

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 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	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Jonglei (Pibor, Pochalla, Ayod, Akobo, Canal, 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, Longchuck, Baliet) 8. Eastern Equatoria (Kapoeta North, East, Lopa)

SECTION II

Project details		
The sections from this point onwards are to be filled by the organization requesting CHF funding.		
Requesting Organization		
NHDF (Nile Hope)		
Project CAP Code	CAP Gender Code	
SSD-13/H/55465/R/8452	2a	
CAP Project Title (please write exact name as in the CAP)		
Emergency Health Intervention for Vulnerable Populations in Pigi, Akobo and Fangak counties in Jonglei state		
Total Project Budget requested in the in South Sudan CAP	US\$ 1,199,953	
Total funding secured for the CAP project (to date)	US\$ 850,000 (from IMA RRHP project)	
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 Jonglei	%	County/ies (include payam when possible)
	50%	Akobo,
	50%	Canal
Funding requested from CHF for this project proposal		US\$ 200,000
Are some activities in this project proposal co-funded (including in-kind)? 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)		
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	24,109	41,446
Girls:	6,239	9,176
Men:	7,290	27,641
Boys:	6,594	9,175
Total:	44,323	87,438
Indirect Beneficiaries		
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)		
6 months (1 Oct 2013 to 31 Mar 2014)		

Contact details Organization's Country Office	
Organization's Address	Off main muniki road, Juba southern Sudan.
Project Focal Person	Name: Getachew Gezahegn Email: getchadua@yahoo.com Telephone: 0912949524
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	
Desk officer	Names; David Lemiso Tolu, Email: tolulemiso@yahoo.com Telephone; 0914377402 or 0956045794
Finance Officer	Name: Jidayi Zaitun Email: jidayiz@rocketmail.com Telephone: 0911898747

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 population¹

Akobo and Canal counties are of the most disadvantaged and highly affected counties in Jonglei state, recurrent armed inter and intra tribal conflict, flooding, child abduction and cattle raiding have severely devastated the Counties, in Jan/12, Murle assailants carried out five concurrent attacks in different areas in Akobo County that resulted in death and suffering of civilians, children were abducted, cattle stolen and homes were burned. [UNMISS/2012]. In addition recent attack by armed Murles on 16th January/2013 in Kiir has displaced hundreds of Households from Lier and Kiir to Akobo County where In the incident, tukuls were burnt to the ground, crops and food stores were looted and burnt and their cattle stolen, this has worsened the burden of the weak basic service delivery capacity in Akobo County. Though some of the persons impacted by the violence have returned to their home areas, others remain displaced as IDPs in Dilule Nukta and Bore. Recent attack on July, 18th - 20th /13 by an identified gunmen 'suspected to be Murle' around Walgak [Report from Walgak PHCC, Nile-Hope] following the conflict a total of five died and nine casualties were provided with emergency surgical care and finally air-lifted for further treatment. This has created a serious tension in the community that denies to access health services within their locality. The current conflict in Pibor has raised the tension and instability of the whole Akobo and part of Canal community compromising access to health services. The continued attacks which have resulted in loss of children, properties and abduction of children and displacement have exacerbated the poor health condition in Akobo and Canal Counties. Currently the Immunization/DPT3/ one of the key elements to ensure child survival the coverage in both counties remains at around 20% (10% boys, 10% girls). According to the last six month performance the ANC coverage is less than 5%. The skilled and facility delivery rate is not higher than 2% and 5% respectively. Apart from the low service coverage inter-klan conflicts have deeply impacted on the livelihoods and survival mechanisms of the two counties that still have exacerbated the poor health condition in Akobo and Canal counties.

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.

Nile Hope is operating under financial constraints to ensure the access and quality health care service to IDPs, responding to emergencies to manage civilian influx from neighboring payams which will challenge the capacity of the existing facilities, following a tribal conflict. As a strategy to ensure equitable access to Primary Health Care Nile Hope will be enabled to provide immunization outreaches/ treatment and prevention education on common health problems to communities deep in inaccessible areas, IDPs and returnees in Canal and Akobo Counties. The burden of civilian casualties following an armed attack and conflict has burdened the weak health system in Akobo and Canal, Ensuring that the most vulnerable group /mothers and children are getting basic life saving services in the insecure and inaccessible areas (IDPs, Returnees) of Primary health Care in the Akobo and Canal, improving access to Basic Primary health Care has become a challenge due to financial constraints. This funding will enable Nile Hope to enhance the access and quality of care and will improve service provision through Mobile clinics especially in Canal and supporting the existing health system in Akobo county to enable it to deliver basic health services to IDPs and returnees. We will be able to renovate and equip existing health facilities with basic medical supplies to improve the quality of service we provide. Most health workers are from basic academic level, Nile Hope will continue to provide refresher trainings and intensive supportive supervision to health workers to update and improve knowledge and capacity to provide quality health services. Most of our health facilities are understaffed as opposed to the RSS-MOH Basic Package of Health Services Standard this funding will enable us to retain and ensure that adequate health workers are recruited to deliver the required services in all the facilities in Akobo and Canal counties.

