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 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
    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	
Universal Network for Knowledge & Empowerment Agency (UNKEA)	
Project CAP Code	**CAP Gender Code**
SSD-14/H/60062	1

CAP Project Title *(please write exact name as in the CAP)*
Provision of basic Primary Health Care Packages to the vulnerable Returnees, IDPs and host community

Project Location(s)

State	%	County/ies *(include payam when possible)*
Upper Nile	100%	*Nasir County (Nasir, Jikmir, Kierwan, Kuetrengke and Dhuoreding Payams)*

Total Project Budget requested in the in South Sudan CAP	US$: **769,685**
Total funding secured for the CAP project ***(to date)***	US$ **150,000**

Funding requested from CHF for this project proposal	US$:**100,000**
Are some activities in this project proposal co-funded (including in-kind)? Yes ☐ No ☒ *(if yes, list the item and indicate the amount under column i of the budget sheet)*	

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	3,525	14,500
Girls:	1,240	7,200

Indirect Beneficiaries / Catchment Population (if applicable)

Men:	2,040	11,200
Boys:	1,160	4,800
Total:	**7,965**	**37,600**

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

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

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

Indicate number of months:3
Starting: 1st April 2014 Ending: 31st June 2014

Contact details Organization's Country Office	
Organization's Address	P.O Box: 504, Juba South Sudan Munuki Payam along Gudele road at ICCO Compound
Project Focal Person	*Bojo Samuel* *Samuel.bojo@unkea.net* *+211 955 033 927*
Country Director	*Simon Bhan Chuol,* *simon@unkea.net* *unkea.southsudan@gmail.com* *+211 955 295 774* *+211 917 976 984* *www.unkea.net*
Finance Officer	*David Dak Deng* *David.dak@unkea.net* *deng_dak@yahoo.co.uk* *+211 910 485 494*
Monitoring & Reporting focal person	*Wani*

Contact details Organization's HQ	
Organization's Address	Nasir County, Upper Nile State Republic of South Sudan, P.O Box: 504 Juba
Desk officer	*Esther Yopa Jane* janeyopa@gmail.com *info@unkea.net*
Finance Officer	*Fidel Matajora Christopher* *Tel: +211956595627* *+211921163938* *Email.chrispaluru@gmail.com*

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

Nasir County of Upper Nile State continues to be a humanitarian emergencies flash point as characterized by high population displacements and movement. The major triggers being the persistent inter communal violence, cattle raids and floods. The long dry season between December and April is the major catalyst where most populations move over long distance in search for water, food and pasture. During such movement, a chain reaction of communal attacks and cattle raids are common phenomena. The continued armed conflict in the country and especially in Malakal and Jonglei has forced thousands of IDPs most whom being women and children into Nasir County.

As of May 2013, OCHA assessment report had indicate the number of IDPs, food insecure populations and returnees in Nasir County to 11,910, 24,800 and 718 respectively. Although, aid agencies such a UNKEA continued to supplement the government effort to provide basic health services, the government still has low capacity to take the overall provision of basic health services to these (girls/boys/women/men) vulnerable groups. With anticipated increased return of South Sudanese during the dry season, cattle raids, high population displacement and increased tension in the neighboring Jonglei State, the population humanitarian emergency vulnerabilities are likely to increase and demand for basic health services is likely to be projected even further.

This project is proposed to support (6) health facilities namely; Dhuoreding, Mandeng, Kuetrengke, Jikmir PHCC, Torpuot and Kierwan PHCU. Scaling up provision of basic clinical consultations and treatment of common ailments and basic surgical services will reduce morbidity and mortality. Scaling up immunization services, vitamin A supplementation, deworming, IPT, clinical management of SGBV survivors, provision of safe and clean deliveries will enhance maternal, neonatal and child health. Improving the basic health facility infrastructure through minor repairs and upgrading, supply of essential laboratory equipment and reagents as well as skills training for health workers will improve the quality of basic package of health services. Accelerating grass root level community awareness will contribute to reduction in spread of communicable diseases.

