**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**
International Organization for Migration (IOM)

| **Project CRP Code** | **CRP Gender Code** |
|---|---|
| SSD-14/H/60554 | 2a |

**CRP Project Title** *(please write exact name as in the CRP)*
Sustaining life-saving Primary Health Care Services and respond to epidemics for vulnerable IDPs, Returnees and affected host communities in Upper Nile, Unity, and Jonglei States

**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)* |
|---|---|---|
| Unity | 100 | *Rubkona County* |
| | | |
| | | |
| | | |

| **Total Project Budget requested in the in South Sudan CRP** | US$ 2,700,000 |
|---|---|
| **Total funding secured for the CRP project *(to date)*** | US$1,609,046 |

| **Funding requested from CHF for this project proposal** | US$ 550,000 |
|---|---|
| **Are some activities in this project proposal co-funded (including in-kind)?** Yes ☐ No ☒ *(if yes, list the item and indicate the amount under column i of the budget sheet)* | |

| **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: | 14,601 | 98,712 |
| Girls: | 6,863 | 24,204 |
| Men: | 11,569 | 91,118 |
| Boys: | 7,541 | 23,254 |
| **Total:** | 40,574 | 237,288 |

**Indirect Beneficiaries / Catchment Population (if applicable)**

* Direct Beneficiary Figures are based on the IOM Registration Exercise conducted in Bentiu POC in June 2014.

Rubkona County = 113,548**

** Figures are based on the 2008 South Sudan Household Survey multiplied by a growth rate per year of 2.10. Figures do not reflect the migration and displacement during the last six months.

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

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

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

Indicate number of months: 12
**1 July 2014 – 30 June 2015**

| **Contact details Organization's Country Office** | |
|---|---|
| Organization's Address | New Industrial Area, Northern Bari, Juba, South Sudan |
| Project Focal Person | *Dr Diao Bah, dbah@iom.int, 0922 40 5717* |
| Country Director | *David Derthick, dderthick@iom.int, 0 92 240 6711* |
| Finance Officer | *Patrick Stenson, pstenson@iom.int; 092 240 6613* |
| Monitoring & Reporting focal person | *Mariko Hattori, mhattori@iom.int, 00 92 240 5716* |

| **Contact details Organization's HQ** | |
|---|---|
| Organization's Address | 17 Route des Morillons<br>CP-19 Geneva 2013<br>Switzerland |
| Desk officer | *Dr. Nenette Motus, nmotus@iom.int, +41 79 54 22 326* |
| Finance Officer | *Zita Ortega-Greco, zortega-greco@iom.int* |

**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]

Even before the crisis, South Sudan had among the world's worst global health indicators with a Maternal Mortality Rate of 2,054/100,000 live births, an Infant Mortality Rate of 102/1,000 live births and less than 50% of the population accessing primary health care (PHC) services. Since December, more than 1.4 million people have been displaced or affected and OCHA estimates state that over 93,000 individuals are seeking protection inside the United Nations Mission in South Sudan (UNMISS) bases as of 6 June. Evidence demonstrates that population displacement further exacerbates poor health indicators by disrupting access to continuity of care for preventive, curative and referral services and overwhelming existing public health infrastructure. Combining South Sudan's collapsed health care system with the current scope of displacement underscores the vital need to provide life-saving care through mobile and semi-static clinics in areas highly populated with vulnerable individuals. Unless immediate attention is given by humanitarian partners to prioritize health interventions, the management and control of environmental risks during the rainy season could lead to catastrophic outcomes for the health of hundreds of thousands of individuals.

