South Sudan
2014 CHF Standard Allocation Project Proposal
for CHF funding against CRP 2014

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

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

SECTION I:

CRP Cluster	**HEALTH**

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

Cluster Priority Activities for this CHF Round

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

Cluster Geographic Priorities for this CHF Round

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

SECTION II

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

Requesting Organization
COMITATO COLLABORAZIONE MEDICA (CCM)

Project CRP Code	**CRP Gender Code**
SSD-14/H/60618	2a

CRP Project Title *(please write exact name as in the CRP)*
Ensuring health emergencies preparedness, response and expansion of basic health services to local communities, returnees and displaced population in Twic County (Warrap State)

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

State	**%**	*County/ies (include payam when possible)*
Warrap	100%	*Twic (Turalei,* Aweeng, and Wunrok payams)

Total Project Budget requested in the in South Sudan CRP	US$ 599.863

Funding requested from CHF for this project proposal	US$ 340,000

Total funding secured for the CRP project *(to date)*	US$ 145.000

Are some activities in this project proposal co-funded (including in-kind)? Yes X No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)* We are still negotiating some co-funding projects. See grant justification

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CRPproject and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries targeted in CHF Project	**Number of direct beneficiaries targeted in the CRP**
Women:	9,000	20, 068
Girls:	3,500	8,880
Men:	6,000	12,041
Boys:	3,500	8,420
Total:	**22,000**	**49,409**

Indirect Beneficiaries / Catchment Population (if applicable)

The project target is composed of: (i) women in reproductive age, men and children (50% boys and 50% girls) from host communities of Aweeng, Turalei and Wunrok payams of Twic county, living under the poverty line of 2USD/day and at risk of health complications due to poor hygienic conditions and high food insecurity (80% of the whole target); (ii) IDPs and returnees (at least 40% women in reproductive age and 35% children), living in Twic county and prone to health emergencies due to poor shelters and incomes, high promiscuity (17,5% of the whole target); (iii) prisoners and soldiers living in Turalei, exposed to prolonged unhealthy living conditions and insecurity risks (2,5% of the whole target). All direct beneficiaries will benefit from preventive, curative and emergency health services, to comprehensively improve EP&R.

A total of over 350,633 people, including host community, IDPs and returnees, live currently in Twic county and shall indirectly benefit of the proposed action.

Targeted population:
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 6 months

1 July – 31 December 2014

Contact details Organization's Country Office	
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A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

The humanitarian situation in South Sudan has sharply deteriorated since 15 December 2013. Heavy fighting between different elements of South Sudan armed forces erupted in Juba and quickly spread to several other states of the country, affecting six out of the ten country's states. In the last months, fighting has been reported in Bentiu and Mayom county (Upper Nile) being a serious reason of concern. In March 2014, a total number of 14, 823 IDPs had been registered in Twic County. Due to the proximity of the County to Unity State, new arrives are expected continue as long as the fighting are still on. Several casualties including 106 with gunshot wounds and fractures of the lower limbs have been received in Mother Teresa Hospital between January and May 2014. The number is expected to increase following constant continued fighting and constant cattle rustling that normally leaves mass casualties in the county.

Before the mentioned humanitarian crisis, in Twic County lived 252,915 people, 34,185 IDPs and 48,710 returnees. The already poor health, hygiene and nutrition indicators of the county (U5 mortality rate: 135/1,000 births, infant mortality rate: 102/1,000 births, maternal mortality rate: 2,054/100,000 births, EPI coverage 17%, child malnutrition 32.9%) risk deteriorating if the situation remains unstable. With poor sanitation conditions in IDP sites, diseases like malaria and diarrhea (including cholera with an outbreak already reported in Juba) are potential threats to the displaced people. Conflict, displacement, promiscuity/polygamy can exacerbate the incidences of STIs and GBV.

Low reported HIV rate (0.7%) is linked to limited testing (available only in Mother Teresa Hospital and Kuajok) and low HIV/AIDS awareness (21%, UNAIDS, 2012). Unhealthy reproductive health practices, late referral of obstetric emergencies (women depending on men decision), stigmatization of STI/ sterility, and poor confidence in male staff exacerbate the health condition.

