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	
HEALTH LINK SOUTH SUDAN (HLSS)	
Project CAP Code	**CAP Gender Code**
SSD 14/H/60304	1

CAP Project Title *(please write exact name as in the CAP)*
Improving access & response to Emergency Primary Health Care Services for women, young boys and girls from most vulnerable communities during complex emergencies and Post Conflict situations in Lakes, Eastern Equatoria, Jonglei and Upper Nile.

Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

State	%	County/ies *(include payam when possible)*
Lakes State		*Cueibet, Awerial*
Central Equatoria		Terekeka County

Total Project Budget requested in the in South Sudan CAP	US$ 914,230
Total funding secured for the CAP project ***(to date)***	US$ 100,000

Funding requested from CHF for this project proposal	US$ 150,000
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)*

Indirect Beneficiaries / Catchment Population (if applicable)

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	22,411	63,603
Girls:	4,253	40,071
Men:	4,597	41706
Boys:	4,339	36,345
Total:	35,602	406,021

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

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

Indicate number of months: 03 Months
1 January to 31 March 2014

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	HEALTHLINK SOUTH SUDAN
Project Focal Person	Gama Joseph operationsmanager@healthlinksouthsudan.org +211955572572 +211927234971
Country Director	Emmanuel Douglas Obuoja Achini, admin@healthlinksouthsudan.org, +211955038964 /211927082003 /211922006224
Finance Officer	Opigo Emmanuel emmagudu2006@yahoo.co.uk
Monitoring & Reporting focal person	Oryema David: panywolaka@yahoo.co.uk

Contact details Organization's HQ	
Organization's Address	Health Link South Sudan Munuki Residential area, Block C, Plot 441, Central Equatoria state, Juba +211-927082003 +211-954530303
Desk officer	*Name, Email, telephone*
Finance Officer	*Name, Email, telephone*

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]

The continued political tension among the top leadership of the ruling SPLM party resulted into outburst of escalating armed violence. The violence that has been perceived as ethnic centered, has led to a massive population displacement with dire need of emergency medical and surgical care. As of January 2, 2014, up to194,000 people are reported to have been displaced and camping in Awerial, thousands stranded in Nimule, and 57,500 sheltering in UN peacekeeping bases (UNICEF). County consultative meeting is underway in Magwi to designate an area to inhabitate the IDPs. This mass population influx resulted to wide spread humanitarian crisis among the host communities severely straining already under-resourced health infrastructure including human resources. According to UNHCR 1,650 people have already crossed into Kenya, and 13,000 into Uganda and 5,286 into Ethiopia.

The humanitarian situation in the entire country is expected to deteriorate further, with fighting likely to spread to all the states in the coming days and months. In Lakes state, currently, only 1-4 of the IDPs is accessible while thousands of people remain holdup and inaccessible by international aid agencies due to the ongoing fighting. IDPS are faced with high cases of ARTI, Injuries for gun shots, Diarrheal and Malaria with common malnutrition cases and severe shortage of medical services as few INGOs operate small clinics within the UNMISS camps. Besides, being from conflict prone, the IDPs are coming from areas with generally Low immunization coverage especially DPT3 (EES-19.2%, Lakes-8.1%, Jonglei-14% and Upper Nile-14.8%) with huge communicable disease (Tuberculosis, Guinea Warm, Kala-azar and HIV/AIDS) taking tool that shall lead to communicable disease outbreaks.

Furthermore, Economic situation in South Sudan remains fragile with majority of South Sudanese still living below poverty line, overwhelmed by hosting returning relatives and refugees thus this crisis is already further crippling the already burdened population. Economic recovery activities remain low among the general population with soaring market prices of imported commodities further causing destitution and social discontents among the population.

There is an ongoing peace talks in Addis-Ababa under auspices of IGAD; to calm the crisis. As evidenced by the tendencies and demands from the rebel side, with advancement of the white army militia, Little is expected to be achieved, thus a cycle of violence and humanitarian pressure shall continue to bite the country in the coming months. Its estimated that by March 2014, the total displaced population will reach more than 1,000,000.

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.