Adolescent girls and boys have limited access to reproductive health services such as syndrome management of STIs, sanitary pads making them more vulnerable to sexually transmitted infections. Sexual exploitations such as early marriage and rape are a major challenge among women and young girls among returnees and IDPs.

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.

This funding is requested to support UNKEA's accelerated response initiative (ARI) to provide basic health services to vulnerable IDPs, returnees and host communities in 6 fixed health facilities of Jikmir, Torpuot, Mandeng, Kierwan, Dhuoreding and Kuetrengke in Nasir County

This funding will be used in scaling up high impact clinical consultations, immunization, preventive services such as deworming, vitamin A supplementation and antenatal and post natal services to 11, 400 women, 11,200 men, 7,200 girls and 4,800 boys under 5 years. Conducting minor health facility repairs and maintenance, supply of essential laboratory equipment and reagents as well as skills training for health workers will be enhanced. In addition, scaling up community level awareness campaigns and health education on prevention of communicable diseases such as Malaria and AWD will contribute to reduction in their transmission

With 10 years existence in Nasir County, UNKEA has a strong community's support and acceptability making its programmes cost effective and sustainable through working with community volunteers. Through partnership agreement with PSI and Maristopes International (MSI), UNKEA is receiving a non cost supply of ACTs and RDTs for management of malaria, oral contraceptives and condoms for family planning and STIs/HIV prevention among IDPs, returnees and SGBV survivors. As a lead agency, UNKEA is the principle recipient of the emergency fund from the ACT alliance for procurement and supply of NFIs for IDPs and returnees in Upper Nile.

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.

Increasing the number of supported health facilities from 4 to 6 will increase access to basic curative consultations among 4,800 boys and 7,200 girls under 5 years among IDPs, returnees and host communities in Nasir County. Scaling up dry season campaign on immunization will benefit about 1,200 boys and 2,200 girls. Supporting kills training for health workers will increase provision of clean and safe deliveries to reduce delivery complications. Scaling up immunization services will protect children from most six diseases.

Minor health facility improvements, supply of essential drugs and medical supplies, relief items such as RH kits and LLTNs, procurement and supply of basic clinical laboratory reagents to enhance the effectiveness and efficiency of the health facilities and increase utilization. Supporting active community mobilizations and sensitizations would significantly reduce the increased transmission of communicable diseases such Malaria, Diarrhea and Pneumonia. Supporting referral systems through the CHD ambulance would help to emergency referrals for obstetric emergencies.
UNKEA will further support Nasir Hospital with additional health staff and supplies to respond to provide clinical consultation and ANC services to the overwhelming needs of IDPs who are mostly settled in Nasir Town

[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.

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)

- To provide basic packages of health (curative and preventive) including emergency referral services to IDPs, returnees and host communities in Nasir County.
- To prevent and control the spread of communicable diseases including SGBV through community level awareness, active case detection and management.
- To strengthen the capacity of health facilities, health workers and communities to response to emergencies including minor surgical interventions.

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).

- Provision of curative consultations to boys and girls <5s and men and women >5s in all health facilities
- Provision of SRH services to women, men, boys and girls in all project locations
- Distribution and supply of essential drugs and LLTNs in all locations
- Provision of preventive maternal and child health services such as immunization, Deworming, iron folate, folic acid, IPT and vitamin A supplementation to <5s and pregnant women
- Conducting minor health facility improvements (fixing shutter, locks, painting, and extensions) and equipping with basic laboratory equipment and supplies to be more effective
- Conducting skills training of health workers on minor surgery, clinical case management and surveillance of communicable diseases
- Training of community leaders (Men and Women) on SGBV prevention
- Conducting targeted community awareness campaigns for men, women, boys and girls on prevention of communicable disease and uptake of health services locations

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

Capacity of the health workers through skills training is well enhanced and able to provide quality health services. Health facilities undergo minor repairs, well equipped with basic equipment and fully functional. Children under 5 years (boys and girls) are fully immunized and provided with protective services such as deworming and vitamin A supplements. Pregnant women are delivered by skilled birth attendants in all health facilities. Well informed communities and adoption of good health seeking behaviors through health education, increased access to basic curative and preventive health services will results to a significant reduction in morbidities and mortalities among children (boys and girls). Equipping health facilities with basic equipment and conducting minor repairs that would enhance their well functioning to response the health needs of the returnees, IDPs and host communities. Additionally, addressing SGBV through active community mobilizations would allow women and other vulnerable groups to leave dignified lives.

