South Sudan
2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

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 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. 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:

CAP Cluster	**Health**

CHF Cluster Priorities for 2013 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 CAP 2013.

Cluster Priority Activities for this CHF Round

i) Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas
ii) Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services
iii) Maintain or strengthen medical referral services for emergency cases
iv) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization
v) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff
vi) Maintain surge capacity for emergencies and surgical interventions
vii) Conduct training on emergency preparedness and response at all levels
viii) Provide logistical support to prepositioning of core pipeline supplies to high risk states

Cluster Geographic Priorities for this CHF Round

1. Jonglei (Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East)
2. Warrap (Twic, Gogrial East, Tonj North, Tonj East, Tonj South)
3. NBeG (Aweil North, Aweil East, Central, Aweil South)
4. WBeG (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East)
6. Unity (Abiemnhom, Leer, Rubkona, Mayom, Koch, Mayendit, Pariang, Panyijar)
7. Upper Nile (Renk, Ulang, Nassir, Maban, Longechuck, Baliet)
8. Eastern Equatoria (Kapoeta North, East, Lopa, Budi)

SECTION II

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

Requesting Organization

Caritas Torit / Catholic Diocese of Torit

Project CAP Code	**CAP Gender Code**
SSD-13/H/55646/R/8434	2a

CAP Project Title *(please write exact name as in the CAP)*
Maintaining access to Basic Health Care services for Vulnerable Communities of Eastern Equatoria 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)*
EES	100%	**Kapoeta East (4 PHCCs) (Narus Mission PHCC-Narus Payam, Nanyangacor, PHCCs-Kauto Payam, 1 PHCU:Lotimor, Budi County: Lorema PHCC-Lotukei Payam**

Total Project Budget requested in the in South Sudan CAP	US$ 1,442,500
Total funding secured for the CAP project ***(to date)***	US$ 1,180,000

Funding requested from CHF for this project proposal	US$ 100,000

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 CAP project 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 CAP**
Women:	21,640	526,025
Girls:	16,555	
Men:	9,177	
Boys:	6,142	
Total:	53,516	

Indirect Beneficiaries

53,516

Catchment Population (if applicable)

Kapoeta East=163,997 ,Budi County=99,199 Total=263,196

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)
6 months (1 Sep 2013 to 28 Feb 2014)

Contact details Organization's Country Office	
Organization's Address	Catholic Dioceses of Torit /Caritas Torit
Project Focal Person	***Name**, Jasmine jimmy* ***Email**: jasminejimmy3@gmail.com* *Telephone:0954849076*
Acting Director	*Name, Cyprian Okuye* *Email,* cyprianatar2007@gmail.com *Telephone : 0955032534*
Finance Officer	*Name, Emmanuel Opigo* *Email,* emmagu2006@yahoo.co.uk *Telephone 0955243992*

Contact details Organization's HQ	
Organization's Address	www.catholicdioceseoftorit.org
Desk officer	
Chief Finance Officer	*Name, Martin Kioko* *Email, kiokomartin@gmail.com* *Telephone : 0955205012*

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]

Kapoeta East has the largest population of 163,997 distributed over a large geographical area. It is inhabited by pastoralist community, with high illiteracy rate, issues related to cattle raiding, GBV, and high rates of Malaria, Brucellosis, Tuberculosis, Kala-azar, HIV/AIDS, Malnutrition, hygiene related diseases, and vaccine preventable diseases. These large geographical areas has limited access due to inequitable distribution of healthcare service delivery, the poor roads and health facilities infrastructure, and the inadequate trained health personnel makes the targeted population vulnerable to disease outbreaks and lack of adherence to treatments. Maternal mortality is high mainly due to lack of access to ANC services in most health facilities and also lack of proper referral system. .This project is designed to support continuity of health services at Narus**, Nanyangachor, and Kuron PHCCs, and Lotimor PHCU**. Runs by Cdot /caritas Torit through support from Health Pool Fund HPF bridging Gap Project which also ended June 2013

Second Health Pool Fund Project HPF Allocation has been awarded to American Refugee Council ARC basically to strengthen County Health Department Capacity , and it mostly targeting facilities run by County Health Department CHD mostly inadequate staffing and Equipment .

