

Requesting Organization :	Nile Hope		
Allocation Type :	1st Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		100.00	
		100	
Project Title :	Provision of emergency lifesaving and gender sensitive high impact health services for hard to reach, undeserved and conflict affected IDPs and vulnerable communities in Leer county of Southern Liech state; Fangak county in Fangak state and Uror county in Bieh state.		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-17/H/103507	Fund Project Code :	SSD-17/HSS10/SA1/H/NGO/5157
Cluster :	Health	Project Budget in US\$:	244,599.95
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/04/2017	Planned End Date :	30/09/2017
Actual Start Date:	01/04/2017	Actual End Date:	30/09/2017
Project Summary :	<p>Leer, Fangak and Uror counties are among the most conflict affected counties in the country. Following the Jan-Feb-2017 sporadic conflicts in Leer county community had moved to deep islands /swampy area. These locations are the perceived hard to reach and safe for civilians from possible attack by an armed force, a considerable proportion of Leer community had moved to East ward to Fangak County. Currently Fangak county is hosting a community from Leer and Mayadint counties and a population from Atar and kaldak areas who fled to Diel area of New Fangak following the recent attack in February-2017.</p> <p>In Uror county following the recent attack in Yuai payam, approximately 21,000 people had moved out of their home areas towards neighboring Nyirol and Akobo counties. Facility HMIS report from Walgak PHCC showed an increase in the number of general consultation and specifically the number of Kala azar cases who are seen in the facility has increased in the last two weeks' time.</p> <p>Most localities islands are hard to reach where the only means of transport to access those location is using canoe which might need travel for hours in the swamp. Security remains to be the main concern for humanitarian actors to respond to the emergency. Women, Girls, Boys and Men in these counties are the most vulnerable in terms of food insecurity, malnutrition and diseases. Active hostilities, in-accessibility and Insecurity are among the constraining factors limiting women, Girls, Boys and Men to move freely to more secure places to access assistance.</p> <p>In circumstance where there is a continued instability where security situation is fluid and continued displacements, women adolescent girls are usually exposed to sexual and physical abuses, an assessment conducted in Fangak county residents showed 7.3% had experienced SGBV within their family and close relatives.</p> <p>In the absence of livelihood opportunities, many adolescent girls and women are forced/encouraged to have non-consensual sexual practices that leads to unwanted pregnancies and infections to HIV and other STIs.</p> <p>Basic infrastructures including health facilities are limited and not effectively supported and the war has markedly destroyed a good number of the few existing ones. Women, Girls, Boys and men are forced to seek traditional ways of treatment. Women and Girls who are exposed to myriad gender base violence do not get special services including psycho-social support or treatment in case of rape. RH services in these conflict-affected counties are nearly nonexistent. Men and Boys from the battlefield are exposed to traumatizing experiences thus requiring psychological support. Immunization coverage is very low in these counties thus predisposing to outbreaks of diseases, Hence an outbreak response activities will be put in place to ensure that timely effective action is taken to curb associated morbidity and mortality.</p> <p>Hence Nile Hope through this project will support seven mobile units three in Leer (Rubchai, Guang and Yang islands), two mobile units in Fangak County (Puom and Kuornyang) and in Uror county (Modit and Pulchol units) and a stabilization center will be opened in Leer island to be able to manage SAM cases with medical complications. These units will be responsible to conduct and integrated case disease surveillance and response activities to timely identify, and treat potential Measels, Cholera, epidemics in the locality, The team will also be trained on emergency response and to be able to timely manage cases and take appropriate epidemic response measures</p> <p>Through these service mobile clinics targeted service will be provided to highly vulnerable people including SGBVs, EP&R, CMR, TB/HIV tracing and management, psycho social support to traumatized affected women and Men. Vigilance and close monitoring will be ensured and in events where there will be need for resources to be increased for the county.</p>		

Direct beneficiaries :				
Men	Women	Boys	Girls	Total

4,556	6,883	1,534	1,700	14,673
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Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	1,822	2,773	0	0	4,595
People in Host Communities	2,734	3,860	0	0	6,594
Children under 5	0	0	1,534	1,700	3,234
Pregnant and Lactating Women	0	250	0	0	250

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

Nile Hope health project is aimed at reaching the most vulnerable community to saving lives and alleviating suffering through provision of quality essential health services, strengthen the Integrated disease surveillance, outbreak investigation and EWARN systems and enhanced treatment of SAM cases with medical complications and to the displaced person in Leer, Uror and Fangak counties. This emergency health project is meant to reach the most vulnerable people including IDPs and other targeted highly vulnerable Girls, Boys, Women and Men in the community including emergency response capacity, HIV/AIDS prevention and control, reaching to people with mental problem and rape survivors. Since the conflict erupted in South Sudan and subsequent repeated eruption of conflict including that of the conflict in July 2016 and subsequent recent conflicts of Jan and Feb-2017 has been marked by deepening suffering across the country. Despite the recent attempt to establish transition Government, the fighting continues unabated.

The crisis has been characterized by widespread displacement caused by violence; high rates of deaths, disease and Injures; severe food insecurity and disrupted livelihoods and major complicated Malnutrition. In addition, health facilities in these counties were neither spared, some of the facilities in Leer recently were looted and other markedly destroyed. Most localities where facilities are located are deserted and devoid of health This has added community suffering since they do not get enough health services in an already poor health infrastructure. Through this project the affected community both IDPs and the vulnerable host communities will have access to essential health services including, Basic curative services, ANC, delivery services and health education. Pregnant mothers will be receiving BEmOC, an integrated management of SAM cases with medical complication will be provided.

Leer, Fangak and Uror are among the counties in South Sudan commonly prone with outbreak especially Cholera, Measles and Kala-azar thus enhancing the staff capacity on Emergency prepared and response; Response will boost the capacity of the organization to timely respond to emergency conditions. Hence a strong surveillance and EWARN system will be in place to be able to timely detect and respond to disease outbreaks mobile team and community volunteers will be oriented and trained on surveillance of disease out breaks including investigation and respond to disease outbreak.

