

Requesting Organization :	Nile Hope				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of timely responsive emergency and life-saving health services to IDPs and vulnerable Host community in Akobo and Uror counties of Jonglei state, South Sudan				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/NGO/8157		
Cluster :		Project Budget in US\$:	150,000.00		
Planned project duration :	6 months	Priority:			
Planned Start Date :	20/03/2018	Planned End Date :	30/09/2018		
Actual Start Date:	20/03/2018	Actual End Date:	30/09/2018		
Project Summary :	<p>The project aims at ensuring access to essential emergency health care to IDPs and vulnerable community in Uror and Akobo counties, to ensure this Nile Hope will strengthen two PHCUs and open three Mobile team to be able to reach in to a total of 21,429 beneficiaries in four payams of Akobo and Uror Counties. Through provision of lifesaving health services; emergency curative services including responding to treatment of cholera, malaria and other communicable diseases, safe motherhood, emergency immunization services, and cases of psychological problems will be treated with MHPSS and providing referral service to Rape survivors and treatment of CMR, psychosocial support and strengthen IDSR to epidemic prone diseases/outbreaks arises</p> <p>The project also is geared to respond to any emergencies including outbreak of disease like Malaria that are anticipated to arise in the area in the course of implementation period and also raise an alert for any outbreak occurring in the aforementioned locality. The project will endeavor to reduce the risk of communicable disease such as Malaria transmission/spread among boys, girls, as well among adult men and women in both Uror and Akobo counties.</p> <p>The project will establish three mobile clinics in areas with high IDPs population and two PHCUs will be supported also provide support to provision of emergency health facilities in targeted localities</p> <p>Through these project, the organization will secure emergency drugs and delivery/vaccines kits from the common pipe-line partner and pre-position to control drugs rapture and provide on time EPI/Safe delivery services and ensure uninterrupted supply of essential drugs in mobile units and supported PHCUs.</p> <p>To increase immunization services that have been very low in the area, a cold chain Nile Hope will liaise with UNICEF to ensure a cold chain or a fast cold chain system is in place to be able to boost routine immunization coverage. Clean and safe delivery kits will be secure from UNFPA or UNICEF and pre-position in PHCU supported facilities in order to enhance and provide quality safe motherhood. These will be supplemented by deploying qualified mid wife PHCUs. Additionally, the project is designed in the way monitoring of the project to track how activities are being implemented in the field will be the key in order to run the project smoothly and efficiently.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	8,229	8,915	2,141	2,144	21,429
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	823	720	0	0	1,543
Internally Displaced People	7,406	6,480	0	0	13,886
Children under 5	0	0	2,141	2,144	4,285
Pregnant and Lactating Women	0	1,715	0	0	1,715
Indirect Beneficiaries :					
Catchment Population:					

Link with allocation strategy :

1. 2 PHCU

2. 3 mobile teams

The project aims at ensuring access to essential emergency health care to IDPs and vulnerable community in Uror and Akobo counties. The implementing partner (insert the name of the organization) will strengthen two PHCCs, 2 PHCUs and open 5 Mobile teams to reach (insert target population) targeting 4 payams of Akobo and Uror Counties.

The activities aligned with the Health Cluster clinical packages as identifies will be implemented.

The project will ensure gender sensitivity by stratifying all gender parameters (Men/Women/Boys/girls)

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 :

Name	Title	Email	Phone
Getachew Gezahegn	Health coordinator	getachew@nilehope.org	+211 915611561

BACKGROUND**1. Humanitarian context analysis**

Akobo is a county inhabited by over 166,060 people and its also home to 73,500 are IDPs who flee from Nyirol, Uror and from within Akobo following recent active conflict within the county. Key IPC for Sept-March 2018 showed that Jonglie is the state with the highest population proportion (70%) that had reached crisis emergency and humanitarian catastrophe level following western Bahr el Ghazal (72%), and both Akobo and Uror are among the counties facing active military conflict affected counties that has reached Phase4 Emergency. A Multi-sectoral Tracking Matrix conducted in Sept-2017 showed that more than half 54% /32,803 of the population in Wechjol are IDPs who are the most vulnerable in need of immediate resposne.

Continued military confrontation and active fighting had resulted in destruction and vandalizaion of most health facilities. Repeated displacement of community to seek protection as IDPs in both counties had further weakened the response capacity of the weak health systems.