Humanitarian health needs in Twic County include:

1. 24/7 emergency surgical capacities (including obstetric emergencies and treatment of injures/traumas) mainly to P&LW, victims of clashes and armed conflict in Unity State, GBV, girls/boys traumatized.
2. Comprehensive RH (including VCT/PMTCT), for women/partners in remote areas or IDP/returnees' camps.
3. OPD/IPD capacities to treat medical complications, focusing on U5 (boys/girls) and P&LW.
4. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
5. EPI, mainly for newborns and children U1 (boys/girls) via fixed and mobile clinics.
6. Community sensitization on hygiene, sanitation and safe RH targeting caretakers, women in reproductive age and partners, other than MARPs (IDPs, prisoners, soldiers, TB patients and relatives) and opinion leaders (VHCs, religious leaders, teachers, youth groups).
7. Medical assistance on IDPS settlement.
8. Institutional EP&R capacity building.
9. Inter sector coordination to improve the e-warn and referral system.

B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

Primary health care is ensured in Twic County through a network of PHCC/Us majorly supported by GOAL/CHD through HPF funding. However, none of these facilities can: (i) treat common diseases complications, (ii) provide quality skilled birth attendance, (iii) manage surgical cases and emergency obstetric complications (CEmONC), (iv) provide a comprehensive antenatal care/ reproductive health services including PMTCT and VCT, (v) assist serious victims of traumas, and (vi) treat public health communicable diseases, like TB.

All PHC facilities in Twic and some from Gongrial and Unity State do refer all complications to Mother Teresa Hospital in Turalei. The hospital records the highest outpatient attendants' rate in the County (averagely 2,200 patients/month). The demand of health services are actually increasing due to the deterioration of the humanitarian context in Unity State (Mayom county in particular), with high number of IDPs and soldier that are seeking surgical and medical assistance in Twic County area. The hospital plays an essential role in creating awareness on HIV prevention, counseling and testing and on gender/sexuality as well as management of obstetric complications. Moreover, the start-up of the TB program (April 2013), has made the Hospital the only TBMU in northern Warrap with a total of 59 patients started on anti TB treatment between January and May.

The requested allocation will complement the activities of 2014 R1 allocation allowing the Hospital to continue the delivery of both routine qualities preventive, curative and emergency services in Twic County and emergency response to the recent humanitarian needs. Currently (from April to date) Mother Teresa County Hospital in Turalei is supported exclusively private donors and CCM internal findings. However, CCM is finalizing the negotiation with HPF to support Mother Teresa Hospital with additional resources dedicated to reproductive health services only (Bemonc and Cemoc). The hospital is also supported trough private funding and by the Diocese of El Obeid. At the end of At the end of April 2014, 100% of CHF allocated budget R1 2014 allocation for emergency

[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.

response was already spent. The current private donor funding/ CCM internal funding support the hospital will end by the end of June and if no other resources mobilized the hospital risk scaling down most of the activities.

CCM supported Hospital in Turalei is the only facility with medical/surgical emergency capacities in the area, with influx of IDPs from Unity state, there is more pressure on the already scarce resources. Between September and October 2013, IOM registered 5,721 returnees in Abyei for the preparation of the October referendum while in March 2014 additional 14,823 IDPS arrived in county from Unity state follow the outbreak of armed hostility. The hospital commonly receives injured/ traumatized patients from clashes in Abyei and Unity State, cattle rustling clashes, use of small arms and mine victims. From January to May 2014, the hospital has registered:

- U5 consultations: 3,101
- Total OPD consultations: 9,907
- Total Skilled deliveries: 230
- Total ANC visits: 1,268
- ANC mothers receiving IPT2: 257
- Surgical operations: 378
- Emergency operations: 212
- Caesarian sections: 20
- Under 1 year receiving DPT3: 131
- Total trauma/ gunshots treated: 336

Humanitarian support to Twic County health system will be essential to: (i) maintain safety nets and emergency response, (ii) institute uninterrupted emergency medical and surgical capacities and referral system, (iii) prevent drug stock ruptures, (iv) enforce emergency preparedness and response capacities in the area in collaboration with Twic CHD; (v) ensure the proper management of emergency response of increased health needs in the area after the escalation of violence in December 2013.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

The overall aim of the project is to **reduce the vulnerability to health related emergencies of both host and IDP/returnee' communities in Twic County (Warrap State), by combining health emergency response/control (including safety nets and surgical capacities) and institutional capacity building for preparedness**. The project purpose is perfectly integrated within the Health Cluster strategy and is in line with all the Clusters priorities:

- Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
- Support to key hospitals for key surgical interventions to trauma
- Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
- Communicable disease control and outbreak response including supplies
- Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
  a. Emergency preparedness and communicable disease control and outbreak response
  b. Emergency obstetrical care, and MISP (minimum initial service package-MISP)
  c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
  d. Trauma management for key health staff
  e. Support to minor rehabilitation and repairs of health facilities
- HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.

