

SOUTHSOUTH 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 <ol style="list-style-type: none"> a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies b. Support to key hospitals for key surgical interventions to trauma c. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies) d. Communicable disease control and outbreak response including supplies e. Strengthen early warning surveillance and response system for outbreak-prone diseases f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns g. Maintain surge capacity to respond to any emergencies 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); i. Provision of Emergency mental health and psychosocial care j. Capacity building interventions will include <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 k. Support to referral system for emergency health care including medevacs. l. Support to minor rehabilitation and repairs of health facilities m. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Cluster Priorities for this CHF Round</th> <th style="text-align: left;">Geographic Priorities for this CHF Round</th> </tr> </thead> <tbody> <tr> <td>1. Jonglei – all counties</td> <td></td> </tr> <tr> <td>2. Upper Nile – all counties</td> <td></td> </tr> <tr> <td>3. Unity – all counties</td> <td></td> </tr> <tr> <td>4. Lakes – Awerial, Yirol West, Yirol East and Rumbek North</td> <td></td> </tr> <tr> <td>5. Central Equatoria – Juba (IDP camps)</td> <td></td> </tr> <tr> <td>6. Warrap - Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East</td> <td></td> </tr> </tbody> </table>	Cluster Priorities for this CHF Round	Geographic Priorities for this CHF Round	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	
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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		
Nile Hope	State	%	County/ies (include payam when possible)
Project CRP Code	CRP Gender Code	Jonglei	60% Akobo and Pigi counties
SSD-14/H/60202	1	Unity	40% Leer county
CRP Project Title (please write exact name as in the CRP)			
Emergency health services provision to the vulnerable communities living in Akobo and Canal (Pigi) in Jonglei state, and Leer county in Unity state			
Total Project Budget requested in the in South Sudan CRP	US\$ 749,220	Funding requested from CHF for this project proposal	US\$ 300,000
Total funding secured for the CRP project (to date)	US\$ 347,875	Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the 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:	10,492	45,504
Girls:	4622	10,080
Men:	9372	30,336
Boys:	4622	10,080
Total:	29,108	96,000

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

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

Contact details Organization's Country Office

Organization's Address	Off main Munuki road, Juba South Sudan.
Project Focal Person	<i>Tolu Lemiso</i> <i>Email: tolulemiso@yahoo.com</i> <i>Phone : 0914377402</i>
Country Director	Name: Paul Biel Otoang Email: paulbiel@yahoo.com <i>Telephone:0920010323</i>
Finance Officer	Name: Solomon Njoroge Email: Solomon.njoroge1@gmail.com <i>Telephone:</i>
Monitoring & Reporting focal person	<i>Wour chuol Both</i> Email: wourboth@gmail.com <i>Telephone: 0920010378</i>

Indirect Beneficiaries / Catchment Population (if applicable)

60,000 Indirect beneficiaries will benefit from these health project

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

Indicate number of months: **6 Months**
1 August 2014 – 31 January 2015

Contact details Organization's HQ

Organization's Address	Akobo county, Jonglei state south Sudan
Desk officer	Name: Jidayi Zaitun Email: jidayiz@rocketmail.com <i>Phone: 0920010322</i>
Finance Officer	Name: Sophia Wambaire Email: soffi28@yahoo.com Telephone: 0920010324