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 log frame.

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)	
			Male/boys	**Female/girls**
X	1	Number of consultations, 5 years or older	3525	2040
X	2	Number of <5 consultations	1160	1240
X	3	Number of measles vaccinations given to under 5 in emergency or returnee situation	1100	1200
X	4	Proportion of communicable diseases detected and responded to within 48 hours	85%	85%
X	5	Number of health workers trained in MISP / communicable diseases/HMIS/IDSR	25	16
X	7	ANC IPT 2 second dose		825
X	8	Number of births attended by skilled birth attendants		975
	10	Pregnant and lactating women receiving iron/ folate		1,800
X	13	Percentage DPT3 coverage in children under 1	80%	80%
	14	Number of >5 receiving Vit. Supplementation and de-wormers	1160	1240

vi). Cross Cutting Issues

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

UNKEA through this project will address cross-cutting and mutually reinforcing thematic activities in the community. Community level mobilizations and sensitization of community leaders to address the root causes of SGBV fueling the spread of HIV/AIDS and other sexually transmitted infections, unwanted pregnancies will be undertaken. Equal participation and empowerment of both men and women in addressing urgent health concerns, SGBV, RH, HIV/AIDS, poor hygiene and sanitation practices especially open defecation, hand washing practices, domestic waste management, health seeking behaviors will be incorporated.

UNKEA will ensure that community leaders such as chiefs, home health promoters and traditional healers as well as birth attendants are used as change agents during health promotions such as use of LLTNs, family planning, immunizations, nutrition, protection of water points, use of latrines, hands washing and safer sex behaviors.

The various thematic issues e.g. environmental conservation, poor health seeking behaviors and practices, will be scripted in form of dilemmas to be enacted by the artists, song and dramatists and role played in a public place agreed upon by the beneficiaries and the local public administration in conjunction with UNKEA. Public members will debate the dilemmas while identifying the best options for each dilemma which after public consensus will be painted onto a large mural for community members to continue with the discussions which will lead to a behavior change.

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.

Provision of basic package of health and nutrition services will be done in at all 6 health facilities. UNKEA will include a mixture of innovative approach using community outreach events during which health education on prevention and control of communicable disease such as malaria, HIV/AIDS, TB, Kala azar, diarrhea is given, children under five immunized, dewormed and given vitamin A supplementation. Screening of under five, pregnant and lactating women for SAM and MAM will be done as a rider activity

Improvement and equipment of health facility infrastructure will be under taken. Minor repairs, renovations, expansions through fixing windows, locks, painting, and equipment of health facilities with furniture, basic laboratory, BEmONC, EPI and clinical equipment and hand washing facilities will be undertaken .The government will supply essential drugs and UNKEA covers gaps (ACTs, FP commodities, LLTNs, basic clinical, laboratory, EPI, BEmONC equipment)

Building strong referral system where patients are identified and referred from community to health facilities and among health facilities will be enhanced. UNKEA will continue to maintain its speed motor boat and provide fuel to support the CHD ambulance for referral of pregnant women and under five

Capacity building through technical staff training and supportive supervision staff will be a key component of quality management system through improving efficiency and effectiveness of health facilities. On the job competence based trainings tailored to the needs of communities will be undertaken together with regular supervisory visits using the QSC of the MoH.

Effective health information and management system will be enhanced to ensure that data is used for informing decision making in the course of implementing the project. UNKEA will ensure that data is effectively captured, analyzed, disseminated and utilized by all stakeholders (government, donors and partners) at all stages of the project implementation.

Community involvement through recruitment and training of community leaders and community health educators (HHPs, TBAs and CHWs) on prevention and control of SGBV, communicable diseases such as malaria, HIV/AIDS, Malnutrition, promotion of LLTNs, hand washing, use of latrines, protection of water source will be used to enact health promotion and protection in the communities.