Budi County is also inhabited with pastoralist community with a population of 99,199. Budi County has high illiteracy rate, issues related to cattle raiding, high way robberies, GBV, and high rates of Malaria, Brucellosis, Tuberculosis, Malnutrition, hygiene related diseases, and vaccine preventable diseases. Access to healthcare services is inequitably distributed with poor road network and inadequate trained health personnel. This project shall provide access to healthcare services through **Lorema PHCC**, in the most remote area in Budi County.

There is significant need to increase the healthcare service\ delivery due to the influx of returnees from neighboring countries and also IDPs from Jongulei State. The rate of disease burden is on increase such as Kala-azar screened cases were 517 in 2012-date -198 treated, brucellosis were297 screened and treated, trauma cases 424 treated and malaria screened were2,906 and 2,402 treated. Catholic Diocese of Torit provides both Primary and secondary health care services but it's capacity to cope with the rapidly increasing population and disease burden is seriously constrained due to reduction in funding for essential medical supplies, running cost and qualified personnel support/incentives.

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.

With huge budget deficit, it has become practically impossible for CDoT to continue providing services even in the most underserved areas. CDoT has been experiencing funding gap for the last 3 years and in most cases, gap funding was bridged by the CHF core pipeline that enabled CDoT to continue saving lives and serve in the most remote areas of the state.

The choice of activities in the proposal is based on cost effective interventions considered to have the highest impact in reducing morbidity and mortality from the major contributions to the disease burden. The proposed activities under this application directly support the agreed sector priorities and meet the sector allocation criteria, 2013 by maintaining front line health services.

Catholic diocese of Torit /Caritas Torit operates 2 Primary health care centers and 1 Primary health care Unit in Kapoeta east, and 1 Primary Health Care Center in Budi County and 6 Mobile outreach clinics most of them located in remote rural areas where the diocese is the bigger service provider. Through these health facilities, more than 70% of the people in Kapoeta East and Budi counties have access to basic healthcare services.

Recently, the Catholic Diocese of Torit recorded high numbers of TB cases, HIV positive clients, through its various health facilities in Kapoeta East. Nearly 250 patients suffering from TB are currently on treatment at Kapoeta Mission Hospital Treatment center in Kapoeta South County (being referred from CDoT health facilities in Kapoeta East). CDoT is the only agency presently fighting Kala-azar upsurge in Eastern Equatoria State; 517 cases were screened and 198 managed monthly as per 2012 Report.

The funds will help bridge the gap of project implementation more especially those specified in the priority activities of CHF and as described in the herein the activity priority list.

[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.

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.

This funding will be used to maintain the existing core safety net through maintaining services supported by previous CHF, breaching the gaps resulting from partners' funding reduction, to sustain the provision of unremitting access to critical basic primary health care services in the service strained and epidemic prone Kapoeta East and Budi Counties, Eastern Equatoria State.

ii) Project Objective

State the objective/s of this CHF project. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

1. To maintain the existing safety health net by providing access to basic health packages and emergency referral services at 3 PHCCs and 1 PHCU by 31st December, 2013.
2. To have strengthened the Maternal and Child Health (MCH)/Reproductive health services in 3 PHCCs by 31st December, 2013.
3. Respond to health related emergencies including the control and spread of communicable diseases in Kapoeta East and Budi counties by 31st December, 2013.

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 (broken down by age and gender to the extent possible).