With the recent recurrent conflict still continuing, there has been cases of gender base violence including rape in the affected communities thus increasing the need to provide equality services including Clinical Management of Rape and psychosocial support to victims and survivors of rape and abuse. Mobile clinic based services will be set-up in island and other places with Higher IDPs both in Leer, Fangak and Uror counties, whereby this mobile clinic will move within and to the community to provide the health services. However, with the current conflict affecting mostly Leer County and more and more displacement being experiencing where the community is moving Far East in Fangak County couple with difficulties in accessibility to the area, less significant amount of resources will be spent in Leer (40%) comparing with Fangak (30%) and Uror (30%). Effort will be put in place in Fangak and Modit and Pulchol areas of Uror county to rapidly respond to the influx of IDPs from south Unity and Yuai area of Uror County respectively.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

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Getachew Gezahegn	Health Coordinator	getachew@nilehope.org	+211915611561
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BACKGROUND

1. Humanitarian context analysis

The humanitarian condition in South Sudan has further deteriorated following the July 2016 renewed conflict. The conflict has exacerbated the already fragile health sector further causing a public health crisis, thus aggravating the underlying health vulnerabilities and weak infrastructure in the country. The continued sporadic conflicts eventually spread nearly in all the states including Unity and Jonglei state leading to Mass displacement of women, men, boys and Girls within the country and other fleeing to neighboring countries. According to UNOCHA Humanitarian Dashboard March 8-2017 by the end of January 2017, about 3.4 million South Sudanese had been forced to leave their homes, including 1.89 million internally displaced and 1.5 million seeking refuge in countries neighboring South Sudan. In addition, WHO access and utilization report showed that nationwide 50% of facilities are non-functional, and over 63 % of the counties in the country has limited or no services due to conflict related destruction, damage and closure, most health facilities in all the conflict affected areas had been vandalized, looted and destroyed, the cold chain solar refrigerators, solar panels and drugs had been intentionally looted and burned. The same report showed that most counties that submitted their reports showed that the institutional delivery remains between 2 to 5% showing the grave impact of the health care delivery on maternal and neonatal health outcomes. Looking at the context in Jonglei and Unity states where most of the conflicts and displacements are happening the outcome and HSS indicators are far worst that the national average.

Unity state is the worst affected state in South Sudan, according to the IPC grading Unity state is labeled as Catastrophe with 61.3% crisis emergency level. Among the counties in the state Leer has the worst of all forms of humanitarian emergencies in the state. The government of South Sudan has officially declared that Leer Koch and Mayandit of southern Unity state as famine emergency counties.

According Leer county RRA officer, recent conflict in southern Leer have forced nearly 45,000 women, Girls, Boys and men displaced to islands and nearly 24,000 fled to Fangak County. Leer being a front line the continued military confrontation and active fighting had increased the level of insecurity which forced most humanitarian actors operating in these localities were either forced to leave or down size their presence to a feeble local capacity, and this had increased the plight of the displaced community as this had devoid of the feeble services that existed in some of the IDP localities.

Nile Hope IRNA assessment conducted in Sept-2016 showed that the level of SAM cases in randomly selected islands showed to be 8.1, the level primary health care services have been extensively disrupted. Routine vaccinations have nearly ceased in all the counties. Fangak is currently on alert of cholera cases and malaria has been of a burden in Fangak and Leer Counties.

Uror county is among the counties that has no any funding for RRHP/IMA for the last nine months and the conflict that broke in the county on 14th February had forced civilian community from Yuai and adjacent payams to flee towards Pulchol, Midit, Motot and Pieri areas bordering Nyirol County and Walgak area of Akobo West. Field team estimate showed that approximately 21,000 people had moved out of their home areas towards neighboring Nyirol and Akobo counties.

Though Fangak County is the main county to host IDPs from Leer and adjacent Counties, the conflict that broke out in first week of March/2017 in Atar, Kaldak, Khorflus And Kolethok areas had forced civilians to flee towards New Fangak and recent quick IRNA conducted on March 9th by NPA focal organization for UNOCHA together with other IPs showed that there are over 5,500 IDPs in Diel area a location on the Western side of the river Nile towards New Fangak/Puom.

2. Needs assessment

South Sudan has one of the worst health systems in the world, this had been reflected of some of the health outcome indicators such as Maternal mortality rate which is as high as 2,054 per 100,000 live births similarly the under 5-mortality rate is 105/100,000 live births according to South Sudan household survey. With the escalation of the ongoing conflicts. A March 11-2017 report from WHO on access and utilization report showed that 50% of facilities in the country are non-functional, and over 65 % of the counties in the country has limited or no services due to conflict related destruction, damage and closure. This is evident that only a fraction of the population has access to health care, in states that are especially that are affected by an active conflict such as Upper Nile, Jonglei and Unity states the situation is worst, such as in Leer, county Hospital, and the PHCC and all the PHCUs are decisively not functioning. Similarly, most facilities in Uror and Fangak counties are destroyed except some PHCUs that are hardly struggling with the RRHP funding hiccups they are facing.

An assessment report from Leer Nile Hope team conducted on 7th Sept/2016 showed that the average SAM rate in randomly selected islands to be 8.1 % with highest in Yang Island standing at 13.5% and average GAM rate 35.9 and highest in Yang at 55.1%.

There are an estimated population of 32,100 HHs of which Rubchai, Yang, and Guang island account for a total of 4,300 IDPs, the localities have no services of primary health care but Nile Hope in partnership with Concern Worldwide is supporting OTP activities in all the three islands.

Facility based routine HMIS/IDSR report showed that respiratory tract infections and diarrhoeal disease are among the top causes of morbidity in Rubchai island. The prevalence of Diarrhoeal disease had been among the highest in Rubchai island accounting for 19% of all under five consultations and Respiratory tract infection was the second leading prevalent cause of under-five morbidity with 14.5% of all under-five consultations.

Measles is among the commonest epidemics that potentially is epidemic prone disease in a society where immunization Lack of access to RH services; ANC/ante natal care, safe options for delivery and post-natal care are primary health needs for women and Girls in this island, facility IDSR reports showed that the prevalence of diarrheal diseases malaria and pneumonia or respiratory tract infections are among the leading cause s of morbidity in these localities.

Most of the EPI infrastructure had been vandalized looted and destroyed, hence immunization services are hardly available, since the Island lacks cold chain facilities and neither an organization offering these services. Children and mothers had been devoid of EPI services.

Fangak on the other hand is relatively calm but experiencing influx of IDPs from South unity. RRA report the area is currently hosting nearly 19,000 Girls, Boys, Women and Men of IDPs with limited health services since nearly 95% of facilities are non-operation. The county was receiving funds from World Bank which currently for the last four-month have not provided any funding to runs this health services.

Through the support from CHF Nile Hope the in-existent feeble health systems, Nile Hope will open three mobile units in three islands (Rubchai, Guang and Yang areas) of Leer Couty, Puom and Kuornyang area of Fangak County and Modit and Pulchol areas of Uror County where we shall have two mobile units to reach the displace community with essential health care.

3. Description Of Beneficiaries

Through this funding, Nile Hope will reach a total of 14,673 beneficiaries the most vulnerable communities in three areas Leer, Uror and Fangak counties.

Though this project essential health care services will be provided where by consultation of under-five children and adults, immunization services, disease surveillance and EWARN, capacity of health workforce, and community volunteers on Emergency Preparedness and response to health and other emergencies, 61 complicated SAM cases will received medical treatment. In addition adolescent girls, women and girls will be reached with Sexual and Reproductive Health Care, However, the emergency health services will mostly target people who are highly vulnerable and have been identified using the local mechanism; community based health volunteers, Community leaders including women leader, and the local authorities in the counties.