Mother Teresa hospital provides 24/7 emergency services which include surgical capacities, MISP in RH services, injuries/trauma management and communicable and non communicable disease treatment (even when complicated). Emergency preparedness is pursued by combining: (i) institutional capacity building for health surveillance, (ii) e-warning system and outbreaks control, and (iii) community sensitization on health, hygiene and sanitation. Awareness raising activities target opinion leaders (community/religious leaders, teachers, VHC, CBOs) and MARPs (women and men living under the poverty line and with poor education, prisoners, soldiers) and are carried out both at static level (facility-based) and in the community (through outreaches). Particular focus will be ensured to address health needs of IDP's in Aweeng, Turalei and Wunrok payams of Twic county.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

The project aims to respond to immediate humanitarian need in a coordinated way through the provision of emergency PHC services for vulnerable people, enhance preparedness, build resilience of households and communities to shocks and build capacity and strengthen systems of institutions to deliver basic services. Specific objectives of the project are:

- to increase the access of local and stranded population (IDPs, returnees and nomads) to continuous and effective frontline hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care.
- to ensure 24/7 comprehensive emergency services – with main focus on surgical and obstetric emergency – at hospital level.
- to increase the number of community members sensitized on health and hygiene-related safe behaviours to prevent spread of infectious diseases and outbreaks.

The achievement of the objectives and of the expected results (see below) will be monitored through the utilization of a number of specific measurable indicators, selected among the Health Cluster output indicators and the MoH requirements for health reporting, seen relevant to achieve the HSDP 2011 – 2016 targets, as well as health related MDGs.
The project timeframe is considered adequate to meet the project objectives, since it represents the natural continuation and enhancement of CHF 2014 Round 1 project.
Health emergency and immediate humanitarian need response (including 24/7 surgical capacities, MISP CEmONC & RH commodities, traumas management) is provided mainly in Turalei Hospital (emergency mobile clinics in IDP/returnees sites when required). Enhance preparedness and build resilience of households and communities to shocks is pursued through combining institutional capacity building for health surveillance and delivery of basic services, e-warning system and outbreaks control and community sensitization on health, hygiene and sanitation.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it).** There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.
List the main activities and results to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

Output 1: Response to immediate humanitarian need ensured through 24/7 emergency health services and surgical capacities provision in Turalei County Hospital

1.1 24/7 emergency medical and surgical capacities (CEmONC, victims of clashes and armed conflict, traumatized, victims of GBV).
1.2 Emergency RH service provided by female staff (MCH, FP, ANC, PNC, STI, GBV follow-up, counseling and referral).
1.3 OPD/IPD service (U5, boys and girls, P&LW, victims of traumas/injuries).
1.4 Provision of drugs and supplies complementing MoH stocks.
1.5 Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign.
1.6 Training on (i) communicable disease control and prevention of communicable disease prevention and control (pneumonia, malaria and diarrhea diseases) (ii) basic nursing care (fluid monitoring, aseptic wound dressing and drug administration) (iii) RH (through MISP, ANC, normal labour and delivery, BF and neonatal care) and obstetric care (including EMONC) (iv) surgical care skills (pre/post operation care, sterilization).
1.7 Integration of HIV/AIDS preventive services (VCT, PMTCT) and improvement of referral system for HIV treatment.
1.8 Construction of an X-ray unit

Output 2: Preparedness and resilience of host and displaced communities to shock enhanced in Turalei area.

2.1 Daily health education for patients at the OPD/IPD on environmental and personal hygiene, good health practices, disease outbreaks, prevention and control.
2.2 Health, hygiene and sanitation sensitization sessions in Turalei prison, military camps, IDP/returnees' sites, including medical screening/referral to the hospital for emergency;
2.3 Individual counseling on safe RH, FP and HIV/AIDS prevention;
2.4 Integrated health outreaches for host community/ displaced persons, prisons and military camps on VCT, health education, treatment of common diseases, TB screening and immunization.
2.5 Collaboration with CHD, RRC and other partners to organize health mass campaigns on special occasions (Hand Washing Day, AIDS Day, Children's Day, etc.)