- Provision of 24 hours OPD services in 3 PHCCs and 1 PHCU.
- Provision of 24 hours IPD services in the 3 PHCCs.
- Provision of 24 hours Laboratory services in the 3 PHCCs.
- Provision of biweekly static ANC services in the 3 PHCCs.
- Provision of weekly outreach ANC services in the 3 PHCCs.
- Provision of daily static EPI services in the 3 PHCCs.
- Provision of weekly outreach EPI services in the 3 PHCCs
- Provision of 24 hours referral services in the 3 PHCCs and 1 PHCU.
- Provision of essential drugs in the 3 PHCCs and 1 PHCU.
- Provide supply of equipment, emergency drugs, kits and surgical supplies.
- Monthly pay all the health staff salaries to encourage them continue to provide quality care.
- Training of 15 community/Village health volunteers on outbreaks identification and follow up.
- Refresher training of 30 staff on HIV/AIDS HCT/RCT in the 3 PHCCs and 1 PHCU
- Conduct monthly community meetings with stakeholders/opinion leaders of the 2 counties of Kapoeta East and Budi
- Conduct joint quarterly support supervision with county health department of the 2 counties of Kapoeta East and Budi
- Assess and respond to the potential outbreaks and other humanitarian emergencies
- Integrated disease surveillance in all health facilities.
- Conduct 2 HIV/AIDS campaigns in Narus(World AIDS Day) and Nanyangachor (Community awareness-BCC)

iv). Cross Cutting Issues

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

This project will enhance the capacity of 3 PHCCs and the hospital to be able to provide VCT and PMTCT services to the population in their respective catchments. It will also provide care (treatment/ counseling) and support to rape survivors and gender based violence, child abuse and promote child spacing through female education during mobile outreach activities.
Through support to 3 PHCCs, 1 PHCU and 6 mobile clinic units, safe collection, storage and disposal of medical wastes at all health facilities will be strengthened to ensure environmental safety and sustainability.

v) Expected Result/s

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

By the end of this project CDoT/Caritas Torit expect to have achieved at least increased number of skilled birth attended, OPD ,ANC attendance, number of outbreak responded to with 48hr,number of pregnant mothers receiving IPT2,at least 80% of DPT3 coverage,15 Community/village health volunteers trained ,Refresher training of 30 health staff on HIV conducted and responded to potential outbreaks and other humanitarian emergencies.

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be 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.

SOI (X)	#	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)
	1.	Number of births attended by skilled birth attendants	100% of women reporting with labor singe at facility attended to by skilled health personnel
	2.	Number of ANC attendance both Static & outreach	60% of every pregnant women attending ANC complete all the ANC Visits
	3.	Number of disease outbreaks responded within 48 hours	80% of outbreak suspected cases are investigated and responded to
	4.	Number of Children immunized	**100% of children reaching health facility are immunized**
	5.	Number of Volunteers trained on emergency preparedness	15 participants trained on emergency preparedness

	6.	Number of outbreaks registered	100% of outbreaks responded to
	7.	Number of <5 consultations (male and female)	40,240 visits cumulatively
	8.	Number of health workers in the facilities supported by this project trained on EWANR and outbreak identification	participants trained on EWANR / outbreaks identification and follow up

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.

CDoT/Caritas Torit is a major health service provider in various counties of eastern Equatoria state. But CDoT/caritas Torit does not work in isolation it works hand in hand with development and humanitarian agencies (UNCEIF, WHO etc) running programmers in the state and the Ministry of Health RoSS, SMoH and County Health Departments and other Health partners in, EEQ Health NGO forum. Through this mechanism, information on this funding pipeline will be shared with all stakeholders/ implementing partners , to ensure proper and effective coordination of health service delivery in the state

vii) 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 monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)[2].

M & E plan for this project will concentrate on two levels: the first level being the project implementation targets, and second being the overall goals of this project.
The diocese is well aware of the challenges involved in health data collections, analysis, interpretation and dissemination not only at the state level but for the entire Republic south Sudan. The distances to the health facilities, inconsistent recording of raw data and the lack of feedback are absolute obstacles to ensuring quality health information processing.

1- CDOT Caritas Torit health facilities will continue to use the tools in the national framework for Monitoring and evaluation that include registers, monthly reporting forms; (Monthly Morbidity and mortality data collection), Laboratory forms, VCT/PMTCT registers, In-patients forms and other related forms.
2- Reports will be collected on daily, weekly and monthly basis. Facility reports will be collected daily, submitted weekly to the health office. The health office (HQ) will submit weekly epidemiological and monthly morbidity and mortality reports to MoH/SMOH/CHDs.
3- Accuracy of information collection will be ensured through in-serves training/Mentoring and continuing medical education (CME) at every health facility under the scope of this project through continues technical support fro Health coordination office

D. Total funding secured for the CAP project

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

Source/donor and date (month, year)	**Amount** (USD)
Misrereor	990,000
Malaria Project	520,000
HPF	261,000
CHF	300,000
Pledges for the CAP 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.