An assessment by REACH port on Jan-31st-2018 showed that in mid-January 2018 conflict broke out in Uror/Pieri payam had triggered displacement along the Yuai-Pieri-Mwot Tot road (Uror) as well as in Akobo West in the Walgak area. This came after conflict in February and April 2017 and incidences of insecurity in subsequent months in the Greater Akobo area, which displaced at least 100,000 individuals and in destruction of health infrastructure and medical equipment. Recent conflict in Pieri had forced the community to escape towards Karam and Puluchol. Though the community had come back with the relative calm there is a higher possibility of military confrontation in those corridors of Pieri-Waat and Thangyang of Akobo West. In addition an ICWG joint assessment conducted in Feb 5-9-2018 in Yuai by Nile Hope showed that estimated 31,000 IDP community are currently in Yuai town, in the last one month a total of 11,000 IDPs have arrived in Yuai town. According to the Uror RRC there is daily new arrivals from adjacent payams to Yuai and this will over stretch the existing PHCU over the month ahead.

Through IMA/RRHP funding, Nile Hope is supporting the health facilities in Uror and Akobo counties, this funding is known for its uncertainty and repeated discontinuity which had affected the service delivery, promoted attrition of qualified health workers. Poor health infrastructure, poorly equipped facility and cessation of operational support had resulted in a severe disability and collapse of the health service delivery. Most health facilities face shortage of essential drugs and cold chain structures are looted and destroyed affecting EPI services. There is a high IDP influx est 26,834 in Karam, Puluchol and Modit areas. The existing health facilities in Yuai, Puluchol, Motot and Modit are destroyed, cold chain in most facilities (Motot, Modit and Yuai) are looted and health infrastructure is vandalized. The health facilities are in lack of WASH facilities such as incinerators and waste disposal pits.

Both counties are endemic to Kala azar in the last quarter a total of 120 kala azar cases are under medical followup burdening the existing weak health systems. In Akobo Wechjol Health facility report showed that the three top prevalent diseases 40% of the disease burden in the community were Diarhoea Malaria and Respiratory infections /RTI accounts to 21.3%, 16.2% and 12.5% of the total cases respectively. With the high level of food insecurity, malnutrition and associated complications will be the major underlying causes of maternal and child morbidity in the Counties. Mothers, adolescent girls and young children are exposed in to chronic stress exposing them to multiple mental disorder. In Uror /Yuai PHCC five rape cases were reported only in two month time. This is a tip of the bigger picture indicating that mothers and adolescent girls are facing the odds of physical sexual and psychological traumatic abuses.

2. Needs assessment

Both Uror and Akobo counties are facing instability, conflict and health facilities are looted and vandalized where the capacity to provide an emergency and essential health care to beneficiaries are difficult. The health systems that existed in Uror and Akobo counties has faced multiple challenges that range from Decreased drug supply and equipment to inability to sustain and suffice the health need of IDPs and the host community in the counties. Through IMA/RRHP funding, Nile Hope is supporting the health facilities in Uror and Akobo counties, this funding is known for its uncertainty and repeated discontinuity which had affected the service delivery, promoted attrition of qualified health workers. Poor health infrastructure, poorly equipped facility and cessation of operational support had resulted in a severe disability and collapse of the health service delivery. Most health facilities face shortage of essential drugs and cold chain structures are looted and destroyed affecting EPI services. There is a high IDP influx est 26,834 in Karam, Puluchol and Modit areas. The existing health facilities in Yuai, Puluchol, Motot and Modit are destroyed, cold chain in most facilities (Motot, Modit and Yuai) are looted and health infrastructure is vandalized. The health facilities are in lack of WASH facilities such as incinerators and waste disposal pits.

In Akobo West the cold chain system that existed in Walgak and Thukilel PHCC, in Uror the cold chain that existed in Modit is looted and destroyed, hence access to EPI and vaccination becomes so challenging. Availing services to the IDPs in Wechriat area that are far as seven hours from the nearest PHCU/Yidit makes it difficult hence there is a need to open a mobile unit with all lifesaving essential care to IDPs in the area.