Output 3: Institutional capacities to manage the delivery of basic health services, EP&R and e-warning system in Twic County are improved

3.1 CHD capacity development on: (i) epidemiological surveillance, monitoring/delivery of health services, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care services, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;
3.2 Support to the identification of partners coordination strategies, emergency human resource planning and logistic plans for stockpiling.
3.3 Participation in the Health sector coordination at County and State level;
3.4 Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners.

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

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

For Output n.1 Response to immediate humanitarian need ensured through 24/7 emergency health services and surgical capacities provision in Turalei County Hospital

1. Number of <5 outpatient consultations (male and female): at least 5,200 (2,600 boys, 2,600 girls);
2. Number. of outpatient consultations, 5 years or older: at least 8,000 (3,500 men, 4,500 women);
3. Number of births attended by skilled birth attendants (at least 200)
4. Number. of women accessing ANC 4 and above: at least 230
5. Number of antenatal clients receiving TT2 second dose: at least 230
6. Number. of DPT3 in children under 1: at least 180;
7. Number. of Measles in children 6 months to 15 years: at least 180
8. Number of caesarean sessions: at least 25;
9. N. of emergency surgical operations: at least 250;
10. N. of PMTCT clients: at least 600;

11. N. of health staff trained: at least 75 (45 women, 30 men);

For Output n. 2 Preparedness and resilience of host and displaced communities to shock enhanced in Turalei area

- N. of host community members, displaced persons, prisoner, military personnel s reached by integrated outreaches: at least 8,500

For Output n. 3 Institutional capacities to manage the delivery of basic health services, EP&R and e-warning system in Twic County are improved

- N. of CHD members trained: 5.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	**Standard Output Indicators** (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	**Target (indicate numbers or percentages)** (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	Number of outpatient consultation under 5 years	5,200 (2,600 boys, 2,600 girls)
X	2.	Number of outpatient consultation 5 years and older	8,000 (3,500 men, 4,500 women)
X	3.	Number of births attended by skilled birth attendants	200
	4.	Number of ANC 4th visit and above	230
X	5.	Number of ANC mothers receiving TT2 and above	230
X	6.	Number of children under 1 year receiving DPT3	180
X	7.	Number of children 6 months to 15 year receiving measles	180
	8.	Number of caesarian sections done	25
	9.	Number of emergency surgical operations	250
	10.	Number of ANC client receiving PMTCT services	600
X	11.	Number of health staff trained	75 (45 women, 30 men)
	12.	No. of community members, IDP, prisoners, military personnel reached by integrated health outreaches	8,500
	13.	Number of CHD trained	5

vi). Cross Cutting Issues

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

DISASTER RISK REDUCTION is mainstreamed in all project components through the provision of basic health services to the host , IDPs and returnees' communities both at facility and outreach level, by implementing the following activities: (i) improving the emergency preparedness and control mechanisms, which will strengthen the current capacity of stakeholders to early detect and respond to any public health emergencies; (ii) strengthening the referral system to the next level of care

ENVIRONMENT: Measures undertaken to mitigate negative environmental impact due to the project activities include: (i) incinerators and placenta pits for hazardous waste management are in use and periodically maintained in Mother Teresa hospital (sharps, needles, syringes, blades and bottles are incinerated while the rest of waste are burnt to ash in the disposal pit), (ii) the outreach team shall be trained on how to manage the waste material produced during the outreaches visits, (iii) periodic maintenance will be regularly done on the project vehicles, to limit the waste of fuel and related-emissions, (Mother Teresa hospital mainly relies on solar system for power), and (iv) collaboration with the CHD for the identification of safe expired drug dumping/ disposal sites.

HIV: CCM will ensure that the universal procedures of HIV/AIDS prevention and control are respected and implemented, and the staffs are informed. CCM shall ensure: (i) mainstreaming of FP in comprehensive RH services, (ii) promotion/ provision of VCT and PMTCT services in Mother Teresa Hospital (priority target: prisoners, soldiers, youths, P&LWs, TB/HIV positive persons), (iii) facilitating the counseling and referral of HIV positive patients to the facilities where ARV treatment is available, (iv) HIV/AIDS awareness messages during health education sessions at facility and community level, (v) guaranteeing universal precautions and safe blood supply during direct transfusions (surgery), (vi) managing the consequences of sexual violence, including provision of PEP and linking with protection cluster for client follow-up.