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

The humanitarian situation in Akobo, Leer and Canal (Pigi) counties remains grim, unpredictable and underserved. The conflict that broke out in mid December 2013 has led to mass displacement of Population in the four states (Jonglei, Unity, Upper Nile and central equatorial states). UNOCHA estimates people displaced internally (IDPs) by conflict/violence at 1.5 million and others 392,800 are seeking refuge in the neighboring countries since the onset of the conflict according to its 42th report of the ongoing crisis. Out of the population that is displaced within the country, 7,500HH are reported to be in Akobo west and other estimated 48,000 individuals in Akobo east due to displacement from Malakal and Bor town (*interagency assessment report of 15- 17th February 2014*). The ongoing fighting in Nasir has slightly increased the number of IDPs in Akobo thus increasing the humanitarian needs in the county which is already constrained. Leer County which bears huge consequence due to this fighting has huge humanitarian needs. Nile Hope being the lead Agency in the county has been experiencing challenges in reaching its staffs due to lack of communication, Inaccessibility in the area and mass displacement into the bushes. Health facilities in the county were partially destroyed and provisions looted leading to severe shortage BPHS. MSF recent report (*1-2nd May*) state that most of communities are returning back from hide out in surrounding bushes and the neighboring counties and are in dire need of health services which are limited. Nile Hope recent assessment in the area show high needs of emergency health services. Some health facilities in Pigi are in bad shape due to destruction and looting by armed elements. South Sudan has one of the worst health indicators in the world. It is estimated that at least 60,000 women in south Sudan suffers from obstetric Fistula (*OCHA bulletin 20 oct - 3 Nov 2013*).

Communicable diseases are highly prevalent in Akobo, Canal (Pigi) and Leer counties. IDPs and other vulnerable groups (Women, Boys and Girls) in the communities are at high risk of contracting common epidemic prone diseases. 48 suspected measles cases were reported in Akobo, two deaths (*MoH/Nile Hope*) and about 6 cases were reported in Leer. Suspected cases of polio outbreak have been reported toward the end of last year, posing a major concern in these mentioned counties (MoH). In addition, Malaria and Acute diarrheal diseases including cholera remain a public health concern causing high morbidity and mortality rate in children under five(boys and girls) in Akobo, Canal and Leer counties(*HF data*). The trend of these diseases is expected to rise due to the ongoing conflict since most of IDPs are concentrated in one place and lacks mosquito nets, limited clean water supplies and low knowledge on the preventative measures. There has been recent increase in kala azar cases in Walgak and Khorfulus which poses a major threat to communities. Currently Most HF's are experiencing severe shortage of drugs due to delivery delays by MoH and limited access. Nile Hope will strengthen the capacity of the existing medical staff to handle any public health emergencies in its area of operation. Through this project, adequate medical supplies/drugs will be preposition in the counties before heavy rains approaches, Rehabilitation of destroyed HF and increase trained manpower to provide health services to places where the vulnerable communities cant access HFs.

B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

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

Nile Hope being the lead agency in Akobo and Leer in provision of primary health care services, also implementing emergency health project in Canal (Pigi) in collaboration with IMA, the lead agency in implementation of CHD supported health program which is developmental, will continue to support MoH which has limited capacity in provision of emergency primary health care intervention. These will include continuing to support the existing HFs to provide emergency health services since currently the facilities are overburden with the influx of IDPs in addition to the host community. Nile hope will support 10 health facilities; 3 in Leer county(Thonyor phcc, Dindin PHCU and Padeah), 2 PHCC in Akobo(Walgak PHCC and Dengjok PHCC) and 5 Facilities in Pigi(Khorfulus PHCC, Canal PHCC, Mareng PHCU, Atar PHCU and Chuei PHCU). The HF's will provide first aids and basic trauma management, emergency curative services, Expanded program for immunization (EPI), IMCI, ANC, Delivery services and PNC including distribution of LLITNs. The organization will make sure continue adequate measures are put in place to ensure referral system for emergency health care are provided on a timely manner in all these facilities. Currently the funding mechanism in place for developmental have limited funds for drugs, therefore Nile Hope will work closely with common pipeline organization to secure emergency drugs, transport and pre-position in these counties to prevent stock out/rapture which is currently being experience. In addition, medical equipment/supplies and basic lab equipment/supplies will be procured and prepositioned in implementation sites to supplement MoH supplies. Through experience these counties have immense access challenges. It's essential that all the supplies including drugs are prepositioned prior to heavy rainy season. Minor rehabilitation of the destroyed Health facilities will be carried out

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.

and also Nile Hope will procure the boat engine for Akobo, since the current engine got spoilt. The Boat normally acts as a mean of referral of patient from the PHCU/PHCC to the main Hospital in Akobo. Nile Hope will work closely with the CHD to ensure response to any communicable disease Outbreak and other public health emergencies within the First **48-72** hours. Nile Hope currently has secured USD \$ 347,875 from other donor and we have resource gap amounting to USD 401,345 to be mobilized.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

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

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)

The project seeks to provide emergency health services to 25,080 vulnerable communities including IDPs, women and children in Akobo, Canal (Pigi) and Leer County through strengthening and building the capacity of health staffs on emergency preparedness and response to reduce and mitigate the impact of health related emergencies by the end of December 2014

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.

