

South Sudan
2014 CHF Standard Allocation Project Proposal
for CHF funding against Consolidated Appeal 2014

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

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the 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 2014 First 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 2014.

Cluster Priority Activities for this CHF Round

- Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
- Support to key hospitals for key surgical interventions to trauma
- Provision and repositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
- Communicable disease control and outbreak response including supplies
- Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
 - a. Emergency preparedness and communicable disease control and outbreak response
 - b. Emergency obstetrical care, and MISP (minimum initial service package-MISP)
 - c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
 - d. Trauma management for key health staff
- Support to referral system for emergency health care including medivacs.
- Support to minor rehabilitation and repairs of health facilities
 HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.

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 South and Tonj East)
3. Northern Bahr El Ghazal (Aweil North, Aweil East, Aweil South and Aweil Central)
4. Western Bahr El Ghazal (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East)
6. Unity (Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang)
7. Upper Nile (Renk, Ulang, Nasir, and Maban, Longechuk, Baliet and Malakal)

SECTION II**Project details**

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

Requesting Organization

Nile Hope

Project CAP Code

SSD-14H/60202

CAP Gender Code

1

CAP Project Title (please write exact name as in the CAP)

Emergency health services provision to the vulnerable communities living in Akobo and Canal (Pigi) in Jonglei state, and Leer county in unity state

Project Location(s) -

State	%	County/ies (include payam when possible)
Jonglei	70%	Akobo & Canal(Pigi) counties
Unity	30%	Leer county

Total Project Budget requested in the in South Sudan CAP

US\$ 1,498,440

Total funding secured for the CAP project (to date)

US\$ 690, 828

Funding requested from CHF for this project proposal

US\$125,000

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:	3600	33,037
Girls:	900	11624
Men:	2300	24037
Boys:	900	11624
Total:	7700	80,322

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

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

Contact details Organization's Country Office	
Organization's Address	Off main muniki road, Juba southern Sudan.
Project Focal Person	<i>Tolu Lemiso</i> <i>Email: tolulemiso@yahoo.com</i> <i>Phone : 0920010329</i>
Country Director	Name: <i>Paul Biel Otoang</i> Email: paulbiel@yahoo.com <i>Telephone:0920010323</i>
Finance Officer	Name: <i>Sophia Wambaire</i> Email: soffi28@yahoo.com <i>Telephone: 0920010324</i>
Monitoring & Reporting focal person	<i>Wour chuol Both</i> <i>Email: wourboth@gmail.com</i> <i>Telephone: 0920010378</i>

Indirect Beneficiaries / Catchment Population (if applicable)

3,000 people

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

Indicate number of months: 3 months(1 Feb- 30 April2014)

Contact details Organization's HQ	
Organization's Address	Akobo county, Jonglei state south Sudan
Desk officer	Name: <i>Gloria Andrew</i> Email: gigiruot@gmail.com <i>Phone: 0920010322</i>
Finance Officer	Name: <i>Sandy kwith</i> Email: sandykwith@yahoo.com Telephone: 0920010340

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

The humanitarian situation in Leer, Akobo and Canal (Pigi) counties remains grim and unpredictable. The three aforementioned counties are the most underserved counties in South Sudan. The current political instability in the country have affected different group of people especially women and children in this counties. UNOCHA put an estimate of people displace by conflict/violence at 180,000 in the 5th report of the recent report for the ongoing crisis. Out of this mention IDPs 1600 are reported to be in leer county due to spill over from Bentiu town. The IDPs are in dire need of humanitarian response which is so much limited due to Funding constraint.

Akobo and Pigi county have also been experience considerable number of IDPs from Malakal when fighting erupted in the capital state of Upper Nile. UN-OHCA estimate 2403 IDPs in Akobo west and are working out to ascertain the correct figure of the IDPs but it has also been a big challenge due to UNHAS un-ability to reach this area. The humanitarian emergency responses in these three counties remain challenging due to insecurity and inaccessibility. However, With the number of IDPs increasing daily and in addition to 50,000 Returnees who were initially being intergrated to the community from the neighbouring countries have created a huge humanitarian needs in which humanitarian agencies in these counties are working tirelessly to provide the needed service to these needy groups (IDPs and Returnees, Women and children of host community) but with immense challenges ranging from inaccessibility, conflict and limited funds.

