2012 Common Humanitarian Fund for South Sudan

CHF Reserve Application Template

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariat dandreagiovannif@un.org, nyambanet@un.org, berhanem@un.org

Note:
This application shall be submitted to the cluster coordinator and coordinator for the relevant cluster with copy to the CHF Technical Secretariat.

If the project is not already in the CAP a project sheet must also be prepared and submitted, after which the project will be included.

CHF Reserve No.	
Date Received:	
CAP Project	☒ Yes ☐ No
Focal point:	

o
be filled in by the CHF Technical Secretariat

CHF Reserve Grant Request Summary	
Requesting Organisation:	Tearfund
Project Title:	Tearfund's Provision of Life Saving Emergency and Primary Health Care Services to Highly Vulnerable and Underserved Populations
CAP Project Code (if CAP project):	SSD-12/H/46379/5157
CAP Sector/Cluster:	Health
Geographic areas of implementation (list states):	Northern Bahr-el-Ghazal State, Aweil East County
Total project budget:	US$ 3,271,512
Amount requested from CHF Reserve:	US$ 240,684
Project Duration (indicate number of months, starting date will be Allocation approval date):	3 months
Total number of beneficiaries targeted by the Emergency Reserve grant request (disaggregated by sex/age):	Total: 50,000 (in the 4 payams) Women No. of beneficiaries: 15000 (30%) Girls No. of beneficiaries: 12500 (25%) Men No. of beneficiaries: 10000 (20%) Boys No. of beneficiaries: 12500 (25%)
Implementing partners (include those that will benefit from CHF funding):	None
Project Contact Details *(Provide names, phone numbers, and emails of head of your organization, and the project focal person)*	**Country Director:** Selwyndas Swamidoss Programme Director Dmt-southsudan-pd@tearfund.org (+211) 913568331/09991919381 **Project Focal Person:** Claire Tiffen Grants and Information Coordinator Dmt-southsudan-gic@tearfund.org (+211) 0920258260

A. Humanitarian Context (Context Analysis)

- In approximately 1,000 words briefly describe the humanitarian situation in the specific region/area where CHF Reserve activities are planned for with reference to assessments and key data, including the number and type of the affected population[1]
- Describe the humanitarian response plans/priorities and any gaps in the response and the reasons for the gaps (e.g. access, security, funding). Also explain relation to the work of other partners in the area.

The project will be wholly based in the county of Aweil East, in the vulnerable and underserved state of Northern Bahr El Ghazal (NBEG). The county borders the disputed oil rich region of Abyei, and had received 16,218 returnees by Jan 31st 2012 (OCHA 120131). It also lies directly on the border with the North, and has recently been subject to hostile conflict from Sudan SAF forces in April and May 2012, causing approximately 13,000 displaced people in NBEG (OCHA 3rd May 2012). Food and fuel prices have risen sharply across the state since the escalation of the clashes with Sudan, making predictions of worsening food insecurity certain. Northern Bahr el Ghazal State as a whole is reported to be the poorest state in South Sudan, with a poverty gap rating of 36.8 and poverty levels of 76.6% (SSCCSE (2010) Poverty in Southern Sudan: Estimates from NBHS 2009). IOM reports 69,152 NBEG returnees in total (7th Feb 2012). Reflecting the number of returnees, Aweil East is a top national hotspot for measles outbreaks. The recent Tearfund needs assessment in the county (KAP Survey, February 2012) showed that more than 15% of households in the area are returnees, with 64% female headed households; typically the most vulnerable and constrained with resources.