Provision of preventive care in most conflict affected locations especially Modit area Karam areas the facilities are not in good shape and there is a huge gap to equip with sanitation facilities so as to ensure safe environment from infection transmission. The status of EPI/Immunization coverage is very low in these counties thus predisposing to outbreaks of diseases. There is a need to enhance EPI service in all the locations that are devoid of EPI services through Mobile team and support PHCUs to able to conduct a periodic EPI services to the community within their locations. Hence Nile Hope through this project will support two PHCUs and two mobile teams in Uror and Two mobile units in Akobo County.

3. Description Of Beneficiaries

Nile Hope emergency health services will mostly target vulnerable IDPs and vulnerable host community who have been identified using the local mechanism; IDPs who are devoid of accessing emergency health services are selected based on distance to nearest health facility, community based analysis with VHC, Community leader including women leader, and the local authorities in the counties and community representatives and selected beneficiaries are used in determining the target beneficiaries. The targeted beneficiary is the collection of data's from our health facilities and assessment conducted in the field.

Experience has shown most women and especially IDPs do not come to health facilities to seek reproductive health services due to Norms and sometime being overburden by home activities. Through this emergency health provision Nile Hope have planned to reach to Women and adolescent girls with SGBV services. 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 teams. Boys and Girls < 5 years targeted in this project is a projection using the current data in the health facilities, several assessments conducted in the field and suspected health trend in the year 2018.

The people with disabilities of IDPs community are the major focus area of this emergency response and they are the prime beneficiaries of the project.

Men with disability, injuries, trauma both physical and mental and diseases are also targeted. Health care facility data is also used to look in to Morbidity trend by age sex and geographic location to determine who is the most vulnerable and which area is the highly affected group that need to be included in selecting beneficiaries.

This project will reach 21,429 both in Akobo and Uror counties. The estimated number of beneficiaries to be reached in Akobo will be 40% (8,572) of the targeted beneficiaries while the remaining 12, 858 as for Akobo County: 15,050 Women, 3,618 Girls, 3618 Boys, 13,892 Men and Uror County: 14460 Women, 3476 Girls, 3476 Boys, 13348 men

4. Grant Request Justification

Inadequate access to essential health services with unreliable fund to PHC from developmental donors has attributed to the dire health needs in both Akobo and Uror Counties. Areas especially Wechjal is an IDP settlement that was only supported through SSHF-2017 which came to an end of January, In Akobo West/Wechjol area is inhabited by over 32,803 IDP population from Nyirol, Uror locality, the nearest health facility to Wechriat IDP settlement is over five hours walking distance. Nile Hope will be able to provide Mobile team in Wechriat area of Akobo West to enable to provide emergency lifesaving services to IDPs in Wechlul and wechriat areas that are far inaccessible and highly populated IDP settlement areas (Wechlul and Wechriat that are inhabited by over 8,703 and 10,000 are currently settled .

In Akobo East there an estimated 18,000 IDP population from Nyirol, Pieri/Uror and Thangyang area of Akobo has settled in Wechpot which is a location in deep island far from the existing PHCUs Thukilel PHCC, and within the PHCUs supported through IMA/RRHP facility/ Mer PHCU could suffice to the high influx of IDPs in the area, Hence Nile Hope set up a Mobile Response in Wechpot IDP settlement area. With the relative peace in Yuai and surrounding, there is a high population influx from Neighboring Bomas towards, Nyirol and Counties bordering the town. Yuai is inhabited by est 31,000 people of which 30% (11,000) are IDPs who returned to Yuai. The PHCC is the only facility to provide health care to the ever increasing IDP flow to the town,

In Uror County following the February conflict community had moved from Pieri Payam towards Motot, Karam and hence Karam there is a PHCU supported through IMA/RRHP, A Mobile team is now having an IDP population estimate 5400 from Yuai and adjacent localities hence strengthening the PHCU to be able to handle the high need. In addition there are five reported rape cases in two months' time hence Nile Hope will strengthen the support on MHPSS to IDP/returnees and the host community in Yuai area.

In Akobo Nile Hope is the partner supporting two mobile teams and had been able to reach to IDPs in Wechjol, and Buong areas. Since 2004 we do have continued presence despite the changes in the security status even when most humanitarian actors leave the areas we had been able to continue our presence at all circumstance. Through the support from IMA/RRHP we have been engaged in Primary health care service provision which allowed us to develop a good understanding of the local context and strategies of offering effective services in such difficult areas. Similarly In Uror Nile Hope have a coordination team in the county, courtesy of the support from IMA we are running nine Primary Health Care facilities. We are the lead and we do also have two mobile team that were providing emergency health care to IDPs in Karam and Puluchol areas.