List the main activities and results to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

- Provide emergency curative health services including management of minor surgical/trauma and Kala-azar to 9,324 men, 9,324 women, boys 3276 and 3276 girls through continuing supporting the MOH/Partner facilities in area of health emergencies in Akobo, Leer and Pigi
- Supporting 10 health facilities to provide emergency health services in the three counties since most of the health facilities were destroyed and other looted
- Provision of emergency drugs kits and medical supplies in Akobo, Leer and Pigi (canal) counties to control stock out through securing them from the common pipeline partners(WHO and UNICEF)
- Procurement of emergency drugs kits to compliment supplies from MoH and Core pipeline partners
- Capacitating 32 health staff(16male and 16 female) on emergency preparedness and response including surge capacity in order to respond to any emergencies within 48hrs
- Provide emergency referral services in supported health facilities during an emergency to both gender (male and female)
- Provide maternal healthcare services to 1,000 women of child bearing age of IDPs, Returnees and Host community including ANC, PNC, IPT 1 and 2, de-worming and TT vaccine
- Conduct at least 120 safe and clean deliveries in health facilities during emergencies by trained health workers. The facilities will be provided with clean delivery kits secured from UNFPA to be able to provide this services
- Provide child healthcare services(immunization, vit A and growth monitoring) to 1346 girls and 1346 boys, including accelerated mass measles campaigns and polio campaign
- Rehabilitate 10 health facilities in the emergency area to provide quality health services to women, men, girls, boys, IDPs and returnees
- Distribution of 2000 long lasting treated mosquito net to vulnerable groups mostly targeting pregnant mother and children under five(Girls and Boys) of both IDPs and host community.
- Enhancing the capacity of 32 female and 32 male health staff on management of communicable diseases, BemOC and Clinical Management of Rape to be able to respond well in an emergency set up
- Conduct health education session on prevention and control of communicable disease and HIV/AIDs in order to reduce incidence reaching 8900
- Submit Weekly IDSR and Monthly reports to the Ministry of Health, both in Jonglei and Unity and also to the Cluster Lead
- Conduct regular cross sectoral coordination meetings with WASH/Protection GBV/Nutrition/Food Security & Livelihoods and Education Teams to build synergies and realize holistic intervention
- Monitoring and Evaluation of the project to confirm and measure progress and impact respectively.

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

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

- Emergency curative services and surgical intervention including treatment of kala-azar cases provided to affected community reaching 9,324 men, 9,342 women, 3276 boys and 3276 girls including IDPs, Returnees and other vulnerable groups

- 10 HF's supported to provide emergency health services in Leer, Akobo and Canal(Pigi)
- Emergency drugs procured and pre-position in the HF's and Mobile clinics
- Emergency drugs kit and medical supplies prepositioned and HF's utilizing the in Akobo, Leer and Pigi counties to control stock out/rapture
- Knowledge and skill of 32 health staff(16Male and 16Female) improved on emergency preparedness and response including surge capacity In order to respond to any emergency within 48-72hrs
- Emergency referral services provided to male and female of the communities affected by health emergencies thus reducing morbidity and mortalities
- Maternal healthcare services provided to pregnant and lactating women reaching 1,000 of IDPs, returnees and host community during emergencies
- Child(Boys and Girl) healthcare services(EPI) including accelerated mass measles and polio campaign provided to IDPs, Returnees and other vulnerable groups in the operation area to control outbreaks of diseases reaching 1346 girls and 1346 boys
- Conduct minor rehabilitation to 10 health facilities in the counties of operation
- Safe and clean deliveries conducted by trained health workers to control maternal death and other complications like Fistula
- Community knowledge on the spread of disease improved including HIV/AIDS awareness reaching 4320 people(Male and Female)
- 2000 Long lasting treated nets secured and distributed to pregnant mother and children (Boys and Girls) for IDPs, Returnees and host community to prevent them from malaria thus improving their lives.
- Enhanced health staff capacity(32 male and 32 Female) on management of communicable disease outbreaks(like cholera and Measles), BemOC, Clinical Management of Rape and Integrated management of child Illness(IMCI)
- Weekly IDSR, Monthly, Quarterly and Final report submitted to MOH and the donor in a timely manner
- Emergency health project monitored and Evaluated to confirm and measure progress according to the stipulated work plan

