

South Sudan
2014 CHF Standard Allocation Project Proposal
for CHF funding against CRP 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 CRP 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:

CRP 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 CRP 2014.

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<p>a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies</p> <p>b. Support to key hospitals for key surgical interventions to trauma</p> <p>c. Provision and repositioning of core pipelines (drug kits, RH kits, vaccines and supplies)</p> <p>d. Communicable disease control and outbreak response including supplies</p> <p>e. Strengthen early warning surveillance and response system for outbreak-prone diseases</p> <p>f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns</p> <p>g. Maintain surge capacity to respond to any emergencies</p> <p>h. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies);</p> <p>i. Provision of Emergency mental health and psychosocial care</p> <p>j. Capacity building interventions will include</p> <ul style="list-style-type: none"> • Emergency preparedness and communicable disease control and outbreak response • Emergency obstetrical care, and MISP (minimum initial service package-MISP) • Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues • Trauma management for key health staff <p>k. Support to referral system for emergency health care including medevacs.</p> <p>l. Support to minor rehabilitation and repairs of health facilities</p> <p>m. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions</p>	<ol style="list-style-type: none"> 1. Jonglei – all counties 2. Upper Nile – all counties 3. Unity – all counties 4. Lakes – Awerial, Yirol West, Yirol East and Rumbek North 5. Central Equatoria – Juba (IDP camps) 6. Warrap - Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East

SECTION II

Project details

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

Requesting Organization		Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State		
HEALTH LINK SOUTH SUDAN		State	%	County/ies (include payam when possible)
Project CRP Code	CRP Gender Code	Lakes State	100%	Awerial, Minkaman
SSD-14/H/60304	2b			
CRP Project Title (please write exact name as in the CRP)				
Improving access & response to Emergency Primary Health Care & Surgical Services for women, young boys and girls from most vulnerable communities and post conflict situations in Lakes, Eastern Equatoria and Jonglei.				

Total Project Budget requested in the in South Sudan CRP	US\$ 457,115
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Funding requested from CHF for this project proposal	US\$ 265,000
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Total funding secured for the CRP project (to date)	US\$ 95,000.00
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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 CRP 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 CRP
Women:	21,037	57,750
Girls:	20,213	37,961
Men:	20,212	29,700
Boys:	21,038	39,589
Total:	82,500	165,000

Indirect Beneficiaries / Catchment Population (if applicable)

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: : 6 Months
1 July to 31 December 2014

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 accounts@healthlinksouthsudan.org
Monitoring & Reporting focal person	Akera Moses Poloya akera02@yahoo.com

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	<i>Name, Email, telephone</i>
Finance Officer	<i>Name, Email, telephone</i>

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

South Sudan is experiencing level 3 emergencies following the eruption of violent armed conflict between pro-government forces and opposition forces on December 15th 2013 which quickly spread to various States and Counties of the new nation. Much of the fighting has been witnessed in Central Equatoria, Jongolei, Upper Nile and Unity State. Estimated 50,000 people have been killed, more than 1.3 million people mainly women, girls, boys, elderly people and people with disability have been displaced and over 301,000 people have been forced to flee into exile into the neighboring countries Ethiopia, Sudan, Kenya and Uganda.

Currently estimated 85,400 IDPs mainly women, children, elderly people and people with disability have taken refuge at 8 UNMISS bases in Juba, Bor, Malaka and Bentiu. More than 475,000 others have fled their homes and spontaneously settled in flood prone areas where access to or delivery of humanitarian assistance is extremely difficult. These spontaneous settlement sites are located in Lakes State, Awerial County, In Jongloei State at Fangak, Akobo, In Upper Nile State at Fasoda, Unity at Mayadit, In Eastern Equatoria state, at Magwi county Melijo and Nimule.

Due to worsening security situation and as a result of early onset of heavy torrential rain falls, access to quality water and sanitation facilities for the displaced has become a dire need as water points have been contaminated by spillage of human excreta from flooded latrines and by solid wastes floating all over the area. Cholera Outbreak has been confirmed in Juba and suspected cases are being investigated at Mingkamman displaced camp where Health link is providing the much needed health care. Without quick and urgent scaling up of responses to the health and sanitation needs, the result of this conflict would become catastrophic.