Needs in the area are considerable, with lack of basic infrastructure, poor access to water, limited road accessibility and frequent flooding. Health needs in particular are significant, particularly with regard to maternal and child care services. NBEG is one of the top three states for the worst infant mortality (129 per 1000 live births), under five mortality (165 per 1000 live births) and maternal mortality (2182 per 100,000 live births), South Sudan Statistical Yearbook 2009. The February 2012 Tearfund KAP Survey reports that only 12% of women attend the health facility to give birth, with more than 70% giving birth at home with or without Traditional Birth Attendant support – a health cadre that has been classed as unskilled by the Ministry of Health. Knowledge on appropriate care for neonates and infants is poor, with more than 47% of mothers introducing food and water before six months of age, leading to high rates of diarrhoea and malnutrition. Only 5.6% of the population know to prevent diarrhoea by washing hands after toileting. HIV awareness remains low, with only 6% knowing the condom is a method of HIV prevention. Almost 50% of households had suffered from illness in the last 7 days (KAP 2012). The recent Ministry of Health South Sudan 2011 LQAS findings showed that rates of DPT3 coverage in NBEG are the lowest in the entire country, at 9.4% (confirmed also by SSHS 2010). Malnutrition rates are also high, with the 2011 SMART Survey undertaken by ACF in Aweil East showing GAM rates of 23.5% and SAM rates of 5.3%, far above the WHO emergency threshold.

Tearfund have been based in Aweil East County since 2004. Aweil East has an estimated population of just under 404,000 people (2008 Census). The area of operation includes four payams – Baac, Wunlang, Yar Got and Mangar Tong. This large geographical area known as 'the Highlands' make up part of Aweil East County, and remain one of the most underserved areas of South Sudan, with Tearfund one of only two NGOs (IRC) providing health services in the entire county. ACF provides OTP and nutrition care only. In 3 of the 4 payams Tearfund is the **only** provider of health services. It is inhabited by approximately 124,000 people of majority Dinka Malual ethnicity. The region experiences inter-tribal tension, and increased security risk; with local SPLA barracks, mobilisation of the army and bombing. This disrupts activities and restricts access for already vulnerable civilians to health facilities. Access is also affected by the remoteness of the area, contributing to high mortality rates among children and women and an increased risk of epidemic prone diseases (such as measles, meningitis and cholera). In addition to the recent clashes, the humanitarian challenges faced in 2011 have had a considerable impact upon the health status of the population. The large migration and return of South Sudanese previously living in North Sudan led to a measles outbreak in 2011 with over 600 suspected cases and 39 deaths (Ministry of Health EPI data August 2011). Frequent measles outbreaks in Aweil East correlated with the high density of returns as the health immunisation status of the incoming population was unexpectedly low. This increased demand on an already overburdened system makes the continuity of health services in the border state of Northern Bahr El Ghazal vital in 2012.

Tearfund operates 4 PHCUs and supports 1 MoH PHCU across the county in Malualdit, Rumwetkor, Majok Aken, Omdurman and Baac bomas, serving a population of almost 50,000 people directly in the four payams and 124,000 in the highland area. The clinics provide curative care, immunisation campaigns (21 sites), vital reproductive health services, health education, emergency referral provision with ambulance services to Aweil, and malnutrition preventative care. **Annually the clinics provide more than 46,600 consultations.** This service provision and application for funding is in line with the health cluster priorities of maintaining the existing safety net of basic health packages and strengthening emergency preparedness and response. Funding for these crucial health services is coming to an end in June, and due to a delay in CIDA's South Sudan strategy being signed off by Minister, new funding approval for a cost extension cannot be approved by them yet. Tearfund is therefore seeking bridge funding for 3 months (July, August and September) until the CIDA application is confirmed. Without this bridge funding the clinic services will cease completely and the massive gains that have been made in this region (including the provision of 4 newly constructed permanent concrete clinics) will be lost, and the clinics will be forced to close. This funding is vital so that the needs of this already fragile and vulnerable region with a high influx of returnees and IDPs can be met, and lives saved. The funding gap, if not addressed, will likely lead to rapid deterioration of the humanitarian situation and needless mortality.

[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

- In approximately 1,000 words describe why CHF Reserve funding is sought for this project, and why this particular activity is important. Explain why the activity is time critical and need rapid funding through the CHF Reserve.
- Confirm that agency internal reserves or other donor funds are not immediately available and/or appropriate to fund the proposed activities. Please provide information on which donors or what other funding sources have been approached.
- Briefly describe the value added by your organization

