

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

SECTION I:

CAP Cluster	Health
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CHF Cluster Priorities for 2013 First Round Standard Allocation	
Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> Maintain the existing safety net by providing basic health packages and emergency referral services Strengthen emergency preparedness including surgical interventions Respond to health related emergencies including controlling the spread of communicable diseases 	All states. Grossly underserved counties in the equatorial states (Western, Eastern and Central Equatorial)

Project details		
The sections from this point onwards are to be filled by the organization requesting CHF funding.		
Requesting Organization	Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)	
Nile Hope Development Forum (NHDF)	State	%
Project CAP Code	Jonglei state	30
SSD-13/H/55465/8452		70
CAP Project Title (please write exact name as in the CAP)		County
Emergency Health Intervention for Vulnerable Populations in Pigi, Akobo and Fangak counties in Jonglei state.		Akobo county
		Pigi County

Total Project Budget requested in the in South Sudan CAP	US\$ 993,600	Funding requested from CHF for this project proposal	US\$ 250,000
Total funding secured for the CAP project (to date)	US\$ 850,000 (being finalized with IMA)	Are some activities in this project proposal co-funded? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)			Indirect Beneficiaries
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	
Women:	8269	41446	
Girls:	2700	9176	
Men:	4107	27641	
Boys:	2614	9175	
Total:	17690	87,438	
			Catchment Population (if applicable)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)	CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
	Indicate number of months: 6 Months (April – September)

Contact details Organization's Country Office	
Organization's Address	Off main muniki road, Juba southern Sudan.
Project Focal Person	Names; David Lemiso Tolu, Email; tolulemiso@yahoo.com Telephone; 0914377402 or 0956045794
Country Director	Name; Paul Biel Otoang Email: paulbiel@yahoo.com Telephone:
Finance Officer	Name: Sophia Wambaire Email: soffi28@yahoo.com Telephone: 0955023273

Contact details Organization's HQ	
Organization's Address	Akobo county, Jonglei state south Sudan
Desk officer	Name: Johnson Ndichu Email: gbpmi2005@yahoo.com
Finance Officer	Name: Jidayi Zaitun Email: jidayiz@rocketmail.com Telephone: 0911898747

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 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 population¹

Pigi and Akobo counties are among the underserved areas in Jonglei state. The counties have a population of 235,278 (male 131833, 103445 Female). The two counties experienced complex emergencies in the year 2011/2012 comprising of external and internal conflict and floods leading to massive displacement of populations inside the counties and in the neighboring counties. The inter communal violence between Luo Nuer and Murle communities as from October 2011 to February 2012 left 848 people dead and more than 100,000 were displaced from the rural areas to urban areas in Akobo. The communities of Pigi also were affected by conflicts as forces related to the late Reg. George Athor raided villages in Atar leading to 15,000 people becoming displaced in the county and the neighboring county of Fangak according to the inter-agency report of May 2012. Pigi County has 2 PHCCs and 5 PHCUs while Akobo on the other hand has 1 Hospital, 2 PHCCs and 13 PHCUs. Although these facilities are considered functional, delivery of quality emergency health services is hindered by multiplicity of factors ranging from shortage of qualified health personnel, frequent stock-out of essential drugs like ACTs, weak infrastructure, and inadequate supportive supervision of health facilities during emergencies. The distribution of the health facilities in the two counties especially Pigi poses a big challenge of access to health services for IDPs, Returnees and Host community. All these factors have led to low utilization of health services in the two counties. Immunization, a key element in health service provision, has only reached approximately 20% of the children (10% boys, 10% girls) in the 2 counties including IDPs` and Returnees` children. According to the monthly reports from the health facilities in these two counties, averages of 16 mothers receive antenatal care per month in each facility from these counties. This translates to 3.7% of the total population of pregnant women in these two counties. 10% of the deliveries are contacted by health workers in Pigi county while in Akobo is about 30% which is still minimal; the rest seek help from untrained traditional birth attendants who are unskilled and also use traditional medicine/treatment when their clients fall sick thus increasing maternal mortality and morbidity rates. Another big challenge is the prevailing repugnant cultural beliefs and high illiteracy levels (90% in women, 76% in men) which greatly contribute to poor health seeking behaviour. Majority of the population including Returnees and IDPs in these counties do not have latrines and use the bushes for defecation which increases risks of diarrhea in both genders. This is particularly so when one considers the large number of the population using raw river water for domestic use in Pigi. All these challenges leave these counties in urgent need of additional basic services, mostly in health. Consequently, NHDF wishes to alleviate the suffering of the people (IDPs, returnees and the host community by providing them with quality, timely and accessible health care services by supporting 8HFs to avail health services to emergency-affected persons.