Yet, the implementation of historically systematic humanitarian responses in the Protection of Civilians (POC) areas established at UNMISS bases has been more difficult due to the volatility of the security situation, especially in the capitals of Malakal and Bentiu, which have changed hands between the SPLA forces and SPLA-in opposition forces several times over the last few months. The POC sites were initially established to respond to the immediate need to save lives and were not meant to be longer-term solutions. Thus, the current context is quite unprecedented as POCs throughout the country are still housing internally displaced persons (IDPs) six months after the initial outbreak of the conflict. Humanitarian actors now find themselves struggling to apply humanitarian standards to a new context as well as racing against time to ensure preparation are made for the rainy season given the uncertainty about how long the IDP population will remain. Challenges include over-crowding, limited number of water and sanitation facilities, unsatisfactory shelter materials and a general lack of awareness among the population about good hygiene practices and early health seeking behaviors.

IOM is currently providing life-saving PHC, reproductive health care through the Minimum Initial Service Package (MISP), mass and routine immunizations through the Expanded Programme on Immunizations (EPI), and health education in two UNMISS bases (Malakal and Bentiu) as well as through mobile clinics in Renk and Wonthou, an area north of Renk near the border with Sudan.

**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.

In Unity State, the number of IDPs within the Bentiu UNMISS base has drastically increased with estimates at 38,000 individuals as of 6 June (compared to 8,000 in March 2014). IOM provides PHC services and has agreed to expand the size and capacity of its semi-static and mobile clinics to better respond to the needs of the growing numbers of vulnerable men, women, boys and girls. There are major challenges with accessing sufficient amounts of clean water (4L/person/day, June 2014), maintaining functional latrines (60 persons/latrine, June 2014) and encouraging population based behavior change for poor sanitation and hygiene practices. The continuous population movement combined with the recent declaration of a cholera outbreak in Juba suggests the risk of cholera in Unity State is high.

The project also aims to contribute to the prevention and response of waterborne diseases in the target area using a two-fold approach focusing on direct services and health education/promotion. Closely linked with environmental management, waterborne diseases are best prevented through community-wide mechanisms of good hygiene practices, access to adequate sanitation facilities and clean water. IOM's comparative advantage lies in its role as a strong partner for both the Health and WASH clusters in Unity and Upper Nile states. It is for this reason that IOM was asked by the Health Cluster to lead the integration of the health and hygiene community mobilisation efforts in Bentiu. This specific role will be led and coordinated by a dedicated Health and Hygiene Promotion Coordinator, funded by this proposal.

**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 proposed project will respond directly to ten of the thirteen Health Cluster priority areas identified for this CHF 2014 Round 2 allocation.

1. Maintain emergency PHC services in targeted areas through provision of basic equipment, drugs, medical supplies, basic lab equipment and supplies.
   - Through this grant, IOM will provide life-saving PHC services through semi-static and mobile clinics to identified populations in target areas in Unity and Upper Nile states. The basic package of PHC services will be provided as defined by the cluster, which includes provision of basic equipment, supplies and drugs.

2. Provision and prepositioning of core pipelines (drug kits, Reproductive Health (RH) kits, vaccines and supplies)
   - This proposal will address core pipeline challenges in Unity and Upper Nile states due to continuing insecurity limiting

[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.

transport options. As in the past, IOM will continue to pre-position essential drugs and equipment as needed to ensure zero stock outs of key tracer drugs and supplies both for IOM use and that of other partners. IOM will assist in the prepositioning of core pipeline materials through our roles as Camp Coordination and Camp Management (CCCM) Cluster co-lead and an active member of the Logistics Cluster and through IOM's physical presence on the ground in the two affected states.

3. Communicable disease control and outbreak response including supplies
   - This proposal addresses the management, control and response of communicable diseases through health service delivery provided by IOM's semi-static and mobile clinics, health education on communicable diseases (such as water-borne illnesses like Cholera and Hepatitis E) and procurement, transport and pre-positioning of essential drugs and medical supplies. Furthermore, IOM is an active member of the national Emergency, Preparedness and Response Taskforce led by the Ministry of Health and WHO.