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

SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
xx	1.	Total # of outpatient consultations	25, 200 (9, 324 men, 9,324 women, 3276 boys and 3276 girls)
X	2.	Number of >5 outpatient consultations	18, 648 (9, 324 women and 9,324 Men)
X	3.	Number of <5 outpatient consultations	6552(3276 boys, 3276 girls)
X	4.	# of < 5 children received measles vaccinations in emergency or returnee situation including de-worming and Vit. A supplementation	1407(704 girls, 703 boys)
X	5.	# of births attended by skilled birth attendants	120
X	6.	%of pregnant women receiving at least 2nd dose of TT vaccination	30%
X	7.	Number of survivors of SGBV receiving clinical care	64
X	8.	# of health workers trained in emergency preparedness and response	32(16male, 16 female)
	9.	Number of health staff train on communicable disease, Bemoc, CMR	64(32 female, 32 male)
	10.	# of health facilities supported	10 facilities
	11.	Number of pregnant women attended ANC services	582
	12.	Number of lactating mothers visited PNC services	500
	13.	Number of referral conducted in the health facilities	1,260 (933 above 5 and 328 under five)

vi). Cross Cutting Issues

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

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

vii) Implementation Mechanism

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

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

viii) Monitoring and Reporting Plan

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

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

The project will be monitored in order to track how activities are being implemented in the field. The **Project Log- frame** and Work plan will be the main tool that will be used to measure the extend of how activities are achieved where necessary to draft a way forward on how to fast track it, if it's not achieved as expected.

In addition to the Log-frame, Nile Hope monitoring and Evaluation Team led by the M&E Officer and CHD will use ministry of health reporting tools like HMIS part 1 and 2 in developing monthly reports from the Health facilities and will employ other techniques like Focus Group Discussions, case studies and stakeholder workshops to evaluate the quality of services provided by the project. Analysis of the project achievements will be presented in form of Graph, table and charts to produce quality reports. Ministry of Health State and the Sector Lead will visit the site at the mid of the project and at the end of the project, or as deemed appropriate to assess progress towards achievement of project targets as envisaged. In addition there will be common inter-departmental M&E activities to track cross cutting issues.

D. Total funding secured for the 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)
IMA	203,157
HPF	144,718
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:

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

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>Goal/Impact (cluster priorities)</p> <p>n. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies</p> <p>o. Support to key hospitals for key surgical interventions to trauma</p> <p>p. Provision and repositioning of core pipelines (drug kits, RH kits, vaccines and supplies)</p> <p>q. Communicable disease control and outbreak response including supplies</p> <p>r. Strengthen early warning surveillance and response system for outbreak-prone diseases</p> <p>s. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns</p> <p>t. Maintain surge capacity to respond to any emergencies</p> <p>u. 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>v. Provision of Emergency mental health and psychosocial care</p> <p>w. Capacity building interventions will include</p> <ul style="list-style-type: none"> Emergency preparedness and communicable disease control and 	<ul style="list-style-type: none"> Number of >5 outpatient consultations Number of <5 outpatient consultations # of < 5 children received measles vaccinations in emergency or returnee situation # of births attended by skilled birth attendants Proportion of communicable disease detected and responded to within 72hours Number of core pipeline repositioning in the field Percentage of DPT3 coverage in children under 1 Number of referral conducted during an emergency Number of beneficiaries reached by the supplies from core pipeline 	<ul style="list-style-type: none"> Monthly and Quarterly reports Surveillance report submitted to MoH Immunization report from the health facilities Training reports 	<ul style="list-style-type: none"> Security stable in the country Weather favourable for the implementation of activities Funds available for supporting implementation