GENDER:

25 out of 45 current national staff in the hospital are female and 20 are male. The current M&E data collection tools we use in all departments aggregate gender into female and male. The hospital encourages couple counselling for PMTCT/ FP. The services are provided by female health staff to demonstrate women involvement in decision making in a male dominated community. Some other action promoted to improve the gender issues are the following: (i) equal opportunity of accessing health services offered in Mother Teresa Hospital are ensured to both male and female patients; (ii) mobile clinic services in the most remote areas and critical contexts (returnees and IDPs camps) will facilitate women in accessing health care, as they are usually penalized by HFs distance because of their home care duties and of some traditional rules regulating their movements. Moreover, women will play a great role

in the successful implementation of the project activities through the active participation of the female health staff in health activities, including outreach and health education sessions. Mother Teresa hospital has almost same proportion of both female and male national/expatriate staff. Through the project implementation period, CCM will embrace the following actions to achieve gender balance:

(i) promotion of female candidatures to fill in vacant positions. During outreaches, female staff will be encouraged to give health education to clear the notion that women are not supposed to be involve major decision making in a community gatherings or meetings
(ii) promotion of FP for couples. Child bearing is a responsibility of both couple therefore CCM in it's strategy tries to involve couple counselling for the new family planning users though the acceptance rate is still very low
(iii) increase the collection of disaggregated data by gender and age.

CAPACITY DEVELOPMENT; theoretical and on-job trainings, workshops and coordination meetings involving both health personnel and institutional partners (State and County level) have been included as main project activities to concretely enforce the early warning and health emergency risk reduction and to 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.

vii) Implementation Mechanism

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

CCM (Comitato Collaborazione Medica) is an Italian NGO, providing support to Mother Teresa Hospital in Turalei (Twic County, Warrap State) since 2003.

The hospital was built and started by the Diocese of El Obeid, which has requested CCM support for general management of the hospital activities and technical assistance in health service delivery. Mother Teresa Hospital is recognized by WSMoH as County Hospital and is taken as model of effective secondary health facility in all Warrap State for the quality of services provided. CCM is partner to both WSMoH and Twic County CHD and this collaboration ensures respect of all MoH guidelines/protocols in health care delivery, as well as the adherence to DHIS/IDRS reporting system and timeframes.

CCM core interventions include primary and secondary health care, with a special focus on surgical interventions, reproductive, maternal and child health, especially to vulnerable groups in need of humanitarian assistance. Actions promoted and supported by CCM aimed at strengthening the local health system rather than duplicating efforts or establishing parallel health structures.
The project aims at ensuring continuation and preventing the disruption of the provision of basic service package and uninterrupted emergency services, including surgical interventions, at Mother Teresa Hospital. Furthermore, the project foresees to scale-up the promotion of maternal and child health, through organization of education and sensitization activities.

CCM project staff is composed of a small team of expatriates (project manager, surgeon, anesthetist, matron, midwife), providing both high-skilled health services and continuous supportive supervision to the local staff. In addition to the clinical job, the project shall rely on the local health staff, as well as the already functioning community mechanisms, to reach out and disseminate essential key messages to the local populations, the IDPs and returnees in a bid to change their 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, prevention and control of tuberculosis and diarrheal diseases.
Further, the project will also build the County Health Department capacities by training the personnel on strategic planning and involving them in the monitoring and supervision of activities being implemented. Community leaders will also be sensitized in order to enhance the involvement of the community in the acknowledgment and ownership of the health services offered in the county. As a diocesan hospital, the project will also take advantage of the church and other Christian gatherings to pass key health messages to the population.

With regard to data collection and analysis, the correct and timely utilization of DHIS and IDRS will ensure integration of the project data within the MoH reporting system and will contribute to the timely info sharing to prevent/control outbreaks.
The project design is based on the proactive and continuous collaboration between the implementing partner (CCM) and health institutions in 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 from 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.

viii) Monitoring and Reporting Plan

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

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

strategy.

4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[2].

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

A monthly report on the activities undertaken versus the work plan shall be prepared by the Project Manager and submitted to CCM Country Representative, to check on the progress of the activities and action forward. Along with the narrative monthly report also health indicators are registered, including information on all the hospital services (OPD, IPD, ANC/PNC, TBMU, maternity, EPI, VCT Centre, theatre, laboratory and drug management).

