The project will complement activities and resources planned in the new HPF2 proposal, which CCM submitted to HPF and is foreseen to start in October. Budget allocation from HPF is not enough to cover and address the two counties health needs, especially concerning technical support to facility-based service provision (budget constraints have required a reduction of qualified senior staff); health prevention activities, (with insufficient resources to ensure health promotion/prevention activities with the community and HHPs involvement for case identification and defaulter tracing) and mobile clinic in remote areas (outreach activities are not planned without CHF funds) with a demonstrated significant reduction in access to key life-saving services, especially of vulnerable groups.

LOGICAL FRAMEWORK

Overall project objective

The overall goal of the project is to reduce the morbidity and mortality of children U5 (boys and girls), PLW, victims of GBV and older people and other vulnerable groups (HIV/TB people, IDPs/returnees) in Tonj South and Tonj East by combining health emergency response (communicable disease control, EmONC capacities and RH services) and institutional/community preparedness.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	60
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	40

Contribution to Cluster/Sector Objectives : The project will contribute to the Cluster objective 1 Improve access, and scale-up responsiveness to, essential and emergency health care, including emergency obstetric care services, guarantee the access to primary and secondary health care services in Tonj south and East. In particular, it will focus on expanding lifesaving primary health care services, also with outreach activities and mobilizing the local communities, in order to increase access to essential care. Outreach activities will contribute also the achievement of objective 2 of the cluster: thanks to the already established cooperation with the CHDs, CCM will be in condition to work to support CHDs, health care providers and local communities to enhance disease outbreaks prevention efforts.

Outcome 1

Outcome 1
To increase access to life-savings, essential and emergency health care services in Tonj South and Tonj East counties, targeting the main causes of mortality among vulnerable populations, particularly women and children with limited or no access to health services, IDPs and other vulnerable groups (nomadic peoples, prisoners), including case management of severe acute malnutrition of U5.

Output 1.1

Description

- Enhanced prevention and case management of major and potentially fatal infectious diseases (malaria, measles, pneumonia and diarrhea) and emergency surgical, obstetrics and neonatal care services, including SGBV services.

Assumptions & Risks

- MoH continues supporting the development of Primary Health Care Service provision.
- The CHDs are adequately staffed and committed to improve the quality of PHC services
- Local communities, IDPs and returnees do acknowledge and are willing to access/utilize HFs services.
- Security and accessibility remain stable in the area.
- Movements of people and supplies are adequate.
- Prices of raw material and supplies remain in line with worldwide market.

Activities

Activity 1.1.1

Essential basic and emergency health care in all targeted facilities (OPD/IPD services, EPI services, management of common disease) to U5, boys and girls, P&LW, victims of traumas/injuries of host and IDPs community, including referral.

Activity 1.1.2

24/7 essential basic and emergency surgical capacities (CEmONC, victims of clashes, traumatized, victims of GBV) in TCH

Activity 1.1.3

Emergency and ordinary comprehensive RH commodities (ANC, PNC, BEmONC, FP, STI), including mobile clinics in hard to reach areas

Activity 1.1.4

Procurement and pre-positioning of basic medical/non medical supplies in the dry season and integrating the MoH provision

Activity 1.1.5

Surveillance and response to SAM cases in children U5, including referral and case management.

Activity 1.1.6

On the job training and supervision of male and female health workers on emergency response, IMCI, MISP, trauma management, disease outbreak response, waste management, (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Focused PNC, (iv) FP, (iv) VCT/PMTCT and trauma management (including referral), (vi) GBV, (vii) MHPSS

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # Number of functional health facilities in conflict -affected and other vulnerable states					22
Means of Verification : DHIS statistics							
Indicator 1.1.2	HEALTH	Frontline # Number of facilities providing BEmONC services					4
Means of Verification : DHIS							
Indicator 1.1.3	HEALTH	Frontline # of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			45	45	90
Means of Verification : NIS statistics							