There has been massive population displacement as a result of what started as an ethnic conflict but quickly transformed into a civil war. This crisis emerged as the country tries to recover from the effects of decades of civil conflict and amidst poor access to basic services. With the current displacement, communities have been forced to live in IDPs camps or flee into exile in the neighboring countries Uganda, Kenya and Ethiopia as they sought for protection. The humanitarian situation in the IDPs camp is dire as

[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.

essential facilities such as clean water supply, proper shelter, sanitary facilities, and access to emergency primary health facilities are seriously lacking. The environment is highly is explosive for communicable disease outbreaks as people are congested in tinny locations. Most IDPs camps in the targeted counties are not accessible by INGOs and the few NNGOs lack the financial resources to institute any effective responses. According to one of the IRNA conducted in one of the IDP camps in Minkamman in Awerial county, more than 75,000 people are displaced and are in dire need to health intervention. Diarrhoeal diseases, Malaria, Pneumonia, malnutrition, traumatic conditions are among the major causes of morbidity with dwindling medical supply and service providers. Although MSF, ICRC are trying to provide emergency primary health care services, the camp population continues to grow everyday and had already reached beyond the capacity the 2 agencies can hold. CCM has been contracted by HPF to lead health service delivery in the county but CCM heavily relies on international staff to provide this services. Most of the international staff have since evacuated to their countries and the few national staff on ground lack the capacity to provide quality emergency services.

Health Link is a national NGO and lead agency for HPF project in Cueibet county operating more than 12 PHCUs and 4 PHCC. HLSS has adequate highly qualified national staffs (Medical Doctors, Clinician and other paramedics) who have already been engaged in the current emergency response. Health link also works with other national counter parts e.g. SMS, SAADO, CCOSS to access population in more volatile locations. With limited support from Diakonie Katastrophenhilfe, HLSS is already procured supplies being delivered to Awerial and Cueibet in readiness for a more efficient intervention.

HLSS has already mobilized an emergency medical response team, consisting of entirely national; two medical doctors, 6 clinical officers, 6 Laboratory technicians and 4 Midwives, 14 certificated nurses, ready for deployment and to provide emergency medical and surgical interventions. Conversely, HLSS experiences budget shortfalls which limit such emergency service provision among the neediest disadvantaged IDPs and to expand its capacity of service provision in the existing health facilities to accommodate population upsurge.

This project therefore seeks to provide emergency primary and surgical interventions among the IDPs and reinforce the ongoing service provision to post conflict community recovery in the project area.

The choice of activities in the proposal is based on cost effective interventions considered to have the highest impact in reducing morbidity and mortality among the IDPs. These proposed activities under this application directly support the strategized sector priorities

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

This funding will be used to provide emergency Primary health care and Surgical Health Care, strengthen emergency preparedness and response capacity and to control the spread of communicable diseases among the IDPs, bridging the health service gaps resulting from suspension of international partners' to sustain the provision of uninterrupted access to critical basic primary health care and emergency surgical services among the displaced communities in Lakes, Central and Eastern Equatoria states.

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)

1. To improve access to emergency Primary Health Care services for vulnerable populations with limited or no access to health services.
2. To strengthen emergency preparedness and response capacity, including surgical interventions.
3. To control spread of communicable diseases and improve response to health emergencies.

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).

- Preposition emergency drug Kits (IEHK / trauma kit / RH kit / PHCU kits -Including tents) at the IDP facilities.
- Provide consultation services to under five years children (Males& females).
- Provide consultation services to five years and above (Males& females)
- Early detection of communicable disease outbreaks & rumors through active surveillance and rapid assessments
- Early response to communicable disease outbreaks & rumors within 72 hours
- Provide Routine ANC services to pregnant mothers
- Provide IPT2/Haematinics to pregnant mothers
- Conduct 24hrs clean health facility deliveries including Obstetrical Emergencies(Caesarian services)
- Vaccinate children under five years (Male & Female) against measles
- Increase DPT3 Percentage coverage among the under 1 year children
- Conduct Growth monitoring & Nutritional assessment to under five years children (males and Females).
- Train Health Workers(Males & Females) in MISP / communicable diseases / outbreaks / IMCI
- Provide Clinical care to SGBV /Rape survivors
- Provide HCT/PMTCT services including follow up of ART clients among the IDPs
- Train health workers(Males & Females) on emergency preparedness, IDSR, case management and EWARN
- Establish County Emergency Task force Teams with clear roles and responsibility and outbreak control plans
- Support health workers salary to provide the most needed services
- Conduct quarterly emergency risk assessment to prepare appropriate resources required to address the risks
- Conduct mobile outreach sessions/awareness creation within the IDP camps

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

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

1. Improved access to emergency Primary Health Care services for vulnerable populations with limited or no access to health services.
2. Strengthened emergency response and preparedness capacity, including surgical interventions.
3. Controlled outbreak and spread of communicable diseases and improve response to health emergencies.