South Sudan has one of the worst health indicators in the world. It is estimated that at least 60000 women in south Sudan suffers from obstetric fistula (OCHA bulletin 20oct -3 Nov 2013). Communicable diseases are highly prevalent in Akobo, Canal (Pigi) and Leer counties. IDPs, returnees and other vulnerable groups (Women, children-boys and Girls) in the communities are at high risk of contracting common epidemic prone diseases. Few months ago unity state was battling with suspected measles cases in which 12 cases were reported and one death (MoH). Suspected cases of polio outbreak have also been reported recently, Posing a major concern in these mentioned counties (MoH). In addition, Malaria and Acute diarrheal diseases remain a public health concern causing high morbidity and mortality rate in children under five(boys and girls) in Akobo, Canal and Leer counties(HF data). The trend of these diseases is expected to rise due to reported flooding, lack of mosquito nets, limited clean water supplies and low knowledge on the preventative measures. There has been recent increase in kala-azar cases mostly in Jonglei state (Walgak-Akobo) which poses a major threat to communities.

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 plays a major role in emergency preparedness and Response in Akobo, Leer and Canal(Pigi) counties thus providing live-saving services to IDPs, Returnees, Women, children(Boys and girls), men, elderly and disable population. The organization works to provide emergency health services to aforementioned underserved groups to prevent morbidity and mortality rate cause by common preventable disease. It's quite important to continue providing emergency preparedness and response activities to reduce and mitigate the impact of humanitarian emergencies on the women, children, IDPs, and Returnees in these mention areas. The impact of health emergencies are much felt if no preparedness and respond measure is put in place. Adequate preparedness and response measure is quite importance through training health staff (Male and female) on communicable disease in emergencies, emergency obstetrical care, standard operation measure and basic trauma and surgical intervention in places with mass casualties like Walgak-Akobo county thus ensuring appropriate response and timely surge capacity in collaboration with specialize partners. Nile Hope has the necessary physical infrastructure at all levels including a dedicated emergency nutrition field staff that will support this intervention. The organization has strong administrative structure to oversee the implementation, coordination, monitoring and reporting to ensure accountability and transparency

Nile Hope being the lead agency in Akobo and Leer in provision of primary health care services, also implementing emergency health project in Canal (Pigi) With collaboration with CMA which is the lead agency in the county in provision of primary health services, will continue to support the Ministry of health which has limited capacity in provision of emergency primary health care intervention. These will include establishment of mobile health clinic in places with high IDPs in this mention counties to provide emergency health services. 2 Mobile clinics will be set in each county, thus adding up to 6 in these three counties. The clinics will provide first aids and basic trauma management, emergency curative services, Expanded program for immunization (EPI), IMCI, ANC and PNC including distribution of LLITNs. The organization will make sure continue adequate measures are put in place to ensure referral system for emergency health care are provided on a timely manner in all these facilities.

The counties are currently experiencing drugs shortage; we anticipate serious shortage in the coming month due to this political turmoil. Currently the funding mechanism in place for developmental have limited funds for drugs, therefore Nile Hope will work closely with common pipeline organization to Transport and pre-position drugs in these counties to prevent stock out/rapture which is currently being experience. In addition, medical equipment/supplies and basic lab equipment/supplies will be procured and prepositioned in these mobile clinics. Through experience these counties have immense challenges in accessing them, it is essential that all the supplies including drugs are prepositioned prior to the rainy season. Nile Hope will work closely with the CHD to ensure response to any communicable disease Outbreak and other public health emergencies within the First 48-72 hours by providing both Mobile clinic services and static. Nile Hope currently has secured USD \$690,828 from other donor and we have resource gap amounting to USD 807,612, to be mobilized from different donors including CHF.

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.

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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.

Nile Hope will directly support the cluster priorities of improving emergency preparedness and response capacity in Akobo, Canal (Pigi) and Leer counties through implementation of several emergency health activities including maintaining emergency primary health care, Procurement and prepositioning of emergency basic equipment, drugs and other medical supplies, Building the capacity of health staffs on emergency preparedness and response, communicable disease control, outbreak response and support emergency referral health system in health facilities. Other additional activities will include working closely with partners like MOH, WHO, MSF and ICRC in case of mass casualties that require surgical intervention, health cluster coordination activities and relaying information to cluster lead and MOH in case of any health emergencies in these areas. These activities will reduce morbidity and mortality rate of Women and children, and other vulnerable groups like IDPs, Returnees, disabled, elderly and people living with HIV/AIDs during an emergency situation.