Indicator 1.1.4	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	31,700	33,000	21,900	22,800	109,400
Means of Verification : DHIS							
Indicator 1.1.5	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			2,500	2,500	5,000
Means of Verification : DHIS and outreach reports							
Indicator 1.1.6	HEALTH	Frontline # of births attended by skilled birth attendants in conflict-affected and other vulnerable states		1,250			1,250
Means of Verification : DHIS							
Indicator 1.1.7	HEALTH	Frontline # of key facilities able to perform general surgery excluding Caesarean Sections					1
Means of Verification : DHIs							

Outcome 2

To increase CHD capacities to prevent diseases outbreak, targeting hard to reach and vulnerable communities in TS and TE

Output 2.1

Description

Vaccination (routine and emergency) system in place, including outreach services

Assumptions & Risks

• MoH continues supporting the development of Primary Health Care Service provision in TS and TE Counties.
- The CHD are adequately staffed and committed to improve the quality of PHC services.
- Local communities, IDPs and returnees do acknowledge and will access to HFs services.
- Women's will to join the education sessions and other awareness raising activities
- Local authorities are supportive in mobilizing community members
- Accessibility in the area remain stable

Activities

Activity 2.1.1

Mobile clinics in remote and underserved area of TS and TE counties

Activity 2.1.2

Community mobilization to promote good health, hygiene & sanitation practices (prevention of communicable diseases /STIs/ malaria, EPI, health seeking behavior, hygiene, malnutrition and HIV/AIDS related-issues), and health education and promotion before and during outbreaks

Activity 2.1.3

On the job- training for CHD, VHC, health staff on outbreak surveillance and emergency response teams

Activity 2.1.4

Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			1,000	1,000	2,000
Means of Verification : DHIs and Outreach reports							
Indicator 2.1.2	HEALTH	Frontline # of epidemic prone disease alerts verified and responded to within 48 hours					3
Means of Verification : DHIS							
Indicator 2.1.3	HEALTH	Frontline # of people reached by health education and promotion before and during outbreaks	540	2,160	0	0	2,700
Means of Verification : Activity report							
Indicator 2.1.4	HEALTH	Frontline # of facilities with functioning Cold chain in conflict states					13
Means of Verification : activity report							
Additional Targets : ANC1: 7.000; ANC4: 2.000; Community leaders trained on disease surveillance and outbreak response: 60							