We are covering the whole of the counties through Health, WASH, Protection and Nutrition services. We do have a good level of understanding as to access, security, movement and needs in the county. Nile Hope Health team will work with WASH team in ensuring WASH interventions in Health facilities, the team will work with protection/GBV team to create a referral on creating awareness and referral of survivors for clinical and psycho-social support.

5. Complementarity

Nile Hope emergency health project in Uror and Akobo counties is geared toward increasing availability of emergency health services which are currently limited since the counties get health support through developmental fund that had been unreliable throughout the last two years. Nile Hope being the lead agency in Uror and Akobo in providing basic services of health care and emergency health care this fund will indeed fill the need gap that had happened as a result of the influx of IDPs to both counties. In addition the weak health systems will be supported through this funding to be able to enhance its capacity in health facilities to provide some of the services such as EPI, sanitation and hygiene within health facilities. Hence Nile Hope will ensure there is a strong synergy between the WASH and Health interventions within the health facilities such as infection prevention and setting up WASH facilities within PHCUs. The health project is not designed differently from the previous emergency project, it meant to continue providing Psycho social and CMR services through enhance referral linkage between mobile team, protection team to ensure there is a referral linkage where they will be referred to PHCCs and county Hospitals.

LOGICAL FRAMEWORK

Overall project objective

To alleviate and avert morbidity, mortality and associated physical and psycho social disabilities and improve the health outcomes through provision of timely Preventive, promotive and curative health care to IDPs and vulnerable host community to targeted IDPs and most vulnerable communities of Akobo and uror County

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve access and scale-up responsiveness to essential health-care needs of the vulnerable populations by focusing on the major causes of morbidity and mortality	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	50
Prevent, detect and respond to epidemic-prone disease outbreaks and promote WASH in health facilities for conflict-affected and vulnerable populations	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	20
Implement inclusive and dignified essential clinical health services targeting specific needs of vulnerable people	SO2: Reinforce protection and promote access to basic services for the most vulnerable people	20
Increase access to mental health and psychosocial support services for vulnerable people	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	10

Contribution to Cluster/Sector Objectives : The planned emergency response aims at ensuring access to essential life-saving services to targeted IDPs and vulnerable host communities which is in line with the Cluster objectives. This project stems from the needs, justification and findings of assessments and reports that explains the level of conflict and health risk exposure and the needs of vulnerable groups in the area of interest. The project also targets specific protection risk groups (Rape survivors, victims of physical and psychological trauma-women/men/ girls/boys) which contributes to the strategic objective of the cluster.

The target locations are aligned to the Health cluster priority locations for this allocation.

Beneficiaries and activities are derived from the HC clinical packages which efficiently and effectively contributes to the overall strategy of ensuring access to life saving essential health care services including health protection and reduction in morbidity and mortality of vulnerable groups.

Outcome 1

IDPs and vulnerable population have access to improved integrated essential lifesaving health care services both in Akobo and Uror Counties

Output 1.1

Description

A total of 27240 men, 29510 Women, 7094 boys and 7094 girls both IDPs and the Host community provided with Emergency comprehensive(Curative and Prevention) health services including immunization services and enhanced Emergency preparedness and response mechanisms Akobo and Uror counties

Assumptions & Risks

Security situation will remain calm and rainy season will not hinder movements. SAM kits and CMR kits available from WHO and UNFPA, Mobilization and support from local community, Means of transport will be available to facilitate referral cases from the mobile team and PHCUs to PHCC/Hospital.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline Services) Number of OPD Consultations					7,896

Means of Verification : Register books, HMIS report, IDSR and DHIS reports

Indicator 1.1.2	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			1,060	1,061	2,121
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Means of Verification : Immunization register books, monthly immunization report