B. Grant Request Justification

Briefly describe (in no more than 500 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.

Pigi and Akobo counties (for which we have a funding gap and require emergency health support) residents have experienced inadequate access to quality emergency health care services. This has been contributed by disasters that have afflicted these counties, mostly flooding and insecurity in the past years. Consequently, it has been difficult for several actors to come and

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.

improve the health status of the residents mostly in Pigi county. The two areas have limited capacity of responding to epidemics, disease surveillance and capacity of primary health care centers to perform basic surgical procedures like debridement. Both the counties also suffer from the burden of communicable diseases like Malaria, diarrhoeal diseases, measles and others including Kaa-lazar which is mostly common in Khorfulus PHCC, Chuei PHCU and Walgak PHCC. Malaria outbreak was experienced in Akobo County in November, December 2012 and January 2013 with Walgak PHCC recording Malaria positive cases accounting up to 972 cases in the first three weeks of January 2013. Poor WASH practices and attitudes in Pigi and Walgak in Akobo West pose a major risk for diarrhoeal diseases including Cholera since most of the communities do not have latrines thus defecating in an open ground. There has been some positive developments in these areas courtesy of NHDF's WASH activities, more so the Community-Led Total Sanitation approach, but much more needs to be done to inculcate positive WASH practices and attitudes among the emergency-affected population. Most of the health facilities are semi permanent in nature which requires frequent repairs especially of the walls mostly during and after rainy seasons. The project will be timely as most of the implementation period will fall during the rainy season which we highly anticipate will increase cases of communicable diseases, possibility of outbreaks like cholera and other diarrhoeal diseases due to poor sanitation and the walls of the health facilities could come down and leave the community without proper amenities to access health services. Trained and experienced health personnel are in short supply, and systems for collecting and sharing data and ensuring quality services are poor. The health network in the Counties is ill-equipped and grossly understaffed when compared with the recommended MoH Goss Basic Package of Health Services (BPHS). All this has aggravated the numbers of Internally displaced persons (IDPs) and continuous growth of returnees. The initiative will help to reverse this unfortunate state of health affairs and ensure the communities (including IDPs and Returnees) receive quality and accessible health services in conducive health atmosphere/facilities.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

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

Poor services in both the counties have led to increased mortality and morbidity among the local population, thus increasing deaths, both maternal and infant. The CHF project fund will avail additional and bridge funds to support the project up to nearly 40% since the organization is still mobilizing resources from other donors; that is, underwriting the remuneration costs of some personnel, enable the repair of the existing health facilities, training of the staff on different (mainly emergency) health aspects including emergency and preparedness and buying, transporting and distributing essential equipment for the facilities which currently are poorly equipped. There will be a capacity-building element to ensure sustainability of the initiative, and therefore continued quality health care delivery to the IDPs, Returnees and Host communities leaving in Pigi and Walgak in Akobo county

ii) Project Objective

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

The main objective of this project is to improve access and quality of essential health care services to the IDPs, Returnees and other vulnerable communities in Pigi and Akobo counties of Jonglei State and including young children of both gender, women of child bearing age, youth (male and female), elderly, the disabled and men. The initiative shall also endeavor to respond to health-related emergencies including controlling the spread of communicable diseases among the community members in the two counties by the end of September 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).

- Conduct community mobilization and sensitization exercise by raising awareness in Pigi county and Walgak in Akobo county to reach 1600 women and 1000 men including the IDPs and returnees communities.
- Support 7 HFs in Pigi (Canal and Khorfulus PHCCs, Atar, Chuie, Wunkiir, Mareng and Aluei PHCUs and 1 HFs in Akobo (Walgak PHCC), to provides emergency curative health services including treatment of Kaa-lazar to 2246 children (boys and Girls), 6139 Women and 4093 Men including IDPs and returnees living in both the counties.
- Ensure provision of routine health education in the HFs and outreach health education during the emergencies on prevention of communicable diseases (including prevention of Kala-azar), good breastfeeding practices and child spacing is provided to approximately 3000 Female and 3000 men; IDPs, Returnees and Host communities in the two counties
- Distribution of mosquito nets to benefit 600 pregnant mothers and 1000 children under five (Boys and Girls) in the health facilities mostly considering the Returnees, IDPs and other vulnerable communities members in the two counties
- Provision of antenatal care services during daily provision of services in the health facilities to reach 1440 pregnant women in Walgak -Akobo and Pigi including the IDPs and the returnees living in the two areas.
- Ensure approximately 80 safe deliveries are conducted among the mothers in the health facilities by trained health workers