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>outbreak response</p> <ul style="list-style-type: none"> 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>x. Support to referral system for emergency health care including medevacs.</p> <p>y. Support to minor rehabilitation and repairs of health facilities</p> <p>HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions</p>			
<p>CHF project Objective</p> <p>The project seeks to provide emergency health services to 25,080 vulnerable communities including IDPs, women and children in Akobo, Canal (Pigi) and Leer County through strengthening and building the capacity of health staffs on emergency preparedness and response to reduce and mitigate the impact of health related emergencies by the end of Dec 2014</p>	<ul style="list-style-type: none"> Total # of outpatient consultations Number of >5 outpatient consultations Number of <5 outpatient consultations # of health facilities supported # of birth attended by skilled attendant # of health workers trained on communicable disease, Bemoc, CMR 	<ul style="list-style-type: none"> -Monthly and quarterly report -Facility register books - Monthly supervision checklist -Monitoring report 	<ul style="list-style-type: none"> -Security situation -weather favourable during the implementation of the project -Fund release on time for project to be implemented smoothly -community willing to cooperate and support the project during it implementation
<p>Outcome 1</p> <p><i>Reduce morbidity and mortality rate for women and children and other vulnerable group in the community thus improving the lives of people and increase their productivity</i></p>	<ul style="list-style-type: none"> Number of health staff knowledge and skills enhanced on health service delivery 	<ul style="list-style-type: none"> -Final reports -Training reports -Attendance list -Monitoring reports 	<ul style="list-style-type: none"> - Good security situations in the project implementation area -Health personnel willing to be train on health related issues -Drugs availability during the implementation period in the county -Mother willing to bring their children for child health care services
<p>Output 1.1</p> <p>Emergency curative services and surgical intervention including treatment of kala-azar cases provided to affected community reaching 9,324 men, 9,342 women, 3276 boys and 3276 girls including IDPs, Returnees and other vulnerable groups</p> <ul style="list-style-type: none"> 9,324 men, 9,342 women will be reached with quality clinical care, 	<ul style="list-style-type: none"> Number of >5 outpatient consultations Number of <5 outpatient consultations 	<ul style="list-style-type: none"> -Patient register books -Monthly and quarterly report -Final narrative reports . 	<ul style="list-style-type: none"> -Availability of drugs during implementation period -Community willing to bring children their children to health facilities

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
<ul style="list-style-type: none"> 3276 boys and 3,276 girls from IDPs, Returnees and other vulnerable host community will be reached with quality clinical care. No stock outs of essential medicines and supplies in all ten facilities 				
Activity 1.1.1	Provide curative consultation services to IDPs, Returnees and the host community in the project implementation area			
Activity 1.1.2	Ensure the health facility drugs are stock well to provide smooth consultation services			
Activity 1.1.3	<i>Supporting the existing health facilities</i>			
Activity 1.1.4	<i>Provide register books and patient card for patient registration</i>			
Output 1.2	Provide child healthcare services (immunization, vit A and growth monitoring) to 2346 girls and 2346 boys, including accelerated mass measles campaigns and polio campaign <ul style="list-style-type: none"> 4,453 children under five vaccinated with measles antigen, 3,667 Children de-wormed with anti-helminthes drugs. All under five children (3,276 boys, 3,276 girls) visiting facilities for medical and other health services treated with the national IMCI protocol. 	<ul style="list-style-type: none"> Number of children vaccinated Number of children provided with De-worming drugs # of < 5 children received measles vaccinations in emergency or returnee situation 	<ul style="list-style-type: none"> - EPI register -EPI daily tally sheet -Weekly, monthly and quarterly reports -Final report 	<ul style="list-style-type: none"> -Vaccine and immunization accessory available -Mother willing to bring children for immunization
Activity 1.2.1	Provide vaccination services to children under-five in all supported health facilities			
Activity 1.2.2	Provide de-worming services to children to prevent them from worm manifestation			
Activity 1.2.3	Ensure child under five growth is monitored growth monitoring form			
Activity 1.2.4	Ensure children are treated according to IMCI guideline			
Output 1.3	Maternal healthcare services provided to pregnant and lactating women reaching 1,000 of IDPs, Returnees and host community during emergencies <ul style="list-style-type: none"> 350 mothers received second dose TT vaccine (PAB), A total of 582 mothers attended 	<ul style="list-style-type: none"> % of pregnant women receiving at least 2nd dose of TT vaccination Number of pregnant women attended ANC services -Number of lactating mothers visited PNC services 	<ul style="list-style-type: none"> -ANC register books - Monthly report -Post natal registers 	<ul style="list-style-type: none"> -pregnant women willing to attend ANC services -Lactating women willing to attend post natal services