According to UNOCHA, estimated 4.2 Million people are in dire need of immediate humanitarian aid while 7.3 million people would become food insecure with famine expected to hit the region in the next few months. Women and children would be the biggest affected population and estimated 50,000 children would die of malnutrition and communicable diseases before December.

Prior to this conflict, health indicators revealed extremely poor health status and exposed a grim picture of future. DPT3 coverage is reported as low as 19.2% in EES, Lakes 8.1%, Jongolei 14% and Upper Nile 14.8%. Global acute malnutrition (GAM) as well as severe acute malnutrition (SAM) rates ranges between 19.2% 29% well above the WHO threshold of 15% for emergencies. This situation is expected to deteriorate even further given that 7.3 million people are at the verge of becoming food insecure and due to rising burden of communicable diseases and outbreaks.

This project is intended for Awerial County, where health link South Sudan is providing emergency health intervention. Health link intends to rapidly scale up access to quality emergency health services in these underserved areas by focusing on enhancing the provision of emergency medical and surgical services, immunization of children boys and girls, providing women friendly RH services as well improving access to emergency obstetric care for pregnant mothers as well as providing one stop center for management and referral of GBV, TB/HIV cases in the area. Being a national organization, Health Link has a better understanding of the local context as well as the capacity to provide the most critical services during emergencies even within limited humanitarian corridor where international agencies cannot operate. Health Link hopes by doing so, it will build resilience capacity of the population to cope during emergencies and reduce excess morbidity and mortality from common diseases in the selected counties of Awerial (Mingkamman) and Magwi (Melijo).

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 is massive population displacement at Mingkamman and Melijo estimated 85,600 and 12,090 people respectively as a result of the conflict which erupted in December 15th 2013. Most of the displaced population lives in poor environmental conditions, with limited access to safe clean water and hygiene and sanitation services. Cholera outbreak has been reported in Juba with a total of **1,459** cases and **31** deaths reported across Central Equatoria state and some suspected cases also reported at Mingkamman and Nimule in recent days. The IDP population is largely illiterate, and lacks the knowledge of disease prevention and health promotion. The state and national ministry of health of health has no capacity with this new upsurge of population and the increased burden of communicable diseases such as malaria, diarrheal diseases, acute respiratory tract infections and other skin infections.

Prior to these displacements, most the IDPs had limited access to health services, and health indicators were already worrying. With the current situation of displacement and on-going outbreak, it is extremely urgent to maintain access to quality health care and health promotion activities in order to avert excess morbidity and mortality occurring in the displaced sites.

Health Link south Sudan, a national NGO is currently providing emergency primary health care and surgical intervention to IDPs at Mingkamman and supporting humanitarian Actors among the IDPs in Eastern Equatoria State under the CCCM cluster. However, HLSS is experiencing budget shortfalls which limit such emergency service provision among the neediest disadvantaged IDPs and to scale up its capacity of service provision in the existing health facilities to maintain, improve and accommodate population upsurge. Without continued support, the response capacity and service delivery of Health Link shall be jeopardized. This project therefore seeks to support the continuity of the current emergency health intervention by Health Link under the CHF 1st Round allocation and as well as enhance capacity to scale up access to 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.

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.