4. Strengthen early warning surveillance and response system for outbreak-prone diseases
   - This proposal specifically aims to respond to this priority by enhancing IOM's capacity to monitor, analyse and respond to disease trends within targeted areas through the addition of a health specific M&E officer within the team.
5. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns
   - This proposal includes participation and support to the WHO EPI through both mass and routine vaccinations for boys and girls under five years of age and women of childbearing age in displaced and vulnerable communities. IOM will continue to support and lead, where necessary, Oral Cholera Vaccination (OCV) campaigns was done in Malakal, Bentiu and Bor earlier this year.

6. Maintain surge capacity to respond to any emergencies
   - IOM was selected by the Health Cluster to develop a rapid response health team that will be activated by IOM at the request of the Health Cluster as surge capacity to respond immediately to any identified emergency.

7. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of Sexual and Gender based Violence (SGBV), and mitigating HIV in emergencies);
   - This proposal includes the provision of the Minimum Initial Service Package (MISP) of reproductive health services in emergencies in Unity state. Furthermore, this proposal aims to complement an ongoing initiative with the UN Joint Team on HIV and AIDS, UNAIDS, WHO, UNFPA, Unicef, UNMISS and the South Sudan AIDS Commission to mainstream HIV Counseling and Testing as well as treatment and care into IOM's current emergency health programming in Bentiu.

8. Provision of emergency mental health and psychosocial care
   - Pending the success of IOM's initiative in the Protection Cluster to provide psychosocial support in emergencies in targeted areas, this proposal will include the provision of Psychological First Aid Training for all IOM health staff working with IDPs and other vulnerable communities. The proposal aims to also train field staff in certain aspects of WHO's mhGAP tool.

9. Capacity building interventions will include: Emergency preparedness and communicable disease control and outbreak response; Emergency obstetrical care, and MISP; Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues; Trauma management for key health staff
   - IOM's health team has already been trained on the management and surveillance of communicable diseases, MISP, first aid and emergency preparedness. Further training on community based interventions such as awareness raising, hygiene promotion and education is anticipated.

10. Support to referral system for emergency health care including medevacs.
    - All clinics supported under this proposal aim to provide emergency referral services, including coordination support for medical evacuations.

11. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions
    - Through the support of the UN Joint Team on HIV and AIDS, IOM will under this proposal continue to provide services for the prevention of HIV including condom distribution, training of HIV counselors in collaboration with UNMISS and UNAIDS, mainstreaming of HIV Counseling and Testing, treatment, care and support into ongoing emergency health activities as well as acting as a custodian of PEP kits in targeted areas.

**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)

To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving PHC services to vulnerable returnees, IDPs and conflict-affected host communities.

**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).

The proposed project intends to contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving PHC services to vulnerable returnees, IDPs and conflict-affected host communities through a flexible, responsive and synergistic approach. The use of a combination of semi-static and mobile clinics allows IOM to respond rapidly to the specific contextual needs within a given emergency situation. Moreover, IOM's role implementing both emergency WASH and Health activities is a significant comparative advantage for integrating health and hygiene promotion activities. Yet, successful endeavors to prevent waterborne diseases (including cholera, Hepatitis E, malaria, etc.) will require strong leadership and coordination efforts. During the second half of the year, IOM's strategy will strongly focus on the direct link between hygiene and health and will include the provision of a dedicated IOM staff member in both Unity and Upper Nile states to manage and oversee the effective use of behavior change communication to positively affect hygiene and health practices in the targeted communities.