The current action in Aweil East is funded by CIDA and has run since April 2009. It was originally planned to finish in June 2012 with health care facilities handed over to the Ministry of Health. However, the capacity of the CHD is too limited for the government to be in a position to run the clinics, not least because of lack of payroll and salaries for staff. Several NGO partners have expressed interest in taking handover of the facilities. However, the recent change to the health sector national funding mechanisms, with the DFID health pooled fund newly assigned to the state of NBEG, has meant no new funding for projects is currently available until the planned mechanisms commence. In order to ensure no break in service provision, CIDA was applied to for a cost extension for the six month period from July until December 2012. Although the application was received positively and recommended by their technical team for approval, internal delays in finalising the CIDA South Sudan country strategy has resulted in the decision being put on hold for several months. The grant is now unlikely to be approved in time for health services to continue without a provision gap from July onwards. **Notice will therefore have to be given to Tearfund health staff in the clinics after the 31st of May, if new funding is not secured.** No funding is available through internal reserves. This highlights the urgent nature of our appeal.

The CHF Reserve Fund is sought to provide emergency bridge funding for 3 months to help run the five primary health care units (PHCUs) and serve 50,000 vulnerable people in Aweil East from July until the end of September, when it is hoped approval of CIDA funds will have been obtained. This will ensure the top health cluster priority of 2012 is achieved; namely to ensure a continued safety net of activities through service delivery to the most vulnerable, high risk areas.

Tearfund operates 4 PHCUs and supports 1 MoH PHCU across the county in Malualdit, Rumwetkor, Majok Aken, Omdurman and Baac, serving a population of almost 50,000 people directly in the four payams and 124,000 in the highland area. In Malualdit, Rumwethkor, Majok-aken and Omdurman, **Tearfund is the only provider of health care.** The clinics are already in operation and provide curative care, immunisation campaigns (21 sites), vital reproductive health services, health education, emergency referral provision with ambulance services to Aweil, and malnutrition preventative care. **Annually the clinics provide more than 46,600 consultations. Without bridge funding the clinic services will cease completely and the massive gains that have been made in this region will be lost.** This funding is vital so that the needs of this already fragile and vulnerable region with a high influx of returnees and IDPs can be met, and lives saved. This funding gap, if not addressed, will likely lead to rapid deterioration of the humanitarian situation and needless mortality.

Tearfund's recently conducted KAP survey in February 2012 found that in villages in which Tearfund operate in Aweil East 77% of people state that they have benefited from Tearfund's presence in the area. Close to 40% in non Tearfund villages also state they have received some sort of benefit from Tearfund's presence.

Tearfund has long been active in the health sector of South Sudan and for more than a decade has participated in Ministry of Health coordination mechanisms at central, state and local level. Capacity to implement, experience and expertise have been demonstrated in Aweil East health service operations since 2004, with solid, positive, long-standing relationships built with the local community, ensuring gains made year on year. Tearfund has developed its health activities and priorities in response to and in consultation with the communities in Aweil East, as well as adhering to Ministry of Health and cluster mechanisms. Tearfund conducts regular quality needs assessments, KAP surveys, community feedback workshops, project evaluations and documents lessons learnt from previously implemented projects. Project indicators, targets and implementation are as closely aligned as possible to Ministry of Health and cluster recommendations, including full use of all HMIS tools and DHIS programming in all clinics. In the last year alone Tearfund has upgraded 4 out of 5 of the health clinics from tukul style buildings to fully equipped, permanent, concrete clinic infrastructure, complete with latrines, hand-washing, transport and solar fridges, all to BPHS standards. All these gains will be lost if the clinics are forced to close.

i) Justification For Accessing the CHF Reserve

Describe why this activity was not funded through the CHF standard allocation process, and what has changed since that process was completed to make this project emerge as a priority.

This application was not made through the initial CHF standard allocation process due to the positive discussions with CIDA over the extension proposal submitted earlier in the year (February 2012). Only recently has it become apparent that our application will not be approved in time and that health activities in Aweil East will now have to cease after June 2012. The recent escalation in the clashes with the North have also highlighted and increased the fragility and needs of this county. The timing of the proposal is now urgent and critical in order to avoid termination of all the health service operations in this crucial, vulnerable, hotspot border county of Aweil East.