CCM staff includes also M&E Officer based in SS Head Office (Juba), who will pay periodic visits in the project areas, to check on the consistency of the reported indicators/targets and effective performances. Further, CCM Regional Health Advisor will conduct at least one M&E mission, to provide further inputs on how to better tailor action to answer the assessed needs and achieve the project results. The health cluster will be constantly updated, thanks to the participation of the Country Representative to the Cluster and the EP&R cluster.

In addition, CCM shall compile: (i) weekly IDSR reports, (ii) monthly DHIS reports, (iii) monthly malaria sentinel reports, (iv) monthly TB reports, and (v) monthly MCH reports. All data will be shared at both County and State Level with Twic CHD and Warrap SMoH. They will also be availed to all main stakeholders, through proactive participation in the sector cluster coordination mechanism at county and state level. The same will be done at federal level, through CCM Juba office.
The monitoring of the activities and the evaluation of the project progress will be enriched through the establishment of several control mechanisms as below:

- *Effective Reporting System*: (i) compilation of daily/weekly/monthly facility registers and tally sheets. Health staff will be trained, supervised and supported to ensure regular compilation of registers and reports including the daily/weekly/monthly health facility registers (ii) compilation of outreach reports (iii) compilation of monthly and quarterly reports for Twic County authorities and Warrap State MoH; (iv) Quarterly progress reports and final report will also be compiled in a timely manner following CHF financial and narrative tools; (v) monthly and quarterly reports are regularly shared with HQ project department for revision;

- *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* and Regional Health Advisor; (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. Meanwhile, 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.

- *Effective financial monitoring system*: (i) CCM accounting systems is based on the double-entry system, which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconciled on a weekly/monthly basis under the supervision of HQ administrative department, (ii)Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; (III) compilation of financial report is elaborated by CCM country administration with the support of a Project accountant and subsequently approved by HQ administrative department.

D. Total funding secured for the CRP project
Please add details of secured funds from other sources for the project in the CRP.

Source/donor and date (month, year)	**Amount** (USD)
SSD-14/60618 R1 2014 OCHA (1/02/2014-30/04/2014)	130.000 USD
Private funds (Mediolanum Foundation) (1/1/2014-31/05/2014)	15.000 USD
Pledges for the CRP project	
HPF Faith based Hospital (1/7/2014 – not yet approved)	44.200 USD

[2] CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		
CHF ref./CRP Code: SSD-14/H/60618	**Project title:** Ensuring health emergencies preparedness, response and expansion of basic health services to local communities, returnees and displaced population in Twic County (Warrap State)	**Organisation:** COMITATO COLLABORAZION MEDICA (CCM)

Goal/Objectives/Outcomes/Outputs		**Indicator of progress**	**Means of Verification**	**Assumptions and Risks**
Goal/Impact (cluster priorities)	• Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies • Support to key hospitals for key surgical interventions to trauma • Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies) • Communicable disease control and outbreak response including supplies • Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns • Maintain surge capacity to respond to any emergencies • Capacity building interventions will include a. Emergency preparedness and communicable disease control and outbreak response b. Emergency obstetrical care, and MISP (minimum initial service package-MISP) c.Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues d. Trauma management for key health staff • Support to minor rehabilitation and repairs of health facilities • HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	• To increase the access of local and stranded population (IDPs, returnees and nomads) to continuous and effective frontline hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care. • To ensure 24/7 comprehensive emergency services – with main focus on surgical and obstetric emergency – at hospital level. • To increase the number of community members sensitized on health and hygiene-related safe behaviours to prevent spread of infectious diseases and outbreaks	• Continuous and effective frontline hospital health care and emergency referral services maintained 24/24 at Turalei Hospital; • Incidence rates for selected communicable diseases relevant to the local context (malaria, ARI, diarrhea, etc) decreased compared to 2013. • Number of CHD members involved in capacity built and supervision activity. • Number of activities realized at community level with the stewardship of VHC and community leaders.	• Quarterly Technical Performance reports for donors and SMoHs, • Training reports.	• Internal and cross-borders political stability; • Stable economic conditions, • Institutional willingness to effectively target emergencies; • No movement restrictions for implementing partners
Outcome	• Increased access of local and stranded population (IDPs, returnees and nomads) to continuous and effective frontline hospital health care in Twic County (Warrap State), with main focus to maternal, neonatal and new-born care. • 24/7 comprehensive emergency services – with main focus on surgical and obstetric emergency – at hospital level. • Increased number of community members sensitized on health and hygiene-related safe behaviours to prevent spread of infectious diseases and outbreaks.	• Number of patients accessing Mother Teresa Hospital in Turalei services (at least 80-85 persons/day) • 100% of the patients in need of emergency treatment are treated in Mother Teresa Hospital in Turalei • Number of community members sensitized on health and hygiene-related safe behavior (at least 550 persons/month) *Total beneficiaries: (21,000)* • Women: 9.000 • Girls: 3.500 • Men: 6.000 • Boys: 3.500	• Final project report; • Consolidated official health data from Warrap State and Twic CHD; • Other data sources (OCHA, IOM, etc.)	• Collaboration of concerned State and local institutions (WSMoH, Twic CHD, HIV/AIDS Commission, etc.); • Conducive environment for INGOs in Twic county; • Collaboration from other stakeholders (UN agencies, other IPs operating at PHC level and in Nutrition/WaSH, returnees' sectors),
Output 1	**Response to immediate humanitarian need ensured through 24/7 emergency health services and surgical capacities provision in Turalei County Hospital**	• Number of <5 outpatient consultations (male and female): at least 5,200 (2,600 boys, 2,600 girls); • Number of outpatient consultations, 5 years or older: at least 8,000 (3,500 men, 4,500 women); • Number of births attended by skilled birth attendance: at	• Quarterly Narrative project reports for donors and WSMoH, • Quarterly Technical Performance reports for donors and SMoHs, • Monthly DHIS/HMIS data • Weekly IDSR data • CCM internal data gathering.	• DoE confirms its support to Mother Teresa Hospital in Turalei and to CCM as implementing partner, • WSMoH honours the provisions of the MoU signed with CCM for collaboration in Primary and Secondary Health Service provision in selected counties of Warrap State