Activities:

1. Provision of emergency PHC services through mobile teams and semi static health facilities particularly focused on ensuring access for women, girls, boys and men.
2. Provision of reproductive and maternal health, including MISP as well as pre and post natal care services.
3. Provision of and support to routine and mass campaign immunisations particularly for boys and girls under five.
4. Strengthening of emergency preparedness and capacity of health workers to respond through basic and refresher trainings on communicable disease management, particularly Hepatitis E, cholera and malaria diagnosis and treatment, and MISP (priority given to female health workers).
5. Prepositioning of essential medicines, medical supplies and equipment and logistical support for emergency preparedness.
6. Enhancing community mobilisation through the use of peer to peer community health volunteers to mainstream health education on HIV awareness, prevention of SGBV and psychosocial support to survivors, communicable diseases, and proper sanitation and hygiene for men, women, boys and girls.
7. Strengthening of emergency referral system between referring and receiving health facilities and by providing transportation.
8. Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response possibly initiating hotspot mapping using Geographic Information System where appropriate.
9. Participate in the ongoing waterborne disease preparedness and response planning at the national, state and local health care levels.

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

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

At the end of the CHF grant period, IOM expects to have achieved the following results.

Outcome 1:

Avoidable mortality remains under emergency threshold among target populations

Outputs:

1.1. Semi-static health facilities and mobile units are maintained ensuring provision of emergency Basic PHC Services.
1.2. Quality reproductive and maternal health services are delivered at all semi-static clinics, particularly focused on MISP as well as pre and post natal care services.
1.3. Routine EPI and mass campaign immunisations, particularly for boys and girls under five and women of childbearing age, is provided and supported.
1.4. Peer to peer community health volunteers are trained and operational, carrying out health awareness sessions on HIV and AIDS, SGBV, including referrals for counseling and support services for survivors, communicable diseases and good hygiene and sanitation practices for men, women, boys and girls.
1.5. Emergency referral system improved through the provision of transport support and strengthened coordination mechanisms between referring and receiving health facilities.

Outcome 2:

National disease surveillance/earning warning system and waterborne disease preparedness and response planning receives support from IOM.

Outputs:

2.1. Timely provision of information contributing to the South Sudan National Disease surveillance/early warning system.

**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. | # of < 5 outpatient consultations | At least 0.5 consultation per beneficiary per year (at least 13,085 consultations; 5,785 male and 7,300 female) |
| x | 2. | # of >5 outpatient consultations (disaggregated by sex) | At least 0.5 consultation per beneficiary per year (at least 7,202 consultations; 3,771 male and 3,431 female) |
| x | 3. | Percentage of pregnant women receiving at least 2nd dose of TT vaccination | 50% of pregnant women received at least the 2nd dose of TT vaccination (4% of beneficiary population is estimated to be pregnant; 50% of target population is 811 pregnant women) |
| x | 4. | Number of measles vaccinations given to children under 5 in emergency or returnee situation | At least 10,468 unvaccinated boys and girls under five are vaccinated against measles in an emergency or returnee situation. (Estimate is 80% of under-five consultations; 3,017 males and 2,744 females) |

| | | | |
|---|---|---|---|
| | 5. | Number of beneficiaries receiving health awareness messages (disaggregated by age (below 18 and 18 and above) and sex) | At least 80% of the target population receive health awareness messages (n= 12,000) |
| | 6. | Number of referrals | At least 2% of consultations include a referral (n= 405) |
| | 7. | Number of Integrated Disease Surveillance Response reports submitted | Weekly (n= 52) |

**vi). Cross Cutting Issues**

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

IOM requires all programming to implement human rights based approaches and target interventions using a gender based analysis. Most of the time, the gender-disaggregated profiles of the target populations are not available prior to the action however, once available such information is taken into consideration in the development of further action. Empowering women and girls to make decisions about their own health as well as promoting women's active participation in community-level health committees overall is a key objective of this proposal. To ensure gender equality and an increased level of trust among women beneficiaries, the project will make special efforts to recruit as many female staff as male (Target: 50%) and ensure training opportunities are extended equally to woman and men.