C. Project Description

In approximately 1,000 words briefly describe how CHF Emergency Reserve funding will be used to support core humanitarian activities.

i) Purpose of the Grant

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

The grant will be used for the direct costs of the entire health project for 3 months, including but not limited to; life-saving curative care by the provision of health staff salaries, procurement of drugs for the five PHCUs and transportation of additional supplies, including solar fridges and mosquito nets. Emergency preparedness and response will be strengthened by the running of the ambulance service between the clinics and Aweil Civil Hospital, and by ensuring documented referral pathways for EmOnc, gender based violence, and malnutrition care. Health related emergencies will be responded to by the continued use of frequent and detailed IDSR surveillance, WHO outbreak guidelines and recommended EWARN mechanisms.

ii) Objective

The objective should be specific, measurable, achievable, relevant and time-bound.

To improve the quality of emergency and primary health care for the host and returnee population of Aweil East by reducing mortality and morbidity rates through basic services, enhanced coordination, health systems strengthening and increased capacity for emergency response.

iii) Proposed Activities

List the main activities to be implemented with CHF Reserve funding. Exact location of the operation (provide map if relevant). As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

Maintain the existing safety net by providing basic health packages:

- Equip four Tearfund PHCUs and one MoH supported PHCU with adequate drugs, supplies and staff. (Serving >50,000 direct beneficiaries annually, 124,000 indirect).
- Assist CHD with distribution of MoH drugs to the PHCUs through providing transport and storage.
- Provide daily curative care services Monday to Friday and emergency on call services at all times.
- Provide daily maternal care and out of hour services to all pregnant women, including antenatal care, delivery care, postnatal care, mosquito net distribution, Fansidar malarial prevention, and delivery kits. (1000 beneficiaries).
- Distribute long-lasting insecticide treated mosquito nets to pregnant and lactating mothers and under-fives attending for health services. (1500 beneficiaries).
- Screen all children under the age of 5 for malnutrition using MUAC and refer as appropriate. (1200 beneficiaries)
- Provide additional malnutrition preventative care from each clinic in the form of Vitamin A provision and deworming for all under-fives as per WHO guidelines, and iron and folate for pregnant women. (1200 beneficiaries)
- Ensure all malnutrition cases with complications are referred for appropriate secondary care to ACF, Malualkon.
- Ensure quality care is provided by conducting refresher training for Community Health Workers (9 CHWs and 1 MCHW).
- Conduct immunisation sessions in 5 PHCUs and through 16 outreach stations – 550 children under 12 months to receive DPT3 and 1300 children under 12 months to receive measles vaccination, 580 pregnant women to receive TT2.
- Provide health education to community members (direct beneficiaries 1500 women and girls, 1500 men and boys) through existing community structures using 'key messages' approach. Target groups include clinic populations, women's groups, school, church, youth groups and spear masters.

Strengthen emergency preparedness:

- Run an ambulance service from Omdurman to Aweil Civil Hospital, available for out of hours emergency secondary care referrals for all EmOnc cases, GBV cases, and curative care complications.
- Pre-position all supplies (vaccines, nutrition products, drugs) before the rains.
- Record and monitor supply stock outs with proper analysis for future prevention.
- Submit timely monthly reports and surveys to MoH and cluster, including IDSR reporting.
- Mobilise health staff in emergency preparedness, IDSR surveillance, case management and EWARN.
- Actively participate in central, state and county level health cluster coordination.
- Use MoH QSC quarterly in partnership with CHD in all clinics.
- Work with BHCs to prepare for health emergencies with appropriate action plans.

Respond to health related emergencies, including controlling the spread of communicable diseases:

- Provide training on case management of outbreak and communicable diseases (measles, malaria, AWD)
- Ensure GBV referral pathways are in place, including children, men and women and PEP and rape kits are available at all sites.
- Continue active, efficient IDSR weekly and DHIS monthly reporting to CHD, SMOH, WHO and RoSS.
- Assess and respond to potential outbreaks and humanitarian emergencies within the project areas. E.g. measles vaccination campaigns, rapid MUAC assessments.