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.

Continued conflict and poor health infrastructure and understaffed facilities together with the low health care seeking behavior of the community has led to an increase in the morbidity and mortality amount the community in both Counties. The CHF funding will enable Nile Hope to fill the financial gaps that we are facing; in areas of improving access to basic drugs and other supplies, purchasing and equipping facilities with essential medical equipments and drugs, remuneration costs of some personnel, Building the capacity/training/ of health workers building and improving the infrastructure and capacity building of health providers in the facilities, Transporting vaccines, drugs and other supplies to the health facilities. This will support Nile hope in improving the wellbeing of the community via enhancing the poor services in Canal and Akobo Counties.

ii) Project Objective

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.

State the objective/s of this CHF project. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)			
<p>Improving the access and quality of essential health care package to vulnerable communities in Akobo and Canal Counties. This project will address the young children /both gender, women of child bearing age, youth (male and female), elderly, the disabled and men. The initiative shall also endeavor respond to health related emergencies including controlling the spread of communicable disease among the communities members in the two counties by the end of March/2014. Major Objectives include: -</p> <ul style="list-style-type: none"> • A total of 10 facilities will be equipped with essential drugs, vaccines and capacitated to deliver the standards of the BPHS standards by end of March31/2014. • The immunization coverage of Canal and Akobo localities will reach 30 % (15% Male,15% female) of children will get third dose of DPT by March31/2014. • At the end of March/2014, over 35.0% of pregnant/laboring mothers in both counties will give birth in a facility and assisted by a skilled health worker. • At the end of March/2014 All facilities supported by the CHF funding will deliver immunization services to IDPs, Returnees and vulnerable inaccessible communities in both Akobo and Canal Counties. • Four PHCCs will be equipped with basic materials, knowledge and skill to respond to emergencies to enable them to effectively analyze and respond to situations effectively. • By the end of March 2014, All inaccessible and difficult to reach sites/facilities will be equipped with essential drugs and basic supplies prior to the prepositioned in hard to reach and inaccessible areas in the two counties, • Facilities located in high risk areas/Walgak PHCC, will be provided with emergency surgical kits, essential drugs and kits, vaccines and other emergency response supplies 			
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).			
<ul style="list-style-type: none"> • Conduct community mobilization and sensitization rallies to raise the awareness in Canal and Akobo reaching 3,600 people (2100 women and 1500 men) including the IDPs and returnees communities. • Equip and supervise 7 HFs in Canal and 13 HFs in Akobo to provides quality health services to 5040 children (boys and Girls), 11376 Women and 7585 Men living in both the counties. • Conduct health education on prevention of common health problems, breastfeeding practice and Importance of family planning to approximately 3,400 Female and 3,200 men in the two counties. • Distribution of mosquito nets to 1,800 pregnant mothers and 2,600 under five children (1,300 Boys and 1,300 Girls) in the health facilities • Provision of antenatal care services during daily provision of services in the health facilities reaching 2,400 pregnant women in Akobo and Canal. • Ensure approximately 150 safe deliveries are conducted among the mothers in the health facilities by trained health workers and trained TBAs through provision of clean delivery Kits, • Provision of immunization services to 1,371 children (667 Boys and 704 Girls) under the age of five years to prevent them from vaccine preventable diseases. • Enhancing the capacity of 30 male and 20 female health staff on management of communicable diseases, Integrated Management of Child hood Illness and Clinical Management of Rape, 3 per facility in Canal and Akobo counties. • Timely submission of Weekly IDSR reporting and Monthly report to the Ministry of Health both in Jonglei and to the cluster lead • 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.			
<p>HIV/AIDS is one of the major public health important diseases which Mile Hope focuses to prevent its spread in Akobo and Canal Counties, Our organization will work with religious leaders, CSOs and partners working on Gender and Education to conduct community awareness campaign in Akobo and Canal counties. We will also work closely with Protection and Education cluster in mitigating the impact of early marriage, Rape, GBVs, Abduction and related abuses which expose the youth to unwanted pregnancy and HIV/AIDS.</p> <p>Nile Hope will ensure nature is not unduly interfered during heath facility renovations, and mitigation measures will be ensured as appropriate. To ensure that nature is protected from solid and liquid medical wastes, we will follow strict safety precautions to make sure that toxic and biological hazardous wastes are properly disposed in a way that ensures the environment and the community is fully protected.</p>			
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.			
<ol style="list-style-type: none"> 1) Improved access to health care services to IDPs, returnees in both in Canal and Akobo counties by the end of March/2014 2) Increased static and outreach immunization coverage to the children under five years by reaching 6,173 children (3,004 Boys and 3,170 Girls) by the end of March/2014. 3) A total of 2,400 pregnant mothers access antenatal care services in the in Canal and Akobo counties health facilities. 4) Mosquito net distributed to 1,800 pregnant mothers and 2,600 children under five (Boys and Girls) in both the counties by March/2014. 5) Improved access to health education on prevention of communicable diseases, HIV/AIDS as well as other diseases, disseminated to around 3000 female and 3000male individuals in Akobo and Canal county. 6) 150 safe deliveries are conducted in Akobo and Canal health facilities. 7) Enhanced the capacity of 30 male and 20 female health staffs on management of communicable disease, IMCI and CMR thus improving the quality of health care services delivery in Akobo and Canal counties. 8) Monitoring and evaluation conducted during the lifespan of the project at least 3 times. 			
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	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list