Collaboration and coordination will be a key in implementing the project. UNKEA will however, initiate and promote dialogue and collaboration with it partners such as line ministries of health, NGOs, the communities and local authorities.

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].

Through previous operational experience in health programs, UNKEA has developed strong skills in identifying and measuring appropriate indicators, in data collection and analysis, and in partnering with donors and other agencies to coordinate the dissemination of that information. UNKEA will ensure the prompt and accurate collection of information and compile the results for data analysis and program evaluation according to the goal, objectives, and indicators of the program. The following initiates will be adopted to incorporate the activities in this proposal into the current monitoring plan.

[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.

A planning and orientation workshop will be conducted in August 2013 at the beginning of the project. This will ensure that UNKEA has good data with which to measure progress against work plan during the intervention. This is necessary due to the regular movement of IDPs/returnees in the targeted areas and lack of reliable data on the target group available with which to compare project progress. UNKEA planning workshop will be held in order to ensure that all staffs understand the proposal and work plan well, to formulate individual staff work plans, which will tie performance to agree upon timelines for compiling monitoring information and reporting.

The logical framework will provide the basis for monitoring the project indicators. The output indicators will be measured using program records and reports.

The Health and Nutrition Advisor will be responsible for the overall planning, monitoring and reporting of activities as per the log frame and work plan. This will include regular visits to all sites in the Program, monitoring of staff activities, compiling and analyzing program records, assessing external variables, tracking changes and making modifications to the program or work plan accordingly in order to ensure the attainment of objective. He will coordinate the health and nutrition programme, attend the nutrition and health cluster technical working groups and ensure that relevant information is factored into programme implementation and share UNKEA's progress reports with all partners. The Executive Director will ensure that planed these activities take place. He will also attend sectoral working group and coordination meetings, ensure the relevant information is factored into program implementation and share UNKEA's progress and statistical information with other agencies where appropriate. UNKEA will continue to build the operational capacity of project staffs in monitoring and reporting in the project cycle management (PCM) and maximize their participation in all activities.

Data collection and Analysis

Project data will be collected and analyzed immediately by the Project Manager under the supervision of the Health and Nutrition Adviser. The data will be disaggregated into sex and age to show how children under 5 years (Boys and Girls), women and men are benefiting from the project. This will be a continuous process as it will be inbuilt into project implementation process so that it will be concurrent with activity implementation. The officers will also be responsible for compiling the data into a fair draft which will be reviewed by the project coordinator to ensure that data is collected for the relevant indicators, adherence to reporting formats and quality of the document

Quality of data

The accuracy and consistency of the data will be assured through the use of standardized data collection tools duly protected for reliability, completeness, and consistency and approved. The Project Manager and Health and Nutrition Adviser will make monthly and quarterly visits to the project sites to monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This wills involve data quality audits in randomly selected project sites done on quarterly basis that will form part of project data quality assurance and quality control. All collected data will be stored electronically and manually to ensure its security as part of control and safety measure.

Reporting

This will be both an individual role of the project staff as well as the entire team. UNKEA will provide monthly, quarterly and end of Project progress reports as against work plan, budget and targets indicated in the proposal. Health workers will at the primary health facilities will send monthly reports to the project Manager who will then review for consistency and accuracy. The Project manager then send these reports to the Health and Nutrition Advisor based in Juba to review such reports for consistency and accuracy. The Health and Nutrition Adviser will share these reports with the County Director who will approve and send to the donor using the relevant reporting format. Efforts will be made to ensure that the report capture project narrative and financial aspects of the proposed project's work plan and budget and targets.

UNKEA will adhere with specific donors reporting formats and guidelines.

A database for recording beneficiary information and mapping trends across the implementation locations will be created and the information is to be disseminated to the DHIS, SMoH, GOSS MoH and other stakeholders on regular basis. Project deliverables will be monitored through monthly, quarterly and annual progress reports that should include success stories. Health facility reports will be sent using the DHIS to the CHD and SMoH. Health facilities will send reports in hard copies using the MoH data collection forms and loaded to the DHIMS.