M & R

Monitoring & Reporting plan

Following MOH procedures, all the target facilities adopt and regularly use the District Health Information System (DHIS) and Nutrition Information System (NIS) for monthly collection of health and nutrition data. CCM will ensure that health care providers compile compilation of daily/weekly/monthly facility registers and tally sheets. CCM Primary health Care Supervisors support health workers and local authorities in ensuring the correct daily recording of data in each department/facility register, and their consequent monthly aggregation in the DHIS and NIS formats. Quarterly progress reports and final report will also be compiled in a timely manner following CHF financial and narrative tools.
The Management of the project will 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. A monthly report on the activities undertaken versus the work plan shall be prepared by the Project Manager with the two PHC supervisors and submitted to CCM Country Representative, to check on the progress of the activities and action forward. Along with the narrative monthly report also health indicators are registered, including information on all the hospital and PHC services (OPD, IPD, ANC/PNC, maternity, EPI, VCT Centre, theatre, laboratory and drug management).
CCM staff includes also the Country Health Advisor based in SS Head Office (Juba), who will pay periodic visits in the project areas, to check on the consistency of the reported indicators/targets and effective performances. Further, CCM Regional Health Advisor will conduct one M&E mission, to provide further inputs on how to better tailor action to answer the assessed needs and achieve the project results. The health cluster will be constantly updated, thanks to the participation of the Country Representative to the Cluster and the EP&R cluster.
All data will be shared at both County and State Level with the Tonj South and Tonj East CHD and Tonj SMoH. They will also be availed to all main stakeholders, through proactive participation in the sector cluster coordination mechanism at county and state level. The same will be done at federal level, through CCM Juba office.
From the administrative point of view, regular monitoring is ensured thorugh CCM accounting systems is based on the double-entry system, which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconciled on a weekly/monthly basis under the supervision of HQ administrative department,. Budget follow-up are elaborated and approved by HQ project department together with the request for funds. The procurement plan is elaborated at the beginning of the project a revised quarterly by CCM procurment Officer.
Please see annex 4 for further details on how the M&R for the project will be done.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Essential basic and emergency health care in all targeted facilities (OPD/IPD services, EPI services, management of common disease) to U5, boys and girls, P&LW, victims of traumas/injuries of host and IDPs community, including referral.	2016										X	X	X
	2017	X	X	X									
Activity 1.1.2: 24/7 essential basic and emergency surgical capacities (CEmONC, victims of clashes, traumatized, victims of GBV) in TCH	2016										X	X	X
	2017	X	X	X									
Activity 1.1.3: Emergency and ordinary comprehensive RH commodities (ANC, PNC, BEmONC, FP, STI), including mobile clinics in hard to reach areas	2016										X	X	X
	2017	X	X	X									
Activity 1.1.4: Procurement and pre-positioning of basic medical/non medical supplies in the dry season and integrating the MoH provision	2016												X
	2017			X									
Activity 1.1.5: Surveillance and response to SAM cases in children U5, including referral and case management.	2016										X	X	X
	2017	X	X	X									
Activity 1.1.6: On the job training and supervision of male and female health workers on emergency response, IMCI, MISP, trauma management, disease outbreak response, waste management, (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Focused PNC, (iv) FP, (iv) VCT/PMTCT and trauma management (including referral), (vi) GBV, (vii) MHPSS	2016										X	X	X
	2017	X	X	X									
Activity 2.1.1: Mobile clinics in remote and underserved area of TS and TE counties	2016										X	X	X
	2017	X	X	X									
Activity 2.1.2: Community mobilization to promote good health, hygiene & sanitation practices (prevention of communicable diseases /STIs/ malaria, EPI, health seeking behavior, hygiene, malnutrition and HIV/AIDS related-issues), and health education and promotion before and during outbreaks	2016										X	X	X
	2017	X	X	X									
Activity 2.1.3: On the job- training for CHD, VHC, health staff on outbreak surveillance and emergency response teams	2016										X	X	X
	2017	X	X	X									
Activity 2.1.4: Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign	2016										X	X	X
	2017	X	X	X									

OTHER INFO

Accountability to Affected Populations

The proposed action has been designed thanks to the effective and close collaboration established with local authorities, at both County and State level, to ensure it properly responds to the critical needs of Tonj South and Tonj East counties and it is in line with the State and County plans.
A need assessment of the two counties was carried out in June 2016, involving all relevant stakeholders, analyzing relevant data and discussing with local communities.
CCM will adopt systems to monitor, collect feed-backs and evaluate their action, to be accountable towards project beneficiaries, ensuring a transparent and fair management and to improve the quality of services provided. CHD is involved in staff recruitment, induction, training and performance appraisal. Partnership agreements are in place to regulate the process. When required, CCM provides accessible information on organizational procedures and processes.
CCM regularly carries out exit interviews of service beneficiaries and conduct community discussions during health promotion activities and outreaches.
Suggestions, requests and complaints are analysed with the health care providers and in the management meetings between CCM and the local health authorities and action points are decided accordingly. Specific issues raised are referred to the competent authorities.
Communities will be strongly and effectively involved throughout the project timeline, promoting their active engagement in the development of the County Health Systems, the provision of primary and secondary care services and their effective linkages through the referral system.
Under the leadership of the BHCs, HHPs and community resource people (e.g., TBAs, community and religious leaders) will be involved in education and awareness activities, tracing of preventive services defaulters and the referral of pregnant women to institutional delivery.
Also at hospital level, the hospital board will regularly discuss issues to ensure community feedbacks are analysed and taken into consideration in guiding decisions. Community members are represented in the board.