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		least 200; • Number of women accessing ANC 4 and above: at least 230 • Number of antenatal clients receiving TT2 second dose: at least 230 • % DPT3 coverage in children under 1: 100%, at least 180; • Number of measles vaccinations given to > 5 and 15 years in emergency or returnee situation: at least 180 • Number. of caesarean sessions: at least 25; • Number of emergency surgical operations: at least 250; • Number of PMTCT clients: at least 600; • Number of health staff trained: at least 75 (45 women, 30 men);		(including Twic) • Local communities, IDPs and returnees do acknowledge and are willing to access/utilize hospital services
Activity 1.1	24/7 emergency medical and surgical capacities (CEmONC, victims of clashes and armed conflict, traumatized, victims of GBV).			
Activity 1.2	Emergency RH service provided by female staff (MCH, FP, ANC, PNC, STI, GBV follow-up, counseling and referral).			
Activity 1.3	OPD/IPD service (U5, boys and girls, P&LW, victims of traumas/injuries).			
Activity 1.4	Provision of drugs and supplies complementing MoH stocks.			
Activity 1.5	Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign.			
Activity 1.6	Training on (i) communicable disease control and prevention of communicable disease prevention and control (pneumonia, malaria and diarrhea diseases) (ii) basic nursing care (fluid monitoring, aseptic wound dressing and drug administration) (iii) RH (through MISP, ANC, normal labour and delivery, BF and neonatal care) and obstetric care (including EMONC) (iv) surgical care skills (pre/post operation care, sterilization).			
Activity 1.7	Integration of HIV/AIDS preventive services (VCT, PMTCT) and improvement of referral system for HIV treatment.			
Activity 1.8	Construction of an X-ray unit			
Output 2	**Preparedness and resilience of host and displaced communities to shock enhanced in Turalei area.**	• Number of host community members, displaced persons, prisoner, military personnel s reached by integrated outreaches: at least 8,500 • Number. of community members reached by health education sessions: at least 2,500; • Number of women and men in reproductive age counseled on	• Training and report (attendance sheets, training materials, etc) • Outreaches report and registers; • Community sensitization schedules and registers.	• Twic county CHD, RRC and other concerned local institutions are supportive in coordinating IPs activities in providing humanitarian aid to host population, IDPs and returnees to prevent overlapping, • Local authorities are supportive in mobilizing community members on EP&R