ii) Project Objective
State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

The main objective of this project is to improve and ensure equitable and timely access to quality emergency health care services to the IDPs, Returnees and other vulnerable groups(Women, Children(boys and girls), people living with HIV/AIDs, disable and elderly) living in Akobo, Pigi(Canal) and Leer counties through strengthening and building the capacity of health staffs on emergency preparedness and response to reduce and mitigate the impact of health related emergencies including outbreaks by the end 2014.

iii) Project Strategy and proposed Activities
Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.
List the main activities and results to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

- Provide equitable emergency curative health services including management of minor surgical/trauma and Kala-azar cases to 2000 men, 2000 women, 1000 boys and 1000 girls of IDPs, Returnees and Host communities through establishment of mobile clinics in area of health emergencies
- Provision of emergency essential drugs and medical supplies in Akobo, Leer and Pigi(canal) counties to control stock out/rapture
- Capacitating 24 health staff(12male and 12female) on emergency preparedness and response to improve surge capacity in order to respond to any emergencies within 48-72hrs
- Provide emergency referral services in supported Mobile clinics during an emergency to both gender(male and female)
- Provide maternal healthcare services(ANC and PNC) to 900 women of child bearing age of IDPs, Returnees and Host community
- Conduct 60 safe and clean deliveries during mobile clinic services by trained health workers
- Provide immunization services to 600 girls and 600 boys, including accelerated mass measles campaigns and polio campaigns
- Ensure 6 Mobile clinics are established and providing emergency health services to women, men, girls, boys, IDPs and returnees
- Provide health awareness and education session 3000 (1500 men and 1500 women) people on prevention of diseases including HIV/AIDS
- Distribution of 1200 long lasting treated mosquito nets to vulnerable groups mostly targeting pregnant mothers and children under five(Girls and Boys)
- Enhancing the capacity of 20 female and 20 male health staff on management of communicable diseases, IMCI, BemOC and Clinical Management of Rape to be able to respond well in an emergency set up
- Submit Weekly IDSR and Monthly reports to the Ministry of Health, both in Jonglei and Unity states, and 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 and impact respectively.

iv) Expected Result(s)/Outcome(s)
Briefly describe the results you expect to achieve at the end of the CHF grant period.

- Improved Emergency curative services and surgical intervention including treatment of kala-azar cases provided to affected community reaching 2,000 men, 2,000 women, 1,000 boys and 1,000 girls including IDPs, Returnees and other vulnerable groups
- Emergency drugs kit and medical supplies prepositioned and mobile facilities utilizing them in Akobo, Leer and Pigi counties to control stock out/rapture
- Knowledge and skill of 24 health staff(12Male and 12Female) improved on emergency preparedness and response including surge capacity In order to respond to any emergency within 48-72hrs
- Emergency referral services provided to male and female of the communities affected by health emergencies thus reducing morbidity and mortalities

- Maternal healthcare services provided to pregnant and lactating women reaching 900 of IDPs, returnees and host community during emergencies
- Child(Boys and Girl) healthcare services(EPI) including accelerated mass measles and polio campaign provided to IDPs, Returnees and other vulnerable groups in the operation area to control outbreaks of diseases reaching 600 girls and 600 boys
- 60 Safe and clean deliveries conducted by trained health workers to control maternal death and other complications like Fistula
- Community knowledge on the spread of disease improved including HIV/AIDS awareness reaching 3,000 people(Male and Female)
- 1200 Long lasting treated nets secured and distributed to pregnant mother and children (Boys and Girls) for IDPs, Returnees and host community to prevent them from malaria thus improving their lives.
- Enhanced health staff capacity(20 male and 20 Female) on management of communicable disease outbreaks(like cholera and Measles), BemOC, Clinical Management of Rape and Integrated management of child Illness(IMCI)
- Weekly IDSR, Monthly, Quarterly and Final report submitted to MOH and the donor in a timely manner
- Emergency health project monitored and Evaluated to confirm and measure progress according to the stipulated work plan