Indicator 1.1.3	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	14	14				28
Means of Verification : Training report, attendant sheet, training photos								
Indicator 1.1.4	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT						5,350
Means of Verification :								
Indicator 1.1.5	HEALTH	Number of mothers received F-ANC services						420
Means of Verification : ANC registers, Monthly HMIS reports								
Activities								
Activity 1.1.1								
Establish three mobile team in selected hard to reach IDP locations three in Akobo /Wechriat, and Wechlul and Wechpot/ and two in Uror County (Karam and motot/								
Activity 1.1.2								
Request collect and pre-position and core pipeline supplies Vaccine, SAM Kits, Rape kits and Safe delivery kits from Core pipelines source /WHO, UNFPA and UNICEF								
Activity 1.1.3								
Train 28 Health workers on infection prevention and safe handling of facility waste								
Activity 1.1.4								
Provide an emergency vaccinations services and routine in selected sites								
Activity 1.1.5								
Provide FANC services at 2 PHCUs (Modit and Karam PHCUs) and two mobile team Mobile team								
Outcome 2								
Epidemic prone diseases out breaks Prevented, detected early responded in selected IDP settlements and conflict affected vulnerable population.								
Output 2.1								
Description								
Strengthen Surveillance activities and integrated capacity building on WASH, Health and Nutrition to prevent, detect and respond to epidemic prone diseases with a focus on Cholera, Malaria Measles and other IDSR reportable diseases								
Assumptions & Risks								
Core pipeline vaccine readily available and prepositioned, in field, security situation stable, A good working environment and access to humanitarian team to the operation site kept open								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 2.1.1	HEALTH	(Frontline Services) Number of people reached by health education /promotion	9,500	18,742	3,250	3,750	35,242	
Means of Verification : Facility Health education register books, Mobile team reports ad Monthly narrative report.								
Indicator 2.1.2	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	25	29			54	
Means of Verification : Training reports, Monthly narrative reports, Attendance list								
Activities								
Activity 2.1.1								
Train health staff in Uror and Akobo counties on infection prevention and control, Hygiene and sanitation in health facilities								
Activity 2.1.2								
Provide training to 28 health staffs on disease surveillance and Outbreak response								
Activity 2.1.3								
Train 24 Boma level Social mobilizers on early case detection and referral								
Outcome 3								
Mental Health and Stress and associated disease and disabilities minimized in selected IDP settlement localities and vulnerable community								
Output 3.1								
Description								
Ensure access to psycho social support and stress disorders and build a referral linkage between PHCUs and local PHCC								
Assumptions & Risks								
Indicators								

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	Number of Rape survivors received psychosocial support and referred to facility for CMR treatment.					20
Means of Verification : Patient register book and monthly reports							
Indicator 3.1.2	HEALTH	Number of people who received Mental and Psychosocial support					250
Means of Verification : Monthly report and register books							
Indicator 3.1.3	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					1
Means of Verification :							
Activities							
Activity 3.1.1							
Provide Mental and psycho-social support to people suffering of mental and psychological disorder							
Activity 3.1.2							
Provision of referral service to rape survivors who nearest facility providing CMR services							
Activity 3.1.3							
Provision of MHPSS for people in need							
Additional Targets :							

M & R

Monitoring & Reporting plan

The Project Log- frame and Work plan will be used to plan and measure implementation of activities.

1. Cluster M&E tools (FGD, support supervision assessments, accountability to affected population modalities) will be used to evaluate project response and performance.
2. The implementing partner will be contributing to the health cluster clinical package performance tracking on a monthly basis.
3. Guidelines on SSHF reporting will be adhered to as per mid-term and End of project submission.
4. Joint evaluation exercises will be conducted by partner, health cluster team and the CHD
5. Project reporting will use graphs and charts to represent project progress at all times.
6. Financial reporting will be analysed on a monthly basis and shared with SSHF at the end of the project

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Establish three mobile team in selected hard to reach IDP locations three in Akobo /Wechriat, and Wechlul and Wechpot/ and two in Uror County (Karam and motot/	2018			X									
Activity 1.1.2: Request collect and pre-position and core pipeline supplies Vaccine, SAM Kits, Rape kits and Safe delivery kits from Core pipelines source /WHO, UNFPA and UNICEF	2018			X	X								
Activity 1.1.3: Train 28 Health workers on infection prevention and safe handling of facility waste	2018			X	X	X	X	X	X	X			
Activity 1.1.4: Provide an emergency vaccinations services and routine in selected sites	2018				X	X	X						
Activity 1.1.5: Provide FANC services at 2 PHCUs (Modit and Karam PHCUs) and two mobile team Mobile team	2018			X									
Activity 2.1.1: Train health staff in Uror and Akobo counties on infection prevention and control, Hygiene and sanitation in health facilities	2018				X								
Activity 2.1.2: Provide training to 28 health staffs on disease surveillance and Outbreak response	2018			X									
Activity 2.1.3: Train 24 Boma level Social mobilizers on early case detection and referral	2018				X								
Activity 3.1.1: Provide Mental and psycho-social support to people suffering of mental and psychological disorder	2018			X	X	X	X	X	X	X			
Activity 3.1.2: Provision of referral service to rape survivors who nearest facility providing CMR services	2018			X	X	X	X	X	X	X			
Activity 3.1.3: Provision of MHPSS for people in need	2018			X	X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

Nile Hope traditionally developed a culture of engaging the community as from the initiation of the project in order for the community feel the sense of ownership.