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)
	1.	# of emergency dug Kits (IEHK / trauma kit / RH kit / PHCU kits) Prepositioned in the health facilities/IDP camps.	180
X	2.	# of Consultations services provided among the under five years of age	Males : 4,102 Females: 4,520
X	3.	# of Consultations services provided among the five years and above	Males 3,073 Females:2,732
	4.	Number of disease outbreaks detected	01(Depends on incidences)
	5.	Proportion of communicable diseases detected and responded to within 72 hours.	100% of reported incidences
	6.	Number of disease outbreaks responded within 72 hours	01(Depends on incidences)
	7.	# of pregnant mothers attending routine ANC services	2,612
	8.	# of pregnant mothers Provided IPT2	2,612
	9.	Number of births attended by skilled birth attendants	1,228
	10.	# of under five year children vaccinated against measles	Males: 1,320 Females:1,350
	11.	Percentage DPT3 coverage in children under 1 among the IDPs	80%
	12.	# of Health Workers(Males & Females) train in MISP / communicable diseases / outbreaks / IMC	Males 14 Females:10
	13.	Number survivors of SGBV receive clinical management of rape	20
	14.	# of clients provided HCT/PMTCT services including follow up of ART clients among the IDPs	Males: 12 Females:15
	15.	# of health care workers trained in emergency health care service provision(Trauma, communicable diseases)	Males 25 Females:20
	16.	# of emergency risk assessments Conducted	02
	17.	# of Emergency County Task Force formed	02
	18.	# of protocols/case definitions distributed	150
	19.	# of health education & social mobilization and hygiene promotion campaigns, sensitization and advocacy conducted through outreach services	36 sessions

vi). Cross Cutting Issues

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

This project will integrate both HIV/AIDS prevention measures and measures that will ensure environmental sustainability. Health link will;

1. Provision of emergency treatment including HIV Post Exposure Prophylaxis (PEP) and STI/STD to survivors of GBV
2. Provision of ART and HIV/AIDS treatment and monitoring support
3. HIV/AIDS risk sensitization and awareness and environmental awareness to the general public and women.

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.

HLSS, is a National NGO, major health service provider in Cueibet County of Lakes state and also provides services in Eastern Equatoria state. HLSS, coordinates its development and humanitarian programmes with various partners including the national counter parts, RoSS ministry of health, SMoH, Health NGO forum. HLSS is a member of NGO steering committee and CCM, State Health NGO forum and have key personnel collocated with Cuiebet County Health Department.

Delivery of this project will be achieve by partnership with 3 national counter parts, SAADO, CCOSS and SMC who have been displaced from Jongolei state and are now resident with the Awerial.

Health Link will deploy emergency medical teams consisting of medical doctors, clinical officers, Laboratory technicians, midwives and Nurses who will be based at the camps in Awerial.

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 work plan (Section III)[2].

The M&E plan will concentrate on two levels: the first level being the project implementation targets, and second being the overall goals of this project.

Health Link south Sudan is well aware of the challenges involved in Health data collections, analysis, interpretation and dissemination not only at the Payam, county, state level but for the entire southern Sudan. The distances to the health facilities and communities, inconsistent recording of row data and the lack of feedback are absolute threats to ensuring quality Health information processing.

While availability of tools is critical, Health Link will adopt national standard tools provided by MoH and the Health cluster among other national frameworks for Monitoring and evaluation that will include, IDSR, monthly reporting forms, Laboratory forms and other related forms.

Reports will be collected on daily, weekly and monthly basis to the central information/data base at state and Health Link's HQ. The health Links' (HQ) will submit weekly epidemiological and monthly morbidity and mortality reports to the Health cluster, MoH and other relevant stakeholders for further actions.

Accuracy of information collection will be ensured through on job training/Mentoring and continuing support supervision by Health Links HQ, the health programme coordinator, project officer as well as the facility in-charges during the entire scope of this project. The Health Link's officers (HQ) would also prepare quarterly performance report to be submitted to UNDP/FMU team within 1 month after completion of the project.