During this project grant period, IOM will has start-up funds through UNAIDS to collaborate with the UN Joint Team on HIV and AIDS to mainstream HIV Counseling and Testing into IOM's emergency health activities; this includes the training of HIV Counselors in Bentiu POC sites with the technical support of UNMISS, WHO and UNAIDS. IOM will additionally provide or refer patients for HIV treatment, care and support as well as co-infections (e.g. TB) where possible. The provision of reproductive and maternal health, including pre and post natal care, at the clinics will further support the reduction of HIV transmission from mother to child. Finally, health sensitisation sessions will be organised at each clinic site in order to discuss important public health concerns such as prevention of water-borne illnesses such as cholera and Hepatitis E, HIV/AIDS, and SGBV.

The environmental impact of this project will be neutral, as IOM has taken steps to ensure proper waste management systems at all clinic sites.

**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.

IOM will directly implement this project. Human resources will be mainly from IOM and where appropriate some secondment from the Ministry of Health. IOM has been present on the ground in Bentiu providing emergency health care services.

**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].

IOM health staff is required to send weekly and monthly reports to IOM Juba giving statistics on the number of consultations conducted, types and scope of morbidities and vaccinations as well as details on health promotion activities. This consistent flow of information from the field allows project managers to closely monitor morbidity trends and outbreaks, as well as individual project activities and how they are contributing to the achievement of the project's expected results and overall objective. Weekly monitoring reports aggregated into monthly, quarterly and mid-year reports coupled with quarterly site visits allow managers to evaluate short, medium and long-term project progress and to address any challenges in a timely manner. Based on the WHO Health Cluster Morbidity report and the Infectious Disease Surveillance Reporting form, IOM developed an excel sheet in late 2012 to capture all data and which allows for easy sharing with relevant partners such as the WHO, the Ministry of Health at all level, county coordinating mechanism lead agencies and donors. It is expected that this same data collection tool will be used in 2014.

Furthermore, the health teams hold on-site evaluation meetings every week to discuss the needs, achievements and any adjustments at the field level. Additionally, at least two field visits from IOM Juba will be conducted in both Upper Nile and Unity states during the implementation of this project to ensure all staff are aware of reporting requirements, tools and procedures.

**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) |
|---|---|
| CHF 2014 the first standard allocation | 260,000 |
| USAID/OFDA Rapid Response Fund | 923,572 |
| CIDA | 425,474 |
| **Pledges for the CRP project** | |

[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/60554 | **Project title:** Sustaining life-saving Primary Health Care Services and respond to epidemics for vulnerable IDPs, Returnees and affected host communities in Upper Nile, Unity, and Jonglei States | **Organisation:** IOM |

| **Goal/Objectives/Outcomes/Outputs** | | **Indicator of progress** | **Means of Verification** | **Assumptions and Risks** |
|---|---|---|---|---|
| **Goal/Impact (cluster priorities)** | 1. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies<br>2. Support to key hospitals for key surgical interventions to trauma<br>3. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)<br>4. Communicable disease control and outbreak response including supplies<br>5. Strengthen early warning surveillance and response system for outbreak-prone diseases<br>6. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns<br>7. Maintain surge capacity to respond to any emergencies<br>8. 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);<br>9. Provision of Emergency mental health and psychosocial care<br>10. Capacity building interventions will include<br>a. Emergency preparedness and communicable disease control and outbreak response<br>b. Emergency obstetrical care, and MISP (minimum initial service package-MISP)<br>c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues<br>d. Trauma management for key health staff<br>11. Support to referral system for emergency health care including medevacs.<br>12. Support to minor rehabilitation and repairs of health facilities<br>13. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions | Catchment population in target areas access to emergency primary health care services<br><br>Hospitals in target areas provide key surgical interventions to trauma<br><br>Communicable disease control and outbreak response is maintained<br><br>Early warning surveillance and response system functions<br><br>Target population vaccinated.<br><br>Target population access reproductive health services<br><br>Target population access emergency mental health and psychosocial care<br><br>Number of local health providers gain knowledge/skills of emergency health services<br><br>Emergency referral system functions<br><br>Target population practices gains knowledge on HIV/AIDS prevention and care | Ministry of Health resources<br><br>WHO/health cluster monitoring reports | Target population remains accessible<br>Host government support Health Cluster and partners activities in the country<br><br>Local population is willing to access services provided/supported by Health Cluster partners |