A stakeholder workshop will be organized in the two counties where the community will be provided with information regarding the whole entire project implementation in order to participate fully and be accountable in the project implementation. Nile Hope will work closely with the existing health system structure including, CHD, VHC, TBA and the House Hold Promoters to enhance information sharing and also through them, feedback from the beneficiaries will be heard. Community will be very free to use the local system/structure to express their concerns; Views and also provide any feedback rather than talking directly to the implementing organization. The community views and feedbacks will be used to make concrete decision and developed the way forward on improvement of the project. The project is design as conflict – sensitive since the needs of the communities that we are providing services is taken to, into account as from project development. The beneficiaries will be involved fully as from start of the implementation, Monitoring, Evaluation and reporting time.

Particularly, on this project, as an organization on the ground we have directly been engaging the community representative on several occasion for them to come up with specific needs of the community and how they think, they can be help to improve their life. Throughout the lifespan of these project, we will continue to engage the community of Uror and Akobo in this emergency project for it to run smoothly. Women, girls, boys and men of the vulnerable and minority groups will be given high priority during the implementation period in order to make them feel secured and less vulnerable. To make the project more quality, all the groups in the community will be involved equally to reduce one group feeling neglected. Certain information in the course of the project implementation will be keep confidential to protect the entire community and prevent harm to intended beneficiaries.

Implementation Plan

Nile Hope, being the partner providing emergency health services and the leading NGO in Uror and Akobo counties in provision of health care service while providing emergency health services will work closely with the CHD/MOH and other partners working in emmergency response in different thematic areas such as WASH, Nutrition and Protection.

To ensure service quality and access Nile Hope will build the capacity of its team and health workers and to prevent duplication and provide quality emergency services. In addition from the inception 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 capacitate 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 in provision of emergency services. Drugs supplies will be monitored closely to prevent rapture/stock out using ministry of health tools (Drugs consumption form). Health facilities including mobile clinic 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 this will be done together with CHD and state ministry through weekly EWARN/IDSR reporting.

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.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

The project mainly focuses on IDPs and Vulnerable Host community that are the mainstay of the response. Hence women suffer higher health risks and are more vulnerable than men.

Women and adolescent girls are also among the most affected members in the conflict affected counties, this includes Gender based violence. In addition female and women bear the economic responsibility of most families and households.

Women are not in a position to make family and personal decision on household affairs, they do have insignificant say to decide on their reproductive and health issues.

Hence Nile Hope will ensure women as the major beneficiaries of the emergency response to be able to access Maternal Health care services, SGBV care and to ensure that health workers will be orientated and trained on SGBV and Clinical Management of Care to rape survivors.

A special attention will be given to ensure women and adolescent girls are empowered through ensuring proportionally equal number qualified female/women candidates are employed in this project. In partnership with UNFPA Nile Hope will ensure access to Reproductive health and Delivery kits to ensure mothers are protected from pregnancy and child birth associated complications.

Special hygienic needs of women and girls will be addressed through provision of adolescent girls such as dignity kits especially adolescents in collaboration with other partners/UNFPA and Protection actors at county level.

Protection Mainstreaming

Psychosocial support will be provided during health services provision to the community in a private and conducive environment in aforementioned areas by either the protection staff (case Manager) where this cadre are available or through health staff who will be capacitated during inception of the project. During the services provision confidentiality will be given high priority in order to safe guide information of women, girls, Boys and Men who seek emergencies services from the Health facilities. In addition to protection.

