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

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:

CAP Cluster	HEALTH

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.

Cluster Priority Activities

- Continuation of basic frontline services in high risk counties
- Increased emergency preparedness activities
- Continuation of support for agencies able to provide surge capacity

Cluster Geographic Activities

High risk/hotspot counties

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

Requesting Organization

COMITATO COLLABORAZIONE MEDICA (CCM)

Project CAP Code

SSD-12/H/46151

CAP Project Title

Risk reduction of health emergencies and expansion of frontline health services to local and neglected population in Twic County (Warrap State).

Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)

Warrap State, Twic County (100%)
All the six payams will be targeted within the action, with a particular focus on three of them:

- Turalei;
- Aweeng;
- Wunrock.

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US$ 791,000	US$ 300,000	US$ 76,000

Direct Beneficiaries

Women:	11,250
Men:	7,500
Girls:	7,500
Boys:	7,500

Total Indirect Beneficiary

The indirect beneficiaries of the action are estimated around 194,000 people, corresponding to 75% of the total population of Twic County (including 16,788 IDPs and an estimate of 17,700 returnees).
Among indirect beneficiaries, some particularly vulnerable categories will be main project target, including: 10,400 pregnant women (4% of population); 54,600 under-5 children (21% of population); and approximately 64,600 women in reproductive age.

Catchment Population (if applicable)

Warrap State has an estimated population of 1,000,000 people (males form 48.2% and female 51.81), out of which approximately 224,000 live in Twic County, composed by six payams (Source: Projection of 2008 Sudan National Census).
Furthermore, up to December 2011, 33,146 returnees had reached Warrap State, out of which more than 16,700 located in Twic County, and over 103,205 people are internally displaced within the state.

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

None

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

Start Date (mm/dd/yy): 04/01/12

End Date (mm/dd/yy): 12/31/12

Address of Country Office	Address of HQ
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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[1]

In Twic County (Warrap State) live about 224,000 people, of which over 51% girls/women and over 4% newborns (Projection of the Sudan Population Census, 2008). Real population widely exceeds this number, since the area is prone to recurrent flows of IDPs and returnees. As for the whole 2011, OCHA reported movements of 103.205 IDPs due to incidents in the whole Warrap State, and 18 deaths only in Twic county. In the sole January 2012, additional accidents in Warrap State increase the number of IDPs of 3,000 units. Twic County returnees' population up to 31 January 2012 counts 16,788 people out of which 47.7% not assisted by the Government (source: OCHA).

Such a massive increment in the population puts further pressure to an already weak health system and hinders local capacities in timely and effectively responding to health emergencies and basic health needs. As main urban area, Turalei is highly congested and Turalei Hospital catchment area expands even to neighboring counties.

Twic County is reported as highly prone to emergencies due to:

- *Geographical factors*: proximity to Sudan, contested Abyei area, and oil fields; hostile weather conditions (frequent floods);
- *Socio-political factors*: high poverty levels, recurrent violence, huge number of IDPs and returnees, gender unbalances, poor institutional capacities, low access to basic services delivery;
- *Economic factors*: lack of infrastructures/communication and transport, prevalence of informal economy, high inflation, high unemployment rate.

Institutional EP&R measures are not fully functioning and fail in reducing the number of men/women, boys/girls exposed to violence refueling epidemic outbreaks, mass movement, IDPs' flows.

Concerning health indicators, Twic County mirrors the overall country picture, in terms of: Health MDG progress (MDG 4: unlikely, MDG 5: potentially; MDG 6: N/A); under 5 mortality rate (176/1,000 births, Warrap the 2nd worst State in South Sudan); infant mortality rate (139/1,000 births); maternal mortality rate (2,173/100,000 live births); EPI coverage (12%) and endemic child malnutrition (32,9%). Furthermore, high incidence of endemic neglected diseases (malaria, water-transmitted diseases and ARI) is affecting the most vulnerable population' health conditions (source: SSCCSE, 2010).

Out of all functioning health facilities in Twic County (9 PHCU, 9 PHCC and Turalei Referral Hospital), Aweeng, Turalei and Pannyok payams are served by only 6 PHCUs, 5 PHCCs managed by GOAL Ireland and ADRA and Turalei Hospital run by CCM, with a catchment area widely crossing the State borders, extending to Western Bar el Ghazal and Abyei surrounding. Turalei Hospital is the sole facility offering to both local population and IDPs/returnees 24/24 emergency surgical and obstetric care (source: MoH, 2011).