and trained TBAs through provision of clean delivery Kits

- Secure and ensure equitable distribution of drugs and medical kits to the Health Facilities
- Assess and respond to potential outbreaks and other health emergencies in the 2 counties.
- Provision of immunization services to IDPs, Returnees and the host communities targeting 2069 children (1013 Boys and 1055 Girls) under the age of five years to prevent them from immunizable diseases
- Enhance the capacity of 14 male and 10 female health staff on management of communicable diseases, emergency and preparedness, integrated management of child hood illness and clinical management of rape, 3 in each facility.
- Referral of patients during emergencies from the health facilities to county hospital for further management
- Repair of the existing health facilities both in Pigi and west of Akobo-walgak
- Timely submission of Weekly IDSR reporting and Monthly reports to the Ministry of Health, both in Jonglei and to the Cluster Lead
- Conduct regular cross-sectoral coordination meetings with WASH/Protection-GBV/Nutrition/Food-Security & Livelihoods and Education Teams to build synergies and realize holistic intervention;
- Monitoring and Evaluation of the project to confirm and measure progress (conformity with the work plan) and impact respectively

iv). Cross Cutting Issues

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

As a tradition of NHDF, Gender parity has been one of the key factors that have been considered in all of NHDF's projects. The project will reflect equality in staffing and project reach, and every person who will receive treatment in the facilities. Health education will be conducted at the HFs and during outreach work to reduce the endemic HIV/AIDSs in the two counties; this will enable us to increase the number of people with Knowledge on prevention of the spread of HIV/AIDSs in the two counties. NHDF will ensure nature is not unduly interfered with during health facility renovations, and mitigation measures will be ensured as appropriate. The Programs Office will ensure working and productive synergies and appropriate mainstreaming of cross-cutting issues, including peace-building, to realize quality and value-added intervention.

v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

1) Improved emergency curative services in 8 health facilities both in Pigi and Akobo counties by the end of September 2013. **2)** Boost the static and outreach immunization coverage children under five years of IDPs, Returnees and host community to reach 2069 children to over 95% (1013 Boys and 1055 Girls) by the end of September 2013. **3)** Improve access and quality of ANC services reaching to 1440 pregnant mothers (Returnees, IDPs and Host community) in Pigi HFs and at the Walgak PHCC. **4)** Mitigate malaria attributed morbidity and mortality by distributing LLINs/ Long Lasting Impregnated Nets/ to 600 pregnant mothers and 1000 under five children including IDPs and Returnees in both the counties by September 2013. **5)** Mitigate and reduce communicable diseases through health education on prevention and control of communicable diseases, HIV/AIDS and other diseases of public health importance by reaching to 3000 female and 3000 male individuals in Akobo and Pigi counties. **6)** 80 safe and clean deliveries conducted in Walgak -Akobo and Pigi health facilities which will reduce the morbidity and mortality related to child birth. **7)** Enhanced capacity of 14 male and 10 female health staffs on emergencies and preparedness response, management of communicable diseases, IDSR, IMCI and CMR thus improving the quality of emergency health care services delivery in Pigi and Walgak of Akobo west. **8)** A minimum of three joint Monitoring and evaluation activities conducted during the lifespan of the project to improve the quality of the intervention.

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)
X	1.	Number of <5 consultations (male and female)	2246
X	2.	Number of consultations, 5 years or older including IDPs and Returnees communities	10232 (6139 female and 4093 male)
X	3.	Number of health facilities providing components of BPHS	8 health facilities
	4.	Number of health staff trained on emergency and preparedness, communicable diseases and Clinical Management of Rape (CMR) in emergency setting	24 individuals (14 male and 10 female)

5.	Number of IDPs, Returnees and Host communities children immunized	2069 (1013 Boys and 1055 Girls)
6.	Number of IDPs, Returnees and Host community pregnant mothers provided with ANC services	1440

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.