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
	ANC services, <ul style="list-style-type: none"> • 500 lactating mothers received PNC services within the first six weeks after giving birth. • 629 mothers counseled and received Family planning services 			
Activity 1.3.1	Provide ANC services to pregnant women during the daily provision of health services			
Activity 1.3.2	Provision of micro-nutrient including Iron- Follate			
Activity 1.3.3	Provide Post natal services to lactating women			
Activity 1.3.4	Provide Family planning services in the facility			
Output 1.4	120 Safe and clean deliveries conducted by trained health workers to control maternal death and other complications like Fistula <ul style="list-style-type: none"> • A total of 60 deliveries attended by skilled birth attendants in a health facility, • A total of 120 deliveries attended in a health facility, • 250 delivery kits distributed to all the three counties. 	<ul style="list-style-type: none"> • # of births attended by skilled birth attendants • Number of clean deliveries kits distributed to the field 	<ul style="list-style-type: none"> • -Delivery register books • -monthly reports • -quarterly and final report 	<ul style="list-style-type: none"> • -Availability of clean delivery kits • -Mother willing to deliver in the health facility
Activity 1.4.1	Conduct 60 deliveries in the health facilities by skills health workers			
Activity 1.4.2	Secure and preposition clean delivery kits to supported health facilities			
Activity 1.4.3	Mid-wives receive on job training on how to conduct clean delivery in the health facilities			
Outcome 2	Enhanced skills and knowledge of health staff on EP&R, Communicable disease prevention and patient management. <ul style="list-style-type: none"> • Number of health staffs skills and knowledge enhanced 		<ul style="list-style-type: none"> • -Training reports • -Training attendance list • -Training photos 	<ul style="list-style-type: none"> • -staffs willing to be train on emergency preparedness and response and communicable disease prevention • -availability of training material • -
Output 2.1	32 health staff(16male and 16female) trained on emergency preparedness and response to improve surge capacity in order to respond to any emergencies within 48-72hrs <ul style="list-style-type: none"> • # of health workers trained in emergency preparedness and response 		<ul style="list-style-type: none"> • -Training reports • -Training attendance list • -Training photos 	<ul style="list-style-type: none"> • -weather favourable to pre-position training material • -selected staff willing to be trained on EP&R
Activity 2.1.1	Selection of health staffs from the health facilities to be train on EP&R			
Activity 2.1.2	Provide training to 32 health staff (clinical officer, Nurses, CHW and Ass. Nurse) on emergency preparedness			
Activity ...	Procurement of stationeries for training			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 2.2	32 female and 32 male health staff trained on management of communicable diseases, BemOC and Clinical Management of Rape to be able to respond well in an emergency set up <ul style="list-style-type: none"> 64 health workers trained on management of emergency preparedness and response. 	<ul style="list-style-type: none"> Number of health staff train on communicable disease, Bemoc, CMR 	<ul style="list-style-type: none"> -Training reports -Training attendance list -Training photos 	<ul style="list-style-type: none"> Community willing to be selected for training Training material availability for participant
Activity 2.2.1	Selection of health staffs from the health facilities to be train on BemOC and clinical management of rape			
Activity 2.2.2	Provide training to 64 health staff (clinical officer, Mid wives, Nurses and CHW) on emergency preparedness			
Activity 2.2.3	Procurement of stationeries for training			
Outcome 3	Referral system strengthen during the emergency situation	<ul style="list-style-type: none"> Number of referral conducted in the health facilities 	<ul style="list-style-type: none"> -patient referral registers -patient referral forms 	<ul style="list-style-type: none"> Availability of transport Weather favourable to allow referral Staff trained on referral of critical patient
Output 3.1	Patient with complication referred to high level of management for further treatment <ul style="list-style-type: none"> 15% (20) laboring mothers referred to nearest facility for better support and care, A total of 1,260 patients (933 above 5 and 328 under five referred for better treatment and care 	<ul style="list-style-type: none"> Number of referral conducted in the health facilities 	<ul style="list-style-type: none"> Patient referral registers Patient referral forms 	<ul style="list-style-type: none"> Availability of transport Weather favourable to allow referral Staff trained on referral of critical patient
Activity 3.1.1	Provide referral services to patient who are critically ill			
Activity 3.1.2	Ensure health facilities have referral form for referral purposes			