General health service delivery in the project catchment area (Aweeng, Turalei and Pannyok payams) suffers from:

- High exposure to epidemic outbreaks (i.e., malaria, water transmitted diseases, ARI);
- Low immunization levels for under-1 and under-5 (especially DPT3);
- Low skilled attended deliveries rate;
- Low STIs and HIV/AIDS awareness, prevention and treatment services;
- Limited access to primary health services in remote areas;
- Limited access to surgical emergency (including EmONC) services;
- Lack of qualified human resources at facility level;
- Lack of institutional capacities at County level.

[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.

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

Comitato Collaborazione Medica (CCM) has been operating in Turalei since 2003 and is partner of the Catholic Diocese of El Obeid in running Turalei Hospital since 2008. The hospital, recognized by the MOH as Referral Centre for the whole County, provides secondary health care mainly targeting pregnant women, vulnerable children, IDPs and returnees through the delivery of antenatal care, childbirth assistance, routine immunization, post abortion care and family planning services. Moreover Turalei Hospital is the hospital in the area providing Comprehensive Emergency Obstetric Care (EmONC) services, ensuring the prompt management of complicated pregnancies and deliveries. The hospital plays also an essential role in increasing information and creating awareness on HIV prevention, providing PMTCT services to ANC attendees and gender and sexuality awareness including ABC promotion.

Despite Turalei Hospital is already providing basic and emergency health services, the high influx and movements of people have negatively affected and hindered the continuous provision of quality care to women and children, increasing the risk of untreated emergencies and epidemic outbreaks. The recent lack of funding support for CCM, principal technical and financial actor in Turalei Hospital, could seriously hinder the hospital capacities, since institutional and other resources to cover the basic costs (i.e., health and support staff, medical and non medical equipment, laboratory supplies) are extremely poor.

The integration of federal and State MoH resources with external resources from international donors is crucial to maintain functional frontline health services for both local communities and IDPs/returnees, as well as to strengthen preventive health care services aimed at reducing the risk of epidemic outbreaks and spread of communicable disease.

The CHF funds will supplement and strengthen the quality of 24/24 emergency surgery and the EmONC services already provided by Turalei hospital. At the same time it will ensure the safety net by providing basic health packages and emergency referral services and by strengthening the capacity of the national staff to respond to emergencies in the catchment area.

The added values of the current proposal, implemented by CCM in close partnership with Warrap MoH and Twic CHD are:

- Strengthened hospital capacities to perform 24/24 emergency surgery, including EmONC;
- Widened potential patients' catchment area, ensuring most vulnerable people are reached (i.e. IDPs, returnees);
- Strengthened hospital capacities to provide basic health packages;
- Increased capacities in wide epidemiological surveillance, outbreaks investigations and response;
- Improved health referral system for local communities, IDPs and returnees;
- Enhanced health supervision and monitoring system through effective integration of institutional and implementing partners' action.

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 overall objective of the project is to reduce at least by 30% the vulnerability to health related emergencies of the most neglected and disadvantaged groups - including women, newborn, children, IDPs and returnees – in Twic County (Warrap State).

The project purpose is perfectly integrated within the Health Cluster strategy for 2012 and is in line with all the three key priorities:

1. To maintain the existing safety net by providing basic health packages and emergency referral services;
2. To strengthen preparedness to emergencies including surgical interventions;
3. To respond to health related emergencies including the control and spread of communicable diseases

ii) Objective

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

The specific objectives of the project are:

- to increase at least by 20% the access of local and stranded population (IDPs, returnees and nomads) to continuous and effective basic and essential hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care;
- to ensure 24/24 comprehensive emergency service – with main focus on obstetric emergency – at hospital level.

The achievement of the objective 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, since relevant to achieve the HSDP 2011 – 2015 targets, as well as health related MDGs.

The project timeframe (9 months) is considered adequate to meet the project objectives, since: (i) CCM is already operating and has a functioning field base within Turalei Hospital; (ii) collaboration with Warrap MoH, Twic CHD and other health stakeholders in the area (GOAL Ireland, ADRA) has been established and is effective and fruitful, (iii) the project design is meant at meeting the increasing demand of emergency and frontline services and targets and indicators are based on 2011 official and internal reports.