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
x	1.	Number of consultations, 5 years or older	4000(2,000 female and 2,000 men)
x	2.	Number of <5 consultations (male and female)	2, 000(1000Boys and 1000girls)
x	3.	Number of births attended by skilled birth attendants	60
x	4.	% of pregnant women receiving at least 2nd dose of TT vaccination	20% of mother reached
x	5.	Percentage DPT3 coverage in children under 1	10% of children reached
	6.	Number of pregnant mother who receive maternal health services	900
	7.	Number of health staffs(clinical officers, Nurse, CHW and Mid- wives) trained/ capacitated on emergency preparedness and response	24 (12 female and 12 male)
x	8.	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	40 (20 male and 20 female)

vi). Cross Cutting Issues

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

Gender parity has been one of the key factors that have been considered in all of Nile Hope projects. The project is designed that, during emergency implementation of this project, special needs of women, men, boys and girls will be considered and during the initiation of the project both male and female will be involved in decision making. In addition, the gender parity in this project will be reflected in staffing and during treatment of patient in the health facilities. Health education will be conducted at the Health facilities and during outreach work to reduce the endemic HIV/AIDs in the three counties; this will enable us to increase the number of people with Knowledge on prevention of the spread of HIV/AIDs in these three counties. Nile Hope will ensure nature is not unduly interfered with during health facility renovations. However, For proper handling of waste from the health facilities, Use of incinerator will be encourage and all the waste will be burn in incinerator before putting them in the refuse pit for it to decompose. The organization will ensure working and productive synergies and appropriate mainstreaming of cross-cutting issues, including peace-building, to realize quality and value-added intervention.

vii) Implementation Mechanism

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

Nile Hope, being the implementer and the leading NGO in Akobo, Leer and largely in Canal (Pigi) counties in providing health care service will work closely with the CHD/MOH, community and other cluster partners, as from initiation of the project to the end to ensure a sense of ownership which will lead to sustainability of the project in the field. The health staff in the field will be trained on different health topics including health emergencies along with CHD and follow up on-the-Job training will be continuously put in place to improve the skills of staffs in the field. Drugs supplies will be monitored closely to prevent rapture/stock out using ministry of health tools. Health facilities will be supervised on monthly basis together with the CHD to correct any mistake seen on spot and be able to improve the quality of health services. Weekly surveillance of disease in the field will be strengthened in order to detect any outbreaks in the field. The weekly surveillance report will be sent to the ministry of health state and central. The organization will also participate in attending Health Cluster Coordination meetings to secure and share latest information and the progress of the implementation process. Nile Hope finance department will manage the grant, to ensure accountability and reporting accordingly.

viii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met.
2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².

The project will be monitored in order to track how activities are being implemented in the field. The **Project Log- frame** and Work plan will be the main tool that will be used to measure the extend of how activities is achieved where necessary to draft a way forward on how to fast track it, if it's not achieved as expected. In addition to the Log-frame, Nile Hope monitoring and Evaluation Team led by the M&E Officer and CHD will use 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. In addition there will be common inter-departmental M&E activities to track cross cutting issues.

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)
HPF	308,328USD
IMA	382,500USD
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:

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

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-14H/60202	Project title: Emergency health services provision to the vulnerable communities living in Akobo and Canal (Pigi) in Jonglei state, and Leer county in unity state	Organisation: Nile Hope

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>Goal/Impact (cluster priorities)</p> <ul style="list-style-type: none"> • Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies • Support to key hospitals for key surgical interventions to trauma • Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies) • Communicable disease control and outbreak response including supplies • Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns • Maintain surge capacity to respond to any emergencies • Capacity building interventions will include <ol style="list-style-type: none"> a. Emergency preparedness and communicable disease control and outbreak response b. Emergency obstetrical care, and MISP (minimum initial service package-MISP) c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues d. Trauma management for key health staff • Support to referral system for emergency health care including medivacs. • Support to minor rehabilitation and repairs of health facilities <p>HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.</p>	<ul style="list-style-type: none"> - Number of under five consultation in the health facilities - Number of >5 consultation - Proposition of communicable disease detected and responded to within 72hours - Percentage of DPT3 coverage in children under 1 - Number of referral conducted during an emergency - Number of beneficiaries reached by the supplies from core pipeline 	<ul style="list-style-type: none"> -monthly and quarterly reports -Assessment report -Training reports -immunization tally sheets 	<ul style="list-style-type: none"> -security situation stable during the implementation of health activities -weather condition favourable for implementation of health activities -Availability of emergency essential drugs in the health facilities -community willing to participate fully during implementation