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		RH, FP and HIV/AIDS prevention: at least 50 (minimum 20% men); • Number of students reached by health education targeted school sessions: at least 80; • Number of community/religious leaders and CBOs representatives reached by integrated outreaches: at least 30; • Number of visits in prisons, military camps, IDP/returnees' sites: 6 • Number. of health prevention mass campaign organized: 1		
Activity 2.1	Daily health education for patients at the OPD/IPD on environmental and personal hygiene, good health practices, disease outbreaks, prevention and control.			
Activity 2.2	Health, hygiene and sanitation sensitization sessions in Turalei prison, military camps, IDP/returnees' sites, including medical screening/referral to the hospital for emergency			
Activity 2.3	Individual counseling on safe RH, FP and HIV/AIDS prevention			
Activity 2.4	Integrated health outreaches for host community/ displaced persons, prisons and military camps on VCT, health education, treatment of common diseases, TB screening and immunization.			
Activity 2.5	Collaboration with CHD, RRC and other partners to organize health mass campaigns on special occasions (Hand Washing Day, AIDS Day, Children's Day, etc.)			
Output 3	**Institutional capacities to manage the delivery of basic health services, EP&R and e-warning system in Twic County are improved**	• Number of CHD members trained: N.A • Number of stakeholders trained on emergency referral mechanism: at least 15 people • Number of Health coordination meeting attended: 3 • Number of inter-cluster coordination meetings organized/attended: 3 • Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR: 45	• Training and report (attendance sheets, training materials, etc) • Minute of Health Coordination meeting. • Attendance sheets to inter-cluster coordination meeting and reports.	• WSMoH allocates resources to maintain/strengthen the human resources capacities of Twic CHD
Activity 3.1	CHD capacity development on: (i) epidemiological surveillance, monitoring/delivery of health services, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care services, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;			
Activity 3.2	Support to the identification of partners coordination strategies, emergency human resource planning and logistic plans for stockpiling.			
Activity 3.3	Participation in the Health sector coordination at County and State level;			
Activity 3.4	Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners.			

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	**01 July 2014**	**Project end date:**	**31 December 2014**

	Activities	**Q3/2014**			**Q4/2014**		
		Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1	24/7 emergency medical and surgical capacities (CEmONC, victims of clashes and armed conflict, traumatized, victims of GBV).	X	X	X	X	X	X
Activity 1.2	Emergency RH service provided by female staff (MCH, FP, ANC, PNC, STI, GBV follow-up, counselling and referral).	X	X	X	X	X	X
Activity 1.3	OPD/IPD service (U5, boys and girls, P&LW, victims of traumas/injuries).	X	X	X	X	X	X
Activity 1.4	Provision of drugs and supplies complementing MoH stocks.	X	X	X	X	X	X
Activity 1.5	Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign.	X	X	X	X	X	X
Activity 1.6	Training on (i) communicable disease control and prevention of communicable disease prevention and control (pneumonia, malaria and diarrhea diseases) (ii) basic nursing care (fluid monitoring, aseptic wound dressing and drug administration) (iii) RH (through MISP, ANC, normal labour and delivery, BF and neonatal care) and obstetric care (including EMONC) (iv) surgical care skills (pre/post operation care, sterilization).			x			X
Activity 1.7	Integration of HIV/AIDS preventive services (VCT, PMTCT) and improvement of referral system for HIV treatment.	X	X	X	X	X	X
Activity 1.8	Construction of an X-ray unit	X	X				
Activity 2.1	Daily health education for patients at the OPD/IPD on environmental and personal hygiene, good health practices, disease outbreaks, prevention and control.	X	X	X	X	X	X
Activity 2.2	Health, hygiene and sanitation sensitization sessions in Turalei prison, military camps, IDP/returnees' sites, including medical screening/referral to the hospital for emergency	X		X		X	
Activity 2.3	Individual counselling on safe RH, FP and HIV/AIDS prevention	X	X	X	X	X	X
Activity 2.4	Integrated health outreaches for host community/ displaced persons, prisons and military camps on VCT, health education, treatment of common diseases, TB screening and immunization.	X	X	X	X	X	X
Activity 2.5	Collaboration with CHD, RRC and other partners to organize health mass campaigns on special occasions (Hand Washing Day, AIDS Day, Children's Day, etc.)			X			X
Activity 3.1	CHD capacity development on: (i) epidemiological surveillance, monitoring/delivery of health services, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care services, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;			X	X		X
Activity 3.2	Support to the identification of partners coordination strategies, emergency human resource planning and logistic plans for stockpiling.	X	X	X	X	X	X
Activity 3.3	Participation in the Health sector coordination at County and State level;	X	X	X	X	X	X
Activity 3.4	Strengthening inter-sector coordination through building relations with WaSH, Nutrition, Food Security and Protection partners.		x		x		x

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