One of the key components of a monitoring strategy is a set of monitoring indicators that measure outcome of the project activities. These indicators have been identified and the intended targets set. This project will also encourage donor review missions to the project areas any time to monitor the overall results framework;

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)
Diakonie Katastrophenhilfe	80,000
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:

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/60304	**Project title:** Improving access & response to Emergency Primary Health Care Services for Women, young boys and girls from most vulnerable communities during complex emergencies and post Conflict situations in Lakes, Eastern Equatoria, Jonglei and Upper Nile.	**Organisation:** **Health Link South Sudan**

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	• 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.	• # of emergency drug Kits (IEHK / trauma kit / RH kit / PHCU kits) prepositioned at the IDP facilities • # of consultation services provided to under five years children(Males& females) • # of consultation services provided to five years and older (Males& females) • # of communicable disease outbreaks & rumors detected through active surveillance and rapid assessments • Percentage of communicable disease outbreaks & rumors detected and responded to within 72 hours • # of communicable disease outbreaks & rumors responded to within 72 hours • # of pregnant mothers who received IPT2 • # of clean health facility deliveries conducted by skilled health personnel • # of under five year children(Male & Female) Vaccinated against measles • Percentage DPT3 coverage in children under 1 among the IDPs • # of Health Workers(Males & Females) train in MISP / communicable diseases / outbreaks / IMC • # of SGBV survivors who receive clinical management of rape • # of health care workers trained in emergency health care service provision(Trauma, communicable diseases)	• *Monthly & Quarterly Reports/OPD/IPD/SGBV registers* • *IDSR and monthly report* • *OPD/IPD, monthly statistical reports* • *Maternity register* • *Training reports*	○ *Population influx estimation remain as projected,* ○ *timely fund disbursements* ○ *Available & willing health personnel* ○ *Drugs/supply available in local markets with stable prices* ○ Stable security situation

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	1. To improve access to emergency Primary Health Care services for vulnerable populations with limited or no access to health services. 2. To strengthen emergency preparedness and response capacity, including surgical interventions. 3. To control spread of communicable diseases and improve response to health emergencies.	• # of emergency drug Kits (IEHK / trauma kit / RH kit / PHCU kits) prepositioned at the IDP facilities(Including tents). • # of consultation services provided to under five years children(Males& females) • # of consultation services provided to five years and above (Males& females) • # of communicable disease outbreaks & rumors detected through active surveillance and rapid assessments • Percentage of communicable disease outbreaks & rumors detected and responded to within 72 hours • # of communicable disease outbreaks & rumors responded to within 72 hours • # pregnant mothers attending routine ANC services • # of pregnant mothers who received IPT2 • # of clean health facility deliveries conducted by skilled health personnel • # of under five year children(Male & Female) Vaccinated against measles • Percentage coverage of DPT3 among the under 1 year children • # of under five years children (males and Females) provided with Growth monitoring & Nutritional assessment conducted. • # of Health Workers(Males & Females) train in MISP / communicable diseases / outbreaks / IMCI • # of SGBV survivors who receive clinical management of rape • # of clients provided HCT/PMTCT services including follow up of ART clients among the IDPs • # of health workers trained on emergency preparedness, IDSR, case management and EWARN • # of County Emergency Task force Teams established with clear roles and responsibility and outbreak control plans • # of health workers supported with salary to provide the most needed services • # of quarterly emergency risk assessment conducted to prepare appropriate resources required to address the risks • # of mobile outreach sessions conducted within the IDP camps	• *OPD/IPD/Lab/Maternity/SGBV registers* • *OPD/IPD, monthly statistical reports* • *Quarterly progress reports* • *IDSR reports* • *Waybills, inventory/assets registers*	○ *Population influx estimation remain as projected,* ○ *timely fund disbursements* ○ *Available & willing health personnel* ○ *Drugs/supply available in local markets with stable prices* ○ *Stable security situation*

