South Sudan
2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

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

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

SECTION I:

CAP Cluster	

CHF Cluster Priorities for 2012 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities	Cluster Geographic Activities
➢ Continuation of basic frontline services in high risk counties ➢ Increased emergency preparedness activities ➢ Continuation of support for agencies able to provide surge capacity	High risk/hotspot counties

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

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)
Relief International (RI)	Upper Nile State, Mabaan County, Bounj and Banshowa Payams – South Sudan (100%)
Project CAP Code SSD/-12/H/46248/6971	
CAP Project Title Ensuring Emergency Primary Health Care in Mabaan County (EEPHC)	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US$507,401	US$300,000.00	

Direct Beneficiaries	
Women: 25%	14,127
Men: 7%	3,955
Girls: 11%	6,216
Boys: 9%	5,085

Total Indirect Beneficiary
27,128

Catchment Population (if applicable)
56,511 (Hosting Community 40,811; Returnees 15,530 and IDPs 170). There are also 73,689 Refugees in Doro & Jamam camps

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)	Project Duration (max. of 12 months, starting from allocation date)
Relief International	**Start Date (mm/dd/yy): April 1st, 2012** **End Date (mm/dd/yy): March 31st, 2013**

Address of Country Office	Address of HQ
Project Focal Person: Mustafe Ismail Email & Tel: mustafe@ri.org +211-925-475552/+211-956977744 e-mail country director: mustafe@ri.org e-mail finance officer: rebecca.javier@ri.org Address: Thomping, Juba – South Sudan	e-mail desk officer: Eric Anderson e-mail finance officer: eric.anderson@ri.org Address: 1100 H Street NW, Suite 1200 Washington, DC 20005

SECTION II

A. Humanitarian Context Analysis

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

Republic of South Sudan facing increasing and multiple threats to their security and livelihoods, stemming from a number of interconnecting issues – implementation of the CPA, tribal conflict, north-south political tensions and the presence of other armed groups such as the LRA. Particularly in Upper Nile, Mabaan County; according to information compiled by UNHCR, more than 41,262 refugees in Doro camp and 32,427 in Jammam camp living as a result of conflict between North Sudan and Blue Nile in February 2012.

Assessments made by Relief International (RI) and corroborated by other humanitarian agency reports,2 (UNICEF, UNHCR and ARC) indicated that there is a big gap at village level on health network to meet the demand of the host community, with the service provided by Community Health Promoters (CHPs) and Traditional Birth Attendants (TBA). Insufficient access to health, water, and sanitation services combined with gaps in livelihoods and food security brought major contributing factors towards the high prevalence rate of malnutrition in the area3 and malnutrition associated illness (e.g. ARI, Measles, Diarrhoea and Malaria). Moreover, increased number of returnee population from Ethiopia and Internally Displaced Peoples (IDPs) from North Sudan to Mabaan County can contribute for occurrence of emerging and re-emerging diseases in the area.

The effect of South Sudanese poor health situation increasingly contributed for recurrent occurrence of morbidity, mortality and sufferings among vulnerable people like under 5 children and pregnant and lactating mothers continue to be unacceptably high. A high proportion of childhood mortality is rooted in malnutrition which is the underlying cause of death for neonatal, pneumonia, malaria, diarrhoea, and measles related cases. South Sudan is acknowledged to have some of the worst health indicators in the world. The under-five mortality rate is 135 per 1,000 live births, whilst maternal mortality ratio is the highest in the world at 2,054 per 100,000 live births.

RI in South Sudan, in collaboration with the Government structures at State and County level, are responding to these primary health care activities through delivery of static and mobile health service to identified host community and internally displaced people. In recent years, RI has been at the forefront of the development and implementation of Ensuring Emergency Primary Health Care (EEPHC) approach programmes in Mabaan County; these programmes have been rolled out by other NGOs working in the humanitarian relief context in South Sudan and elsewhere.