The project will be reviewed at mid-point and at the end through a joint plan. UNKEA will conduct a midterm review after three months of implementation. In these reviews, stakeholders at the state, county and national levels will be engaged in discussing the findings and production of their recommendations (part of the data quality audit).

UNKEA will develop tools to capture data from community workers (TBAs, MCHWs and HHPs). Monitoring tools will include data gathering and analysis based on attendance records, drug distribution records and training reports which will feed into the Indicator Performance Tracking Table (IPTT). The IPTT will allow the project to track progress towards results on a monthly, quarterly basis, although some indicators will only be updated on bi-annual basis throughout the project period. This will enable early identification and action to address program challenges that help in ensuring timely implementation of planned activities. In addition routine collection and analysis of programme data will allow UNKEA to regularly share results with the SMoH, CHD, donors and the local (community) authorities to identify and address potential challenges such as default rates.

A community level assessment survey tool will be developed to assess community engagement/satisfaction levels and the value attached to UNKEA services. Field staff will be holding regular meetings with the health authorities at state, County and Payam (community) levels to review progress. Partner meetings will focus on implementation progress, lessons learned and proactive ways forward. These meetings will allow UNKEA to address implementation and M & E concerns and challenges in partnership with the health authorities and community leaders at multiple points throughout the project, allowing for UNKEA to adjust its implementation and monitoring strategies as necessary and thus increasing the likelihood of success. A score-card monitoring system will be developed to monitor the progress against key indicators for each health facility. The M & E plan will include building the capacity of

project staff through focused M & E trainings. An evidence-based evaluation approach will be employed to assess the overall effectiveness and impact of the program.

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)
	-
	-
Pledges for the CAP project	

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-14/H/60062	**Project title:** Provision of basic Primary Health Care Packages to the vulnerable Returnees, IDPs and host community	**Organisation:** UNKEA

Goal/Objectives/Outcomes/Outputs		**Indicator of progress**	**Means of Verification**	**Assumptions and Risks**
Goal/Impact (cluster priorities)	What are the Cluster Priority activities for this CHF funding round this project is contributing to?	*What are the key indicators related to the achievement of*	*What are the sources of information on these indicators?*	
CHF project Objective	*What is the result the project will contribute to by the end of this CHF funded project?* • To provide basic packages of health (curative and preventive) including emergency referral services to IDPs, returnees and host communities in Nasir County • To prevent and control the spread of communicable diseases through community level awareness campaigns, active case detection and management • To strengthen the capacity of health workers and communities to response to emergencies	*What indicators will be used to measure whether the CHF Project Objective are achieved?* • # & % of people provided with curative and preventive health services. • # & % of communicable disease managed at health facilities. • # of community level awareness campaigns undertaken. • # & % of outbreaks detection and responded to within 48 hours. # of health workers trained on management of cases.	*What sources of information will be collected/already exist to measure this indicator?* • Registration forms • Health facility records • Awareness campaign checklists • Training and supervision checklists	*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?* • Security stability in the project area • Uninterrupted funding supply of drugs • Continued community and acceptability and support • Commitment and support of partners to the project • Continuous accessibility to project sites
Outcome 1	*What change will be observed as a result of this CHF Project? E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*? • Minor ailments managed at all health facilities. • Communities adopt positive health seeking behaviours. • Health workers well equipped to provide curative and preventives services in all health facilities	*What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?* • # of clinical consultations conducted at health facilities. • # of community members reached with health education through outreach campaigns • 41 of health workers trained on management of cases at health facilities	*What are the sources of information collected for these indicators?* • Health facility records • End of project assessment report • County Health Department records	*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?* • Security stability in the project area • Uninterrupted funding and supply of relief items and drugs • Continued community and acceptability and support • Commitment and support of partners to the project • Continuous accessibility to project sites