The targeted beneficiary is the collection of data from our health facilities in addition with the current political trend and movement of communities. Through this emergency health provision Nile Hope have planned to target higher number of women since they are most vulnerable through engaging them from the development of the project and use other community outreach health services to reach those who might not be able to come and seek services in the health facilities and Mobile Clinics. Boys and Girls < 5 years targeted in this project is a projection using the current data in the health facilities and suspected health trend in the year 2016. The minority and people with disabilities are also in cooperated in this project since are also very vulnerable in the community. Men on the other hand are subjected to injuries, trauma both physical and mental and diseases. The identified men through health facilities data and 2016 health needs will be also benefit with this emergency health services.

These numbers indicated under each category are not mutually exclusive as the same beneficiary falls in more that two categories indicated above such as a Pregnant vs WRAG categories.

- Total beneficiaries = 14,673
- Under five children = 3,234
- Girls = 1,700/ Boys = 1,534
- Women of reproductive age group = 6,883
- Pregnant mothers = 250 mothers to be reached with BEmOC services
- IDPs = 4,555
- Host community = 6,854

4. Grant Request Justification

The July 2016 conflict exacerbated the already fragile health sector further causing a public health crisis, thus aggravating the underlying health vulnerabilities and weak infrastructure in Uror, Leer and Fangak counties.

A total of 30,000 people displaced from Leer County to more in-accessible swampy islands within the county, namely Totrial, Kok and Wulu while others fled toward Fangak County. The conflict that erupted in Yuai payam of Uror county had forced estimated 21,000 of residents from Yuai towards Modit, motot, Pulchol and Pieri of Uror County and considerable proportion of the community had also fled to Walgak area. In addition to this the skirmish that started in early February had forced 5,500 community from Kaldak, Khorflus and Atar areas towards Diel and Puom of New Fangak localities.

Repeated community displacement had denied them time to settle and start on farming hence poor to none crop production and high level of disease burden as a result use of unsafe water source poor hygiene and exposure to various stressors that had left the community suffering from Malnutrition, disease and psycho social and physical stress.

The population dynamics kept on changing where people are on continued movement for a safer locations based on the local conflict and other related security incidents.

Generally, the fighting has hampered preventive health care including immunization services, ANC, and integrated disease surveillance and response. The routine vaccinations coverage to Boys and Girls of < 5yrs have nearly ceased in these two counties especially Leer where cold chain facilities were vandalized and stolen as arm faction were exchanging hand since the start of the conflict.

Frequent rupture of drugs supplies and lack of qualified health workers further aggravate the situation. Malaria, Diarrheal and Acute respiratory diseases remain to be the most top three cause of morbidity among IDPs and the vulnerable community in those localities.

With all the poor health systems indicators, poor health systems, insecurity and access challenges, there is a need to immediately reach in to the community that are suffering of famine through a mobile health approach where an integrated essential health services including Consultation of clients, EPI, ANC, IDSR/EWARN, treatment of complicated SAM cases, Provision of BEmOC. Community volunteers and health workers will be trained on integrated service provision of the major pillars of emergency Health, WASH, EP&R and IDSR services to the hard to reach and vulnerable community of the targeted localities. Community based awareness and mobilization activities will be enhanced to ensure that community is aware of the preventive and curative measures of HIV/TB and GBV survivors among the vulnerable community. As the water source and living condition is so dire, Nile Hope together with the WASH team will reinforce on hygiene promotion, distribution of water purification and treatment products such as Pur, water guard to beneficiaries, hygiene promotion activities that aims to reduce the risks of increased WASH related morbidity and mortality training of hygiene promoters segregated by gender, refresher training for water user committees will be enhanced.

To this effect Nile Hope will be expanding its reach from Thoriak, Guang and Yang islands of Leer county, and Motot and Pulchol areas of Uror County and Puom and Diel areas of Fangak county with mobile clinics to provide a package of Essential health care, active case search and surveillance, Management of complicated SAM cases, provision of basic lifesaving MHPSS services to survivors of violence and clients suffering of PTSD disorders, Provision of water treatment products to households to ensure safe water source provision in the area and enhanced surveillance and EWARN activities to ensure timely outbreak detection and response to impending Epidemic prone diseases in affected localities.

5. Complementarity

This project will be integral part of the UNICEF supported ICCM - Project in Motol Pieri and Pulchol areas, referral cases identified by the community drug distributors will be connected to the mobile unit for further assessment and treatment.

A Stabilization center which will be opened by Nile Hope in partnership with Save the Children will enable us to clinically manage complicated medical cases with SAM hence the internal referral linkage between the mobile unit and the SC will ensure timely treatment and improve treatment outcomes among complicated SAM cases in Leer County.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of this project is "to save the lives and prevent morbidity and mortality of targeted vulnerable Groups, reaching to a total of 14,673 beneficiaries of which 6883 women, 1700 girls, 1534 boys and 4556 men including IDPs in Leer of former Unity state, Uror and Fangak of former Jonglei state through provision of quality emergency lifesaving essential Health Services and strengthening preparedness to respond to health related emergencies by end of September 2017.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	30				
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations		SO2: Protect the rights and uphold the dignity of the most vulnerable	60				
Improve access to essential health care for conflict-affected and vulnerable populations.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	10				
<p>Contribution to Cluster/Sector Objectives : Nile Hope health project will directly support the cluster objective of improving access to emergency health care services to IDPs and Vulnerable host communities, including emergency obstetric care services; Enhance existing systems to prevent, detect and respond to disease outbreaks and Improve availability, access and demand for services targeting highly vulnerable women, girls, Boys and Men in Leer, Uror and Fangak counties through implementation of several emergency health activities including providing emergency primary health care, Securing and preposition of emergency basic equipment; drugs and other medical supplies, strengthening reproductive health interventions, working closely with the health staffs on investigating and response to disease outbreaks, communicable disease control through increasing surveillance and support emergency referral health system in health facilities. Other additional activities will include providing clinical management of rape, linking with organization providing Gender and protection services to provide psycho-social support, working closely with partners like MOH, WHO, MSF and ICRC in case of mass casualties that require surgical intervention, health cluster coordination activities and timely relaying information to cluster lead and MoH in case of any health emergencies in these areas. Treatment of acute severe malnutrition with medical complication in the stabilization center will also be part of this emergency health project. These activities will reduce morbidity and mortality rate of Women, boys, girls and men of IDPs and the vulnerable host community. We are going to create cross sector synergies for example linking up with Nile Hope protection psycho-social technical team in provision of counseling and psycho social support services to affected vulnerable population, Nutrition department in referral of children who are malnourished from HF to OTPs, Wash department on provision of health education messages on hygiene and sanitation.</p>							
Outcome 1							
Reduced Morbidity and Mortality rate by above 90% among Women, Girls, Boys and Men seeking health services in supported Mobile health facilities in Leer, Fangak and Uror counties							
Output 1.1							
Description							
A total of 4556 men, 6883 Women, 1534 boys and 1700 girl provided with Emergency curative health services in Leer, Fangak and Uror counties							
Assumptions & Risks							
Favourable weather, security stable to provide curative services, medical supplies available to provide equality health services							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	4,556	6,883	1,534	1,700	14,673
Means of Verification : register books, HMIS reports and DHIS reports							
Activities							
Activity 1.1.1							
Provide emergency curative health services including management of minor surgical/trauma to 4556 men, 6883 women, 1534 boys and 1700 girls through Set Up Mobile clinic in area with Health emergencies and supporting the existing MoH/partner health facilities (1275 Men, 2143 women, 390 Boys and 450 girls in Fangak, 1,484 Men, 2850 women, 494 boys and 500 girls in Uror, and 1797 men, 1890 women, 650 boys and 750 girls in Leer County							
Activity 1.1.2							
Set Up 7 mobile clinic; 3 in Leer county, 2 in Fangak county and 2 in Uror county and also support 6 Health facilities in the mention counties to provide emergency health care services on a timely manner							
Activity 1.1.3							
secure on time and strategically preposition lifesaving emergency drugs and emergency medical supplies in Leer, Fangak and Uror counties							
Output 1.2							
Description							
A total 1847 Mother reached with emergency reproductive health services including ANC, deliveries and treatment of STDs in Leer, Fangak, Uror counties							
Assumptions & Risks							
Mothers willing to attend RH services, stable security, availability of RH supplies							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					125
Means of Verification : Delivery register, monthly delivery reports							
Activities							
Activity 1.2.1							
Provide emergency focus antenatal care services to 226 pregnant mother in Leer, Fangak and Uror counties (96 Leer, 75 Uror and 89 Fangak)							
Activity 1.2.2							
Facilitate safe delivery of 125 pregnant women by skill birth attendants in the Mobile clinic HFs 55 Leer, 40 in Fangak and 30 Uror areas							
Activity 1.2.3							
Secure from the Core pipeline and preposition clean delivery kits to the targeted emergency field location, to be provided to mother that are in their third trimester to deliver safely							
Outcome 2							
Reduce morbidity and Mortality rate of children under five with severe acute malnutrition with medical complication							
Output 2.1							
Description							
A total 122 children under five with severe acute malnutrition with medical complication managed appropriately in stabilization center set in Leer							
Assumptions & Risks							
Mothers willing to bring their sick children, availability of SC supplies, weather favorable							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			61	61	122
Means of Verification : SC registers, Monthly SC reports							
Activities							
Activity 2.1.1							
Provide quality treatment in the stabilization center to children under five with severe acute malnutrition presenting with medical complication							
Activity 2.1.2							
collaborate with our nutrition department in provision of treatment to children under five with acute severe malnutrition with medical complication in stabilization center							
Outcome 3							
Improve prevention and response of preventable disease outbreaks, thus reducing continued outbreaks in the community							
Output 3.1							
Description							
Emergency preparedness and response mechanisms established in Leer, Fangak and Uror counties, 1 in each county							
Assumptions & Risks							
availability of trained EP&R staffs in the field, willingness of the county authority to accept EP&R team							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					12
Means of Verification : IDSR reports							
Activities							
Activity 3.1.1							