(X)		in the results framework section III of this project proposal).	and add-up to the number of direct beneficiaries identified page 1)
X	1.	Number of consultations, 5 years or older	31,399
X	2.	Number of <5 consultations (male and female)	12,833 (6,594 Boys and 6239 Girls)
	3.	Number of births attended by skilled birth attendants	150 Mothers
X	4.	Number of under one children received DPT3 immunization	1,371 children (667 Boys and 704 Girls)
X	5.	Number of pregnant mother provided with ANC services	2,400 Mothers

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 being the implementer and the only NGO currently in Canal 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 will work closely with the County Health Department and the Ministry of health in Jonglei as well as Nile Hope'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 in proper handling of patients and also provision of immunization services. Nile Hope, using its logistics office will closely work with the County Health Department will support in enabling a timely delivery of drugs from the county headquarter to the health facilities thus ensuring the facilities do not run short of drugs. The Program Coordinator and Health Advisor will oversee the whole project is implemented well within the realms of donor requirements while the Executive Director will provide overall administrative support. The organization will also participate in attending the cluster coordination meetings to get the latest information on health activities and share in the progress of the implementation of the project. Nile Hope's Accountants and Grants Officer will manage the grant, to ensure accountability and report 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 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.

Nile Hope has a Monitoring and Evaluation team which will be following the progress with the performance of set targets. Key indicators will be selected and reports and on site supervisions will be set in place to measure the performance of the project. Senior health staff will spent 80% of their time in the field to implement the stated activities in the **proposal logo frame** thus ensuring the targets are achieved in the set time. The organization will use the national MOH-Reporting format (HMIS part 1 and 2) and IDSR formats in developing a weekly and monthly report from Health facilities and employee other techniques like FGD/focus group discussion and stakeholder workshops to evaluate the project. Timely analysis of the project will be presented to stake holders the MOH and timely and complete reports will be delivered to respective stake holders. A joint visit will be conducted with representatives from the State Ministry of Health and the Sector Lead at the mid and at the end of the project life, or deemed appropriate to see if all the project targets have been achieved according to envisaged proposal.

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)
IMA -Rapid Results Health project in Akobo (January/2012 from IMA-RRHP Project)	\$ 850,000
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.