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.1	*List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome* . • Clinical consultations undertaken and treatment provided. • LLTNs distributed • Preventive services (immunization, deworming, iron folate, IPT and vitamin A supplementation) provided.	*What are the indicator(s) to measure whether and to what extent the project achieves the output?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* • # of Clinical consultations provided to 5 years or older. • # of Clinical consultations provided to <5. • # of >5 years receiving of de-wormers and vitamin A	*What are the sources of information on these indicators?* • Facility consultation registers • Distribution checklists • Health facility activity checklists	*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?* • The health facilities remain accessible throughout the life time of the project. • Security situation remains stable during the implementation of the project
Activity 1.1.1	Provision of clinical consultations and treatment in all health facilities.			
Activity 1.1.2	Distribution of LLTNs to pregnant and lactating women in all locations			
Activity 1.1.3	Provision of preventive services such immunization, Deworming, iron folate, IPT and vitamin A supplementation to under pregnant and lactating women.			
Output 1.2	• Routine health education provided • SGBV, Reproductive and antenatal health services provided.	• # of >5 being vaccinated (measles and DPT3). • # of ANC IPT2 second dose • # of SGBV survivors being managed in health facilities.	• Vaccination campaign report • ANC registration record • Daily health facilities record	• Security prevail • Community support
Activity 1.2.1	Provision of routine health education to pregnant and lactating mothers.			
Activity 1.2.2	Provision of antenatal and reproductive health services such as family planning, BEmONC and SGBV) in all health facilities			
Outcome 2	Strengthening the capacity of health personnel and improving the infrastructure	• # of staff trained • # of health facilities improved	• Training attendance list • Health facilities repair checklist	• Stability in project site • Materials will be available • Fund will be available
Output 2.1	Health Facilities improved by fixing of shutters, locks, painting and extension of veranda	• # of health facilities repaired	• Health facilities repair checklist	• Community support • Stability in project sites
Activity 2.1.1	Minor improvement of health facilities (fixing shutter, locks, painting, extension of MCH veranda in Jikmir, Mandeng, Kierwan and Torpuot.			
Activity 2.1.2	Preparing of repaired report and photos			
Activity 2.1.3	Equipment of Jikmir PHCC with basic laboratory reagents			
Output 2.2	Health personnel training on case management in context of emergency	• # of health worker trained • # of community awareness campaign conducted	• Training lists • Awareness checklist	• Stability in all project site • Community support
Activity 2.2.1	Training of health workers on case management in context of emergency			
Activity 2.2.2.	Conducting community outreach mobilizations and awareness campaigns in all the project locations.			
Activity 2.2.3	Monthly, quarterly and annual report to donors			

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:	**1 April 2014**	**Project end date:**	**30 June 2014**

Activities	**Q4/2015**			**Q1/2014**			**Q2/2014**			**Q3/2014**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1: Delivery and transport of medical supplies to sites				X								
Activity 2: Provision of clinical consultations and treatment in all health facilities				X	X	X						
Activity 3: Distribution of LLTNs to pregnant and lactating women in all locations				X								
Activity 4: Provision of preventive services such immunization, Deworming, iron folate, IPT				X	X	X						
Activity 5: Provision of vitamin A supplementation to under pregnant and lactating women.				X	X	X						
Activity 6: Provision of focused family planning services to all women of child bearing age in all health facilities.				X	X	X						
Activity 7: Provision of routine health education to pregnant and lactating mothers				X	X	X						
Activity 8: Prevention and management of SGBV in all locations				X	X	X						
Activity 9: Provision of antenatal and reproductive health services such as family planning, BEmONC and SGBV) in site				X	X	X						
Activity 10: Minor improvement of health facilities (fixing shutter, locks, painting, extension of MCH veranda all sites.				X								
Activity 11: Equipment of Jikmir PHCC with basic laboratory equipment and reagents				X	X	X						
Activity 12: Distribution of pipeline commodities such as drugs, RH kits, clinical, EPI and BEmoNC equipment to all facilities.				X	X	X						
Activity 13: Refreshment training of health workers on health management of communicable diseases.					X							
Activity 14: Training of 40 community health promoters (24 members of VHCs, 8 HHPs and 8 TBAs) on health promotion												
Activity 15: Conducting 24 community outreach mobilizations and awareness campaigns in all the project locations.				X	X	X						
Activity 16: Conduct 24 outreach immunizations campaigns every month in all project locations.				X	X	X						
Activity 17: Monitoring and supervision				X	X	X						
Activity 18: Donor reporting						X						
Activity 19: End of project assessment												

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