B. Grant Request Justification

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

RI has considerable experience in South Sudan – initiated intervention activities in 2006 and had huge operational experience in Mabaan County, Upper Nile states. RI's programmes had considerable experience in Integrated Health and Nutrition projects, Livelihood projects, and Assistance returnee's project, Enhanced community access on WASH project, SIDA development project and Consolidated appeal project (CAP). RI has been recognized by the Republic of South Sudan Ministries of Health (MoH), Ministry of Agriculture, Ministry of Rural Water as a credible organization which has had an important role to place and a huge impact on the lives of host community, Internally Displaced People (IDPs) and returnees in South Sudan. RI has been responding to major and small emergencies in South Sudan and provided emergency food aid, nutrition and health services. RI has been giving curative and preventive health service for <5 children, >5 clients, pregnant and lactating mothers in its three health facilities (1 PHCC and 2 PHCUs).

The current health status of the Mabaan County is classified as 'fragile'. This is exacerbated by the presence of huge amount of refugees from conflict area of Blue Nile with aggravating factors such as probability of epidemic occurrences like measles, cholera or other communicable diseases, low levels of measles vaccination coverage and vitamin A supplementation, inadequate safe water supplies and sanitation.

This demands immediate intervention to save lives of vulnerable groups like <5 children and pregnant and lactating mothers. RI has long previous experience of ensuring emergency primary health care (EEPHC) response interventions. RI responding to primary health care interventions using the national approach in Loguchuck and Mabaan Counties.

In 2012 RI planned to provide essential health services in Mabaan County, Upper Nile States, in its 3 health facilities where host community and IDPs can access the nearby health facilities on both curative and preventive modality and through outreach programming including mobile clinics, health education, family planning and EPI services, but due to limited funding sources and phasing-out of already initiated project activities in the ground RI will be forced to pend the routine activities in the static as well mobile health facilities.

RI is seeking funding to ensuring emergency primary health care services to provide as basic curative and preventive health services in already created static health structures for host community, returnees as well IDPs.

C. Project Description (For CHF Component only)

i) Purpose of the grant

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

To reduce morbidity, mortality and sufferings of affected population through provision of ensuring emergency primary health care

[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.

[3] Ibid.

service in the form of curative and preventative modality and capacity building of national health staff in Mabaan County

ii) Objective

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

To contribute to the reduction of morbidity, mortality and sufferings associated with primary health care related problems among affected host community and internally displaced people in Mabaan County, Upper Nile States 2012.

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

Services in the health facilities: RI will continue to apply provision of basic health care needs of target communities particularly those of under 5 children, host community and IDPs in its 1 PHCC and 2 PHCUs.

Service in outreach by CHWs: RI will strengthen to work on Integrated Community Case Management (ICCM) programming in Mabaan County to include proper identification, treatment and referral of cases to RI operational health facilities. RI currently implements ICCM for pneumonia, diarrhoea, malaria and malnutrition. This will help to reduce childhood morbidity and mortality by addressing at the community level and will aim to increase appropriate/timely health seeking behaviour/treatment of host community and IDPs. By addressing these illnesses at the community level while simultaneously strengthening facility-based MCH services RI will continue to ensure <5 children, pregnant and lactating mothers, adult host community and IDPS in Mabaan County having increased access to life saving health services. These are the focus areas:

- Prevention and management of common childhood diseases including malaria, pneumonia, diarrhoea, measles and malnutrition for 11,301 in which females 6,216 and males 5,085 under 5 children.
- BCG, OPV3, DPT3 and measles immunization for 2,260 under 1 children
- Curative and preventive measures for 18,082 adult host community and IDPs through out-patient and in-patient modality
- Designed behaviour change (DBC) – focusing on identified gaps to provide designed continues health information for 14,127 host community and IDPs e.g. IYCF approach, optimal hygiene/health behaviours, appropriate home care and care seeking practices for sick children
- Capacity building of 15 health service providers and 30 CHWs through initial training, on-the-job training, supportive supervision, equipment procurement and material support
- Provision of reproductive health services for 14,127 pregnant & lactating mothers- e.g. Focused ANC, clean delivery kit, PNC, FP, EmOC and TT immunization
- Routine monitoring of service provision & disease outbreak surveillance in the 2 Payams
- Community-level identification, treatment and referral of severe cases (danger sign) in 2 Payams by 30 CHWs