Enhance coordination and capacity build the Ministry of Health

- Support and meet with all 5 Boma Health Committees monthly to share information, discuss clinic and MoH activities, and to help maintain responsibility and ownership of clinic repair, maintenance and services.
- Provide continuous information sharing with BHC and CHD, with regards to tools, training and mentoring, particularly in monitoring and data analysis of clinic data using the DHIS.
- Conduct quarterly CHD supervisions using the Ministry of Health designed Quantified Supervisory Checklist. Assist supervisions by providing transport and capacity building of CHD members in training on how to complete the task.
- Refresher train 1 Maternal Health Care Worker, and continue to pay for training for staff member undergoing training at Tearfund Kodok School for Community Midwives in Upper Nile.
- Strengthen relationships with payam administrations, SSRRC, County Commissioners and CHD in all project counties with regular meetings and active participation.

iv) Cross Cutting Issues

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

Gender

Tearfund actively promotes gender issues by encouraging women to take roles in the management of the clinics and all village committees, including Boma Health Committees. The aim is that women comprise at least a third of representatives. Annual gender assessments take place in our Aweil East project. Interventions and projects are designed to ensure participation of both women and men. Feedback is sought from gender specific groups for triangulation during surveys, including the recently conducted KAP survey and in focus group discussions. Women and children are emphasised as project beneficiaries.
A community empowerment officer is employed specifically to promote gender equality. All trainings are open to both men and women with data disaggregated by gender. Gender based violence referral pathways are being written for all clinics, with rape and PEP kits in place, provided by UNFPA.

Environment

Assessing impact on the environment is an internal Tearfund quality standard. Areas of waste disposal at clinics are clearly demarcated and health officers monitor clinic staff to ensure that waste is being correctly incinerated on a daily basis, buried and disposed of properly. Flooding in the area affects the project seasonally. Sites for outreach and static facilities are carefully chosen to minimise the negative impact of this environmental disturbance.

HIV/AIDS

Tearfund mainstreams HIV in all its disaster management programmes both internally and externally. Currently, Tearfund has an HIV workplace policy in all sites. Rape and PEP kits are obtained from UNFPA and HIV training is conducted for staff. HIV training forms part of the health awareness training in health clinics. Condoms are available at health clinics as well as other HIV prevention services. HIV testing is promoted, and detection and treatment of STIs is carried out in the health facilities. Staff are trained in universal precautions and local traditional spear masters are educated to reduce harmful practices. At least one staff member from the Aweil East health team will be identified for GBV and Post-Exposure Prophylaxis for HIV (PEP) training.

v) Expected Outcomes

List the results you expect to have at the end of the CHF grant period, and provide no more than three measurable indicators you will use to measure your achievement. Please use the defined CHF Standard Output Indicators when possible.

	Indicator	***Target***
1	Number of total **direct** beneficiaries reached with health services provided through 5 PHCUs (for 3 months)	15,000 (curative + ANC + EPI + preventative) Women No. of beneficiaries: 4500 (30%) Girls No. of beneficiaries: 3750 (25%) Men No. of beneficiaries: 3000 (20%) Boys No. of beneficiaries: 3750 (25%)
2	Number of health facilities providing BPHS	5 health facilities providing BPHS services
3	Number of measles vaccinations given to under-fives in an emergency or returnee situation	1300 children under five (3 months)

vi) Implementation Plan

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.

Tearfund is the direct implementer of this project and does not use any implementing partners relating to this project. Tearfund is the sole NGO working in health in these payams, supporting both services and staff. However, Tearfund receives gifts in kind and supplies from UNICEF and PSI to enable us to implement the project objectives as follows:

Maintain the existing safety net by providing basic health packages:
4 clinics (and 1 MoH-run PHCU) supported and equipped with adequate drugs, supplies and trained staff

Curative care and general operations: Currently all the clinics are in operation and 4 out of 5 are newly constructed. Drugs are received from the MoH and supplemented by Tearfund procurement. Mosquito nets are received from PSI and UNICEF. All consultations are provided free of charge with clinics equipped and staffed as per the Basic Package of Health Services (BPHS).

EPI: Solar fridges and clinic equipment are provided by UNICEF, or procured by Tearfund. Planned cold chain expansion with the provision of solar fridges will occur during the project cycle in all 4 Tearfund clinics, with outreach at the MoH clinic. Scaling up the EPI activities will improve access and coverage among targeted children and women in the area. Immunisations will be in line with MoH guidelines. UNICEF will supply vaccines and syringes. Tearfund will support the MoH in carrying out mass immunisation campaigns during disease outbreaks such as measles or meningitis and will also help in NIDs (national immunisation days). This was achieved in August 2011 during the measles outbreak among the returnee populations.