| Goal/Objectives/Outcomes/Outputs | | Indicator of progress | Means of Verification | Assumptions and Risks |
|---|---|---|---|---|
| **CHF project Objective** | To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving PHC services to vulnerable returnees, IDPs and conflict-affected host communities. | Avoidable mortality and morbidity remains under emergency threshold among target populations | Ministry of Health reports<br><br>WHO/health cluster monitoring reports | Target population remains accessible<br>Host government support Health Cluster and partners activities in the country<br>Local population is willing to access services provided/supported by the project |
| **Outcome 1** | Avoidable mortality remains under emergency threshold among target populations | Mortality rate | IOM clinic report<br><br>Ministry of Health reports<br><br>WHO/health cluster monitoring reports | Target population remains accessible<br>Host government support Health Cluster and partners activities in the country<br>Local population is willing to access services<br>Timely provision of Drugs through the Ministry of Health/Health Cluster pipeline. |
| **Output 1.1** | Semi-static health facilities and mobile units are maintained ensuring provision of emergency basic PHC Services | # of < 5 outpatient consultations (disaggregated by sex)<br><br># of > 5 outpatient consultations (disaggregated by sex) | IOM clinic report | Target population remains accessible<br>Host government support Health Cluster and partners activities in the country<br>Local population is willing to access services provided/supported by the project<br>Drugs are provided by the Ministry of Health/Health Cluster pipeline in a timely manner |
| Activity 1.1.1 | Provision of emergency PHC services through mobile teams and semi static health facilities particularly focused on ensuring access for women, girls, boys and men. | | | |
| Activity 1.1.2 | Strengthening of emergency preparedness and capacity of health workers to respond through basic and refresher trainings on communicable disease management, particularly Hepatitis E, cholera and malaria diagnosis and treatment, and MISP (priority given to female health workers). | | | |

| Goal/Objectives/Outcomes/Outputs | | Indicator of progress | Means of Verification | Assumptions and Risks |
|---|---|---|---|---|
| Activity 1.1.3 | Prepositioning of essential medicines, medical supplies and equipment and logistical support for emergency preparedness. | | | |
| **Output 1.2** | Quality reproductive and maternal health services are delivered at all semi-static clinics, particularly focused on MISP as well as pre and post natal care services. | % of pregnant women receiving at least 2nd dose of TT vaccination | IOM clinic report | Target population remains accessible<br>Host government support Health Cluster and partners activities in the country<br>Local population is willing to access services provided/supported by the project<br>Drugs are provided by the Ministry of Health/Health Cluster pipeline in a timely manner |
| Activity 1.2.1 | Provision of reproductive and maternal health, including MISP as well as pre and post natal care services | | | |
| **Output 1.3** | Routine EPI and mass campaign immunizations, particularly for boys and girls under five and women of childbearing age, is provided and supported | # of measles vaccinations given to < 5 in emergency or returnee situation | IOM clinic report | Target population remains accessible<br>Host government support Health Cluster and partners activities in the country<br>Local population is willing to access services provided/supported by the project<br>Drugs are provided by the Ministry of Health/Health Cluster pipeline in a timely manner |
| Activity 1.3.1 | Provision of and support to routine and mass campaign immunizations particularly for boys and girls under five. | | | |
| **Output 1.4** | Peer to peer community health volunteers are trained and operational, carrying out health awareness sessions on HIV and AIDS, SGBV, including referrals for counseling and support services for survivors, communicable diseases and good hygiene and sanitation practices for men, women, boys and girls. | Number of beneficiaries reached through peer to peer community health volunteers (disaggregated by age and sex) | IOM clinic report | Target population remains accessible<br>Host government support Health Cluster and partners activities in the country<br>Local population is willing to access |