E. Budget Guideline

Each CHF project proposal must include a budget which details the costs to be funded by CHF. The budget should reflect activities described in the project narrative, and include sufficient detail to provide a transparent overview of how CHF funds will be spent.
Use the annexed excel sheet to fill the budget ensuring it strictly adheres to CHF budget guidelines hereafter.

1. RELIEF ITEMS and TRANSPORTATION

Definition: Direct operational input such as procurement of relief supplies for project implementation (e.g. drugs, food, NFIs, seeds, tools, etc.); and related costs of transportation and handling.

Note: Cost for supplies should be presented separately from cost of transport in the budget sheet.
Use column I (other funding) if there is any other funding or resources (cash or in-kind) received toward activities of this project. E.g supplies received from the core pipelines

Cost Type: All cost under this category fall under direct cost

Example

A. Item description	B. Location	C. Cost type (Direct or Indirect)	D. Unit of measurement	E. CHF share in percentage (FTE)	F. Quantity	G. Unit Cost	H. CHF Total	I. Other funding
Medicines and Medical supplies	Narus, Nanyangachor, Lorema, Lotimor	D	Kits	100%	3	Lumpsum	**3, 680**	Government
Linens	Narus, Nanyangachor, Lorema	D	Pieces/Meters	100%	3	Lumpsum	**3,000**	N/A
Medical Patient Treatment Forms	Narus, Nanyangachor, Lorema	D	Pieces	100%	3	Lumpsum	**3,000**	N/A
Transport of Medicines, Equipments	Narus, Nanyangachor, Lorema	D		100%	3	1,500	**2,000**	N/A

2. PERSONNEL

Definition: Organization staff costs and entitlements involved in the implementation of the project (program and support staff)

Note: Provide description of Responsibility/title, post location, quantity and the percentage of full time equivalent (FTE) dedicated to the CHF project

Cost Type:

Direct cost: all staff costs, including entitlements, of personnel directly involved in the implementation of the project and based at project location.
Indirect Cost: all Staff costs and entitlements of personnel that are based in Juba or other state capital/HQ, and not directly involved in the implementation of the project.

Example

A. Item description	B. Location	C. Cost type (Direct or Indirect)	D. Unit of measurement	E. CHF share in percentage (FTE)	F. Quantity	G. Unit Cost	H. CHF Total	I. Other funding

Health Programme Coordinator (30%)	Torit	I	Month	30%	6	1000	**0,000**	Misereor
Health Program Assistant	Trit Coordination office	I	Month	33%	6	1000	**0,000**	**Misereor**
Health Programme Accountant-	Torit	I	Month	40%	6	700	**1,800**	**Misereor**
Front desk officer-	Torit	I	Month	50%	6	100	**1,200**	**Misereor**
Health M & E officer-	Torit	I	Month	100%	6	1,500	**7,820,**	**N/A**
Pharmacy/Drugs Quality Controller-Kapoeta medical stores	Kapoeta	I	Month	100%	6	1,000	**0,000**	**Others**
Chief Accountant	Torit	I	Month	30%	6	3000	**0,000**	**Others**
Clinical officers 3@700	Narus,Nanyangachor &Lorema	D	Month	100%	6	8350	**4,200**	**N/A**
Laboratory Technicians 3@ 500	Narus,Nanyangachor &Lorema	D	Month	100%	6	8350	**3,000**	**N/A**
Enrolled Nurses 7@500	Narus,Nanyangachor ,Lorema & Lotimor	D	Month	100%	6	500	**2,400**	**N/A**
Enrolled Midwives 6@500	Narus,Nanyangachor &Lorema	D	Month	100%	6	500	**2,400**	**N/A**
Nurse Assistants 7@300	Narus,Nanyangachor ,Lorema & Lotimor	D	Month	100%	6	300	**0,000**	**N/A**
Nutritionists 3 @600	Narus,Nanyangachor &Lorema	D	Month	100%	6	600	**0,000**	Others
HIV/AIDS Counselors 3@500	Narus,Nanyangachor &Lorema	D	Month	100%	6	500	**0,000**	**Others**