Maternal care: Maternal Community Health Workers (MCHWs) or community midwives will be recruited to 4 out of 5 clinics. The majority of referrals made by Tearfund in Aweil East to the MSF France Aweil Civil Hospital are potentially fatal obstetric emergencies. Maternal health in the area is a big concern due to inadequate numbers of trained personnel, poor road infrastructure and limited public transport systems for access. To improve maternal care services in Aweil East, Tearfund will print copies of the Ministry of Health PHCU and ANC guidelines, for each clinic.
Tearfund will issue insecticide treated mosquito nets to all pregnant women attending the health facility or outreach services, using nets from PSI.

Malnutrition care: All health care workers coming into contact with children under five will be trained by Tearfund to recognise, screen and appropriately refer cases of malnutrition, and administer appropriate micronutrients (deworming and vitamin A) as per WHO guidelines. Tearfund shares its base compound with ACF, so malnutrition treatment is not offered in the clinics to avoid duplication of services. Prevention, screening and referral mechanisms are still key. Tearfund aims to screen all children health care contacts aged 6-59 months with MUAC tapes. MUAC screening will include all those children attending for EPI and curative services. Referral guidelines for all children found to be malnourished will be written and in place in all clinics.

Strengthen emergency preparedness:
Supplies will be delivered in advance of the rains (vaccines, nutrition products, drugs). All monthly supply stock outs are recorded and investigated, with analysis for future prevention. The Tearfund health advisor, using guidelines from the gender and GBV clusters, will ensure that GBV referral pathways and procedures are in place at each clinic, along with referral guidelines in place for SAM cases with complications, EmOnc cases and general emergency curative care cases. An ambulance will provide vehicular transport for secondary care referrals to Aweil Hospital. Comprehensive and quality reporting mechanisms are in place, with all staff trained on DHIS mechanisms. In case of insecurity or border fighting, a proper system for remote management will be documented in preparation. Timely monthly reports and surveys are submitted to the MoH and cluster, including weekly IDSR reporting.

Respond to health related emergencies, including controlling the spread of communicable diseases:
To improve our GBV responsiveness and capacity at least one staff member from the Omdurman health clinic will be identified for GBV and Post-Exposure Prophylaxis for HIV (PEP) training. Rape and PEP kits will be provided to this clinic as gifts-in-kind. All clinics report weekly on the IDSR formats to CHD, SMOH, WHO and RoSS, including DHIS formats where applicable.
Tearfund will assess and respond to potential outbreaks and humanitarian emergencies within the project areas. E.g. measles vaccination campaigns, rapid MUAC assessments. Health staff will be trained in emergency preparedness, IDSR surveillance, case management and EWARN guidelines using WHO interventions. BHCs will be supported to prepare for health emergencies with appropriate action plans.

Enhance coordination and capacity build the Ministry of Health
Tearfund will attend the monthly Juba and Aweil nutrition cluster meetings, to strengthen coordination between Tearfund, the cluster and the Ministry. Monthly reports will be submitted to all levels and stakeholders through existing reporting mechanisms between Tearfund and the cluster. Tearfund will support and meet with all 5 Boma Health Committees monthly to share information, discuss clinic and MoH activities, and to help maintain responsibility and ownership of clinic repair, maintenance and services. Quarterly CHD supervisions using the Ministry of Health designed QSC will be conducted, and Tearfund will assist supervisions by providing transport and capacity building of CHD members in training on how to complete the task. Tearfund will continue to pay for training for community midwives from Aweil East undergoing training at Tearfund Kodok School for Community Midwives in Upper Nile. Relationships with payam

administrations, SSRRC, County Commissioners and CHD will be prioritized and strengthened in all project areas with regular meetings and coordination.