Implementation Plan

To successfully implement the project, CCM has organized a qualified and balanced team, composed of professionals with both health and managerial background, who shall be based in the two counties and co-located/attached to the CHD. A program coordinator, financed by HPF2 will coordinate the two dedicated PHC supervisors and community mobilisers to carry out the project activities. Support from CCM Juba staff will also be offered, to guarantee quality control, supervision and additional support in some key areas of Health System Strengthening: the Country Representative, the Health Advisor, the Country Administrator and logistician will ensure correct project implementation and provide technical support in their respective areas of expertise. The Technical Assistance that CCM will provide the CHD with is envisaged to gradually scale down from an initial consistent and close mentoring/capacity building for each project activity, to a later increased CHD degree of autonomy and decision-making empowerment, reflecting its improved competences. The management team keeps the project logical framework and work plan as primary tools to define implementation plan and assess project performances, achieved versus expected results/targets and respect of the timeframe.
A Steering Committee will be in place to ensure supervision and technical assistance to the management team throughout the project implementation. CCM and CHDs will have weekly meeting, both internal and within the Health facility, the VHCs and other interested partner in the counties, to share information, verify data and define synergies to improve referral and report systems. Data coming from project nutritionist will inform the discussion, providing the base to define further interventions to address problems or to re orientate the ones on going. Project report data will be also used to brief the State authorities on County situation, supporting a wider decision-making process on the steps to be done to improve people Health and Nutrition status.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
AAA	CCM will continue to collaborate with AAA, and State MoH and CHDs who are in charge of the implementation of the following community-based activities: - Early TB case finding: identifying people who might have TB or are especially vulnerable to TB both in the health facilities as passive case finding and in the community through HHPs as active case finding and referring them to the TBMU or safely transporting their sputum for diagnosis; - TB prevention: educating people in the health facilities and in the community on how to stop infectious TB from passing from one person to another and on how to reduce the risk factors that assist the spread of the disease;
Don Bosco	CCM will continue collaborate in Tonj town for the management of emergencies and the coordination with Tonj South CHD
Indeed and Truth	CCM will continue collaborate in Tonj town for the management of emergencies and teh coordination with Tonj South CHD

Environment Marker Of The Project

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

The current M&E data tools used disaggregate data by gender and age, allowing an effective data analysis used for decision-making. The gender approach in needs analysis and in project implementation, will promote an effective planning to ensure equal access to services to all groups in the communities. The disaggregated data for boys and girls will allow identifying different approach to copy with cultural believes and better address services to them. The involvement of women and men in health education will spread a better understanding of nutrition issues, reducing the impact of malnutrition on children. The women group's activities will facilitate the women awareness on nutrition and health problems and their access to the HFs. Their attitude will positively influence child survival through exclusively breastfeeding, adequate complementary feeding, hygiene and good health seeking behaviors, including early identification of common diseases. Community involvement to public awareness campaigns aimed at breaking the culture of silence on GBV will raise awareness of gender inequality, human rights, the rights of the child, and the importance of women's participation in public life. This requires the close collaboration of community and religious leaders as well as educators. In addition, they should incorporate not only mass media, but must be disseminated to remote communities through networks of partners.
HIV/AIDS activities mainstream include:
– FP (including contraceptives distribution) in comprehensive RH services,
– promote VCT and PMTCT services availed in Tonj County Hospital (priority target: prisoners, soldiers, youths, P&LWs, HIV positive persons) and other PHCCs.
– counseling and referral of HIV positive patients to facilities where ARV treatment is available,
– HIV/AIDS awareness messages in health education sessions at facility and community level,
– guarantee universal precautions and safe blood supply during direct transfusions (surgery),
– manage the consequences of sexual violence, including provision of PEP and linking with protection cluster for client follow-up