CHWs 3@300	Narus,Nanyangachor &Lorema	D	Month	100%	6	300	**0,000**	**HPF**
Cleaners 4@100	Narus,Nanyangachor &Lorema	D	Month	100%	6	100	**0,000**	**HPF**
Cold chain 3 @200	Narus,Nanyangachor &Lorema	D	Month	100%	6	200	**0,000**	**HPF**
Cooks 3 @100	Narus,Nanyangachor &Lorema	D	Month	100%	6	100	**0,000**	**HPF**
Driver/ Mechanic 2 @ 400	Narus &Nanyangachor	D	Month	100%	6	400	**1,800**	**N/A**
Guards 3 @100	Narus,Nanyangachor &Lorema	D	Month	100%	6	100	**0,000**	**HPF**

3. STAFF TRAVEL

Definition: Costs incurred for the travel of staff members

Note: Provide detail on the type of travel and its purpose.

Cost Type:

Direct costs: travel cost of staff directly involved in the implementation of the project (staff based at project area).
Indirect costs: travel cost for support staff not directly involved in the implementation of the project (e.g. Head of office from Juba staff travelling on mission to the project in Pibor).

Example

A. Item description	B. Location	C. Cost type (Direct or Indirect)	D. Unit of measurement	E. CHF share in percentage (FTE)	F. Quantity	G. Unit Cost	H. CHF Total	I. Other funding
DSA for 3 staff-community outreach @50	Narus,Nanyangachor &Lorema-field location	D	Trips	100%	6	300	**600**	N/A
DSA for referrals 3 @ 50	Narus,Nanyangachor &Lorema-Kapoeta Mission Hospital or Torit Civil Hospital	D	Trip	100%	6	100	**600**	N/A
Perdiems for 43 @ 50	Narus,Nanyangachor ,Lorema &Lotimor-Training sites	I	Trip	100%	6	50	**0,000**	N/A
Terminals for 15 CHW/CV & Opinion/ Stakeholders	Narus,Nanyangachor ,Lorema &Lotimor-Training or Meeting sites	I	Trips	100%	6	50	**1,800**	N/A
DSA for Support Supervision 1 @300	Torit-Narus, Nanyangachor,Lorema & Lotimor	D	Trips	100%	6	300	**1,800**	N/A

4. TRAINING WORKSHOPS/SEMINARS/CAMPAIGNS

Definition: Training/workshop/seminars/campaigns that are directly related to the implementation of the project.

Note: Describe type of training, number of participants, location, duration, unit cost.

Cost Type: All cost under this category fall under direct cost.

Example

A. Item description	B. Location	C. Cost type (Direct or Indirect)	D. Unit of measurement	E. CHF share in percentage (FTE)	F. Quantity	G. Unit Cost	H. CHF Total	I. Other funding
Training of 15 Health Workers on EWANR / outbreaks identification and follow up @50 for 5 days @50	Kapoeta	D	Participants/ days	100%	40	,5000	**5,000**	N/A
Training of 15 community leaders / village health committees /volunteers on emergencies and preparedness	Narus	D	Participants/ days	100%	150	,5000	**5,000**	N/A
Training 3 Participants on electronic data management@ 50 for 5 days	Torit	D	Participants/ days	100%	15	1,500	**0,00**	N/A
Training 15 participants out break identification and follow up @50 for 5 days	Kapoeta	D	Participants/ days	100%	75	3,000	**0,000**	N/A
Monthly Meetings 15 participants @ 50 for I day	Narus,Nan yangachor, &Lorema	I	Participants/ days	100%	1	1,500	**0,000**	N/A
HIV/AIDS campaign 2 activities	Narus & Nanyanga chor	D	Participants/ days	100%	2	3,000	**0,000**	N/A

5. CONTRACTS/SUB-GRANTS

Definition: Specialized services provided to the project by an outside contractor including groups, firms, companies, and NGOs (e.g. consultancy firms, construction companies)

Note: Provide detailed description and breakdown of the services provided as well as the contractor/sub-grantee.