SECTION III:

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/R/8452		Project title: Emergency Health Intervention for Vulnerable Populations in Pigi, Akobo and Fangak counties in Jonglei state		Organisation: NHDF
Overall Objective	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>		Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i>	
	<ul style="list-style-type: none"> Improving the access and quality of essential health care package to vulnerable communities in Akobo and Canal Counties. This project will address the young children /both gender, women of child bearing age, youth (male and female), elderly, the disabled and men. The initiative shall also endeavor respond to health related emergencies including controlling the spread of communicable disease among the communities members in the two counties by the end of March/2014. 		<ul style="list-style-type: none"> Number of consultations, 5 years or older Number of <5 consultations (male and female) Number of health facilities providing components of BPHS Number of births attended by skilled birth attendants Number of children received DPT3 immunization Number of pregnant mother provided with ANC services 	
	How indicators will be measured: <i>What are the sources of information on these indicators?</i>			
	<ul style="list-style-type: none"> Facility Register, Weekly and Monthly facility reports Checklist based Integrated Supervisions Secondary data review and records from the facility 			

<p style="text-align: center;">Purpose</p>	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> • Ten facilities will be equipped with essential drugs, vaccines and capacitated to deliver the standards of the BPHS standards by end of March31/2014. • The immunization coverage of Canal and Akobo localities will reach 30 % (15% Male, 15% female) of children will get third dose of DPT by March31/2014. • At the end of March/2014, over 35.0% of pregnant/laboring mothers in both counties will give birth in a facility and assisted by a skilled health worker. • At the end of March/2014 All facilities supported by the CHF funding will deliver immunization services to IDPs, Returnees and vulnerable inaccessible communities in both Akobo and Canal Counties. • Four PHCCs will be equipped with basic materials, knowledge and skill to respond to emergencies to enable them to effectively analyze and respond to situations effectively. • By the end of March 2014, All inaccessible and difficult to reach sites/facilities will be equipped with essential drugs and basic supplies prior to the prepositioned in hard to reach and inaccessible areas in the two counties, • Facilities located in high risk areas/ Walgak PHCC, will be provided with emergency surgical kits, essential drugs and kits, vaccines and other emergency response supplies 	<p>Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <ul style="list-style-type: none"> • Number of facilities providing BPHS standard of care, • Number /proportion/ of children (Male, female) immunized with DPT3 vaccine, • Number of mothers who delivered in a health facility and assisted by skilled birth attendant, • Number of facilities providing immunization services to IDPs and Returnees and vulnerable community within their respective locality, • Number of facilities equipped with basic knowledge and skill to effectively respond to emergencies, • Proportion or number of inaccessible and hard to reach facilities with no stock out report in six months project time. • Number of facilities in conflict prone locations provided with emergency response supplies • Proportion of beneficiaries who expressed their satisfaction 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"> • Checklist based supervisions, • Weekly and monthly reports from facilities, • Progress and performance report from facilities, • Logistic supply documents and reports, • Beneficiaries interview and suggestion, • Training reports, • ANC, Delivery and immunization register books, • Patient register books. 	<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"> • Fund is released on time to execute activities within the set time frame, • Local authorities will continue their strong support to the activities, • Basic drugs are availed for distribution, • Security situation is conducive to our field activities, • Weather is not extremely unwelcoming beyond expectations to intervene our activities. • Strong community involvement and willing to be part of the health project.
<p style="text-align: center;">Results</p>	<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> <ul style="list-style-type: none"> • Enhanced capacity of health work force to effectively mitigate medical and surgical emergencies, IMCI, CMR and safe motherhood. • Under one year children in both project areas received DPT3 vaccine • Facilities commence providing immunization services to IDPs, Returnees and the vulnerable community, • Essential drugs prepositioned to inaccessible part of Canal and Akobo, • Improve access to quality ANC services to mothers (Returnees, IDPs and Host community) in Canal and Akobo County facilities. • Malaria attributed morbidity and mortality reduced via 	<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"> • Number of health workers (12F, 12M) effectively completed training on emergency preparedness and response, • Number of health staff (Male, Female) trained on CMR, IMCI and Safe motherhood, • Number of under one year children vaccinated with three doses of DPT vaccine • Number of facilities providing vaccination services to IDPs Returnees and Vulnerable community, • Number of facilities reporting none stock out reports of essential drugs. • Number of pregnant mothers who received ANC care, 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Trainee attendants list, • Training report, • Monthly and quarter performance report, • EPI register books and monthly facility reports, • Monthly and quarterly progress report, • Supervision visits, • Monthly drug consumption reports, 	<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> <ul style="list-style-type: none"> • Security condition is safe to conduct overall activities including capacity building and related workshops, • Funding is timely released for timely conduct the training. • Vaccine and consumables is timely availed, • Community especially mothers willing to bring their children for