Protection Mainstreaming

The action in itself, considering the high level of participation and integration with the local health system, is strengthening the community resilience. The project sets performance goals for a vital service, prioritised by the local authorities and communities.
CCM adopts a conflict sensitive approach, through a fair distribution of resources and ethical behaviour of its staff. CCM is committed to ensure a fair distribution of resources in the target area, according to the national BPHNS standards and ensuring a balance in the recruitment of women and men coming from different groups and locations.
CCM staff are required to behave in a peace-promoting manner. They do not hire armed guards. They cooperate and are available to discuss with other organisations and people of different origins or views. In case of security matters, if an evacuation is decided for international staff, security measures are taken also for local staff. Personal use of project assets and goods is prohibited or strictly regulated. Offensive, aggressive, non-respectful behaviours are condemned.
CCM staff are encouraged to support local mechanisms of conflict resolutions. CCM adopts the Common Humanitarian Standards and its action is guided by the core principles of humanitarian action, in particular in the current situation in South Sudan:
- Humanity: the project aims at alleviating suffering and protecting life and health and ensures respect for human beings;
- Impartiality: the project activities and decisions promoted by CCM staff are based on the need alone, giving priority to the most urgent cases of distress and making no adverse distinction, on the basis of nationality, race, gender, religious belief, class or political opinion;
- Independence: CCM acts autonomously from the political, economic, military or other objectives that might influence economic or social dynamics in the area and will transparently report decisions taken. However, constant collaboration and shared responsibility of CCM with the MOH and CHDs will characterise the action and therefore require the full collaboration of local counterparts;
- Neutrality: CCM will continue support service provision and promote the universal access to health care, during potential hostilities and will not engage in controversies of a political, racial, religious or ideological nature.
Due to the nature of violence that has affected the country, the project carefully considers the ethical issue and cultural point of view that may arise during the implementation. These include the need to protect the confidentiality of data relating to all parties especially people at risk as well as, for example, the way data are collected, how they are stored, who has access to them and how they are used. High attention will be addressed to the nature of questions asked, especially given the often intimate personal nature of violent relationships and suffering. The right to privacy of all parties will be promoted at any time as well as the risk of those working on the project when enter in contact with perpetrators.

Country Specific Information

Safety and Security

The program is based on the assumptions that the level of violence remains stable during the project implementation.
The two counties of intervention are relatively homogeneous and not directly interested by the conflict raised in 2013, but they are historically characterized by inter-clanic clashes between cattle keepers, leading to limitation of movements and some security problems. One of the latest event, occurred in October 2015, led to the death of tens of people, the destruction of several houses and the temporary closure of a number of health facilities. CCM will support CHDs and hospitals to improve security of their assets and resources, avoid steeling of armed groups and, most of all, identify effective strategies to guarantee an uninterrupted provision of basic and emergency health and nutrition services to the population. However, in the last years, after the raising up of the conflict in the country, the security conditions have been going worst and worst even in the States not directly affected by the conflicts. Then the depreciation of the SS pounds in the last year has exacerbated the already poor condition of the population and increased the local criminality. Looking to the situation, CCM is improving its security policies and defining good practices to mitigate the risk, while ensuring equal services for all the communities. Bi-monthly meetings with the Commissioner Office will be organized by the CHD/CCM staff to get information about the security in the county and to consider them in the activities planning. Before each movement the staff will keep in touch with the community to be visited to get further information about the condition in the area. In case of tension in some areas, CCM/CHDs will monitor the population movement to be sure reaching the most vulnerable groups that could affect by the conflicts. Emergency kit are available in CCM cars and good communication tools will be ensured for each base. Good visibility at field level will be enhanced to ensure clear understanding of CCM mission and interventions. At Central level, CCM strictly monitor the security situation through information received by VSS and NGO forum and the Italian embassy.