Provide training to 30 health staff on emergency preparedness and respond in Leer, Fangak and Uror counties (12 Leer, 8 Fangak and 10 Uror Counties)

Activity 3.1.2

Conduct investigation and respond to disease outbreak using the staff previously trained on emergency preparedness and response

Activity 3.1.3

Conduct targeted health education and promotion messages before and during the disease outbreaks

Output 3.2

Description

A total of 982 children under five (491 girls and 491 boys) provided with vaccination antigen including measles vaccine in the Mobile clinic and health facilities in Leer, Uror and Fangak counties

Assumptions & Risks

willingness of caretaker to bring their children for immunization, stable security and favorable weather

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.2.1	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			491	491	982

Means of Verification : immunization register, monthly reports

Activities

Activity 3.2.1

Provide immunization services to Boys and Girls under the age of five years reaching 982 (491 girls and 491 boys) in order to boost their immunity against public health preventable disease, (430 Leer, 280 Fangak and 282 Uror)

Activity 3.2.2

Preposition cold chain facilities in 1 HF to provide emergency vaccination services

Outcome 4

Improved access, availability and demand for services targeting highly vulnerable people in supported 7 facilities (Static and temporary) in 3 in Leer, 2 in Uror and 2 Fangak counties

Output 4.1

Description

A total of 7 Mobile clinic established and equipped to provide GBV, HIV and community based mental health and psycho social support to affected communities including women, Girls, Boys and men of IDPs and the vulnerable host communities

Assumptions & Risks

Willingness of staff to provide special services, Availability of tools for reporting special services

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 4.1.1	HEALTH	[Frontline services] Number of health facilities providing SGBV services					7

Means of Verification : monthly report, final report

Activities

Activity 4.1.1

Provide support to 13 Mobile clinic and health facilities (6 Leer, 4 Uror and 3 Fangak) to provide clinical management of rape in Leer, Fangak and Uror counties

Activity 4.1.2

Provide community based mental health and psychosocial services in supported health facilities (Static and Mobile clinics) in Leer, Uror and Fangak counties

Outcome 5

Improved knowledge and skill for health staff on offering quality health services in both static and temporary health facilities in Leer, Uror and Fangak county

Output 5.1

Description

A total of 45 health staffs trained on communicable disease treatment and prevention, and disease outbreak surveillance (20 Leer, 12 in Uror and 13 in Fangak county)

Assumptions & Risks

availability of training material, staff willing to be trained, security stable

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 5.1.1	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	25	20			45
Means of Verification : training report, training photos and attendance sheets							
Activities							
Activity 5.1.1							
Provide training to 45 health staffs (20 Leer, 12 Uror and 13 Fangak) on communicable disease in order to improve the knowledge and skill on proper management of patient in the health facilities							
Output 5.2							
Description							
A total of 25 (10 Leer, 8 in Uror and 7 Fangak) Midwives, Nurses and MCHWs trained on BeMoC to improve services delivery in the health facilities							
Assumptions & Risks							
Staff willing to be trained on BeMoC							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 5.2.1	HEALTH	[Frontline services] Number of health workers trained on safe deliveries	0	25			25
Means of Verification : training report, training photos, monthly reports, Training attendance sheet							
Indicator 5.2.2	HEALTH	[Frontline services] Number of facilities providing BEmONC services					7
Means of Verification : Facility report, Progress report							
Indicator 5.2.3	HEALTH	Number of monthly County level community led joint meetings conducted					18
Means of Verification : Records of meetings Evidence of changed agreements							
Activities							
Activity 5.2.1							
Provide training to 25 (10 Leer, 8 Uror and 7 Fangak) Midwives, Nurse and MCHW on Safe- Motherhood including BeMoC							
Activity 5.2.2							
Initiate a monthly community, local leaders and stakeholders dialogue platform regarding the services to ensure that affected community are able to make an informed decision and amendments as necessary.							
Additional Targets :							

M & R

Monitoring & Reporting plan

A detailed logical framework and monitoring plan will be developed and used by the project and field staff to guide the work, this will equally entail developing data collection tools which will be fitting to the monitoring and reporting framework. The Monitoring and Reporting team will ensure that quality data is generated to inform the project besides project control. This will be done on a regular basis to ensure a timely and informed decision is made to curb identified challenges, bottlenecks to meet set targets. The County Health Managers in Leer, Uror and Fangak localities will be responsible to follow monitoring of the activities on a monthly basis and will also ensure the weekly IDSR, monthly HMIS and progress reports are compiled and timely shared with the health department in Juba.