C. Project Description (For CHF Component only)		
<p>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.</p> <p>This funding will be used to provide emergency Primary health care and Surgical Health Care, repositioning of kits, strengthen emergency preparedness and response capacity and to control the spread of communicable diseases among the IDPs including support to immunizations, bridging the health service gaps resulting from withdrawal 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 Minkaman (Awerial) IDP site.</p>		
<p>ii) Project Objective State the objective/s of this CHF project and how it links to your CRP 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)</p> <ol style="list-style-type: none"> To improve access to emergency Primary Health Care services for vulnerable populations (women, girls and boys) with limited or no access to health services. To strengthen emergency preparedness and response capacity, including surgical interventions focused on women and children. To control spread of communicable diseases and improve response to health emergencies. 		
<p>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. <u>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).</u></p> <ul style="list-style-type: none"> Preposition emergency drug Kits (IEHK / trauma kit / RH kit / PHCU kits -Including tents) at the IDP facility. Provide equipment and instruments for emergency obstetric and emergency surgical care. Strengthen referral of medical and surgical emergencies from community level to PHCUs, PHCCs and county hospitals Build capacity of health workers in emergency surgical care and mass trauma management Provide emergency consultation services to under five years children (Males& females). Provide emergency consultation services to five years and above (Males& females) 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 during routing EPI and pulse campaigns including provision of Vitamin A supplementation. 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 communicable diseases / outbreaks / IMCI /CMR/ referral mechanisms including infection prevention at health facilities 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 plans Support health workers salary to provide the most needed services Conduct mobile outreach sessions/awareness creation within the IDP camp Train Home health promoters to provide vital health information, community based health education, community referral system and create interface between communities with health facilities. Train front line health personnel in management of common diseases, safe motherhood including emergency obstetrical care, psycho-social support and care for GBV survivors. Rehabilitate and equip 2 PHCCs and 3 PHCUs, 1 operating theatre and 2 maternity wards and delivery rooms. 		
<p>iv) Expected Result(s)/Outcome(s) Briefly describe the results you expect to achieve at the end of the CHF grant period.</p> <ol style="list-style-type: none"> Improved access to emergency Primary Health Care services for vulnerable populations with limited or no access to health services. Strengthened emergency response and preparedness capacity, including surgical interventions. Controlled outbreak and spread of communicable diseases and improve response to health emergencies. 		
<p>v) List below the output indicators you will use to measure the progress and achievement of your project results. <u>Use a reasonable and measurable number of indicators and ensure that to the most possible extent</u> 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.</p>		
SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output)
		Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex)

		indicators that will be used in the results framework section III of this project proposal).	as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	# of emergency dug Kits (IEHK / trauma kit / RH kit / PHCU kits) Prepositioned in the health facilities/IDP Sites.	185
	2.	# of Health facilities provided equipment and instruments for emergency obstetric and emergency surgical care.	2 health facilities
	3.	# of medical and surgical emergencies referred from community level to PHCUs, PHCCs and county hospitals.	Males : 34 Females: 53
X	4.	# of Consultations services provided among the under five years of age	Males : 4,320 Females: 4,750
X	5.	# of Consultations services provided among the five years and above	Males 3,344 Females:2,923
X	6.	# of disease outbreaks detected	01(Depends on incidences)
X	7.	Proportion of communicable diseases detected and responded to within 72 hours.	100% of reported incidences
X	8.	# of disease outbreaks responded within 72 hours	01(Depends on incidences)
X	9.	# of pregnant mothers attending routine ANC services	2,705
X	10.	# of pregnant mothers Provided IPT2	2,705
X	11.	# of births attended by skilled birth attendants	1,314
X	12.	# of under five year children vaccinated against measles	Males: 1,320 Females:1,350
X	13.	Percentage DPT3 coverage in children under 1 among the IDPs	85%
	14.	# of Health Workers(Males & Females) trained in communicable diseases / outbreaks / IMCI /CMR/ referral mechanisms including infection prevention at health facilities	Males 14 Females:10
X	15.	# of survivors of SGBV who received clinical management of rape	10
	16.	# of clients provided HCT/PMTCT services including follow up of ART clients among the IDPs	Males: 08 Females:11
	17.	# of health workers(Males & Females) trained on emergency preparedness, IDSR, case management and EWARN plans	Males 20 Females:18
	18.	# of Home health promoters trained on collection of vital health information, community based health education & community referral system	Males 24 Females:16
	19.	# of quarterly emergency risk assessments conducted to prepare appropriate resources required to address the risks	02

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 coordinate and involve other stake holders in HIV/AIDS programming in emergencies e.g. WHO, UNFPA UNAIDS, UNICEF, MOH and others. By doing so, Health Link will integrate awareness and mass sensitization, provision of emergency treatment including HIV Post Exposure Prophylaxis (PEP) and STI/STD to survivors of GBV as well as the provision of VCT, ART and HIV/AIDS treatment and monitoring support services within this CRP. While the implementation of this project will result in huge volumes of medical wastes and other human wastes being produce, to ensure the environment remains safe, Health Link south Sudan will establish waste management procedures/plan for safe collection, storage, transportation and incineration of all medical wastes. Plastic Bins will be used to collect medical wastes, health workers will be retrained in infection prevention, pit latrine will be provided for disposal of human excreta among others.