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.

The project foresees to maintain and foster the provision of basic health package at Turalei Hospital, ensuring the effective emergency referral from PHCC/U spread on the county territory. The intervention will focus on three payams: Aweeng, Turalei and Wunrok. The project objective will be achieved through the planning implementation and monitoring of the following activities, grouped under the expected result they refer to.

1. Frontline basic health service available to local, IDPs and returnees population in Turalei Hospital are consolidated and

expanded

- Provision and prepositioning of medical and non medical supplies complementing MoH stocks, with a particular focus on essential drugs and reproductive health supplies;
- Provision of Lab equipment and supplies;
- Maintenance of Vaccine Cold Chain;
- Continuous inpatients and outpatients service provision;
- Strengthening of the main emergency and ordinary RH services (i.e., MCH, FP, ANC, safe and clean delivery, PNC, STI);
- Integration of EPI with other under-5 health services (i.e., IMCI, nutrition screening);
- Expansion of HIV/AIDS preventive and curative services (i.e., VCT, PMTCT);
- Continuous technical assistance and supervision to the hospital service delivery system;
- Maintenance and renovation of exhausted medical and non-medical hospital equipment;
- Hospital refurbishment and minor maintenance, with main focus on ANC, EPI and maternity wards.

Activities will be implemented in Turalei Hospital and beneficiaries of the actions will include the following:

- 10,900 adults, including male and female admitted and visited in outpatients service;
- 3,500 pregnant and delivering women, receiving ANC, PNC and PMTCT services and assisted during delivery;
- 5,500 under-5 children, receiving IMCI, EPI and other integrated services.

2. Continuous emergency service provision, including surgical treatment is ensured

- Continuous communicable disease epidemiological surveillance in the catchment area;
- Infectious disease prevention and control in the catchment area, including integrated emergency outreach campaigns targeting most vulnerable groups (i.e., children, women, IDPs, returnees);
- Provision of general 24/24 emergency surgery service in Turalei Hospital;
- Strengthening of EmONC service delivery in Turalei Hospital;
- Establishment of ambulance referral system at Turalei CHD level;
- Inter-cluster coordination for the organization and prompt implementation of comprehensive preparedness and early recovery campaigns in the 3 selected payams (Health, Nutrition and WaSH).

Activities will be implemented in Turalei Hospital and in the three selected payams (Aweeng, Turalei and Wunrok). The beneficiaries of the actions will include the following:

- 3,600 people, including children and women targeted trough outreach campaigns;
- 450 people operated on in Turalei Hospital, including emergency and elective interventions;
- At least 40 complicated deliveries managed through emergency obstetric care interventions.

3. Education, capacity building and coordination are strengthened to improve the EP&R and e-warn system in Twic County

- Theoretic and on-the-job specific trainings (including refreshment and ToTs) for Turalei Hospital health staff on: (i) responsive frontline health services delivery, (ii) health emergencies preparedness and management, (iii) EmONC, (iv) surgical treatment preparation and follow up, (v) patients' history tracing, (vi) drugs stocking and safe disposal;
- Targeted sensitization campaigns on RH, FP and HIV/AIDS (involving CBOs, women' groups, couples, community leaders);
- Targeted HIV awareness campaigns (i.e., schools, youth groups, girls' associations, etc.);
- CHD capacity development on: (i) assessing, managing and monitoring health facilities service provision, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care service at County level, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;
- Organization of workshops at County level for local institutions and PHCUs and PHCCs managers to upgrade Twic County emergency and ordinary health referral mechanism;
- Active participation in the health coordination mechanism at County and State level (with main focus on improvement of inter-cluster coordination).