Table 1. Top five diseases managed in RI run 3 health facilities, Mabaan:

S/no.	Diseases	December 2011	January 2012	February 2012
1	Malaria	703	686	717
2	ARI (Pneumonia)	629	632	625
3	Fever of unknown origin	295	244	346
4	Bloody diarrhea	241	230	252
5	Intestinal parasites	223	230	216
Total		**2,091**	**2,022**	**2,156**

Table 2. Consultation trend in RI run 3 health facilities, Mabaan

S/no.	Health facility	December 2011	January 2012	February 2012	Total
1	Bounj PHCC	1,257	1,193	1,322	**3,772**
2	Gasmala PHCU	803	677	930	**2,410**
3	Dangaji PHCU	1,045	1,133	957	**3,135**
Total		**3,105**	**3,003**	**3,209**	**9,317**

iv). Cross Cutting Issues

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

Gender relations

Programme beneficiaries will be both children under five years of age and other adult clients regardless of gender. Pregnant women and Lactating mothers will be also main part of the programme beneficiaries. RI will pay careful attention to the needs of women during program implementation. To ensure adequate representation of women at all stages of program implementation, RI will utilize gender relationship mechanisms that emphasize increased status of women in leadership, increased gender balance in community worker networks, and activity delivery strategies. During community outreach of ICCM, gender issues will be highlighted that leads to health seeking behavior of the community. Besides, monthly, quarterly and annual reports will be presented based on gender desegregations.

HIV/AIDS

HIV/AIDS awareness creation is key to RI's programming strategy across its program sites. RI will continue to take a community participatory approach to HIV/AIDS awareness and education. It involves health provider training and outreach strategies that are based on culturally relevant and appropriate messages. Methods will also be devised within the cultural context for outreach to women, men, and sexually active adolescents. RI is collaborating with its ongoing community partners and Village Health Committees to facilitate local participation in HIV/AIDS education. Awareness promotion will begin in the RI-supported PHCs. Many under five children and adults are also likely to be suffering from HIV/AIDS and/or Tuberculosis (TB). Anyone who suffers with opportunistic infections related to HIV/AIDS will automatically get medical attention and treatment in the programme, regardless of the cause of the diseases. If a patient presents with symptoms that are suggestive of these diseases, they will be referred to the nearest diagnostic and ART facility.

Protection mainstreaming

While the focus of the proposed programme is not on protection issues per see, at its core the welfare of clients is being addressed. RI has an internal policy that all staff and partners are required to sign prior to commencing employment. The objective of this policy is to ensure that programme participants are free from abuse, exploitation and harassment.

v) Expected Result/s

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

	Indicator	Target (indicate numbers or percentages)
1	Number of consultation per health facility (direct beneficiaries received services)	18,082 consultations made by 3 static health facilities to manage under 5 and adult cases as required
2	Number of under 5 children suffering from childhood diseases like pneumonia, diarrhoea, malaria and other illnesses reduced	11,301 under five children referred by CHWs and received treatment based on ICCM on common childhood illnesses
3	Maintaining existing three static PHCs by equipping with appropriate medical supplies and equipments	100% of three static health facilities maintained and appropriate equipment purchased (Bounj, Gasmala and Dangaji) to provide preventive and curative service for needy community during rainy season and beyond
4	Number of people who attend designed awareness raising campaigns	14,127 community and religious leaders, host community and IDPs received designed behavioural change communication on important health topics.
5	Number of health workers and CHWs trained or retrained	100% of health workers in three health facilities and CHWs trained and supported as needed and able to manage common childhood illnesses and adult problems as an in-patient and out-patient cases

vi) Implementation Mechanism

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

At the onset of the program, RI's expatriate Technical Health Coordinator (THC), in collaboration with local teams, will develop detailed performance monitoring and work plans to be used as key implementation guides by community workers at all RI target locations, These plans will form a basis of work plan progress monitoring throughout the program period. Progress towards achieving deliverables and quality of services rendered will be monitored by THC via bi-monthly meetings with community workers in RI field office in Mabaan as well as field visits. Community workers will report to the RI Medical Officer twice a month to update on activities and address and resolve implementation challenges. Community worker visits to RI's central locations will also provide an opportunity for additional trainings, guidance, and when necessary, course correction.