A joint monitoring visit will be conducted together with Nile Hope, Health Cluster and the CHD/ County health department and a progressively adjusted when and where necessary to meet all reporting requirements; Weekly, monthly, and quarterly reports. Mobile clinic staff and Stabilization Center team will also be shared set targets to reach on a routine basis will have a first program tally sheets, these are adjusted to pick identified cluster outcomes and activities and achievements are timely collected and then passed over to the County Health Coordinator who do further checking before entering into the weekly and monthly reporting format and produce the reports. The reports shall be crossed checked and analyzed by the Assistant Health coordinator, further analysis and quality assurance will be done by Juba Health coordinator for programs before sharing to health cluster, MoH and other stake holders. Representatives of the affected community will be part of the monitoring exercise to ensure social unmet needs, public dissatisfaction are shared and Nile Hope will ensure that timely and adequate feedback is provided to beneficiaries.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide emergency curative health services including management of minor surgical/trauma to 4556 men, 6883 women, 1534 boys and 1700 girls through Set Up Mobile clinic in area with Health emergencies and supporting the existing MoH/partner health facilities (1275 Men, 2143 women, 390 Boys and 450 girls in Fangak, 1,484 Men, 2850 women, 494 boys and 500 girls in Uror, and 1797 men, 1890 women, 650 boys and 750 girls in Leer County	2017				X	X	X	X	X	X			
Activity 1.1.2: Set Up 7 mobile clinic; 3 in Leer county, 2 in Fangak county and 2 in Uror county and also support 6 Health facilities in the mention counties to provide emergency health care services on a timely manner	2017				X								
Activity 1.1.3: secure on time and strategically preposition lifesaving emergency drugs and emergency medical supplies in Leer, Fangak and Uror counties	2017				X	X							
Activity 1.2.1: Provide emergency focus antenatal care services to 226 pregnant mother in Leer, Fangak and Uror counties (96 Leer, 75 Uror and 89 Fangak)	2017				X	X	X	X	X	X			
Activity 1.2.2: Facilitate safe delivery of 125 pregnant women by skill birth attendants in the Mobile clinic HFs 55 Leer, 40 in Fangak and 30 Uror areas	2017				X	X	X	X	X	X			
Activity 1.2.3: Secure from the Core pipeline and preposition clean delivery kits to the targeted emergency field location, to be provided to mother that are in their third trimester to deliver safely	2017				X	X							
Activity 2.1.1: Provide quality treatment in the stabilization center to children under five with severe acute malnutrition presenting with medical complication	2017				X	X	X	X	X	X			
Activity 2.1.2: collaborate with our nutrition department in provision of treatment to children under five with acute severe malnutrition with medical complication in stabilization center	2017				X	X	X	X	X	X			
Activity 3.1.1: Provide training to 30 health staff on emergency preparedness and respond in Leer, Fangak and Uror counties (12 Leer, 8 Fangak and 10 Uror Counties)	2017				X								
Activity 3.1.2: Conduct investigation and respond to disease outbreak using the staff previously trained on emergency preparedness and response	2017				X	X	X	X	X	X			
Activity 3.1.3: Conduct targeted health education and promotion messages before and during the disease outbreaks	2017				X	X	X	X	X	X			
Activity 3.2.1: Provide immunization services to Boys and Girls under the age of five years reaching 982 (491 girls and 491 boys) in order to boost their immunity against public health preventable disease, (430 Leer, 280 Fangak and 282 Uror)	2017				X	X	X	X	X	X			
Activity 3.2.2: Preposition cold chain facilities in 1 HFs to provide emergency vaccination services	2017				X	X							
Activity 4.1.1: Provide support to 13 Mobile clinic and health facilities (6 Leer, 4 Uror and 3 Fangak) to provide clinical management of rape in Leer, Fangak and Uror counties	2017				X	X	X	X	X	X			
Activity 4.1.2: Provide community based mental health and psychosocial services in supported health facilities (Static and Mobile clinics) in Leer, Uror and Fangak counties	2017				X	X	X	X	X	X			
Activity 5.1.1: Provide training to 45 health staffs (20 Leer, 12 Uror and 13 Fangak) on communicable disease in order to improve the knowledge and skill on proper management of patient in the health facilities	2017				X								
Activity 5.2.1: Provide training to 25 (10 Leer, 8 Uror and 7 Fangak) Midwives, Nurse and MCHW on Safe- Motherhood including BeMoC	2017					X							