Cost Type: All costs under contracts fall under direct.

Example

A. Item description	B. Location	C. Cost type (Direct or Indirect)	D. Unit of measurement	E. CHF share in percentage (FTE)	F. Quantity	G. Unit Cost	H. CHF Total	I. Other funding
Personnel hire & contracting	Narus,Lore ma,Nanyan gachoe &Lotimor	D	10	100%	1	2,500	**0,000**	

6. VEHICLE OPERATING & MAINTENANCE COSTS

Definition: Operating and maintenance cost of vehicles directly serving the implementation of the project.

Note: Provide itemized description of rental cost, fuel, maintenance etc

Cost Type:

Direct costs: Operating and/or maintenance cost for vehicles that are used at the project implementation area.
Indirect costs: Operating and/or maintenance cost for vehicles that are based in Juba or other state capital/HQ, and not directly involved in the implementation of the project.

Example

A. Item description	B. Location	C. Cost type (Direct or Indirect)	D. Unit of measurement	E. CHF share in percentage (FTE)	F. Quantity	G. Unit Cost	H. CHF Total	I. Other funding
Gasoline and Oils Costs	Narus &Nanyangachor	D	liters	100%	1,800	2.4	**7,2,00**	N/A
Registration/Licensing/Toll/Parking	Narus &Nanyangachor	D	Receipts	100%	1	350	**350**	N/A
Vehicles Insurances	Narus /Nanyangachor	D	Units	50%	8	1,600	**1,600**	N/A
Tyres and Spares	Narus /Nanyangachor	D	Pieces	50%	8	4,500	**2,000**	N/A
Maintenance and Repares	Narus /Nanyangachor	D	Units	100%	8	1,000	**2,000**	N/A
Fuel 60 litres to 2 counties CHD for monthly support supervision	Kapoeta East & Budi CHD	D	liters	100%	720	2.4	**2400**	N/A

7. OFFICE EQUIPMENT & COMMUNICATIONS

Definition: Costs such as office rent, fuel for generators, utilities (telephone, water, electricity etc), IT equipment and other office supplies

Note: Items that cannot be broken down may be indicated as lumpsum (provide detail description)

Cost Type: Direct costs: Items/services that are used at the project implementation area
Indirect costs: Items/service is used outside of the project implementation area (e.g. Cost of services in Juba Country Office for a project being implemented in Bor).

Example

A. Item description	B. Location	C. Cost type (Direct or Indirect)	D. Unit of measurement	E. CHF share in percentage (FTE)	F. Quantity	G. Unit Cost	H. CHF Total	I. Other funding
Purchase of 3 desktop computers	Narus,Nanyangachor & Lorema	D	Pieces	100%	3	1,000	**0,000**	N/A
Purchase of 3 printers	Narus,Nanyangachor & Lorema	D	Pieces	100%	3	500	**0,000**	N/A
Purchase of 3 modems	Narus,Nanyangachor & Lorema	D	Pieces	100%	3	84	**0,000**	**N/A**
Internet Charges	Narus &Nanyangachor	D	Units	100%	6	294	**0,000**	**N/A**
Air time forTelephones and Modem	Narus,Nanyangachor Lorema & Lotimor	D	Units	100%	6	88	**1,200**	**N/A**
Photocopying/	Narus,Nanyangachor &	D	Lumpsum	100%	6	600	**2,000**	**N/A**

Stationeries	Lorema							
Cleaning Materials (Buckets,mops,hard brush,high duster,soft broom,hard broom,scweezer)	Narus,Nyangachor Lorema & Lotimor	D	Lumpsum	100%	1	1,800	**1,800**	**N/A**

8. OTHER COSTS

Definition: Other costs related to the project not covered by the above categories such as bank charges, courier charges, visibility etc

Note: Provide itemized description of costs,

Cost Type Direct costs: items/services that are used at the project implementation area costs
Indirect costs: items/services that are used in Juba or other state capital/HQ, and not directly involved in the implementation of the project.
Visibility is considered Indirect cost.