CHF project Objective	The main objective of this project is to improve and ensure equitable and timely access to quality emergency health care services to the IDPs, Returnees and other vulnerable groups(Women, Children(boys and girls), people living with HIV/AIDs, disable and elderly) living in Akobo, Pigi(Canal) and Leer counties through strengthening and building the capacity of health staffs on emergency preparedness and response to reduce and mitigate the impact of health related emergencies including outbreaks by the end 2014.	<ul style="list-style-type: none"> - Number of consultations, 5 years and above - Number of consultation <5 years - Number of birth attend by skill birth attendant - % of pregnant women receiving at least 2nd dose - Number of health staffs train on MISP/ communicable disease and CMR 	<ul style="list-style-type: none"> -Monthly and quarterly report -Facility register books - Monthly supervision checklist -Monitoring report 	<ul style="list-style-type: none"> -weather favourable to during the implementation of the project -Fund release on time for project to be implemented smoothly -community willing to cooperate and support the project during it implementation
Outcome 1	Reduce morbidity and mortality rate for women and children and other vulnerable group in the community thus improving the lives of people and increase their productivity	<ul style="list-style-type: none"> - Number of final report sent to the cluster - Number of health staff knowledge and skills enhanced on health service delivery - Number of monitoring reports done and shared 	<ul style="list-style-type: none"> -Final reports -Training reports -Attendance list -Monitoring reports 	<ul style="list-style-type: none"> - Good security situations in the project implementation area -Health personnel willing to be train on health related issues -Drugs availability during the implementation period in the county -Mother willing to bring their children for child health care services
Output 1.1	Emergency curative consultation services and surgical intervention including treatment of kala-azar cases provided to affected community reaching 2000 men, 2000 women, 1000 boys and 1000 girls including IDPs, Returnees and other vulnerable groups	<ul style="list-style-type: none"> -Number of consultation under five years -Number of consultation above five and older 	<ul style="list-style-type: none"> -Patient register books -Monthly and quarterly report -Final narrative reports 	<ul style="list-style-type: none"> -Availability of drugs during implementation period -Community willing to bring children their children to health facilities
Activity 1.1.1	Provide curative consultation services to IDPs, Returnees and the host community in the project implementation area			
Activity 1.1.2	Ensure the health facility drugs are stock well to provide smooth consultation services			
Activity 1.1.3	Provide register books and patient card for patient registration			
Output 1.2	Maternal healthcare services provided to pregnant and lactating women reaching 900 of IDPs, returnees and host community during emergencies	<ul style="list-style-type: none"> -Number of pregnant mother attended ANC services - Number of lactating mothers visited PNC services 	<ul style="list-style-type: none"> -ANC register books - Monthly report -Post natal registers 	<ul style="list-style-type: none"> -pregnant women willing to attend ANC services -Lactating women willing to attend post natal services
Activity 1.2.1	Provide ANC services to pregnant women during the daily provision of health services			
Activity 1.2.2	Provision of micro-nutrient including Iron- Follate			
Activity 1.2.3	Provide Post natal services to lactating women			
Activity 1.2.3	Provide Family planning services in the facility			
Output 1.3	Child(Boys and Girl) healthcare services(EPI) including accelerated mass measles and polio campaign provided to IDPs, Returnees and other vulnerable groups in the operation area to control outbreaks of diseases reaching 600 girls and 600 boys	<ul style="list-style-type: none"> -Number of children vaccinated -Number of children provided with De-worming drugs --children growth monitored 	<ul style="list-style-type: none"> - EPI register -EPI daily tally sheet -Weekly, monthly and quarterly reports -Final report 	<ul style="list-style-type: none"> -Vaccine and immunization accessory available -Mother willing to bring children for immunization
Activity 1.3.1	Provide vaccination services to children under-five in all supported health facilities			
Activity 1.3.2	Provide de-worming services to children to prevent them from worm manifestation			
Activity 1.3.3	Ensure child under five growth is monitored growth monitoring form			
Activity 1.3.4	Ensure children are treated according to IMCI guideline			