Nile Hope Development Forum (NHDF), being the implementer and the only NGO currently in Pigi and largely in Akobo providing health services, has a team of senior health technical staff who will manage the project from its initiation. The aforementioned health team and other health staff in the field (Medical Advisor, Health Program Coordinator, Clinical officers...) will work closely with the County Health Department and the Ministry of Health in Jonglei as well as NHDF's Programs Office to see that, all the targets and results are achieved appropriately and in timely manner. The staff in the field will be trained on proper handling of patients, rational drug use and provision of immunization services. NHDF, using its logistics office, will closely work with the County Health Department to support them in timely delivery of drugs from the County Headquarter to the health facilities thus ensuring the facilities do not run short of drugs. The Programs Coordinator will oversee the whole project and ensure smooth and quality implementation well within the realms of donor requirements while the Executive Director will provide overall administrative support. The organization will also participate in attending Health Cluster Coordination meetings to secure and share latest information and the progress of the implementation process. NHDF's Accounts and Grants Office will manage the grant, to ensure accountability and reporting accordingly.

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 techniques 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 workplan (Section III)².

Nile Hope Development Forum (NHDF) Monitoring and Evaluation Team led by the M&E Officer will be monitoring all the health facility activities using monitoring tools developed by Nile Hope Development Forum as well as the Project Logical Framework in order to achieve the expected project targets in a timely manner. The senior health staff will spend 80% of their time in the field to implement the stated activities in the **proposal logic frame** thus ensuring progress towards realization of results. The organization will use the Ministry of Health reporting tools like HMIS part 1 and 2 in developing monthly reports from the Health facilities and will employ other techniques like Focus Group Discussions and stakeholder workshops to evaluate the quality of services provided by the project. Analysis of the project achievements will be presented in form of Graph, table and charts to produce quality reports. Ministry of Health State and the Sector Lead will visit the site at the mid of the project and at the end of the project, or as deemed appropriate to assess progress towards achievement of project targets as envisaged.

E. 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)
IMA -Rapid Results Health project in Akobo(being finalized with IMA)	\$850,000

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.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/H/55465	Project title: Emergency Health Intervention for Vulnerable Populations in Pigi, Akobo and Fangak counties in Jonglei state.	Organisation: Nile Hope Development Forum(NHDF)		
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <ul style="list-style-type: none"> Maintain the existing safety net by providing basic health packages and emergency referral services Strengthen emergency preparedness including surgical interventions Respond to health related emergencies including controlling the spread of communicable diseases 	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> -Number of health facilities providing emergency health services -Number of health staff capacity built on emergency preparedness and Respond -Number of personals trained on communicable disease 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Patient registers • Training report • Attendant list • ANC register • Immunization register and tally sheet 	
Purpose	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <p>The main objective of this project is to improve access and quality of essential health care services to the IDPs, Returnees and other vulnerable communities in Pigi and Akobo counties of Jonglei State and including young children of both gender, women of child bearing age, youth (male and female), elderly, the disabled and men. The initiative shall also endeavor to respond to health- related emergencies including controlling the spread of communicable diseases among the community members in the two counties by the end of September 2013.</p>	<p>Indicators of progress:</p> <ul style="list-style-type: none"> • <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i> <ul style="list-style-type: none"> -Number of consultation both under five and above five seen in the HFs -Number of pregnant mothers attended in the health facility during ANC services -Number of pregnant mother receiving safe and clean delivery services in the HFs -Number of under five children receiving immunization services -Proportion of beneficiaries who are “satisfied’ with the service provided by the project. 	<p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> -Patient register book -Immunization register book -ANC & Delivery register book -Monthly Reports -Training report -Photos -Health education register book - Key informant Interview and Focus Group discussion 	<p>Assumptions & risks: <i>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?</i></p> <ul style="list-style-type: none"> • <ul style="list-style-type: none"> -Favourable weather to implement the project -Good security situations in the project implementation -Availability of basic drugs -Availability of vaccine in the county cold chain -funds secured and wired timely -availability of skilled personnel to implement the project -Strong community willingness to fully involve during project implementation period