Activities will be implemented in Turalei Hospital and in the three selected payams (Aweeng, Turalei and Wunrok). The beneficiaries of the actions will include the following:

- 54 local health staff at Turalei Hospital;
- 3,000 community groups and individuals, including leaders youth and leaders, targeted through sensitization and awareness campaigns;
- 18 local authorities' staff and PHCC/U managers at county level.

iv). Cross Cutting Issues

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

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

Gender: Women and girls, including the most vulnerable ones, such as pregnant women, women head of households, women victims of violence and women living in cattle camps, are part of the project main target and are direct beneficiaries of most activities. Moreover, women will play a great role in the successful implementation of the project activities through the active participation of female health staff in the hospital activities, including outreach and health education sessions, and the valorization of women's skills and capacities (i.e., mediation, knowledge of the context, pear-to-pear communication) in health promotion and sensitization activities. 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 the reproductive health and HIV/AIDS awareness of local people and IDPs/returnees through health education sessions given at both facility and outreach level. Turalei Hospital already offers PMTCT services to 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. VCT services will be also offered at facility and outreach level, within the framework of preventive and awareness campaigns. 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 (Warrap MoH and Twic CHD) have been included as main project activities to concretely foster the early warning and health emergency risk reduction in the county and ensure adequate sustainability to the project. The identified implementation modalities (see below) envisage and pursue full and active involvement of the institutional stakeholder 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 is 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 and education of health staff on safe waste disposal and proper hazardous waste management.

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.

The project is aimed at achieving three main results, which are strictly linked to the overall and specific objectives of the project and which the above mentioned activities stem from:

1. Consolidation/expansion of frontline basic health service available to local, IDPs and returnees population in Turalei Hospital;
2. Ensuring continuous emergency service provision, including surgical treatment;
3. Education, capacity building and coordination.

The 5 main indicators which have been selected to monitor the progress towards achievement of the expected results are:

a. Number of under 5 consultations – boys and girls (Cluster);
b. Number of skilled assisted deliveries performed at facility level (Cluster);
c. Number of pregnant women receiving two doses of anti-tetanus vaccine or fully immunized (MNRH Strategy);
d. Number of emergency surgical intervention carried out, including EmONC;
e. Number of health workers trained in MISP/communicable diseases/outbreaks/IMCI/CMR (Cluster).

(More indicators are included in the logframe).

	Indicator	Target (indicate numbers or percentages)
1	Number of under 5 consultations – boys and girls	At least 5,500 Girls: 2,800 and Boys: 2,700
2	Number of skilled assisted deliveries performed at facility level	At least 225
3	Number of pregnant women receiving two doses of anti-tetanus vaccine or fully immunized	At least 375
4	Number of emergency surgical intervention carried out, including EmONC	At least 450
5	Number of health workers trained in MISP/communicable diseases/outbreaks/IMCI/CMR	At least 54

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.

CCM (Comitato Collaborazione Medica) is an Italian NGO, providing support to Turalei Hospital and Twic County since 2003. In line with its mission, CCM supports and promotes development processes to safeguard and ensure the right to *health to all*, through an integrated approach, which acts on the health needs and influences the social-economical determinants of health. CCM core sectors interventions include the 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 CCM aimed at strengthening the local health system rather than duplicating efforts or establishing parallel health structures. CCM is well acknowledged by the federal MoH and Warrap State MoH and, during the several years of experience in Twic County and Warrap State, it has established smooth collaborations with CHD and other local institutions.

The project aims at consolidating the provision of basic service package and at ensuring the delivery of uninterrupted emergency services, including surgical interventions, at Turalei Hospital to guarantee the availability and easily accessibility of quality care to local population, IDPs and returnees. Activities have been designed to strengthen the establishment of comprehensive obstetric and neonatal care services; to improve the quality of antenatal and postnatal services; to ensure skilled and qualified assistance during the delivery. 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 set up following national referral guidelines and skilled personnel (surgical team) will be available 24/24 to perform emergency caesarean sections and to promptly respond to any other surgical emergency.

Furthermore, the project foresees to scale-up the promotion of maternal and child health, through the organisation 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, the IDPs and returnees 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, malaria prevention and treatment.

Finally, the project will also strengthen the management capacity of the County Health Department by training the personnel on strategic planning and involving them in the monitoring and supervision of activities being implemented. Village health committees will be trained and this will enhance the coordination and involvement of the community in ownership of the services offered. With regard to data collection and analysis, utilization of DHIS will ensure integration of project data within the MoH reporting system.

The project design is based on proactive and continuous collaboration between the project implementing partner (CCM) and health institutions at Warrap State and Twic County level. 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 MC will be composed of Twic CHD Manager, CCM Project Coordinator and a representative of the El Obeid Diocese (or its delegate), 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.

vii) Monitoring Plan

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

The above mentioned MC, 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.