Output 1.4	60 Safe and clean deliveries conducted by trained health workers to control maternal death and other complications like Fistula	-Number of deliveries conducted by skilled attendant - Number of clean deliveries kits distributed to the field	-Delivery register books -monthly reports -quarterly and final report	-Availability of clean delivery kits -Mother willing to deliver in the health facility
Activity 1.4.1	Conduct 60 deliveries in the health facilities by skills health workers			
Activity 1.4.2	Secure and preposition clean delivery kits to supported health facilities			
Activity 1.4.3	Mid-wives receive on job training on how to conduct clean delivery in the health facilities			
Outcome 2	Enhanced skills and knowledge of health staff on EP&R, Communicable disease prevention and patient management.	-Number of health staffs skills and knowledge enhanced	-Training reports -Training attendance list -Training photos	-staffs willing to be train on emergency preparedness and response and communicable disease prevention -availability of training material -
Output 2.1	24 health staff(12male and 12female) trained on emergency preparedness and response to improve surge capacity in order to respond to any emergencies within 48-72hrs	-Number of health staffs capacitated on EP&R	-Training reports -Training attendance list -Training photos	-weather favourable to pre-position training material -selected staff willing to be trained on EP&R
Activity 2.1.1	Selection of health staffs from the health facilities to be train on EP&R			
Activity 2.1.2	Provide training to 24 health staff (clinical officer, Nurses, CHW and Ass. Nurse) on emergency preparedness			
Activity 2.1.3	Procurement of stationeries for training			
Output 2.2	20 female and 20 male health staff trained on management of communicable diseases, BemOC and Clinical Management of Rape to be able to respond well in an emergency set up	-Number of the health staffs capacitated on communicable diseases management, BemOC	-Training reports -Training attendance list -Training photos	- community willing to be selected for training - Training material availability for participant
Activity 2.2.1	Selection of health staffs from the health facilities to be train on BemOC and clinical management of rape			
Activity 2.2.2	Provide training to 24 health staff (clinical officer, Mid wives, Nurses and CHW) on emergency preparedness			
Activity 2.2.3	Procurement of stationeries for training			
Outcome 3	Referral system strengthen during the emergency situation	-Number of referral conducted in the health facilities	-patient referral registers -patient referral forms	-availability of transport -weather favourable to allow referral -staff trained on referral of critical patient
Output 3.1	Patient with complication referred to high level of management for further treatment	-Number of referrals done in the health facility	- patient referral registers -patient referral forms	availability of transport -weather favourable to allow referral -staff trained on referral of critical patient
Activity 3.1.1	Provide referral services to patient who are critically ill			
Activity 3.1.2	Ensure health facilities have referral form for referral purposes			
Activity 3.1.3				
Output 3.2				
Activity 3.2.1				
Activity 3.2.2				
Activity ...				

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The workplan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	1st Feb 2014	Project end date:	30th April 2014
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Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1: Provide equitable emergency curative health services including management of minor surgical/trauma and Kala-azar cases to 2,000 men, 2,000 women, 1,000 boys and 1,000 girls of IDPs, Returnees and Host communities through establishment of mobile clinics or by supporting the MOH facilities in area of health emergencies		X	X	X								
Activity 2: Provision of emergency drugs kits and medical supplies in Akobo, Leer and Pigi(canal) counties to control stock out/rapture		X	X	X								
Activity 3: Capacitating 24 health staff(12male and 12female) on emergency preparedness and response to improve surge capacity in order to respond to any emergencies within 48-72hrs		X	X	X								
Activity 4: Provide emergency referral services in supported health facilities, both temporary and MoH facilities during an emergency to both gender(male and female)		X	X	X								
Activity 5: Maternal healthcare services provided to pregnant and lactating women reaching 900 of IDPs, returnees and host community during emergencies		X	X	X								
Activity 6: Conduct 60 safe and clean deliveries in the health facilities during emergencies by trained health workers		X	X	X								
Activity 7: Provide immunization services to 600 girls and 600 boys, including accelerated mass measles campaigns and polio campaigns		X	X	X								
Activity 8: Ensure 5 health facilities receive minor rehabilitation and repair in the emergency area to provide quality health services to women, men, girls, boys, IDPs and returnees		X	X	X								
Activity 9: Provide health awareness and education session 3000 people on prevention of diseases including HIV/AIDS		X	X	X								
Activity 10: Distribution of 1200 long lasting treated mosquito nets to vulnerable groups mostly targeting pregnant mothers and children under five(Girls and Boys)		X	X	X								
Activity 11: Submit Weekly IDSR and Monthly reports to the Ministry of Health, both in Jonglei and Unity states, and the Cluster Lead		X	X	X								
Activity 12: Monitoring and Evaluation of the project to confirm and measure progress and impact respectively		X	X	X								

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