9. Program Support Costs (PSC)

Definition: A budget category to cover program support cost at HQ/regional and country level.

Note: PSC not to exceed 7% of subtotal project costs.

Cost Type: Indirect cost

10. AUDIT COSTS for NGO implemented projects only

Definition: NGOs are required to budget at least 1% of total project cost for audit. This does not apply for UN agency projects.

Note: This budget line is used by UNDP to contract external audit

Cost Type: Indirect cost

SECTION III:

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/55646/R/8434	**Project title:** Maintaining access to Basic Health Care services for Vulnerable Communities of Eastern Equatoria State.	**Organisation: Catholic Diocese of Torit**

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* ix) Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas x) Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services xi) Maintain or strengthen medical referral services for emergency cases xii) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization xiii) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff xiv) Maintain surge capacity for emergencies and surgical interventions xv) Conduct training on emergency preparedness and response at all levels xvi) Provide logistical support to prepositioning of core pipeline supplies to high risk states	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • Number of births attended by skilled birth attendants • Number of OPD attendance registered • Number of ANC attendance both Static & outreach • Number of disease outbreaks responded within 48 hours • Number of Children immunized • Number of Volunteers trained	**How indicators will be measured:** *What are the sources of information on these indicators?* • Total number of birth at facility by skilled staff .from the facility Maternity Register • Total number of new consultation from OPD/IPD Registers Both Under 5 and Above • Total number of ANC attendance from facility Antenatal and Maternity Register • Suspected Outbreak reports and Outbreaks responds reports Total number of children immunized through static & outreach activities from EPI Register • Total Numbers of trained of volunteers from training reports	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • To maintain the existing safety health net by providing access to basic health packages and emergency referral services at 3 PHCCs and 1 PHCU by 31st December, 2013. • To have strengthened the Maternal and Child Health (MCH)/Reproductive health services in 3 PHCCs by 31st December, 2013. • Respond to health related emergencies including the control and spread of communicable diseases in Kapoeta East and Budi counties by 31st December, 2013.	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* • Number of births attended by skilled birth attendants • Number of OPD attendance registered • Number of ANC attendance both Static & outreach • Number of disease outbreaks responded within 48 hours • Number of Children immunized • Number of outbreaks registered • Number of <5 consultations (male and female • Number of Volunteers trained • Number of HIV awareness conducted	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • ANC Register • OPD Register • Immunization Register • Laboratory Register • Work plan and Attendance List • Weekly and Monthly reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • Air flight • Use of unimox during rainy season

Results	**Results - Outcomes (intangible):** *State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*. • By the end of this project CDoT/Caritas Torit expect to have achieved at least increased number of skilled birth attended,OPD ,ANC attendance, number of outbreak responded to with 48hr,number of pregnant mothers receiving IPT2,at least 80% of DPT3 coverage,15 Community/village health volunteers trained ,Refresher training of 30 health staff on HIV conducted and responded to potential outbreaks and other humanitarian emergencies	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • Number of births attended by skilled birth attendants • Number of OPD attendance registered • Number of ANC attendance both Static & outreach • Number of disease outbreaks responded within 48 hours • Number of Children immunized • Number of outbreaks registered • Number of <5 consultations (male and female • Number of Volunteers trained • Number of HIV awareness conducted •	**How indicators will be measured:** *What are the sources of information on these indicators?* • Delivery Register • ANC Register • Immunization Register • Laboratory Register • Work plan and Attendance List • Weekly and Monthly reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Air flight • Use of unimox during rainy season
	Immediate-Results - Outputs (tangible): *List the products, goods and services **(grouped per areas of work)** that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.* • Reduction in the spread and Transmission of disease out breaks in Nanyangachor,Narus,Lorema and Lotimor • Adequate work force to enhance humanitarian response •	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* • Number of births attended by skilled birth attendants • Number of OPD attendance registered • Number of ANC attendance both Static & outreach • Number of disease outbreaks responded within 48 hours • Number of Children immunized • Number of outbreaks registered • Number of <5 consultations (male and female • Number of Volunteers trained • Number of HIV awareness conducted	**How indicators will be measured:** *What are the sources of information on these indicators?* • Delivery Register • ANC Register • Immunization Register • Laboratory Register • Work plan and Attendance List • Weekly and Monthly reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Air flight • Use of unimox during rainy season
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* - Provision of 24 hours OPD services in 3 PHCCs and 1 PHCU. - Provision of 24 hours IPD services in the 3 PHCCs. - Provision of 24 hours Laboratory services in the 3 PHCCs. - Provision of biweekly static ANC services in the 3 PHCCs. - Provision of weekly outreach ANC services in the 3 PHCCs.	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* • Financial input • Human resources • Logistics • Stationaries		**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* • Resource Mobilization •