	<p>distributing LLINs to 600 pregnant mothers and 1000 under five children including IPDs and Returnees in both the counties by March/2014.</p> <ul style="list-style-type: none"> • Community awareness on communicable Disease control and prevention enhanced through health education on major public health important diseases, (reaching to 3000 female and 3000 male individuals in Akobo and Canal counties.) • Improved access to basic emergency care and facility based skilled delivery services enhanced in Akobo and Canal health facilities which will reduce the morbidity and mortality related to child birth. • Three joint Monitoring and evaluation visits conducted during the lifespan of the project to improve the quality of the intervention. 	<ul style="list-style-type: none"> • Proportion of households covered with LLINs distribution • Number of patients diagnosed and treated for malaria, • Number of persons reached through health education activities in both Canal and Akobo project areas, • Number of skilled delivery attended in health facilities, • Number of integrated supervision conducted 	<ul style="list-style-type: none"> • Supervision reports and feedback documents, • ANC register books • Monthly and Quarterly ANC reports, • Delivery registration book • Health education registers • VHC committee register book • Monthly and quarterly report • Delivery registers • monthly reports • Quarterly and final report 	<p>immunization services</p> <ul style="list-style-type: none"> • Timely and uninterrupted supply of drugs and supplies. • Vaccine available in the county cold chain • TBA ready to mobilize mother to come for antenatal services • Pregnant mother willing to come for ANC services in the HFs, • Availability of mosquito net • mothers willing to use the net appropriately • weather favorable for staff to move to the village and pass the health messages for monitoring purposes
	<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"> • Conduct community mobilization and sensitization exercise by raising awareness in Canal and Akobo County to reach 4,500 women and 2,500 men including the IDPs and returnees communities. • Support 10 HFs in Canal and Akobo (Walgak PHCC), to provide emergency curative health services to 2246 children (boys and Girls), 3,890 Women and 2,806 Men including IDPs and returnees living in both the counties. • Ensure routine health education in the HFs and outreach health education during the emergencies on prevention of communicable diseases, breastfeeding practices and child spacing is provided to approximately 4,600 Female and 2,100 men; IDPs, Returnees and Host communities in the two counties • Distribution of mosquito nets to benefit 200 pregnant mothers and 300 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 	<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 person provided with Health education messages • Number of mother and children received mosquito nets • Number of IDPs, Returnees and host community pregnant mothers received ANC services • Number of returnees, IDPs and host children immunized, • 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 • Health education registers • Monthly and quarterly reports • Mosquito net registration register • Weekly and monthly report • Antenatal register books • Monthly and quarterly reports • EPI- register books 	<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> <ul style="list-style-type: none"> • Community willing to take the sick patient to the HFs for treatment • Drugs available in the HFs • Community willing to attend the health education message session • Weather favorable for staff to move to the village and pass the health messages • Availability of mosquito net • Mothers willing to use the net appropriately • TBA/VHCs ready to mobilize mother to come for antenatal services • Pregnant mother willing to

<p>744 pregnant women in Akobo and Canal Counties including the IDPs and the returnees living in the two areas.</p> <ul style="list-style-type: none"> • Ensure approximately 456 safe deliveries are conducted among the mothers in the health facilities by trained health workers and trained TBAs through provision of clean delivery Kits • Provision of immunization services to IDPs, Returnees and the host communities targeting 2069 children (875 Boys and 875 Girls) under the age of five years to prevent them from vaccine preventable diseases • Enhance the capacity of 12 male and 12 female health staff on management of communicable diseases, emergency and preparedness, integrated management of child hood illness and clinical management of rape. • Monitoring and Evaluation of the project to confirm and measure progress (conformity with the work plan) and impact respectively 		<ul style="list-style-type: none"> • Monthly reports • Training report • Attendance sheet • Training photos showcase • Monitoring and evaluation report 	<p>come for ANC services in the HFs</p> <ul style="list-style-type: none"> • Vaccine available in the county cold chain • Mother willing to bring their children for immunization services • Weather favorable for monitoring activities.
<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ul style="list-style-type: none"> • Conduct community mobilization and sensitization exercise by raising awareness in Canal and Akobo County to reach 4,500 women and 2,500 men including the IDPs and returnees communities. • Ensure routine health education in the HFs and outreach health education during the emergencies on prevention of communicable diseases, breastfeeding practices and child spacing is provided to approximately 4,600 Female and 2,100 men; IDPs, Returnees and Host communities in the two counties • Distribution of mosquito nets to benefit 200 pregnant mothers and 300 children under five (Boys and Girls) in the health facilities mostly considering the Returnees, IDPs and other vulnerable communities members in the two counties • Support 10 HFs in Canal and Akobo (Walgak PHCC), to provide emergency curative health services to 2246 children (boys and Girls), 3,890 Women and 2,806 Men including IDPs and returnees living in both the counties. • Provision of antenatal care services during daily provision of services in the health facilities to reach 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> • Note Books • Pens • Marker pen • Banner • Participants • Facilitator • Maker pen • Ball pens • Note books • Participants • LLINs • Fuel • Register book, • Personnel • Personals • Drugs • Record books 		<p>Assumptions, risks and pre-conditions: <i>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?</i></p> <ul style="list-style-type: none"> • Community willing to attend sensitization session • Community willing to attend health education sessions • Population well informed on health education services in the HFs and in community • Mothers willing to bring they children to receive mosquito net in the HFs • Mosquito net delivered to health facilities • Boat and Boat fuel available • Drugs are available • Health staffs are available and