CCM will employ technical staff qualified and experienced in field-work and training roll-out responsible for the provision of continuous TA and supportive supervision to undertake project activities. CCM staff includes also an M&E Officer based in SS Head Office (Juba), who will pay periodic visits in the project areas, to check about indicators, targets and performances.

An effective reporting system is envisaged and it will be integrated as much as possible with the already existing sectors monitoring systems: (i) compilation of daily/weekly/monthly facility registers, (ii) compilation of outreach reports (iii) compilation of monthly and quarterly reports forTwic County authorities and Warrap State MoH.

Written reports will be produced by the programme coordinator quarterly and submitted for revision to CCM Country Office in Juba and CCM HQ in Italy, prior to submission to the donor.

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 federal level, through CCM 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*: 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, monthly and quarterly reports for Twic CHD and Warrap MoH. Quarterly progress reports and final report will also be compiled for the donor, using the facility and activities data;
- *Employment and/or utilization of key human resources: (i)* Health professionals skilled in hospital management and supervision, responsible for assisting and supporting the local health staff in the daily provision of service to local communities, IDPs and returnees*; (ii) M&E Officer*; (iii) *CCM HQ desk reviewers*,
- *Experience sharing*: CCM will share periodical information and data on project implementation with the Health cluster focal person both at Warrap State and federal level, to share views and lessons learnt, and get additional inputs and comments. Moreover, coordination meetings will be organized with Twic CHD and other stakeholders in the health sector, to monitor the emerging needs of the county population and ensure prompt reaction to emergency situations.

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)
Italian private foundation (Jan – Dec. 2012)	40,000
Healthnet (Jan – May 2012)	30,000
UNFPA: aid in kind (Delivery kits, Jan – Dec 2012)	6,000

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		
CHF ref. Code: SSD-12/SSD-12/H/46151	**Project title:** Risk reduction of health emergencies and expansion of frontline health services to local and neglected population in Twic County (Warrap State).	**Organisation: CCM – Comitato Collaborazione Medica**

Overall Objective: *What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.* • To reduce at least by 30% the vulnerability to health related emergencies of the most neglected and disadvantaged groups - including women, newborn, children, IDPs and returnees – in Twic County (Warrap State).	**Indicators of progress:** *What are the key indicators related to the overall objective?* • At least 60% of the population in the Twic County has knowledge of emergency health services offered in Turalei Hospital; • At least 50% of the health related emergencies in Twic County are promptly reported and managed at Turalei Hospital.	**How indicators will be measured:** *What are the sources of information on these indicators?* • Annual project report; • Consolidated annual official health data from Warrap State and Twic CHD; • Other data sources (OCHA, IOM, etc.)	
Specific Project Objective/s: *What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.* The specific objectives of the project are: - to increase at least by 20% the access of local and stranded population (IDPs, returnees and nomads) to continuous and effective basic and essential hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care; - to ensure 24/24 comprehensive emergency service – with main focus on obstetric emergency – at hospital level.	**Indicators of progress:** *What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?* • At least 10% of the services delivered within Turalei Hospital are offered to stranded population; • At least 60% of stranded population are reached by education campaigns on maternal and child health and communicable diseases and outbreaks preventive measures; • The surgical team in Turalei Hospital is available 24/24 throughout the project timeframe.	**How indicators will be measured:** *What are the sources of information that exist and can be collected? What are the methods required to get this information?* • Annual project report; • Consolidated annual official health data from Warrap State and Twic CHD; • Other data sources (OCHA, IOM, etc.)	**Assumptions & risks:** *What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?* • Political stability; • Institutional willingness to effectively target emergencies; • No movement restrictions for implementing partners
Results - Outputs (tangible) and Outcomes (intangible): • Please provide the list of concrete DELIVERABLES - outputs/outcomes (**grouped in Workpackages**), leading to the specific objective/s: RESULT N. 1 Frontline basic health service available to local, IDPs and returnees population in Turalei Hospital	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?* • 10,900 adult OPD consultations; • 4,500 U5 OPD consultations;	**How indicators will be measured:** *What are the sources of information on these indicators?* • Quarterly and monthly project reports,	**Assumptions & risks:** *What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?* • Conducive local environment for functioning Health facilities;