Results	<p>Results - Outcomes (intangible): <i>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.</i></p> <p>1) Improved emergency curative services in 8 health facilities both in Pigi and Akobo counties by the end of September 2013.</p> <p>2) Boost the static and outreach immunization coverage children under five years of IDPs, Returnees and host community to reach 2069 children to over 95% (1013 Boys and 1055 Girls) by the end of September 2013.</p> <p>3) Improve access and quality of ANC services reaching to 1440 pregnant mothers (Returnees, IDPs and Host community) in Pigi HFs and at the Walgak PHCC.</p> <p>4) Mitigate malaria attributed morbidity and mortality by distributing LLINs/ Long Lasting Impregnated Nets/ to 600 pregnant mothers and 1000 under five children including IPDs and Returnees in both the counties by September 2013.</p> <p>5) Mitigate and reduce communicable diseases through health education on prevention and control of communicable diseases, HIV/AIDS and other diseases of public health importance by reaching to 3000 female and 3000 male individuals in Akobo and Pigi counties.</p> <p>6) 80 safe and clean deliveries conducted in Walgak - Akobo and Pigi health facilities which will reduce the morbidity and mortality related to child birth.</p> <p>7) Enhanced capacity of 14 male and 10 female health staffs on emergencies and preparedness response, management of communicable diseases, IDSR, IMCI and CMR thus improving the quality of emergency health care services delivery in Pigi and Walgak of Akobo west.</p> <p>8) A minimum of three joint Monitoring and evaluation activities conducted during the lifespan of the project to improve the quality of the intervention.</p>	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> • <p>-Number of under five children treated in the HFs -Number of above five treated in the HFs</p> <p>-Number of children immunized -Number of times vaccines delivered in the HFs</p> <p>-Number of pregnant mothers receiving ANC services -Number of pregnant mothers who delivered in a health facility</p> <p>-Number of mosquito nets distributed to Pregnant mother and under five children</p> <p>-Number of persons who received health education messages -Number of health education sessions provided to the community</p> <p>-Number of safe and clean deliveries attended in the Health facilities.</p> <p>-Number of health staffs trained on emergencies preparedness and respond -Number of health workers trained on communicable disease, CMR, IDSR and IMCI</p> <p>-Number of monitoring and evaluation conducted during the lifespan of the project</p>	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <p><i>Registers books</i> -patients card -monthly and quarterly reports</p> <p>-immunization registers -Tally sheets/Vaccine balance sheet -monthly and quarterly report -final report</p> <p>-ANC register books -Monthly and Quarterly ANC report Delivery registration book</p> <p>-Distribution list -weekly distribution report - Monthly distribution report</p> <p>-Health education registers -VHC committee register book -Monthly and quarterly report</p> <p>-Delivery registers -monthly reports -quarterly and final report</p> <p>-attendant list -training reports -monthly report</p> <p>-monitoring reports -email for evaluation send to MoH</p>	<p>Assumptions & risks: <i>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?</i></p> <p><i>Availability of health personnel's to provide emergency health services</i> -Security is favourable to implement the project -enough vaccine preposition in the county and Health facilities -caretakers willing to bring their children in the health facilities to be immunized</p> <p>-Pregnant mother willing to come for Antenatal service -TBA willing to mobilized mothers to come for ANC services in the health facility</p> <p>-LLITNS secured and preposition in the field at appropriate time -community willing to use the LLITNS in appropriate way</p> <p>-community members willing to attend the health education session -availability of enough IEC material to be distributed to all health facilities</p> <p>-Pregnant mother ready and willing to deliver in the health facility</p> <p>-</p> <p>-health staff willing to be train In the health facilities -training material preposition in the field at appropriate time for the staff to receive the training</p> <p>-monitoring tools developed and shared with the monitoring and evaluation team.</p>

