

**South Sudan**  
**2012 CHF Standard Allocation Project Proposal**  
*Proposal for CHF funding against Consolidated Appeal*

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

This 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 proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP 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. 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

**SECTION I:**

<b>CAP Cluster</b>	<b>Health</b>
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**CHF Cluster Priorities for 2012 First Round Standard Allocation**

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

<p><b>Cluster Priority Activities</b></p> <ul style="list-style-type: none"> <li>➤ Continuation of basic frontline services in high risk counties</li> <li>➤ Increased emergency preparedness activities</li> <li>➤ Continuation of support for agencies able to provide surge capacity</li> </ul>	<p><b>Cluster Geographic Activities</b></p> <p>High risk/hotspot counties</p>
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**Project details**

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

<p><b>Requesting Organization</b></p> <p>Norwegian Church Aid (NCA)</p> <p><b>Project CAP Code</b></p> <p>SSD-12/H/46345/5527</p> <p><b>CAP Project Title</b></p> <p>Support to the Provision of Basic Health Care Services in Warrap and Eastern Equatoria States</p>	<p><b>Project Location(s)</b> (list State, County and if possible Payam where CHF activities will be implemented)</p> <p>Warrap State, Gogrial West County, in Alek, Alek North, Riau, Alek West, Gogrial and Alek South Payams. (100%)</p>
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<p><b>Total Project Budget in South Sudan CAP</b></p> <p>US\$1,004,730 (of this USD 653,074 for Warrap State). The CAP submission included Eastern Equatoria which is not included in this CHF application.</p>	<p><b>Amount Requested from CHF</b></p> <p>US\$200,000</p>	<p><b>Other Resources Secured</b></p> <p>US\$526.106</p>
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<b>Direct Beneficiaries</b>	
Women:	1,960
Men:	890
Girls:	1,150
Boys	1000

<b>Total Indirect Beneficiary</b>
50 health personnel who will receive EP&R and refresher training
<b>Catchment Population (if applicable)</b>
265,968 is the RRC figure for population of Gogrial West County

**Implementing Partners** (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

In Warrap State, NCA implements directly but in close collaboration with the SMOH and Gogrial County Health Department. There will be no sub-grants to the state from these funds.

**Project Duration** (max. of 12 months, starting from allocation date)

**Start Date (mm/dd/yy):**03/10/2012

**End Date (mm/dd/yy):**01/09/2013

#### **Address of Country Office**

Project Focal Person: Florence Tandstad  
Email & Tel: [Florence.tandstad@nca.no](mailto:Florence.tandstad@nca.no)  
<tel:0955033879> or 0908383584

e-mail country director: [anne.masterson@nca.no](mailto:anne.masterson@nca.no)

e-mail finance officer: [bernt.furnes@nca.no](mailto:bernt.furnes@nca.no)  
Address: P.O. Box 30, Bulluk, Juba, South Sudan

#### **Address of HQ**

e-mail desk officer: [Odd.Evjen@nca.no](mailto:Odd.Evjen@nca.no)

e-mail finance officer: [moses.muriuki@nca.no](mailto:moses.muriuki@nca.no)

Address: Postboks 7100, St. Olavs Plass, 0130 Oslo, NORWAY

## **SECTION II**

### **A. Humanitarian Context Analysis**

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population<sup>1</sup>

According to the 2008 census, Warrap State has a total population of an estimated 243,921. The current humanitarian situation in Warrap state is that in addition to host communities, there are over 30,000 returnees that came from Sudan starting October 2010. Further, there are an estimated 5000 IDPs in Warrap state that fled Abyei as a result of the May/June 2011 crisis, and that have still not returned to Abyei. The February 2012 UN OCHA humanitarian bulletin reports that a total of over 33,000 children, women and men have been registered as returnees in Warrap State. The CHF supported activities will ensure continuity in provision of basic health services not only to the host communities but also some of these returnees. In 2010, the NCA managed PHCC in Alek registered 70 patients per week, but statistics from the centre show that today the facility receives over 140 patients per week, more than double the number in late 2010. The PHCC in Alek and the PHCUs in the surrounding villages registered an increase in patients seen from May/June, with a peak of 130 patients per day in the Alek PHCU registered in June/July 2011. Currently the PHCUs supported by NCA records 70 – 85 patients per week, but during the Abyei emergency, these numbers increase by almost 50%. It is expected that should Sudan make good their threat of expelling all south Sudanese people from Sudan by 8<sup>th</sup> April, Warrap North will receive many returnees. Warrap north's proximity to Abyei also means should there be another crisis between the inhabitants and the Misseriya or other forces, again Alek and other areas on the main road will receive many IDPs, and the emergency medicines, well trained and prepared staff, as well support to vaccination campaigns and cold chain will ensure adequate response capacity to those who will be returning. With support from the CHF, NCA expects to respond to an estimated 2,150 children, 1,960 women and 890 men, a total of 5000 people. NCA coordinates with the health cluster at national and state level, and is involved in disease surveillance reporting weekly and monthly. During the emergency response in May/June last year, cases like malaria, AWD and typhoid were most commonly observed and reported.