are consolidated and expanded	• 1,800 adult admitted in medical and surgery ward; • 600 children admitted in pediatric ward; • 2,000 pregnant women attending ANC visit and receiving IPT2; • 375 antenatal clients receiving two doses of TT; • 190 births attended by skilled birth attendants; • 1,275 antenatal clients counseled within the PMTCT service; • 90 children U1 receiving DPT3.	• Turalei Hospital registers, • Project Monitoring reports, • Management Committee meetings minutes,	• Cooperative attitude from Warrap MoH and Twic CHD; • Human resources availability (no staff turnover);
RESULT N. 2 Continuous emergency service provision, including surgical treatment is ensured	• 3,600 returnees and IDPs targeted through outreach campaigns; • 45 total surgical interventions performed at hospital level; • 150 emergency surgeries conducted at hospital level; • at least 40 cesarean sections conducted at hospital level; • 3 comprehensive preparedness and early recovery campaigns.	• Quarterly and monthly project reports, • Project Monitoring reports, • Management Committee meetings minutes,	• Conducive local environment for functioning frontline health services; • Cooperative attitude from Warrap MoH and Twic CHD; • Human resources availability (no staff turnover); • Freedom of movement; • Receptive local communities, IDPs and returnees.
RESULT N. 3 Education, capacity building and coordination are strengthened to improve the EP&R and e-warn system in Twic County.	• 54 health staff trained; • 3 sensitization campaigns on RH, FP and HIV/AIDS for women; • 3 HIV awareness campaigns for youth; • 3000 women and youth reached through sensitization campaigns; • 3 workshops to upgrade the county emergency and ordinary health referral mechanism; • 18 No. of CHD staff and PHCC/U managers trained.	• Quarterly and monthly project reports, • Health facilities registers, • Project Monitoring reports, • Management Committee meetings minutes; • Trainings attendance sheets..	• Human resources availability;
Activities: *What are the key activities to be carried out (**grouped in Workpackages**) and in what sequence in order to produce the expected results?* •	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?* •		**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* •
RESULT N. 1			

• Consolidation/expansion of frontline basic health service available to local, IDPs and returnees population in Turalei Hospital;			
Activity 1.1 Provision and prepositioning of medical and non medical supplies complementing MoH stocks, with a particular focus on essential drugs and reproductive health supplies;	**Inputs:** - Logistic and procurement capacities; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders		- Availability of drugs, medical and non medical supplies;
Activity 1.2 Provision of Lab equipment and supplies;	**Inputs:** - Logistic and procurement capacities;		- Availability of lab supplies and cold chain for reagents;
Activity 1.3 Maintenance of vaccines Cold Chain	**Inputs:** - Collaboration with Warrap State EPI directorate; - Logistic and procurement capacities;		- Availability of functioning cold chain;
Activity 1.4 Continuous inpatients and outpatients service provision;	**Inputs:** - Human resources: Hospital activities Supervisor (matron, nurse) and trainers, - Qualified local human resources; - Cultural mediation - Community involvement		- No staff turnover - Availability of drugs, medical and non medical supplies
Activity 1.5 Strengthening of the main emergency and ordinary RH services (i.e., MCH, FP, ANC, safe and clean delivery, PNC, STI);	**Inputs:** - Human resources: MCH Supervisors (midwife) and trainers, - Qualified local human resources; - Collaboration with Warrap State MoH, Twic CHDs and other health stakeholders - Cultural mediation - Community involvement		- No staff turnover - Availability of drugs, medical and non medical supplies
Activity 1.6 Integration of EPI with other under-5 health services (i.e., IMCI, nutrition screening);	**Inputs:** - Human resources: EPI Supervisors (nurse) and trainers, - Qualified local human resources; - Collaboration with Warrap State MoH, (EPI directorate) - Cultural mediation - Community involvement		- No staff turnover - Availability of drugs, medical and non medical supplies - Freedom of movement
Activity 1.7 Expansion of HIV/AIDS preventive and curative services (i.e., VCT, PMTCT);	**Inputs:** - Human resources: HIV prevention/treatment Supervisors (nurse) and trainers, - Qualified local human resources; - Collaboration with Warrap State MoH, (HIV/AIDS Commission) - Cultural mediation - Community involvement (CBOs, schools, etc.)		- No staff turnover - Availability of drugs, medical and non medical supplies