vii) Monitoring Plan

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

- Clinic data in the form of Ministry of Health DHIS reports will measure the number of patients attending the health facilities, and 46 other monthly additional MoH health indicators. Weekly infectious disease surveillance reports will be provided by all clinics to the CHD, State MoH, RoSS MoH, Health and Nutrition UN Clusters and Tearfund Health Advisor.
- Annual KAP Surveys will monitor and assess the impact of the project on IYCF, morbidity and mortality, and the impact of the health education programme on community behaviour.
- The number of people receiving health messages will be recorded, from attendance at each community group, to the patients receiving health messaging through the health clinics, and through the health monthly narrative report.
- Health advisor report records will assess the punctuality and completeness of Tearfund's submitted cluster reports.
- Monthly HR training reports will document the number of staff trained, including females and different cadres.
- Quarterly quantified supervisory checklists will be carried out in conjunction with the CHD at clinic sites.
- Monthly Tearfund clinic assessments will be performed by health project officers, with written reports to Juba, to assess quality of services at clinic level, as permitted by insecurity challenges.

D. Secured funding

Please add details of secured funds for the project from other sources

Source/donor	**Amount** *(USD)*
UNICEF (GIK – MEDICAL SUPPLIES)	**10,461**
PSI (GIK – MOSQUITO NETS)	**6,225**

SECTION III:

LOGFRAME		
CHF ref. Code: SSD-12/H/46379/5157	**Project title:** Tearfund's Provision of Life Saving Emergency and Primary Health Care Services to Highly Vulnerable and Underserved Populations	**Organisation: Tearfund**

Overall Objective: *What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.* • To improve the quality of emergency and primary health care for the host and returnee population of Aweil East by reducing mortality and morbidity rates through basic services, enhanced coordination, health systems strengthening and increased capacity for emergency response.	**Indicators of progress:** *What are the key indicators related to the overall objective?* • Number of total **direct** beneficiaries reached with health services provided through 5 PHCUs. • Number of health facilities providing basic services to the standard of the BPHS. • Number of measles vaccinations given to under-fives in an emergency or returnee situation.	**How indicators will be measured:** *What are the sources of information on these indicators?* • DHIS monthly reports. • Annual KAP Survey report • QSC checklists • Tearfund clinic assessment reports	
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.* • To ensure the existing safety net of health services is maintained by providing basic health packages through five PHCUs to the returnee and host populations. • To strengthen emergency preparedness in Aweil East County. • To respond to health related emergencies, including controlling the spread of communicable diseases. • To enhance coordination and capacity build the Ministry of Health	**Indicators of progress:** *What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?* • 4 Tearfund PHCUs and 1 MoH supported PHCU will provide curative, preventative and EPI services and be provided with pharmaceutical supplies. • 1 Ambulance service will be provided for emergency cases requiring secondary care • Training will be provided to health staff on case management of outbreak and communicable diseases (measles, malaria, AWD), IDSR and EWARN guidelines. • GBV referral pathways will be in place, including children, men and women and PEP and rape kits are available at all sites. • Potential outbreaks and humanitarian emergencies within the project areas will be assessed and responded to. E.g. measles vaccination campaigns, rapid MUAC	**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?* • DHIS monthly reports • IDSR weekly reports • Tearfund PHCU Clinic assessment records • BHC meeting minutes • Community feedback • Payroll records • PHCU patient register records • Evaluation of treatments through observation and enquiry • Practical inspection through QSC	**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?* • Access to project locations, flooding of key areas. • Insecurity • Government indifference to project activities • Staff strikes • Staff recruitment achieved