	- Provision of daily static EPI services in the 3 PHCCs. - Provision of weekly outreach EPI services in the 3 PHCCs - Provision of 24 hours referral services in the 3 PHCCs and 1 PHCU. - Provision of essential drugs in the 3 PHCCs and 1 PHCU. - Provide supply of equipment, emergency drugs, kits and surgical supplies. - Monthly pay all the health staff salaries to encourage them continue to provide quality care. - Training of 15 community/Village health volunteers on outbreaks identification and follow up. - Refresher training of 30 staff on HIV/AIDS HCT/RCT in the 3 PHCCs and 1 PHCU - Conduct monthly community meetings with stakeholders/opinion leaders of the 2 counties of Kapoeta East and Budi - Conduct joint quarterly support supervision with county health department of the 2 counties of Kapoeta East and Budi - Assess and respond to the potential outbreaks and other humanitarian emergencies - Integrated disease surveillance in all health facilities. -Conduct 2 HIV/AIDS campaigns in Narus(World AIDS Day) and Nanyangachor (Community awareness-BCC)			

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.

Project start date:	**1 Sep 2013**	**Project end date:**	**28 Feb 2014**

Activities			**Q3/2013**			**Q4/2013**			**Q1/2014**			**Q2/2014**			**Q3/2014**		
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Activity 1	-	Provision of 24 hours OPD services in 3 PHCCs and 1 PHCU.			x	x	x	x	x	x							
Activity 2	-	Provision of 24 hours IPD services in the 3 PHCCs.			x	x	x	x	x	x							
Activity 3	- -	Provision of 24 hours Laboratory services in the 3 PHCCs. Follow up.			x	x	x	x	x	x							
Activity 4	-	Provision of biweekly static ANC services in the 3 PHCCs.			x	x	x	x	x	x							
Activity 5	-	Provision of weekly outreach ANC services in the 3 PHCCs.			x	x	x	x	x	x							
Activity 6	-	Provision of daily static EPI services in the 3 PHCCs.			x	x	x	x	x	x							
Activity 7	-	Provision of weekly outreach EPI services in the 3 PHCCs			x	x	x	x	x	x							
Activity 8	-	Provision of 24 hours referral services in the 3 PHCCs and 1 PHCU.			x	x	x	x	x	x							
Activity 9	-	Transportation of essential drugs in the 3 PHCCs and 1 PHCU.				x			x								
Activity 10	-	Provide supply of ward equipment.				x											
Activity 11	-	Monthly pay all the health staff salaries to encourage them continue to provide quality care. Training of 15 community/Village health volunteers on outbreaks identification and			x	x	x	x	x	x							
Activity 12	-	Conduct monthly community meetings with stakeholders/opinion leaders of the 2 counties of Kapoeta East and Budi			x	x	x	x	x	x							
Activity 13	-	Conduct joint quarterly support supervision with county health department of the 2 counties of Kapoeta East and Budi					x			x							
Activity 14	-	Assess and respond to the potential outbreaks and other humanitarian emergencies			x	x	x	x	x	x							
Activity 15	-	Integrated disease surveillance in all health facilities.			x	x	x	x	x	x							

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