Access

CCM is already present in the target counties with two compounds able to accommodate the project staff in Tonj and Kachuat and 4 operating vehicles.
During the recent conflict events in Juba, CCM staff operating in moved to Tonj for a few days in order to understand the evolution of the political situation.
Since the beginning of August all staff have returned to project locations.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Primary Health Care Supervisors (expatriate staff)	D	2	2,000.00	6	60.00	14,400.00
	2 PHC experts 2,000$ per month. LOCATION: 1 Tonj East (60% charged to CHF); 1 Tonj South (60% charged to CHF)						
1.2	Health care providers and support staff (local) 1 hospitals, 4 PHCCs, 17 PHCUs and 10 outreach sites	D	1	32,200.00	6	10.00	19,320.00
	Local hospital and PHC staff of TE and Tonj South. Monthly salary at 32.200$. LOCATION: Tonj East and Tonj South, (10% charged to CHF)						
1.3	Community mobilizers	D	2	1,700.00	6	60.00	12,240.00
	2 community mobilizers at $1,700 for 6 months each. LOCATION: 1 TS, 1 TE (60% on CHF)						
1.4	Country Representative	S	1	4,500.00	6	10.00	2,700.00
	1 Country Representative at $4,500 per month for 6 months. LOCATION: Juba. (10% charged to CHF)						
1.5	Country Administrator	S	1	4,000.00	6	10.00	2,400.00
	1 Administrator at $4,000 per month for 6 months. LOCATION: Juba. (10% charged to CHF)						
1.6	Logistician	S	1	2,500.00	6	10.00	1,500.00
	1 Logistician at $2,500 per month for 6 months. LOCATION: Juba. (10% charged to CHF)						
1.7	R&R allowance	D	4	550.00	6	20.00	2,640.00
	R&R allowance for CCM staff consist of the cost of international flight to a destination outside South Sudan. LOCATION: ALL (charged: 20%)						
	Section Total						**55,200.00**
Supplies, Commodities, Materials							
2.1	Essential Disposable items (including recommended kits)	D	1	7,000.00	1	100.00	7,000.00
	Pro-quota of consumables at 7,000 $ per semester. LOCATION: ALL (100% charged to CHF).						
2.2	Lab supplies	D	1	5,000.00	1	100.00	5,000.00
	Lab equipment, tests kits and reagents at 5.000 USD. LOCATION: ALL (100% charged to CHF)						
2.3	Transport of materials/supplies	D	1	10,000.00	1	30.00	3,000.00
	Transport of materials and supplies for Tonj East and Tonj South health facilities. 2 tons at 10,000$. LOCATION: ALL (30% charged to CHF).						
2.4	Health Promotion and prevention events	D	2	550.00	6	100.00	6,600.00
	"Refreshment, small equipment during activities (eg soap for hand washing), IEC material during awareness raising campaign (poster, t-shirts, etc). LOCATION: TE, TS (100% charged to CHF)."						
2.5	Mobile clinic targeting U5, PLW, IDPs for prevention in remote areas	D	100	15.00	6	100.00	9,000.00
	Reimbursement, refreshment and small items for HHP during outreaches (twice a month) at 15$. LOCATION: ALL (100% covered by CHF)						
	Section Total						**30,600.00**
Equipment							
3.1	Hospital and HF equipment / supplies and HF running costs for cold chian and emergency care	D	1	7,500.00	2	50.00	7,500.00
	HF response and management site equipment (small) and supplies at 7,500$. LOCATION: ALL (50% charged to CHF).						
	Section Total						**7,500.00**