	assessments.	checklist assessments	
Results - Outputs (tangible) and Outcomes (intangible): • *Please provide the list of concrete DELIVERABLES - outputs/outcomes (**grouped in Workpackages**), leading to the specific objective/s:* • 4 clinics (and 1 MoH-run PHCU) supported and equipped with adequate drugs, supplies and trained staff • 5 clinics (100%) with Ministry of Health antenatal care guidelines available and emergency referral pathways in place for EmOnc, GBV and general curative care • 550 children under 12 months to receive DPT3 and 1300 children under 12 months to receive measles vaccination, 580 pregnant women to receive TT2. • 1200 children aged 6-59 months screened for malnutrition with MUAC • 1300 children under five vaccinated against measles • Provide health education to community members (direct beneficiaries 1500 women and girls, 1500 men and boys).	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?* • Number of clinics equipped and staffed as per basic package of health services, including number of clinics with MCHWs or midwives in role. • Number of secondary care referral pathways written and in place for each health facility for Emergency obstetric care, malnutrition care and gender based violence cases • Number of staff members trained on GBV emergency response. PEP procedures and PEP kit available for the area. • Number of staff members trained on IDSR and EWARN surveillance. • Number of children under five screened for malnutrition. • Number of children under five vaccinated with DPT3 and measles.	**How indicators will be measured:** *What are the sources of information on these indicators?* • DHIS monthly reports • Annual KAP survey • Referral Care Pathway review • PHCU records • MOH records • Employment records • Physical Inspection	**Assumptions & risks:** *What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?* • Access to project locations, flooding of key areas. • Insecurity • Government indifference to project activities • Staff strikes • Staff recruitment achieved
Activities: *What are the key activities to be carried out (**grouped in Workpackages**) and in what sequence in order to produce the expected results?* • Equip four Tearfund PHCUs and one MoH supported PHCU with adequate drugs, supplies and staff. • Provide daily curative care, maternal care and out of hour services. Maternal care to include mosquito net distribution (including under fives), Fansidar malarial prevention, and delivery kits. • Provide malnutrition preventative care and screen all children under the age of 5 for malnutrition using MUAC, referring as appropriate. • Provide health education to community groups • Run an ambulance service for out of hours emergency secondary care referrals.	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?* • Staff time; full complement of staff needed without vacancies and of appropriate qualification. • Supplies and GIK needed from UNICEF (clinic equipment, vaccines, solar fridges), UNFPA (delivery kits) and PSI (mosquito nets) • Vehicular ambulance in good repair for emergency referrals. • Compound and base fully equipped with staff and assets (transport, radio communication, laptops, IT access). • MoH tools available including DHIS software / HMIS systems, guidelines and registers.		**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?* • Access to project locations, flooding of key areas. • Insecurity • Government indifference to project activities • Staff strikes • Staff recruitment achieved

PROJECT WORK PLAN

This section must include a work plan 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: Basic Package: Five PHCUs supported and equipped with adequate drugs, supplies and staff															
1.1 Procure medical equipment and drugs to supplement MoH supplies							X								
1.2 Provide refresher training for Community Health Workers (CHW) / dressers / dispensers							X								
1.3 Print MoH PHCU and ANC guidelines								X							
1.4 Screen children under age of 5 for malnutrition using MUAC							X	X	X						
1.5 Conduct immunisations in the 5 PHCUs and 16 outreach stations							X	X	X						
1.6 Supervise health staff in each PHCU on bi-weekly basis							X	X	X						
1.7 Recruit and employ MCHWs / midwives for 4 PHCUs							X	X	X						
1.8 Provide Vitamin A and deworming supplements to children under five							X	X	X						
1.9 Long-lasting insecticide treated mosquito nets distributed to pregnant and lactating mothers and under-fives, delivery kits distributed to pregnant women.							X	X	X						
1.10 Deliver antenatal and postnatal care to pregnant women as per MoH guidelines							X	X	X						
1.11 Provide health education to community groups							X	X	X						
Result 2: Emergency Preparedness															
2.1 Provide weekly and monthly IDSR and DHIS reports							X	X	X						
2.2 Document secondary care referral pathways for GBV, malnutrition and EmOnc cases							X	X	X						
2.3 Train health staff on outbreak EWARN guidelines							X	X	X						
2.4 Participate in monthly coordination meetings at local, state and central level							X	X	X						
Result 3: Emergency Response															
3.1 Refer emergency cases to Aweil Civil Hospital by Tearfund ambulance							X	X	X						
3.2 Assess and respond to health emergencies in the project area							X	X	X						
3.3 Document emergency response action plans with BHC							X	X	X						
Result 4: Enhance coordination and capacity of MoH															
4.1 Meet with existing 5 Boma Health Committees to share information on ongoing Tearfund activities and provide support where necessary to ensure the continued running of the clinics at a local level							X	X	X						
4.2 Provide continuous information sharing, tools, training and mentoring, particularly in monitoring and data analysis of clinic data using widely used District Health Information System							X	X	X						
4.3 Quarterly CHD supervisions conducted using Ministry of Health designed Quantified Supervisory Checklist									X						
4.4 Send staff member for community midwife training							X	X	X						

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