| Goal/Objectives/Outcomes/Outputs | | Indicator of progress | Means of Verification | Assumptions and Risks |
|---|---|---|---|---|
| | | | | services provided/supported by the project |
| Activity 1.4.1 | Enhancing community mobilisation through the use of peer to peer community health volunteers to mainstream health education on HIV awareness, prevention of SGBV and psychosocial support to survivors, communicable diseases, and proper sanitation and hygiene for men, women, boys and girls. | | | |
| **Output 1.5** | Emergency referral system improved through the provision of transport support and strengthened coordination mechanisms between referring and receiving health facilities. | Number of referrals | IOM clinic report | Target population remains accessible<br>Host government support Health Cluster and partners activities in the country<br>Local population is willing to access services provided/supported by the project |
| Activity 1.5.1 | Strengthening of emergency referral system between referring and receiving health facilities and by providing transportation | | | |
| **Outcome 2** | National disease surveillance/earning warning system and waterborne disease preparedness and response planning receives support from IOM | Number of integrated Disease Surveillance Response reports submitted | IOM communications | Host government support Health Cluster and partners activities in the country<br>Communication channels remain open |
| **Output 2.1** | Timely provision of information contributing to the South Sudan National Disease surveillance/early warning system | Number of Integrated Disease Surveillance Response reports submitted | IOM communications | Host government support Health Cluster and partners activities in the country<br>Communication channels remain open |
| Activity 2.1.1 | Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response possibly initiating hotspot mapping using Geographic Information System where appropriate. | | | |
| Activity 2.1.2 | Participate in the ongoing waterborne disease preparedness and response planning at the national, state and local health care levels. | | | |

**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:** | **1 July 2014** | **Project end date:** | **30 June 2015** |
|---|---|---|---|

| **Activities** | **Q3/2014** | | | **Q4/2014** | | | **Q1/2015** | | | **Q2/2015** | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| Activity 1.1.1: Provision of emergency PHC services through mobile teams and semi static health facilities particularly focused on ensuring access for women, girls, boys and men. | x | x | x | x | x | x | x | x | x | x | x | x |
| Activity 1.1.2: Strengthening of emergency preparedness and capacity of health workers to respond through basic and refresher trainings on communicable disease management, particularly Hepatitis E, cholera and malaria diagnosis and treatment, and MISP (priority given to female health workers). | x | x | x | x | x | x | x | x | x | x | x | x |
| Activity 1.1.3: Prepositioning of essential medicines, medical supplies and equipment and logistical support for emergency preparedness. | x | x | x | x | x | x | x | x | x | x | x | x |
| Activity 1.2.1: Provision of reproductive and maternal health, including MISP as well as pre and post natal care services | x | x | x | x | x | x | x | x | x | x | x | x |
| Activity 1.3.1: Provision of and support to routine and mass campaign immunizations particularly for boys and girls under five. | x | x | x | x | x | x | x | x | x | x | x | x |
| Activity 1.4.1: Enhancing community mobilization through the use of peer to peer community health volunteers to mainstream health education on HIV awareness, prevention of SGBV and psychosocial support to survivors, communicable diseases, and proper sanitation and hygiene for men, women, boys and girls. | x | x | x | x | x | x | x | x | x | x | x | x |
| Activity 1.5.1: Strengthening of emergency referral system between referring and receiving health facilities and by providing transportation. | x | x | x | x | x | x | x | x | x | x | x | x |
| Activity 2.1.1: Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response possibly initiating hotspot mapping using Geographic Information System where appropriate. | x | x | x | x | x | x | x | x | x | x | x | x |
| Activity 2.1.2: Participate in the ongoing waterborne disease preparedness and response planning at the national, state and local health care levels. | x | x | x | x | x | x | x | x | x | x | x | x |

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