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 Minkaman IDP site, HPF County Lead agency for Primary Health Care in Cuibet County of Lakes state and also CCCM lead agency 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 Humanitarian Coordination Team, NGO steering committee and CCM, State Health NGO forum and have key personnel collocated with Cuibet County Health Department. Delivery of this project will be achieved by partnership with 3 national counter parts, SAADO, CCOSS and SMC who have been displaced from Jongolei state and are now resident within the Awerial IDP Site. Health Link has already deployed emergency medical team consisting of medical doctors, clinical officers, Laboratory technologist, midwives and Nurses who are 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 workplan (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 goal 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 South Sudan. The distances to the health facilities and communities, inconsistent recording of raw 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(DHIS), 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 CRP project

Please add details of secured funds from other sources for the project in the CRP.

Source/donor and date (month, year)	Amount (USD)
DKH	95,000.00
Pledges for the CRP project	

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:

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

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. 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 and surgical Services for women, young boys and girls from most vulnerable communities during complex emergencies and Post Conflict situations in Lakes, Eastern Equatoria and Jonglei	Organisation: Health Link South Sudan

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"> Emergency preparedness and communicable disease control and outbreak response Emergency obstetrical care, and MISP (minimum initial service package-MISP) Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues 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, 	<ul style="list-style-type: none"> # of emergency drug Kits (IEHK / trauma kit / RH kit / PHCU kits) prepositioned at the IDP facilities # of health facilities equipped with medical equipment # of consultation services provided to under five years children(Males& females) # of consultation services provided to five years and older (Males& females) # 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 /CMR/ referral mechanisms including infection prevention at health facilities # of SGBV survivors who received clinical management of rape # of health care workers trained in emergency health care service provision(Trauma, communicable diseases) 	<ul style="list-style-type: none"> Monthly & Quarterly Reports/OPD/IPD/S GBV registers IDSR and monthly report OPD/IPD, monthly statistical reports Maternity register Training reports 	<ul style="list-style-type: none"> 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	
	PEP and standard precautions.			
CHF project Objective	<ol style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> • # of emergency drug Kits (IEHK / trauma kit / RH kit / PHCU kits) prepositioned at the IDP facilities(Including tents). • # of health facilities equipped with medical equipment • # of consultation services provided to under five years children(Males& females) • # of consultation services provided to five years and above (Males& females) • # 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 <i>MISP / communicable diseases / outbreaks / IMC /CMR/ referral mechanisms including infection prevention at health facilities</i> • # 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 • # of Home Health Promoters, identified and trained 	<ul style="list-style-type: none"> • <i>OPD/IPD/Lab/Maternity/S GBV registers</i> • <i>OPD/IPD, monthly statistical reports</i> • <i>Quarterly progress reports</i> • <i>IDSR reports</i> • <i>Waybills, inventory/assets registers</i> 	<ul style="list-style-type: none"> ○ <i>Population influx estimation remain as projected,</i> ○ <i>timely fund disbursements</i> ○ <i>Available & willing health personnel</i> ○ <i>Drugs/supply available in local markets with stable prices</i> ○ <i>Stable security situation</i>