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 1	Improved access to quality Primary health care services among the IDPs.	• # of emergency drug Kits (IEHK / trauma kit / RH kit / PHCU kits) prepositioned at the IDP facilities(Including tents). • # of consultation services provided to under five years children(Males& females) • # of consultation services provided to five years and above (Males& females) • # of SGBV survivors who receive clinical management of rape • # of mobile outreach sessions conducted within the IDP camps • # of health workers supported with salary to provide the most needed services • *# of HCT clients identified & provided ART services*	• Under five Register • OPD/IPD/Lab/Maternity/GBV registers • Monthly DIHS/IDSR reports • Payrolls • HCT registers/Clients' cards	*Population influx estimation remain as projected,* *timely fund disbursements* *Available & willing health personnel* *Drugs/supply available in local markets with stable prices* *Stable security situation*
Output 1.1	# of new consultations provided to under five years & above five years olds SGBV, RH & HIV/AIDS	# of emergency drug Kits (IEHK / trauma kit / RH kit / PHCU kits) prepositioned at the IDP facilities(Including tents). # of consultation services provided to under five years children(Males& females) # of consultation services provided to five years and above (Males& females) # of SGBV survivors who receive clinical management of rape *# of outreach sessions conducted* *# of HCT clients identified & provided ART services*	• Under five Register • OPD/IPD/Lab/Maternity/GBV registers • Monthly DIHS/IDSR reports • Personnel payrolls • HCT registers/Clients' cards	*Population influx estimation remain as projected,* *timely fund disbursements* *Available & willing health personnel* *Drugs/supply available in local markets with stable prices* *Stable security situation*
Activity 1.1.1	Provision of 24hrs emergency treatment and referrals			
Activity 1.1.2	Provision of consultations to under five and those above			
Activity 1.1.3	Provide 24hrs access to emergency obstetric and surgical care including trauma & Blood transfusion services			
Activity 1.1.4	Pre-position emergency drugs kits, medical supplies(tents etc), basic medical equipment, reproductive health and EPI supplies			
Activity 1.1.5	Provide clinical management to survivors of SGBV			
Activity 1.1.6	Conduct mobile outreach sessions among the IDP camps			
Activity 1.1.7	Payment of personnel salary to motivate them to provide the most needed quality emergency health care services			
Activity 1.1.8	Provide HCT services including follow up on ART clients			
Output 1.2	# of health workers capacitated to provide appropriate emergency health care services	• # of Health Workers(Males & Females) train in MISP / communicable diseases / outbreaks / IMCI • # of health workers trained on emergency preparedness, IDSR, case management and EWARN	Training Report Monthly progress report	*timely fund disbursements* *Available health personnel* *Stable security situation*
Activity 1.2.1	Moblisation and identification of appropriate personnel for training			
Activity 1.2.2	Train front line health care workers on emergency preparedness, IDSR, case management and EWARN			
Activity 1.2.3	Train Health Workers(Males & Females) train in MISP / communicable diseases / outbreaks / IMCI			
Output 1.3	# pregnant mothers provided Obstetrics Care	• # pregnant mothers attending routine ANC services • # of pregnant mothers who received IPT2 • # of clean health facility deliveries conducted by skilled health personnel	• ANC/Maternity registers • Monthly DIHS/IDSR reports • PMTCT registers/Clients' cards	*Population influx estimation remain as projected,* *timely fund disbursements* *Available & willing health personnel* *Stable security situation*