<p>Immediate-Results - Outputs (tangible): <i>List the products, goods and services (<u>grouped per areas of work</u>) 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.</i></p> <ul style="list-style-type: none"> • IDPs, Returnees and the Host community Patient provided with curative services in the health facilities • Immunization services both static and outreach provided to IDPs, Returnees and the Host community children under the age of Five years • Antenatal services provided to IDPs, Returnees and host community pregnant mothers • Pregnant mothers and children < years provided with mosquito nets • Health education on prevention of communicable diseases and good health practices provided to IDPs, Returnees and the host community • Health staffs provided with emergency and preparedness, communicable disease and CMR training. • The monitoring and evaluation team conducted monitoring visit to the project site 	<p>Indicators of progress: <i>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.</i></p> <ul style="list-style-type: none"> -Number of <5 consultation(Male and Female) -Number of >5 consultation including IDPs, Returnees and the host community -Number of returnees, IDPs and host children immunized <ul style="list-style-type: none"> • -Number of IDPs, Returnees and host community pregnant mothers received ANC services -number of mother and children received mosquito nets -Number of person provided with Health education messages -Number of health staff trained -Number of monitoring visits conducted 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> -Patient register book -Daily patient tally sheet -monthly and quarterly reports -Immunization registers -immunization tally sheets -Antenatal register books -monthly and quarterly reports -mosquito net registration register -weekly and monthly report -Health education registers -monthly and quarterly reports -training report -attendance sheet -photos for the trainings -Monitoring and evaluation report 	<p>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?</p> <ul style="list-style-type: none"> -community willing to take the sick patient to the HF's for treatment -Drugs available in the HF's - -vaccine available in the county cold chain -mother willing to bring their children for immunization services -TBA ready to mobilize mother to come for antenatal services -Pregnant mother willing to come for ANC services in the HF's -availability of mosquito net -mothers willing to use the net appropriately -community willing to attend the health education message session -weather favourable for staff to move to the village and pass the health messages -health staffs willing to participant in emergency training session -weather favourable for monitoring purposes
<p>Activities:</p> <ul style="list-style-type: none"> • Conduct community mobilization and sensitization exercise by raising awareness in Pigi county and Walgak in Akobo county to reach 1600 women and 1000 men including the IDPs and returnees communities. • Support 7 HF's in Pigi (Canal and Khorfulus PHCCs, Atar, Chuie, Wunkiir, Mareng and Aluei PHCUs and 1 HF's in Akobo (Walgak PHCC), to provides emergency curative health services including treatment of Kaa- 	<p>Inputs:</p> <ul style="list-style-type: none"> -Facilitator - Maker pen -Ball pens -Note books -Participants -Personals -Drugs -Record books 		<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> -community willing to attend sensitization session - Drugs are available -Health staffs are available and motivated to work -community is well aware of the services offered in the health facility

	<p>lazar to 2246 children (boys and Girls), 6139 Women and 4093 Men including IDPs and returnees living in both the counties.</p> <ul style="list-style-type: none"> • Ensure routine health education in the HF's and outreach health education during the emergencies on prevention of communicable diseases (including prevention of Kala-azar), good breastfeeding practices and child spacing is provided to approximately 3000 Female and 3000 men; IDPs, Returnees and Host communities in the two counties • Distribution of mosquito nets to benefit 600 pregnant mothers and 1000 children under five (Boys and Girls) in the health facilities mostly considering the Returnees, IDPs and other vulnerable communities members in the two counties • Provision of antenatal care services during daily provision of services in the health facilities to reach 1440 pregnant women in Walgak -Akobo and Pigi including the IDPs and the returnees living in the two areas. • Ensure approximately 80 safe deliveries are conducted among the mothers in the health facilities by trained health workers and trained TBAs through provision of clean delivery Kits • Secure and ensure equitable distribution of drugs and medical kits to the Health Facilities • Assess and respond to potential outbreaks and other health emergencies in the 2 counties. • Provision of immunization services to IDPs, Returnees and the host communities targeting 2069 children (1013 Boys and 1055 Girls) under the age of five years to prevent them from immunizable diseases • Enhance the capacity of 14 male and 10 female health staff on management of communicable diseases, emergency and preparedness, integrated management of child hood illness and clinical management of rape, 3 in each facility. • Referral of patients during emergencies from the health facilities to county hospital for further management 	<p>-Reporting tools -</p> <p>-IEC Material -Personnel's</p> <p>-LLITNs -personnel -record books</p> <p>-personals -ANC Cards -Registration books -vaccines -needle and syringes - ANC drugs</p> <p>-personals -Clean delivery Kits -Protective cloths -Sterilization equipment/supplies - drugs</p> <p>-Boats - Fuels -loaders -Boats driver - assessment tools -informants -Drugs -facilitation-boat/vehicles</p> <p>-Vaccines/diluent -Cold boxes -fridge -vaccine carriers</p>		<p>-community willing to attend health education sessions - population well informed on health education services in the HF's and in community</p> <p>-Mothers willing to bring they children to receive mosquito net in the HF's -mosquito net delivered to health facilities -Boat and Boat fuel available</p> <p><i>-Pregnant mother willing to come for ANC services in the health facility - community well informed on ANC services in the health facility</i></p> <p>-TBA kits available -TBA and Mid wife ready to be trained</p> <p>-Proper logistic available <i>-MoH preposition enough drugs supplies to the county headquarters</i></p> <p><i>-Staff train on emergency responds -Emergency drugs available</i></p> <p>- Vaccine and immunization accessory available -Mother willing to bring children for immunization</p> <p><i>-Health staff willing to be train on emergency respond and other disease</i></p>
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	<ul style="list-style-type: none"> • Timely submission of Weekly IDSR reporting and Monthly reports to the Ministry of Health, both in Jonglei and to the Cluster Lead • Conduct regular cross-sectoral coordination meetings with WASH/Protection-GBV/Nutrition/Food-Security & Livelihoods and Education Teams to build synergies and realize holistic intervention; • Repair of the existing health facilities both in Pigi and west of Akobo-walgak • Monitoring and Evaluation of the project to confirm and measure progress (conformity with the work plan) and impact respectively <p>List in a chronological order the key activities to be carried out. Ensure that the key activities will result in the project outputs.</p> <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> -Personnel's - Syringe and Needles -facilitator -make pens -flip charts -hand outs -ball pens -participant -Referral forms -Referral mean-Ambulance -Fuels -Reporting forms -emails -computers -venues -participant -power point -computer -minutes taker -Poles -iron sheet -timber -nail -flight -Monitoring tools -monitoring team -Reporting forms -What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.? • 		<ul style="list-style-type: none"> -Training material available and delivered to the site - Health staff willing to be build their capacity on referral -Ambulance have enough fuel for referral cases -Internet services available -HF's submit weekly report on time -other clusters willing to attend monthly meeting -Community willing to go and cut poles in the bush -weather favorable for transporting construction material -Monitoring & evaluation team well prepared with monitoring tools -Weather favorable for monitoring and evaluation purposes • <p>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?</p>
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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.