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.	<ul style="list-style-type: none"> • # of emergency drug Kits (IEHK / trauma kit / RH kit / PHCU kits) prepositioned at the IDP facilities(Including tents). • # of facilities equipped with medical equipment and instruments • # 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 	<ul style="list-style-type: none"> • Under five Register • Waybills • OPD/IPD/Lab/Maternity/G BV registers • Monthly DIHS/IDSR reports • Payrolls • HCT registers/Clients' cards 	<i>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</i>
Output 1.1	# of new consultations provided to under five years & above five years olds SGBV, RH & HIV/AIDS	<ul style="list-style-type: none"> # of emergency drug Kits (IEHK / trauma kit / RH kit / PHCU kits) prepositioned at the IDP facilities(Including tents). # of facilities equipped with medical equipment and instruments # 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 	<ul style="list-style-type: none"> • Under five Register • OPD/IPD/Lab/Maternity/G BV registers • Monthly DIHS/IDSR reports • Personnel payrolls • HCT registers/Clients' cards 	<i>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</i>
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 / IMC /CMR/ referral mechanisms including infection prevention at health facilities.	Training Report Monthly progress report	<i>timely fund disbursements Available health personnel Stable security situation</i>
Activity 1.2.1	Mobilisation and identification of appropriate personnel for training			
Activity 1.2.2	<ul style="list-style-type: none"> • Train Health Workers(Males & Females) train # of Health Workers(Males & Females) train in MISP / communicable diseases / outbreaks / IMC /CMR/ referral mechanisms including infection prevention at health facilities. 			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.3	# pregnant mothers provided Obstetrics Care	<ul style="list-style-type: none"> # pregnant mothers attending routine ANC services # of pregnant mothers who received IPT2 # of clean health facility deliveries conducted by skilled health personnel 	<ul style="list-style-type: none"> ANC/Maternity registers Monthly DIHS/IDSR reports PMTCT registers/Clients' cards 	<i>Population influx estimation remain as projected, timely fund disbursements Available & willing health personnel Stable security situation</i>
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	<ul style="list-style-type: none"> # 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. 	<ul style="list-style-type: none"> Under five registers Monthly DIHS/IDSR reports Child health cards 	<i>Population influx estimation remain as projected, timely fund disbursements Available & willing health personnel No major communicable disease outbreaks Stable security situation</i>
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	<ul style="list-style-type: none"> # of active County Emergency Task force Teams with regular meeting # 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 Home Health Promoters selected and trained 	<i>Meetings/dialogue minutes Monthly/quarterly progress update reports Monthly DIHS/IDSR reports Weekly IDSR reports</i>	<i>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</i>
Output 3.1	# of Home Health Promoters providing reports	# of Home Health Promoters selected and trained	<i>Meetings/dialogue minutes Monthly/quarterly progress update reports</i>	<i>Functional CHD & willing personnel Stable security</i>

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
		<i>Training reports HHP registers</i>	<i>situation</i>
Activity 3.1.1	Identification, selection of Home health Promoters with the help of the community members		
Activity 3.1.2	Training of Home Health Promoters(HHPs)		
Activity 3.1.3	Collect HHPs reports on vital health statistics		

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 July 2014 **Project end date:** 31 December 2014

Activities	Q2	Q3/2014			Q4/2014			Q1/2015		Q2/2015		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1 Provision of 24hrs emergency treatment and referrals		X	X	X	X	X	X					
Activity 2 Provision of consultations to both under five and those above years of age		X	X	X	X	X	X					
Activity 3 Provide 24hrs access to emergency obstetric and surgical care including trauma & Blood transfusion services		X	X	X	X	X	X					
Activity 4 Pre-position emergency drugs kits, medical supplies(tents etc), basic medical equipment, reproductive health and EPI supplies		X										
Activity 5 Provide clinical management to survivors of SGBV		X	X	X	X	X	X					
Activity 6 Conduct mobile outreach services among the IDP camps		X	X	X	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	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										
Activity 11 Provide routine ANC services to pregnant mothers		X	X	X	X	X	X					
Activity 12 Provide IPT & Haematinics to pregnant mothers with emphasis on IPT2		X	X	X	X	X	X					
Activity 13 Provide 24hrs clean facility delivery attended by skilled birth attendants		X	X	X	X	X	X					
Activity 14 Provide PMTCT services to pregnant mothers including follow up of ART clients		X	X	X	X	X	X					
Activity 15 Provide 24hr emergency Obstetrics Care including referrals		X	X	X	X	X	X					
Activity 16 Vaccinate under five year children(Male & Female) against measles		X	X	X	X	X	X					
Activity 17 Percentage DPT3 coverage among children under 1		X	X	X	X	X	X					
Activity 18 Conduct grown monitoring & Nutritional Assessment to children under five years of age		X	X	X	X	X	X					
Activity 19 Mobilization meeting with the County Authority including camp leaders & partners		X										
Activity 23 Training of Camp Health Promoters(CHPs)		X										
Activity 24 Conduct joint risk assessment and share feedback		X	X	X	X	X	X					

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