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.3.1	Provide routine ANC services to pregnant mothers			
Activity 1.3.2	Provide IPT & Haematinics to pregnant mothers with emphasis on IPT2			
Activity 1.3.3	Provide 24hrs clean facility delivery attended by skilled birth attendants			
Activity 1.3.4	Provide PMTCT services to pregnant mothers including follow up of ART clients			
Activity 1.3.5	Provide 24hr emergency Obstetrics Care including referrals			
Outcome 2	Improved access to child survival services			
Output 2.1	# of under five year children(Male & Female) receiving immunization services	• # of under five year children(Male & Female) Vaccinated against measles • Percentage coverage of DPT3 among the under 1 year children • # of under five years children (males and Females) provided with Growth monitoring & Nutritional assessment conducted.	• Under five registers • Monthly DIHS/IDSR reports • Child health cards	*Population influx estimation remain as projected,* *timely fund disbursements* *Available & willing health personnel* *No major communicable disease outbreaks* *Stable security situation*
Activity 2.1.1	Vaccinate under five year children(Male & Female) against measles			
Activity 2.1.2	Percentage DPT3 coverage among children under 1			
Activity 2.1.3	Conduct grown monitoring & Nutritional Assessment to children under five years of age			
Outcome 3	Improved response & control of communicable diseases outbreaks	• # of County Emergency Task force Teams established with clear roles and responsibility and outbreak control plans • # of communicable disease outbreaks & rumors detected through active surveillance and rapid assessments • Percentage of communicable disease outbreaks & rumors detected and responded to within 72 hours • # of communicable disease outbreaks & rumors responded to within 72 hours	*Meetings/dialogue minutes* *Monthly/quarterly progress update reports* Monthly DIHS/IDSR reports Weekly IDSR reports	*Population influx estimation remain as projected,* *timely fund disbursements* *Available & willing health personnel* *Drugs/supply available in local markets with stable prices* *Stable security situation*
Output 3.1	# of County Emergency Task force Teams established with clear roles and responsibility and outbreak control plans	# of Moblisation meetings held # of county Emergency task force members selected and trained	*Meetings minutes* *Monthly/quarterly progress update reports* *Training reports*	*Functional CHD & willing personnel* *Stable security situation*
Activity 3.1.1	Moblisation meeting with the County Authority including camp leaders & partners			
Activity 3.1.2	Identification and selection of County Emergency Task force team members			
Activity 3.1.2	Onsite training & mentoring of the team to define roles & responsibility			
Output 3.2	# of quarterly emergency risk assessments conducted to prepare appropriate resources required to address the risks	• # of communicable disease outbreaks & rumors detected through active surveillance and rapid assessments	*Meetings/dialogue minutes* *Monthly/quarterly progress update reports* *Assessment reports*	*Functional CHD & willing personnel* *Stable security situation*
Activity 3.2.1	Provide social moblisation and dialogue with the CHD, camp leaders and partners			
Activity 3.2.2	Training of Camp Health Promoters(CHPs)			
Activity 3.2.3	Conduct joint risk assessment and share feedback			

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:	**01.01.2014**	**Project end date:**	**31.03.2014**

	Q1/2014			**Q2/2014**			**Q3/2014**			**Q4/2014**		
Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1 Provision of 24hrs emergency treatment and referrals	X	X	X									
Activity 2 Provision of consultations to both under five and those above years of age	X	X	X									
Activity 3 Provide 24hrs access to emergency obstetric and surgical care including trauma & Blood transfusion services	X	X	X									
Activity 4 Pre-position emergency drugs kits, medical supplies(tents etc), basic medical equipment, reproductive health and EPI supplies	X	X										
Activity 5 Provide clinical management to survivors of SGBV	X	X	X									
Activity 6 Conduct mobile outreach services among the IDP camps	X	X	X									
Activity 7 Payment of personnel salary to motivate them to provide the most needed quality emergency health care services	X	X	X									
Activity 8 Mobilize and identify appropriate personnel for training	X											
Activity 9 Train front line health care workers on emergency preparedness, IDSR, case management and EWARN		X										
Activity 10 Train Health Workers(Males & Females) train in MISP / communicable diseases / outbreaks / IMCI	X	X										
Activity 11 Provide routine ANC services to pregnant mothers	X	X	X									
Activity 12 Provide IPT & Haematinics to pregnant mothers with emphasis on IPT2	X	X	X									
Activity 13 Provide 24hrs clean facility delivery attended by skilled birth attendants	X	X	X									
Activity 14 Provide PMTCT services to pregnant mothers including follow up of ART clients	X	X	X									
Activity 15 Provide 24hr emergency Obstetrics Care including referrals												
Activity 16 Vaccinate under five year children(Male & Female) against measles	X	X	X									
Activity 17 Percentage DPT3 coverage among children under 1	X	X	X									
Activity 18 Conduct grown monitoring & Nutritional Assessment to children under five years of age	X	X	X									
Activity 19 Moblisation meeting with the County Authority including camp leaders & partners	X											
Activity 20 Identification and selection of County Emergency Task force team members	X											
Activity 21 Onsite training & mentoring of the team to define roles & responsibility		X										
Activity 22 Provide social moblisation and dialogue with the CHD, camp leaders and partners	X											
Activity 23 Training of Camp Health Promoters(CHPs)		X										
Activity 24 Conduct joint risk assessment and share feedback	X	X										

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