Adherence to this work plan and meeting the indicators listed above will be the two primary structures used to track implementation. Data for M&E will be collected by the Medical Officer, who will also be in charge of providing extensive capacity building to local CHWs. The Medical Officer will be responsible for compiling the data and providing M&E reports. THC, under the direction of Program Manager, CD and HQ staff, will be responsible for tracking progress against the Work Plan. If the regular monthly review of progress against the Work Plan shows one or more tasks have been delayed or were not successful, the THC together with

Program Manager will work with technical field staff, CD and HQ to revise the approach and renew efforts to complete the tasks. Any major revisions will be cleared with CHF.

vii) Monitoring Plan

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

In collaboration with Mabaan County Health Department (CHD), Technical Health Coordinator and Medical Officer will conduct joint regular field supportive supervision visits of static health clinic activities to ensure national protocols and criteria's are strictly adhered to and that activities are correctly documented.

Monitoring visits will be conducted regularly for each health facility using the agreed supervision checklist, with recommendations for improvement produced each time. The results of the visits will be discussed at internal review and health coordination meetings. CHF officials will also periodically monitor the progress of this project and provide technical and strategic support as appropriate.

The CHD will be supported in collecting quantitative data from each static and mobile health clinic site on a monthly basis and monitored against the following national standards of treatment.

In Mabaan county where RI and other INGOs are operational, RI will coordinate activities so that they are comprehensive and do not overlap.

Qualitative information will also be collected through focus group discussions with community members, and other systems will be designed to get feedback from the community, CHD staff, RI staff and beneficiaries. All programmatic information will be regularly shared with all major stakeholders using the coordination and cluster meetings at different levels. The necessary PHC information will be recorded and reported using the reporting format on a monthly basis. Recording and drug dispensing formats of the MoH will be used as per the National standard. A learning review will be conducted at the end of the programme.

Medical Officer will submit monthly and quarterly reports to RI Technical Health Coordinator who in consultation with the Program Manager will compile narrative and financial reports for the Country Director. These reports are then submitted to the relevant State and County government offices, CHF and to Head Quarter. An end of project report will be produced and submitted to all relevant agencies, donors and bodies.

E. Committed funding

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

Source/donor and date (month, year)	**Amount** (USD)

SECTION III:

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

LOGFRAME		
CHF Ref. Code: SSD/-12/H/46248/6971	**Project title:** : Ensuring Emergency Primary Health Care in Mabaan County (EEPHC), Upper Nile State, South Sudan	**Organisation:** Relief International

Overall Objective: To contribute to the reduction of morbidity, mortality and sufferings associated with primary health care related problems among affected host community and internally displaced people in Mabaan County, Upper Nile States.			
Specific Project Objective: To reduce morbidity, mortality and sufferings of affected population through provision of primary health care for curative and preventative services and capacity building of national health staff in Mabaan County.	Number of consultation per health facility (direct beneficiaries received services)	Static health clinics Morbidity, ANC FP & EPI reports	No resumption of conflict in the project impact area Reports completed accurately
Results 1 Static health clinics operational and providing effective primary health care services	Number of consultation per health facility (direct beneficiaries received services)	Static health clinics Morbidity, ANC FP & EPI reports	No resumption of conflict in the project impact area Reports completed accurately
Results 2 Supply to treat childhood illness and RH, will be available to communities throughout the rainy season	Number of under 5 children suffering from diaharreha, malaria and other illnesses reduced Number of supplies delievered to communities	Static health clinics Morbidity, ANC FP & EPI reports Supply delivery records	No resumption of conflict in the project impact area Reports completed accurately Supplies received in timely manner
Results 3 Preventive health care and awareness raising campaigns conducted in the community	Number of people who attend awareness raising campaigns	Health Education Records	No resumption of conflict in the project impact area Reports completed accurately
Activity 1 Static health clinics operational and providing effective primary health care services	PHC staff paid	Pay-roll records	No resumption of conflict in the project impact area Reports completed accurately
Activity 1.1 Improve quality of care for patients through health staff training	Number of health workers trained or retrained	Training reports and records	No resumption of conflict in the project impact area Reports completed accurately