### **B. Grant Request Justification**

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

NCA's CAP for 2012 total budget is US\$1,004,730. Of this USD 653,074 is for Warrap State, while the balance is for projects in Eastern Equatoria which is not included in this CHF application. For Warrap State,

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

the NCA health programme is already funded with USD341,969 mostly for recovery and development related activities, leaving a gap of USD311,105. NCA is seeking USD200,000 to ensure emergency preparedness for the health facilities NCA supports, especially prepositioning of emergency drugs in the Alek PHCC which is a transit point for people that might be returning or fleeing inter and intra-communal clashes from Sudan and the Abyei area. This is as per past experience like last year when the Alek PHCC received an estimated additional 50 patients per day when IDPs fled Abyei.

NCA in Gogrial West County supports one (1) PHCC and nine (9) PHCUs. The activities will support the cluster priorities in that they will contribute to ensuring continuity in the provision of basic health services to the host communities, returnees and IDPs in the county.

- Communities and especially women and children in Warrap will have continued access to basic health services
- Service delivery capacity of medical personnel is developed and that the number of female health workers has increased
- Increased capacity for local health services to respond to new emergencies
- Reduction in preventable diseases is expected as a result of EPI campaigns and routine vaccinations.

Warrap state's proximity to the Abyei region and the border between Sudan and South Sudan makes it likely that should there be mass movement from Sudan to South Sudan, there will be thousands of returnees and/or IDPs fleeing to the State. Alek and the surrounding villages where NCA supports the above mentioned health facilities lie very close to the main road, and the tendency is that many people camp near the health facilities for short and sometimes long periods of time on transit either to the state capital or to their villages of origin. Hence NCA will have to provide emergency medical services to people fleeing the Sudan or any likely hostilities in the Abyei area. NCA's added value is that we coordinate closely with other agencies working in Gogrial West County e.g MSF in Gogrial West county headquarters, ACF in Alek who are running nutrition programmes, WVI, among other agencies. NCA is active in the health cluster coordination in Kwajok and also at the national level, providing updates to cluster coordinators. The SMOH and the CHD have deployed staff to the NCA managed facilities, some of whom are on the Government payroll, and others who work on voluntary basis but receive an incentive from NCA.

In addition, Warrap State is also prone to flash flooding and this increases cases of water-borne disease thus preparedness for this eventuality will ensure case treated as soon as detected.

### C. Project Description (For CHF Component only)

#### i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

The purpose of the grant is to boost NCA's already secured funds to be able to preposition medicines and medical equipment in Alek and Kwajok to enable the organization to respond to any humanitarian needs that may arise in the coming months. The activities will ensure more beneficiaries are reached with quality health care services provision. NCA's health sector project activities in Warrap State are not fully funded by other donors in 2012 and alternative sources of funds are not immediately available to cater for the proposed activities. The funds will ensure drugs available immediately at onset of an emergency to combat the most common disease like malaria and AWD especially in children. Trained health personnel, who are with incentives, will ensure morale is high and their performance is to their best. Strengthening the capacity of facilities and workers to continue assisting the most vulnerable. The Alek PHCC's location served as a transit point for sick IDPs during the crisis in May 2011, and the funds will ensure the facility is well equipped should such an occurrence be seen in the coming months. NCA reports weekly and monthly to the state health cluster and during emergencies also coordinates with the national health cluster providing vital information to help save lives.

#### ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

- Strengthen the capacity of health facilities and health personnel for response to emergencies by prepositioning medical supplies and equipment and through refresher training of health personnel.
- To maintain the existing safety net by providing basic health packages and emergency medical services
- Respond to health related emergencies including the control and spread of communicable diseases by supporting the local authorities in mass vaccination campaigns

### iii) Proposed Activities

List the main activities 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.

- Provision/prepositioning of emergency essential drugs and medical equipment to the Alek PHCC
- Refresher training for 20 CHWs and 10 TBAs, ensuring 40% women participate in the training. Topics to include information management and importance of submitting IDSR weekly surveillance for outbreaks, and monthly DHIS, outbreak disease surveillance and management of communicable diseases to ensure emergency preparedness.
- Payment of incentives to health workers who are not on Government pay roll.
- Support to mass vaccination campaigns in case of emergencies with vehicles and personnel.
- Provision of diesel for generator at Alek PHCC
- Provision of kerosene for Cold Chain equipment

### iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

Women are the ones who are tasked with caring for sick persons in the household, and hence suffer the most when a family member is ailing. Women of child bearing age are also at risk of maternal mortality where there are no proper medical services. According to the survey results, the lack of access to health facilities and qualified birth attendants remain a challenge, posing a major threat to women of child bearing age, as well as the unborn children.

NCA will gather gender disaggregated data on consultations and services provided in order to monitor the access of women to the services provided by the clinic

Of the CHWs trained, a very low percentage are women thus resulting in only male CHWs in most of the health facilities and sometimes due to cultural practices women may not attend the facility especially where the TBA is a man. NCA will ensure that 40% of the CHW's and TBA's trained will be women by encouraging female participation geared towards gender equity.

During all trainings, HIV/AIDS is always addressed to raise awareness on how the disease is transmitted, how to prevent and the importance of testing. Populations are also encouraged to clear the areas around health facilities to keep it clean and to plant trees for shade but also as a way of raising awareness on preservation of the environment.

Environment: Neutral

### v) Expected Result/s

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

- Essential drugs and medical equipment prepositioned in Alek PHCC
- Trained health personnel able to manage and contain emergency health situation in Alek PHCC
- IDPs's and returnees have access to basic health care services and emergency services in Alek PHCC

	<b>Indicator</b>	<b>Target (indicate numbers or percentages)</b>
1	Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	Over 5000 people including IDPs, returnees and vulnerable host communities
2	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	20 CHWs to benefit from refresher training, in disease outbreaks

### vi) Implementation Mechanism

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

- The project will be implemented directly by NCA, in close coordination and collaboration with the SMOH and the CHD and the project will be managed by the NCA Health advisor
- NCA will procure essential drugs ,vaccines, and equipment and these will be distributed to the Alek PHCC
- Daily supervision of the PHCC is carried out by NCA Health officer in collaboration with Payam health officer
- Training will be carried out by contracted qualified health practitioner
- The NCA health Officer is responsible for controlling and monitoring the drug management system as well as morbidity data and gathering and analysing data from the clinic on a monthly basis
- The NCA health Officer is responsible for arranging for the training of staff and any internal impact evaluations
- The NCA Health officer is responsible for the monthly submission of clinic reports to the SMOH

#### vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

1. The NCA Health Advisor and Health Programme Manager will monitor the progress through weekly visits to the health facility for supervision. Visits to monitor the project progress will also be made by the Senior Programme Coordinator. The NCA team in Alek works as a team hence when other thematic programme officers are in an area, they include all projects hence the health facilities supported by NCA enjoy regular monitoring visits.
2. The NCA health advisor will gather monthly reports from the clinic concerning consultation data, morbidity data and stock reports
3. The NCA health advisor is responsible for monitoring drug consumption in comparison with treatment and morbidity data

#### E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	Amount (USD)
Norwegian Ministry of Foreign Affairs and NORAD for the year 2012	526,106