Activities	Q1/2013		Q2/2013			Q3/2013			Q4/2013			Q1/2014	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Activity 1: Conduct community mobilization and sensitization exercise by raising awareness in Pigi county and Walgak in Akobo county to reach 1600 women and 1000 men including the IDPs and returnees communities.													
Activity 2: Support 7 HF's in Pigi (Canal and Khorfulus PHCCs, Atar, Chuie, Wunkiir, Mareng and Aluei PHCUs and 1 HF's in Akobo (Walgak PHCC), to provides emergency curative health services including treatment of Kaa-lazar to 2246 children (boys and Girls), 6139 Women and 4093 Men including IDPs and returnees living in both the counties.													
Activity 3: Ensure routine health education in the HF's and outreach health education during the emergencies on prevention of communicable diseases (including prevention of Kala-azar), good breastfeeding practices and child spacing is provided to approximately 3000 Female and 3000 men; IDPs, Returnees and Host communities in the two counties													
Activity 4: Distribution of mosquito nets to benefit 600 pregnant mothers and 1000 children under five (Boys and Girls) in the health facilities mostly considering the Returnees, IDPs and other vulnerable communities members in the two counties													
Activity 5: Provision of antenatal care services during daily provision of services in the health facilities to reach 1440 pregnant women in Walgak -Akobo and Pigi including the IDPs and the returnees living in the two areas.													
Activity 6: Ensure approximately 80 safe deliveries are conducted among the mothers in the health facilities by trained health workers and trained TBAs through provision of clean delivery Kits													
Activity 7: Secure and ensure equitable distribution of drugs and medical kits to the Health Facilities													
Activity 8: Assess and respond to potential outbreaks and other health emergencies in the 2 counties.													
Activity 9: Provision of immunization services to IDPs, Returnees and the host communities targeting 2069 children (1013 Boys and 1055 Girls) under the age of five years to prevent them from immunizable diseases													
Activity 10: Enhance the capacity of 14 male and 10 female health staff on management of communicable diseases, emergency and preparedness, integrated management of child hood illness and clinical management of rape, 3 in each facility.													
Activity 11: Referral of patients during emergencies from the health facilities to county hospital for further management													
Activity 12: Timely submission of Weekly IDSR reporting and Monthly reports to the Ministry of Health, both in Jonglei and to the Cluster Lead													
Activity 13: Conduct regular cross-sectoral coordination meetings with WASH/Protection-GBV/Nutrition/Food-Security & Livelihoods and Education Teams to build synergies and realize holistic intervention;													
Activity 14: Monitoring and Evaluation of the project to confirm and measure progress (conformity with the work plan) and impact respectively													
Activity 15: Repair of the health facilities in Pigi HF's and Walgak PHCC													