Activity 1.8 Continuous technical assistance and supervision to the hospital service delivery system;	**Inputs:** - Human resources: Supervisors and trainers,		- No staff turnover
Activity 1.9 Maintenance and renovation of exhausted medical and non-medical hospital equipment;	**Inputs:** - Procurement and logistic capacities		- Freedom of movement - Availability of required commodities
Activity 1.10 Hospital refurbishment and minor maintenance, with main focus on ANC, EPI and maternity wards.	**Inputs:** - Procurement and logistic capacities		- Freedom of movement - Availability of required commodities
2. Ensuring continuous emergency service provision, including surgical treatment			
Activity 2.1 Continuous communicable disease epidemiological surveillance in the catchment area;	**Inputs:** - Knowledge of the territory and context; - Qualified local human resources; - Collaboration with health stakeholders in Twic county		- Freedom of movement - Collaborative attitude from local stakeholders and international organizations
Activity 2.2 Infectious disease prevention and control in the catchment area, including integrated emergency outreach campaigns targeting most vulnerable groups (i.e., children, women, IDPs, returnees);	**Inputs:** - Knowledge of the territory and context; - Qualified local human resources; - Collaboration with health stakeholders in Twic county		- Freedom of movement - Collaborative attitude from local stakeholders and international organizations
Activity 2.3 Provision of general 24/24 emergency surgery service in Turalei Hospital;	**Inputs:** - Human resources: surgeon, anesthetist, matron, midwife - Qualified local human resources; - Collaboration with health stakeholders in Twic county		- Functioning Hospital management; - Effective referral system; - No staff turnover; - Positive attitude from state stakeholders
Activity 2.4 Strengthening of EmONC service delivery in Turalei Hospital;	**Inputs:** - Human resources: surgeon, anesthetist, matron, midwife - Qualified local human resources; - Collaboration with health stakeholders in Twic county		- Functioning Hospital management; - Effective referral system; - No staff turnover - Positive attitude from state stakeholders
Activity 2.5 Establishment of ambulance referral system at Turalei CHD level;	**Inputs:** - Knowledge of the territory and context; - Collaboration with Twic CHD for the management of the ambulance service		- Effective referral system; - No staff turnover - Positive attitude from Twic CHD in management

	- Procurement capacities; - Receptive attitude from Customs authority for exemptions		responsibilities / cost sharing
Activity 2.6 Inter-cluster coordination for the organization and prompt implementation of comprehensive preparedness and early recovery campaigns in the 3 selected payams (Health, Nutrition and WaSH).	**Inputs:** - Knowledge of the territory and context; - Participation in the cluster and inter-cluster coordination mechanism		- Good coordination at federal and state level;
3. Education, capacity building and coordination			
Activity 3.1 Theoretic and on-the-job specific trainings (including refreshment and ToTs) for Turalei Hospital health staff on: (i) responsive frontline health services delivery, (ii) health emergencies preparedness and management, (iii) EmONC, (iv) surgical treatment preparation and follow up, (v) patients' history tracing, (vi) drugs stocking and safe disposal;	**Inputs:** - Human resources: qualified trainers; - Availability of RoSS official training guidelines, manuals		- No staff turnover - Basic IT knowledge - Communication capacities
Activity 3.2 Targeted sensitization campaigns on RH, FP and HIV/AIDS (involving CBOs, women' groups, couples, community leaders);	**Inputs:** - Knowledge of the territory and context; - Community involvement; - Proactive attitude from health and non-health local stakeholders on the ground Human resources: community mobilizers; - Involvement of media (communication capacities)		- No staff turnover - Freedom of movement - Communication and cultural mediation capacities
Activity 3.3 Targeted HIV awareness campaigns (i.e., schools, youth groups, girls' associations, etc.)	**Inputs:** - Knowledge of the territory and context; - Community involvement; - Availability of health and non-health local stakeholders on the ground - Human resources: community mobilizers - Involvement of media (communication capacities)		- No staff turnover - Freedom of movement - Communication and cultural mediation capacities