Travel							
5.1	Fuel for project vehicles and motorbikes	D	2	2,560.00	6	20.00	6,144.00
	Field cars and motorbikes fuel and insurance at 2.560 $ per month. LOCATION: ALL (20% charged to CHF)						
5.2	Maintenance for project vehicles and motorbikes	D	2	500.00	6	20.00	1,200.00
	Field car and motorbikes maintenance at 500$ per month. LOCATION: ALL (30% charged to CHF)						
5.3	UNHAS flight for project staff	D	10	550.00	6	20.00	6,600.00
	WPF/UNAHS flight at 400$ (A/R) each travel. LOCATION: ALL (20% charged to CHF)						
5.4	Road transport Direct staff (including food and accommodation allowance)	D	20	100.00	6	20.00	2,400.00
	Accommodation, meals, taxi in Juba and field location for movements of project staff (5 persons, 2 times a month each county) at 100$ per travel. LOCATION: JUBA & ALL (20% charged to CHF)						
	Section Total						**16,344.00**
General Operating and Other Direct Costs							
7.1	Airtime/internet	D	2	1,500.00	6	30.00	5,400.00
	Cost for airtime and internet at 1.500$ per month. LOCATION: all (30% charged to CHF)						
7.2	Field offices running costs and maintenance	D	2	4,500.00	6	30.00	16,200.00
	Cost for field office (included food and NFI) at 5.000$ per month. LOCATION: ALL (30% charged to CHF)						
7.3	Country Office rent, maintenance and running costs (Juba)	S	1	9,000.00	6	10.00	5,400.00
	Cost for field office in Juba (included food and NFI) at 9.000$ per month. LOCATION: Juba (10% charged to CHF)						
7.4	Visibility/bank charges	S	1	1,320.00	6	30.00	2,376.00
	Bank charges at 1.315$ per month. LOCATION: ALL (30% charged to CHF)						
7.5	Audit (for NGO only - 1%)	D	1	1,505.76	1	100.00	1,505.76
	Audit (for NGO only - 1%)						
	Section Total						**30,881.76**
SubTotal			159.00				**140,525.76**
Direct							126,149.76
Support							14,376.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							9,836.80
Total Cost							**150,362.56**
Grand Total CHF Cost							**150,362.56**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Warrap -> Tonj East	50	12,934	18,172	12,304	12,735	56,145	Activity 1.1.1 : Essential basic and emergency health care in all targeted facilities (OPD/IPD services, EPI services, management of common disease) to U5, boys and girls, P&LW, victims of traumas/injuries of host and IDPs community, including referral. Activity 1.1.2 : 24/7 essential basic and emergency surgical capacities (CEmONC, victims of clashes, traumatized, victims of GBV) in TCH Activity 1.1.3 : Emergency and ordinary comprehensive RH commodities (ANC, PNC, BEmONC, FP, STI), including mobile clinics in hard to reach areas Activity 1.1.4 : Procurement and pre-positioning of basic medical/non medical supplies in the dry season and integrating the MoH provision Activity 1.1.5 : Surveillance and response to SAM cases in children U5, including referral and case management. Activity 1.1.6 : On the job training and supervision of male and female health workers on emergency response, IMCI, MISP, trauma management, disease outbreak response, waste management, (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Focused PNC, (iv) FP, (iv) VCT/PMTCT and trauma management (including referral), (vi) GBV, (vii) MHPSS Activity 2.1.1 : Mobile clinics in remote and underserved area of TS and TE counties Activity 2.1.2 : Community mobilization to promote good health, hygiene & sanitation practices (prevention of communicable diseases /STIs/ malaria, EPI, health seeking behavior, hygiene, malnutrition and HIV/AIDS related-issues), and health education and promotion before and during outbreaks Activity 2.1.3 : On the job- training for CHD, VHC, health staff on outbreak surveillance and emergency response teams Activity 2.1.4 : Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign

Warrap -> Tonj South	50	19,696	26,518	13,141	13,610	72,965	Activity 1.1.1 : Essential basic and emergency health care in all targeted facilities (OPD/IPD services, EPI services, management of common disease) to U5, boys and girls, P&LW, victims of traumas/injuries of host and IDPs community, including referral. Activity 1.1.2 : 24/7 essential basic and emergency surgical capacities (CEmONC, victims of clashes, traumatized, victims of GBV) in TCH Activity 1.1.3 : Emergency and ordinary comprehensive RH commodities (ANC, PNC, BEmONC, FP, STI), including mobile clinics in hard to reach areas Activity 1.1.4 : Procurement and pre-positioning of basic medical/non medical supplies in the dry season and integrating the MoH provision Activity 1.1.5 : Surveillance and response to SAM cases in children U5, including referral and case management. Activity 1.1.6 : On the job training and supervision of male and female health workers on emergency response, IMCI, MISP, trauma management, disease outbreak response, waste management, (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Focused PNC, (iv) FP, (iv) VCT/PMTCT and trauma management (including referral), (vi) GBV, (vii) MHPSS Activity 2.1.1 : Mobile clinics in remote and underserved area of TS and TE counties Activity 2.1.2 : Community mobilization to promote good health, hygiene & sanitation practices (prevention of communicable diseases /STIs/ malaria, EPI, health seeking behavior, hygiene, malnutrition and HIV/AIDS related-issues), and health education and promotion before and during outbreaks Activity 2.1.3 : On the job- training for CHD, VHC, health staff on outbreak surveillance and emergency response teams Activity 2.1.4 : Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign

Documents

Category Name	Document Description
Project Supporting Documents	Annex 1_Health Situation Analysis (Tonj South County).doc
Project Supporting Documents	Annex 2_Health Situation Analysis (TCH)(1).docx
Project Supporting Documents	Annex 3_Health Situation Analysis (Tonj East County).docx
Project Supporting Documents	Annex 4_Data collection and management with Health Management Information System.docx