	<p>744 pregnant women in Akobo and Canal Counties including the IDPs and the returnees living in the two areas.</p> <ul style="list-style-type: none"> • Ensure approximately 456 safe deliveries are conducted among the mothers in the health facilities by trained health workers and trained TBAs through provision of clean delivery Kits • Provision of immunization services to IDPs, Returnees and the host communities targeting 2069 children (875 Boys and 875 Girls) under the age of five years to prevent them from vaccine preventable diseases • Enhance the capacity of 12 male and 12 female health staff on management of communicable diseases, emergency and preparedness, integrated management of child hood illness and clinical management of rape. • Monitoring and Evaluation of the project to confirm and measure progress (conformity with the work plan) and impact respectively 	<ul style="list-style-type: none"> • Reporting tools • Personals • ANC Cards • Registration books • Vaccines • Needle and syringes • ANC drugs • Personals • Clean delivery Kits • Protective cloths • Sterilization equipment/supplies • Drugs • Vaccines/Diluent • Cold boxes • Fridge • Vaccine carriers • Personnel's • Syringe and Needles • Facilitator • Make pens • Flip charts • Hand outs • Ball pens • Participant • Flight • Monitoring tools • Monitoring team • Reporting forms 		<ul style="list-style-type: none"> motivated to work • Community is well aware of the services offered in the health facility • Pregnant mother willing to come for ANC services in the health facility • Community well informed on ANC services in the health facility • TBA kits available • TBA and Mid wife ready to be trained • Vaccine and immunization accessory available • Mother willing to bring children for immunization • Health staff willing to be train on emergency respond and other disease • Training material available and delivered to the site • Monitoring & evaluation team well prepared with monitoring tools • Weather favorable for monitoring and evaluation purposes
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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.

Project start:	1 October 2013	Project end date:	31 March 2014
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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 Conduct community mobilization and sensitization exercise by raising awareness in Canal and Akobo County to reach 4,500 women and 2,500 men including the IDPs and returnees communities.				x	x										
• Activity 2 Ensure routine health education in the HFs and outreach health education during the emergencies on prevention of communicable diseases, breastfeeding practices and child spacing is provided to approximately 4,600 Female and 2,100 men; IDPs, Returnees and Host communities in the two counties				x	x	x	x	x	x						
• Activity 3 Distribution of mosquito nets to benefit 200 pregnant mothers and 300 children under five (Boys and Girls) in the health facilities mostly considering the Returnees, IDPs and other vulnerable communities members in the two counties				x											
• Activity 4 Support 10 HFs in Canal and Akobo (Walgak PHCC), to provide emergency curative health services to 2246 children (boys and Girls), 3,890 Women and 2,806 Men including IDPs and returnees living in both the counties.				x	x	x	x	x	x						
• Activity 5 Provision of antenatal care services during daily provision of services in the health facilities to reach 744 pregnant women in Akobo and Canal Counties including the IDPs and the returnees living in the two areas.				x	x	x	x	x	x						
• Activity 6 Ensure approximately 456 safe deliveries are conducted among the mothers in the health facilities by trained health workers and trained TBAs through provision of clean delivery Kits.				x	x	x	x	x	x						
• Activity 7 Provision of immunization services to IDPs, Returnees and the host communities targeting 2069 children (875 Boys and 875 Girls) under the age of five years to prevent them from vaccine preventable diseases				x	x	x	x	x	x						
• Activity 8 Enhance the capacity of 12 male and 12 female health staff on management of communicable diseases, emergency and preparedness, integrated management of child hood illness and clinical management of rape.				x	x										
• Activity 9 Monitoring and Evaluation of the project to confirm and measure progress (conformity with the work plan) and impact respectively						x			x						