Activity 3.4 CHD capacity development on: (i) assessing, managing and monitoring health facilities service provision, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care service at County level, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;	**Inputs:** - Human resources: qualified trainers; - Availability of RoSS official training guidelines, policies, manuals; - Basic IT knowledge;		- No staff turnover - Basic IT knowledge - Communication capacities - Collaborative attitude from local institutional stakeholders
Activity 3.5 Organization of workshops at County level for local institutions and PHCUs and PHCCs managers to upgrade Twic County emergency and ordinary health referral mechanism;	**Inputs:** - Human resources: project manager; - Collaboration with state and non state actors on the ground; - Involvement of media (communication capacities)		- Basic IT knowledge - Communication capacities - Collaborative attitude from local institutional stakeholders
Activity 3.6 Active participation in the health coordination mechanism at County and State level (with main focus on improvement of inter-cluster coordination).	**Inputs:** - Human resources: project manager; - Collaboration with Twic CHD and Warrap State MoH; - Collaboration with health and non-health clusters at State and federal level.		- Communication capacities - Collaborative attitude from local institutional stakeholders - Coordination between federal and state level (Health)

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
Result 1															
Activity (1.1): Provision and prepositioning of medical and non medical supplies complementing MoH stocks, with a particular focus on essential drugs and reproductive health supplies;					X				X			X			
Activity (1.2): Provision of Lab equipment and supplies;					X				X			X			
Activity (1.3): Maintenance of vaccines Cold Chain			X	X	X	X	X	X	X	X	X	X			
Activity (1.4): Continuous inpatients and outpatients service provision;			X	X	X	X	X	X	X	X	X	X			
Activity (1.5): Strengthening of the main emergency and ordinary RH services (i.e., MCH, FP, ANC, safe and clean delivery, PNC, STI);			X	X	X	X	X	X	X	X	X	X			
Activity (1.6): Integration of EPI with other under-5 health services (i.e., IMCI, nutrition screening);			X	X	X	X	X	X	X	X	X	X			
Activity (1.7): Expansion of HIV/AIDS preventive and curative services (i.e., VCT, PMTCT);			X	X	X	X	X	X	X	X	X	X			
Activity (1.8): Continuous technical assistance and supervision to the hospital service delivery system;			X	X	X	X	X	X	X	X	X	X			
Activity (1.9): Maintenance and renovation of exhausted medical and non-medical hospital equipment;			X	X	X										
Activity (1.10): Hospital refurbishment and minor maintenance, with main focus on ANC, EPI and maternity wards.			X	X	X										
Result 2															
Activity (2.1): Continuous communicable disease epidemiological surveillance in the catchment area;			X	X	X	X	X	X	X	X	X	X			
Activity (2.2): Infectious disease prevention and control in the catchment area, including integrated emergency outreach campaigns targeting most vulnerable groups (i.e., children, women, IDPs, returnees);			X	X	X	X	X	X	X	X	X	X			
Activity (2.3): Provision of general 24/24 emergency surgery service in Turalei Hospital;			X	X	X	X	X	X	X	X	X	X			
Activity (2.4): Strengthening of EmONC service delivery in Turalei Hospital;			X	X	X	X	X	X	X	X	X	X			
Activity (2.5): Establishment of ambulance referral system at Turalei CHD level;					X	X	X	X	X	X	X	X			
Activity (2.6): Inter-cluster coordination for the organization and prompt implementation of comprehensive preparedness and early recovery campaigns in the 3 selected payams (Health, Nutrition and WaSH).			X	X	X	X	X	X	X	X	X	X			
Result 3															
Activity (3.1): Theoretic and on-the-job specific trainings (including refreshment and ToTs) for Turalei Hospital health staff on: (i) responsive frontline health services delivery, (ii) health emergencies preparedness and management, (iii) EmONC, (iv) surgical treatment preparation and follow up, (v) patients' history tracing, (vi) drugs stocking and safe disposal;				X	X	X	X					X			
Activity (3.2): Targeted sensitization campaigns on RH, FP and HIV/AIDS (involving CBOs, women' groups, couples, community leaders);				X	X			X	X			X			
Activity (3.3): Targeted HIV awareness campaigns (i.e., schools, youth groups, girls' associations, etc.)				X	X			X	X			X			
Activity (3.4): CHD capacity development on: (i) assessing, managing and monitoring health facilities service provision, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care service at County level, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;				X	X	X	X	X	X	X	X	X			
Activity (3.5): Organization of workshops at County level for local institutions and PHCUs and PHCCs managers to upgrade Twic County emergency and ordinary health referral mechanism;			X				X				X				
Activity (3.6): Active participation in the health coordination mechanism at County and State level (with main focus on improvement of inter-cluster coordination).			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%