Activity 5.2.2: Initiate a monthly community, local leaders and stakeholders dialogue platform regarding the services to ensure that affected community are able to make an informed decision and amendments as necessary.	2017				X	X	X	X	X	X			
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OTHER INFO													
<u>Accountability to Affected Populations</u>													
<p>Before commencing project activities stakeholder workshops will be conducted both in Leer and Fangak sites to ensure that the community members are fully aware of the nature of the project. Nile Hope will seek to adopt a collaborative approach with the populations in the project locations. Locals with no special skills will be enlisted for non-specialized assignments while qualified persons will be given a chance to work in the project to enhance project ownership at the community level. Right from project initiation, measures will be taken to ensure that the communities through its leadership and key stakeholders are fully aware of the project goals and lifespan and to enlist their support and contribution in kind to help in sustaining the project. Regular meetings to update the community on project progress, the changing needs and other key issues affecting the project will be done. Through liaison with the county health departments in the various locations, Nile Hope will be in constant communication and engagement to ensure that arising community needs and apt use of resources allocated for the project is properly done.</p>													
<u>Implementation Plan</u>													
<p>Nile Hope will work through mobile programming in emergency guidelines to ensure that the program activities are done sequentially and in a manner that seeks to reach out to the maximum number of beneficiaries in the targeted areas. Particular emphasis will be on proper community mobilization through enhanced supervision and community awareness campaigns using the community nutrition volunteers and community mobilizers. Screening activities to identify complicated health cases referral mechanisms will be put in place as has been done before to ensure that there is proper linkage between the identified cases in the community and those admitted in the Mobile health program at the various facilities. Trainings to improve the capacity of organization staff will also be conducted to ensure that service provision adheres to the Communicable diseases and related guidelines. A robust supply chain management plan with emphasis on continuity of supply provision on sites, security of supplies and optimizing the use of the same will be put in place. Treatment of SAM children with and without medical complications and Complicated MAM cases will be implemented according to the south Sudan BPHS. Strong IDSR will be in place to enhance timely identification and action to curb potential risks</p>													
<u>Coordination with other Organizations in project area</u>													
Name of the organization							Areas/activities of collaboration and rationale						
<u>Environment Marker Of The Project</u>													
A+: Neutral Impact on environment with mitigation or enhancement													
<u>Gender Marker Of The Project</u>													
2a-The project is designed to contribute significantly to gender equality													
<u>Justify Chosen Gender Marker Code</u>													
<p>The project aims at reaching out the most vulnerable section of the affected community especially adolescent girls, boys, mothers. It focuses at identifying the level of gender based social and psychological burden each category has faced, based on this it designs to reach out to avert major challenges faced by individual beneficiaries as necessary.</p> <p>The different needs of women/girls and men/boys have been analyzed and integrated well in the activities and outcomes to categorically mitigate gender related inequalities and ensure gender based inequality is addressed. Hence, Women and adolescent girls are the central players of the community based emergency health response in the counties. The needs are focused in a way that shall identify gender based/ targeted activities and Outcomes of this project are inherently designed in a way that shall significantly contribute to gender equality.</p>													
<u>Protection Mainstreaming</u>													
<p>NH will take conscious measures to safeguard beneficiaries from any form of harm that can emerge directly from the program. All the Mobile units and other consumables distributed to beneficiaries will be ascertained and the expiry dates checked before distribution. All expired supplies will not be distributed and will be reported as such to contributing partners. Services will be offered in adherence with the expected sphere standards and will not discriminate based on age, gender, religion or any other form of biasness that may deny qualified beneficiaries a chance at project benefits. Girls and boys will be targeted equally and community involvement especially on the health education components and mobilization shall involve both male and female as well as elderly and persons with disability in the community. The community through sensitization campaigns will be involved fully in the project; details of the project will be divulged so that they are empowered enough to know what their stake, rights and entitlements are in the project for sustained implementation and to curb potential abuse. Referrals for GBV counselling by specialists will also be done in the project locations.</p>													
<u>Country Specific Information</u>													
<u>Safety and Security</u>													
<p>The project locations have seen turbulent times in the past and Nile Hope fully understands the need to provide safeguards against harm to staff and looting of supplies. In fairly unpredictable locations such as those in Leer, pre-positioning of supplies will continue to be done in Nyal in the neighboring county of Panyijaar and only biweekly rations will be taken to the site locations. All supplies will not be stored in one location in both Fangak and Leer and continuous security assessment and seeking updates from the authorities will be done to ensure that the field teams and the organization is fully up to date with matters security. Staff will be required to have their work IDs and other visibility materials such as organization apparel for identification for connected security purposes. All organization staff in the project sites will fill in movement sheets so that all the field coordinators are aware of staff movement at any particular time. Where possible, the organization will impose curfews to control movement especially at night and in volatile areas in the project locations.</p>													
<u>Access</u>													
<p>In Leer, movement in the islands remain via canoes for both staff and for moving supplies. As the situation opens up in Leer, Nile Hope will be open to deploy motorbikes that can be used for monitoring services before eventually exploring the possibility of sourcing for a vehicle for the same location. In Fangak, a speedboat will be used for transport. The organization has continued to use the boat in the areas for the previous projects and will make the necessary adjustments to reach difficult locations where need calls.</p>													

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	County Health Coordinators (3)	D	3	2,500.00	6	100.00	45,000.00
	<i>3 The county coordinator will be responsible for the day to day supervision of the health activities in the counties. He/she will build the capacity of health teams in the counties afforded at \$ 2500</i>						
1.2	Nurses (7)	D	7	700.00	6	100.00	29,400.00
	<i>7 Nurses to be stationed at the mobile clinics afforded at \$ 700 according MoH Salary Scales, will be expected to provide nursing care to all outpatients according to NH protocols. Apply medical knowledge and skills to diagnosis and prevention (helped by clinical examination, laboratory results and exams available). To be based in 7 mobile clinics in Leer</i>						
1.3	CHW (14)	D	14	300.00	6	100.00	25,200.00
	<i>14 CHW at \$ 300 per month for a period of 6 months charging 100% to CHF, to assist Nurse in running the 7 mobile clinics in Leer</i>						
1.4	Dispensor Vaccinator (7)	D	7	300.00	6	100.00	12,600.00
	<i>7 Dispensor to be located in 14 Mobile Clinics @ Leer, Fangak and Uror with responsibility of prescribing drugs to patients and children</i>						
1.5	MCHWs (7)	D	7	300.00	6	100.00	12,600.00
	<i>7 MCHWs to be stationed at the mobile clinics afforded \$ 300 according to MoH Salary Scales, will be expected to provide safe motherhood services to all client according to NH protocols. Apply medical knowledge and skills to diagnosis and prevention (helped by clinical examination, laboratory results and exams available). To be based in 7 mobile clinics in Leer</i>						
1.6	Health Coordinator (1)	D	1	6,000.00	6	70.00	25,200.00
	<i>1 Health Coordinator at \$6000 per month for period of 6 months charging 70% to CHF, He will be responsible in coordination of all activities being implemented in this project, Monitoring the project using log frame and Reporting all activities to the donor and MoH to be based in Juba.</i>						
1.7	Assistant Health Coordinator (1)	D	1	5,500.00	6	70.00	23,100.00
	<i>1 Assistant Health Coordinator at \$5500 per month for period of 6 months charging 70% to CHF, He/ She will plan organize and implement project in intervention site, ensure that all projects activities are implemented on the site within the budget period. To be based in both field location and frequent visit Juba for Reporting.</i>						
1.8	Programme Coordinator (1)	S	1	6,000.00	6	10.00	3,600.00
	<i>1 Programme Coordinator @ \$6000 per month for 6 months , 10% charged to CHF activities Location: Juba. He is incharge of all programs and he has responsibilities of ensuring that the projects are implemented in accordance with the donors mandate, he will support the health team in monitoring and evaluation</i>						
1.9	Finance manager (1)	S	1	6,000.00	6	10.00	3,600.00
	<i>1 Finance Manager @\$6000 per month for 6 months ,10% charged to CHF Locations: Juba. Evaluate the financial reporting systems, provide financial reports on a timely basis. Performs financial analysis, reporting and management activities. Develop the financial strategy for the organization and participate in the evaluation of finance staff. The Finance Manager has over 15 years experience and he is a qualified accountant</i>						
1.10	Country Director (1)	S	1	6,500.00	6	10.00	3,900.00
	<i>1 Country Director @\$6500 per months for 6 months ,10% charged to CHF activities, Locations:Juba. He oversee the organization policies ,top management,administrative and partners and donors coordination and meetings.He travels to the field frequently for program monitoring and encourage the team</i>						
1.11	Grants Manager (1)	S	1	5,000.00	6	10.00	3,000.00
	<i>1 Grants Manager @\$ 5000 per month for 6 months ,10% charged to CHF Locations: Juba. planning and implementing grant programs from its application to approval and utilization. In all, he/she has the ability to perform grant research, grant writing, grant program design and implementation, compliance and grant reporting.</i>						