Activity 1.2 Continuation of quality PHC services at 1 PHCC and 2 PHCUs	Number of consultation per health facility (direct beneficiaries received services)	Static health clinics Morbidity, ANC FP & EPI reports	No resumption of conflict in the project impact area Reports completed accurately
Activity 2 Pre-stock for rainy season routine and emergency drugs	Anti-malaria, antibiotics, antipain, ORS & Zinc stocked	Shipment records	No resumption of conflict in the project impact area Reports completed accurately
Activity 2.1 Order routine and emergency drugs	Anti-malaria, antibiotics, antipain, ORS and zinc etc arrives project area	Shipment records	No resumption of conflict in the project impact area Reports completed accurately
Activity 2.2 Deliver to various distribution points in the PHCC & PHCUs	Anti-malaria, antibiotics, antipain, ORS and Zinc etc delivered to the Payams	Shipment records	No resumption of conflict in the project impact area Reports completed accurately
Activity 3 Preventive health care and awareness raising campaigns conducted in the community	Number of people who attend designed awareness raising campaigns	Health Education Records	No resumption of conflict in the project impact area Reports completed accurately
Activity 3.1 Provide health promotion activity on early health seeking behaviour in the community for elder people, religious leaders and the community	Number of people who attend designed awareness raising campaigns	Health Education Records	No resumption of conflict in the project impact area Reports completed accurately
Activity 3.2 Awareness raising on HIV/AIDS and STI prevention modality for IDPs, community and religious leaders	Number of people who attend designed awareness raising campaigns	Health Education Records	No resumption of conflict in the project impact area Reports completed accurately
Activity 3.3 Awareness raising campaign on ICCM target diseases (Malaria, Malnutrition, Pneumonia and Diarrhoea) for parents and caretakers	Number of people who attend designed awareness raising campaigns	Health Education Records	No resumption of conflict in the project impact area Reports completed accurately

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activity	**Q1 / 2012**			**Q2 / 2012**			**Q3 / 2012**			**Q4 / 2012**			**Q1. / 2013**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1.Static health clinics operational and providing effective primary health care services															
Activity 1.1. Improve quality of care for patients through health staff training			X	X									X	X	X
Activity 1.1.1. Training of 15 health workers on IMNCI				X										X	
Activity 1.1.2. Training of 11 Midwives on EmOC and RH				X										X	
Activity 1.1.3. Provision of outbreak preparedness training for 15 health workers and 30 CHWs					X										
Activity 1.1.4. Provision of ICCM training for 30 CHWs					X										
Activity 1.2. Continuation of quality PHC services at 1 PHCC and 2 PHCUs and monitoring			X	X	X	X	X	X	X	X	X	X	X	X	X
Result 2. Pre-stock for rainy season routine and emergency drugs															
Activity 2.1. Order routine and emergency drugs			X	X									X	X	
Activity 2.2. Deliver to various distribution points in the PHCC & PHCUs				X										X	
Activity 2.3. Prepositioning of emergency drugs in static health facilities				X											X
Result 3. Preventive health care and awareness raising campaigns conducted in the community															
Activity 3.1. Provide health promotion activity on early health seeking behaviour in the community				X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.2. Awareness raising on HIV/AIDS and STI prevention modality				X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.3. Awareness raising campaign on ICCM target diseases (Malaria, Malnutrition, Pneumonia and Diarrhoea) for parents and caretakers					X	X	X	X	X	X	X	X	X	X	X
Activity 3.4. Health promotion campaign on emergency prone diseases (Cholera, Malaria, Measles, etc) during the rainy season and beyond						X	X	X					X	X	X
Activity 3.5. Arrange smooth phasing out workshop and learning review at the end of the project															X

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