### 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.

LOGFRAME			
<b>CHF ref. Code:</b> SSD-12/H/46345/5527		<b>Project title:</b> Support to the Provision of Basic Health Care Services in Warrap State	<b>Organisation:</b> <u>Norwegian Church Aid</u>
<b>Overall Objective:</b> Provision of basic and emergency health care services in Gogrial West County	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>• Number of patients receiving treatment from the health care facilities (m/f)</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>• Clinic Registers</li> <li>• Supervision Reports</li> <li>• Training Reports</li> <li>• Stock Reports</li> <li>• EPI Reports</li> <li>• Monthly reports</li> <li>•</li> </ul>	
<b>Specific Project Objective/s:</b>  Maintain and strengthen the capacity of the Alek PHCC health facility to provide health services and respond to emergencies in Gogrial West County	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>• Number of health facilities equipped with medical supplies</li> <li>• 20 CHW's receive refresher training and trained in disease outbreaks</li> <li>• 10 TBA's trained</li> <li>• Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits) (m/f)</li> <li>• Number of measles vaccinations given to under 5 in emergency or returnee situation</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>• Clinic Registers</li> <li>• Supervision Reports</li> <li>• Training Reports</li> <li>• Stock Reports</li> <li>• EPI Reports</li> <li>• Monthly reports</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>• Favourable security environment allows continued access to facility</li> <li>• Adequate supply of vaccines and medicines</li> <li>• Staff willing to practice newly acquired knowledge and skills.</li> <li>• Beneficiaries willing to freely support and participate in program activities.</li> </ul>

<p><b>Results - Outputs (tangible) and Outcomes (intangible):</b></p> <ul style="list-style-type: none"> <li>• Essential drugs and medical equipment prepositioned in Alek PHCC</li> <li>• Trained health personnel able to manage and contain emergency health situation</li> <li>• IDPs's and returnees have access to basic health care services and emergency services</li> </ul>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>• Number of consultations (M/F) carried out in clinic</li> <li>• 20 CHW's receive refresher training and trained in disease outbreaks</li> <li>• Facilities for drug and vaccines storage in place</li> <li>• Number of measles vaccinations given to under 5 in emergency or returnee situation</li> </ul>	<p><b>How indicators will be measured:</b></p> <ul style="list-style-type: none"> <li>• Clinic Registers</li> <li>• Supervision Reports</li> <li>• Training Reports</li> <li>• Stock Reports</li> <li>• EPI Reports</li> <li>• Monthly reports</li> </ul>	<p><b>Assumptions &amp; risks:</b></p> <ul style="list-style-type: none"> <li>• Favourable security environment allows continued access to facility</li> <li>• Adequate supply of vaccines and medicines</li> <li>• Staff willing to practice newly acquired knowledge and skills.</li> <li>• Beneficiaries willing to freely support and participate in program activities.</li> <li>•</li> </ul>
<p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>• Provision/prepositioning of emergency essential drugs and medical equipment to the Alek PHCC</li> <li>• Refresher training for 20 CHWs and 10 TBAs, ensuring 40% women</li> <li>• Payment of incentives to health workers who are not on Government pay roll.</li> <li>• Support to mass vaccination campaigns in case of emergencies with vehicles and personnel.</li> <li>• Provision of diesel for generator at Alek PHCC</li> <li>• Provision of kerosene for Cold Chain equipment</li> <li>• Clinic Monitoring and Supervision</li> </ul>	<p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li>• Equipment such as fridges and cold chains</li> <li>• Transportation of drugs and equipment to health facilities at returning area</li> <li>• Hire qualified and competent trainer for refresher course</li> <li>• Vaccination campaigns through media</li> <li>• Purchase of fuel for generator to run fridges for storage of medicines</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b></p> <ul style="list-style-type: none"> <li>• Favourable security environment allows continued access to facility</li> <li>• Adequate supply of vaccines and medicines</li> <li>• Staff willing to practice newly acquired knowledge and skills.</li> <li>• Beneficiaries willing to freely support and participate in program activities.</li> </ul>

## 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.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Result 1</b>															
Activity (1.1) Provision/prepositioning of emergency essential drugs and medical equipment to the Alek PHCC				X	X	X									
<b>Result 2</b>															
Activity (2.1) Refresher training for 20 CHWs and 10 TBAs, ensuring 40% women				X	X										
<b>Result 3</b>															
(Activity 3.1) Payment of incentives to health workers who are not on Government pay roll.				X	X	X	X	X	X	X	X	X	X	X	X
(Activity 3.2) Support to mass vaccination campaigns in case of emergencies with vehicles and personnel.				X		X		X			X				
(Activity 3.3) Provision of kerosene for Cold Chain equipment				X	X	X	X	X	X	X	X	X			
(Activity 3.4) Provision of diesel for generator at Alek PHCC				X	X	X	X	X	X	X	X	X			
Clinic Monitoring and Supervision	X	X	X	X	X	X	X	X	X	X	X	X			

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