1.12	Logistics Officer (2)	S	2	2,000.00	6	20.00	4,800.00
	<i>2 Logistic officer @\$2000 per month for 6 months,20% charged to CHF, Locations: Juba and is responsible for the movement of staff and materials in and out of Juba.</i>						
1.13	Field Accountant (2)	S	2	2,000.00	6	20.00	4,800.00
	<i>2 Field Accountants to be based in Leer , 20% charged to CHF. They are charged with the responsibility of maintaining records and books of accounts in the field level. Ensure proper authorisation is done on expenditure. Submit the expenditure reports on a timely basis to Juba office.</i>						
	Section Total						196,800.00
Supplies, Commodities, Materials							
2.1	Procurement and distribution of emergency drugs	D	1	2,600.00	1	100.00	2,600.00
	<i>Procurement of essential drugs to be used in the mobile clinic, the drugs include, Metronidazole, Erythromycin, Ciprofloxacin, Doxycylin, Septrin, Amoxycill, Piriton, Salbutamol, Prednisole, Cloxacilline, Ampicillin, Omeprazole, Magnisum, Clotrimazole peseries, Nystatine , Paracetamol, Ibuprofen, Dilcofenac, Albendazole, Mebedazole, Fansider, Ferous/Folic Acid</i>						
2.2	Procurement of medical equipments	D	1	2,500.00	1	100.00	2,500.00
	<i>This costs relates to purchase of medical equipment to be used in the 7 Mobile Clinics, they include equipment like thermometer, BP Machines, Stethoscope, Otoscope, Weighing Scales, Incinerator, Hand washing facilities, Diagnostic sets, delivery sets, dressing sets.</i>						
2.3	Back pack bag for carrying medical drugs	D	28	50.00	1	100.00	1,400.00
	<i>The costs relates to portable Back Packs to be used by the clinical officers, despensors and vaccinators to carry medical equipments and drugs to the mobile clinics</i>						
2.4	EP&R Training (Leer, Uror and Fangak)	D	30	100.00	1	100.00	3,000.00
	<i>This costs relates to EPR training in Leer, Uror and Fangak , the costs relates to Hall Hire, Transport and Lunch Allowance for Participants</i>						
2.5	Communicable Disease Prevention and Control	D	45	100.00	1	100.00	4,500.00
	<i>his costs relates to Communicable Disease Prevention and Control training in Leer, Uror and Fangak , the costs relates to Hall Hire, Transport and Lunch Allowance for Participants</i>						
2.6	Safe Motherhood training for 30 staff	D	25	100.00	1	100.00	2,500.00
	<i>This costs relates to 30 staff for Safe Motherhood training in Leer, Uror and Fangak , the costs relates to Hall Hire,</i>						
2.7	Monitoring and Evaluation Costs	D	3	400.00	2	100.00	2,400.00
	<i>This costs relates to Monitoring the mobile clinics in 3 counties and evaluate the activities in Fangak, Leer and Uror. The costs relates to transportation , fuel and allowances of MEAL team</i>						
2.8	IEC Materials	D	100	15.00	1	100.00	1,500.00
	<i>IEC Materials, include Pamphlets, Posters, Banners to inform the stakeholders on mobile clinic facilities in Leer, Uror and Fangak as well as T Shirts to be worn by Staff who will be working on the mobile clinics</i>						
	Section Total						20,400.00
Travel							
5.1	Flight cost for health staff (Leer, Uror and Fangak)	D	4	550.00	2	100.00	4,400.00
	<i>This is the cost of transporting health staff, management and monitoring team in the areas of project implementation through UNHAS flights</i>						
5.2	Local field transport	D	7	100.00	1	100.00	700.00
	<i>This is the cost of hire of vehicle and boats to the areas of project implementation. The transportation is medical supplies, medical drugs and construction materials</i>						
	Section Total						5,100.00
General Operating and Other Direct Costs							
7.1	Office rent	S	1	5,000.00	6	10.00	3,000.00
	<i>This costs relates to office rent in Juba on a quarterly basis , 10% charged to CHF</i>						

7.2	internet	S	1	2,000.00	6	10.00	1,200.00
<i>The internet support cost for Juba and Fangak office, the monthly charge is \$ 2000 with 15% allocation in CHF health budget "</i>							
7.3	Bank Charges	D	1	249.68	6	100.00	1,498.08
<i>Charges levied by banks on transaction.</i>							
7.4	Thuraya Airtime	D	1	100.00	6	100.00	600.00
<i>Thuraya Airtime for calling field locations</i>							
Section Total							6,298.08
SubTotal			296.00				228,598.08
Direct							200,698.08
Support							27,900.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							16,001.87
Total Cost							244,599.95
Project Locations							
Location		Estimated percentage of budget for each location	Estimated number of beneficiaries for each location		Activity Name		

		Men	Women	Boys	Girls	Total	
Jonglei -> Fangak	25	1,275	1,927	429	476	4,107	<p>Activity 1.1.1 : Provide emergency curative health services including management of minor surgical/trauma to 4556 men, 6883 women, 1534 boys and 1700 girls through Set Up Mobile clinic in area with Health emergencies and supporting the existing MoH/partner health facilities (1275 Men, 2143 women, 390 Boys and 450 girls in Fangak, 1,484 Men, 2850 women, 494 boys and 500 girls in Uror, and 1797 men, 1890 women, 650 boys and 750 girls in Leer County</p> <p>Activity 1.1.2 : Set Up 7 mobile clinic; 3 in Leer county, 2 in Fangak county and 2 in Uror county and also support 6 Health facilities in the mention counties to provide emergency health care services on a timely manner</p> <p>Activity 1.1.3 : secure on time and strategically preposition lifesaving emergency drugs and emergency medical supplies in Leer, Fangak and Uror counties</p> <p>Activity 1.2.1 : Provide emergency focus antenatal care services to 226 pregnant mother in Leer, Fangak and Uror counties (96 Leer, 75 Uror and 89 Fangak)</p> <p>Activity 1.2.2 : Facilitate safe delivery of 125 pregnant women by skill birth attendants in the Mobile clinic HFs 55 Leer, 40 in Fangak and 30 Uror areas</p> <p>Activity 1.2.3 : Secure from the Core pipeline and preposition clean delivery kits to the targeted emergency field location, to be provided to mother that are in their third trimester to deliver safely</p> <p>Activity 2.1.1 : Provide quality treatment in the stabilization center to children under five with severe acute malnutrition presenting with medical complication</p> <p>Activity 2.1.2 : collaborate with our nutrition department in provision of treatment to children under five with acute severe malnutrition with medical complication in stabilization center</p> <p>Activity 3.1.1 : Provide training to 30 health staff on emergency preparedness and respond in Leer, Fangak and Uror counties (12 Leer, 8 Fangak and 10 Uror Counties)</p> <p>Activity 3.1.2 : Conduct investigation and respond to disease outbreak using the staff previously trained on emergency preparedness and response</p> <p>Activity 3.1.3 : Conduct targeted health education and promotion messages before and during the disease outbreaks</p> <p>Activity 3.2.1 : Provide immunization services to Boys and Girls under the age of five years reaching 982 (491 girls and 491 boys) in order to boost their immunity against public health preventable disease, (430 Leer, 280 Fangak and 282 Uror)</p> <p>Activity 3.2.2 : Preposition cold chain facilities in 1 HFs to provide emergency vaccination services</p> <p>Activity 4.1.1 : Provide support to 13 Mobile clinic and health facilities (6 Leer, 4 Uror and 3 Fangak) to provide clinical management of rape in Leer, Fangak and Uror counties</p> <p>Activity 4.1.2 : Provide community based mental health and psychosocial services in supported health facilities (Static and Mobile clinics) in Leer, Uror and Fangak counties</p> <p>Activity 5.1.1 : Provide training to 45 health staffs (20 Leer, 12 Uror and 13 Fangak) on communicable disease in order to improve the knowledge and skill on proper management of patient in the health facilities</p>