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 August 2014	Project end date:	31 January 2015
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Activities	Q3/2014			Q4/2014			Q1/2015		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Activity 1; Provide emergency curative health services including management of minor surgical/trauma and Kala-azar to 9,324 men, 9,324 women, boys 3276 and 3276 girls through establishment of mobile clinics and continuing supporting the MOH/Partner facilities in area of health emergencies		X	X	X	X	X	X		
Activity 2: Supporting 10 health facilities to provide emergency health services in the three counties since most of the health facilities were destroyed and other looted		X	X	X	X	X	X		
Activity 3: Provision of emergency drugs kits and medical supplies in Akobo, Leer and Pigi (canal) counties to control stock out through securing them from the common pipeline partners(WHO and UNICEF)		X	X						
Activity 4: Procurement of emergency drugs kits to compliment supplies from MoH and Core pipeline partners		X	X						
Activity 5: Knowledge and skill of 32 health staff(16Male and 16Female) improved on emergency preparedness and response including surge capacity In order to respond to any emergency within 48-72hrs			X						
Activity 6 : Provide emergency referral services in supported health facilities during an emergency to both gender (male and female)		X	X	X	X	X	X		
Activity 7: Provide Maternal healthcare services to pregnant and lactating women reaching 1,000 of IDPs, returnees and host community during emergencies		X	x	X	X	X	X		
Activity 8: Child(Boys and Girl) healthcare services(EPI) including accelerated mass measles and polio campaign provided to IDPs, Returnees and other vulnerable groups in the operation area to control outbreaks of diseases reaching 1346 girls and 1346 boys		X	X	X	X	X	X		
Activity 9: Conduct minor rehabilitation to 10 health facilities in the counties of operation				X					
Activity 10: Community knowledge on the spread of disease improved including HIV/AIDS awareness reaching minimum 4320 people(Male and Female)		X	X	X	X	X	X		
Activity 11: Distribution of 2000 long lasting treated mosquito net to vulnerable groups mostly targeting pregnant mother and children under five(Girls and Boys) of both IDPs and host community.		X	X	X	X	X	X		
Activity 12: Enhanced health staff capacity(32 male and 32 Female) on management of communicable disease outbreaks(like cholera and Measles), BemOC, Clinical Management of Rape and Integrated management of child illness(IMCI)				X					
Activity 13: Submit Weekly IDSR and Monthly reports to the Ministry of Health, both in Jonglei and Unity and also to the Cluster Lead		X	X	X	X	X	X		
Activity 14: Conduct regular cross sectoral coordination meetings with WASH/Protection GBV/Nutrition/Food Security & Livelihoods and Education Teams to build synergies and realize holistic intervention		X	X	X	X	X	X		

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