Jonglei -> Uror	25	1,002	1,514	338	375	3,229	<p>Activity 1.1.1 : Provide emergency curative health services including management of minor surgical/trauma to 4556 men, 6883 women, 1534 boys and 1700 girls through Set Up Mobile clinic in area with Health emergencies and supporting the existing MoH/partner health facilities (1275 Men, 2143 women, 390 Boys and 450 girls in Fangak, 1,484 Men, 2850 women, 494 boys and 500 girls in Uror, and 1797 men, 1890 women, 650 boys and 750 girls in Leer County</p> <p>Activity 1.1.2 : Set Up 7 mobile clinic; 3 in Leer county, 2 in Fangak county and 2 in Uror county and also support 6 Health facilities in the mention counties to provide emergency health care services on a timely manner</p> <p>Activity 1.1.3 : secure on time and strategically preposition lifesaving emergency drugs and emergency medical supplies in Leer, Fangak and Uror counties</p> <p>Activity 1.2.1 : Provide emergency focus antenatal care services to 226 pregnant mother in Leer, Fangak and Uror counties (96 Leer, 75 Uror and 89 Fangak)</p> <p>Activity 1.2.2 : Facilitate safe delivery of 125 pregnant women by skill birth attendants in the Mobile clinic HFs 55 Leer, 40 in Fangak and 30 Uror areas</p> <p>Activity 1.2.3 : Secure from the Core pipeline and preposition clean delivery kits to the targeted emergency field location, to be provided to mother that are in their third trimester to deliver safely</p> <p>Activity 2.1.1 : Provide quality treatment in the stabilization center to children under five with severe acute malnutrition presenting with medical complication</p> <p>Activity 2.1.2 : collaborate with our nutrition department in provision of treatment to children under five with acute severe malnutrition with medical complication in stabilization center</p> <p>Activity 3.1.1 : Provide training to 30 health staff on emergency preparedness and respond in Leer, Fangak and Uror counties (12 Leer, 8 Fangak and 10 Uror Counties)</p> <p>Activity 3.1.2 : Conduct investigation and respond to disease outbreak using the staff previously trained on emergency preparedness and response</p> <p>Activity 3.1.3 : Conduct targeted health education and promotion messages before and during the disease outbreaks</p> <p>Activity 3.2.1 : Provide immunization services to Boys and Girls under the age of five years reaching 982 (491 girls and 491 boys) in order to boost their immunity against public health preventable disease, (430 Leer, 280 Fangak and 282 Uror)</p> <p>Activity 3.2.2 : Preposition cold chain facilities in 1 HFs to provide emergency vaccination services</p> <p>Activity 4.1.1 : Provide support to 13 Mobile clinic and health facilities (6 Leer, 4 Uror and 3 Fangak) to provide clinical management of rape in Leer, Fangak and Uror counties</p> <p>Activity 4.1.2 : Provide community based mental health and psychosocial services in supported health facilities (Static and Mobile clinics) in Leer, Uror and Fangak counties</p> <p>Activity 5.1.1 : Provide training to 45 health staffs (20 Leer, 12 Uror and 13 Fangak) on communicable disease in order to improve the knowledge and skill on proper management of patient in the health facilities</p>
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Unity -> Leer	50	2,279	3,442	767	849	7,337	<p>Activity 1.1.1 : Provide emergency curative health services including management of minor surgical/trauma to 4556 men, 6883 women, 1534 boys and 1700 girls through Set Up Mobile clinic in area with Health emergencies and supporting the existing MoH/partner health facilities (1275 Men, 2143 women, 390 Boys and 450 girls in Fangak, 1,484 Men, 2850 women, 494 boys and 500 girls in Uror, and 1797 men, 1890 women, 650 boys and 750 girls in Leer County</p> <p>Activity 1.1.2 : Set Up 7 mobile clinic; 3 in Leer county, 2 in Fangak county and 2 in Uror county and also support 6 Health facilities in the mention counties to provide emergency health care services on a timely manner</p> <p>Activity 1.1.3 : secure on time and strategically preposition lifesaving emergency drugs and emergency medical supplies in Leer, Fangak and Uror counties</p> <p>Activity 1.2.1 : Provide emergency focus antenatal care services to 226 pregnant mother in Leer, Fangak and Uror counties (96 Leer, 75 Uror and 89 Fangak)</p> <p>Activity 1.2.2 : Facilitate safe delivery of 125 pregnant women by skill birth attendants in the Mobile clinic HFs 55 Leer, 40 in Fangak and 30 Uror areas</p> <p>Activity 1.2.3 : Secure from the Core pipeline and preposition clean delivery kits to the targeted emergency field location, to be provided to mother that are in their third trimester to deliver safely</p> <p>Activity 2.1.1 : Provide quality treatment in the stabilization center to children under five with severe acute malnutrition presenting with medical complication</p> <p>Activity 2.1.2 : collaborate with our nutrition department in provision of treatment to children under five with acute severe malnutrition with medical complication in stabilization center</p> <p>Activity 3.1.1 : Provide training to 30 health staff on emergency preparedness and respond in Leer, Fangak and Uror counties (12 Leer, 8 Fangak and 10 Uror Counties)</p> <p>Activity 3.1.2 : Conduct investigation and respond to disease outbreak using the staff previously trained on emergency preparedness and response</p> <p>Activity 3.1.3 : Conduct targeted health education and promotion messages before and during the disease outbreaks</p> <p>Activity 3.2.1 : Provide immunization services to Boys and Girls under the age of five years reaching 982 (491 girls and 491 boys) in order to boost their immunity against public health preventable disease, (430 Leer, 280 Fangak and 282 Uror)</p> <p>Activity 3.2.2 : Preposition cold chain facilities in 1 HFs to provide emergency vaccination services</p> <p>Activity 4.1.1 : Provide support to 13 Mobile clinic and health facilities (6 Leer, 4 Uror and 3 Fangak) to provide clinical management of rape in Leer, Fangak and Uror counties</p> <p>Activity 4.1.2 : Provide community based mental health and psychosocial services in supported health facilities (Static and Mobile clinics) in Leer, Uror and Fangak counties</p> <p>Activity 5.1.1 : Provide training to 45 health staffs (20 Leer, 12 Uror and 13 Fangak) on communicable disease in order to improve the knowledge and skill on proper management of patient in the health facilities</p>
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Documents	
Category Name	Document Description