During the health service activities equal participation and access to services of the community members will be enhanced. Nile Hope will endeavor to conduct robust awareness and sensitization campaigns in the respective communities to ensure communities become aware about their protection concerns and human rights. At the same time, we shall make use of community-based local protection mechanisms such as Community Complaints and Management Structures, Persons with specific needs like the unaccompanied boys and girls; older people (Men and women) and disable women and men in our project implementation area will be given first priority in emergency health services. In addition, Nile Hope protection staffs will be providing protection education session during the daily provision of health services in both static and temporary services like mobile clinic. 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. The gender parity in this project will be reflected in staffing and during treatment of patient in the health facilities.

Country Specific Information

Safety and Security

Targeted counties, Uror and Akobo are among the most conflict affected and hard to reach locations, currently Akobo is a frontline with close proximity to Nyiror county where movement is challenging and with an impending sense of insecurity and possible conflict. There was an active fighting in Modit county which is a location with high level of insecurity and access to deliver drugs and vaccines is challenging. Nile Hope being a local organization on the ground have been recruiting the local staff who do not require frequent evacuation from the field but can walk with the displace population to safe place and continue providing basic services.

This project is design that still Nile Hope will use it local staff and continue empowering them in order to provide the needed services to the community that is being served. However, in case of the staffs that are not from the area/ Locality and it happen the insecurity is tense, Nile Hope as usually has been working closely with other partner including OCHA, WFP and UNDSS for evacuation. If the location doesn't permit any evacuation, the local staffs that are more experience to their locality will move with the Non-local to safe places in the county. The security of our staff is very paramount and Nile Hope will do all its best to make sure that her staffs security is preserved.

Access

Access and provision of services will be scrutinized with a caution of pre-positioning vaccines, drugs and other essential kits from WHO, UNFPA and the UNICEF to ensure seasonal and other cause of insecurity couldnt hamper access and delivery of supplies.

This two location are inaccessible but Nile Hope we do have a verse knowledge of the area including how to access the beneficiaries. Good relation with the community and use of local staff help us to use them to provide the needed services to the community despite accessibility issues. With good relation with the community, Nile hope has been using human transport, to transport essential drugs to where the communities are in large number. Through this project, Nile Hope will continue using human as mean of transport to where, vehicle and plane can't reach in order reach those communities that are leaving in remote payam/Buma's where accessibility is a challenge, with services at their disposal. In case of transportation of drugs and other supplies, Nile Hope will use log cluster or UNHAS to pre-position the drugs to the nearest airstrip in the county then thereafter the organization will use it local available mean to transport supplies to reach the needy community

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	County Health coordinator	D	1	2,000.00	6	100.00	12,000.00
	<i>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 \$ 2000</i>						
1.2	Nurses	D	2	700.00	6	100.00	8,400.00
	<i>2 Nurses to be deployed for this project five mobile team will have two Nurses each, two PHCCs will have three Nurses each, and two PHCUs will have two Nurses each will be receiving \$ 700 according MoH Salary Scales, will be expected to provide emergency care to all outpatients. Apply medical knowledge and skills to diagnosis and prevention (helped by clinical examination, laboratory results and exams available).</i>						
1.3	CHWs	D	6	300.00	6	100.00	10,800.00
	<i>6 CHW at \$ 300 per month for a period of 6 months charging 100% to CHF, Every Mobile team will have two CHWs, PHCC 4 CHWs and PHCU will have 2 CHWs each/</i>						
1.4	Dispensors	D	2	250.00	6	100.00	3,000.00
	<i>2 Dispenser to be deployed at the two PHCUs will have one Dispenser each while both PHCCs will have two Dispensers will be responsible to dispensing drugs as per the prescription provided by the clinician</i>						
1.5	Midwives	D	2	600.00	6	100.00	7,200.00
	<i>Two midwives in both PHCUs will be assigned - Will be responsible to attending mother who give birth and ANC, Delivery and PNC, immunization to patients and children</i>						
1.6	Health coordinator	D	1	6,500.00	6	50.00	19,500.00
	<i>1 Health Coordinator at \$6500 per month for period of 6 months charging 50% 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	Program coordinator	D	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</i>						
1.8	Health Accountant	D	1	3,000.00	6	10.00	1,800.00
	<i>2 Field Accountants to be based in Akobo and Uror , 10% charged to CHF. They are charged with the responsibility of maintaining records and books of accounts in the field level. Ensure proper authorization is done on expenditure. Submit the expenditure reports on a timely basis to Juba office.</i>						
1.9	Country Director	D	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>						

1.10	Monitoring and Evaluation Manager	D	1	5,000.00	6	10.00	3,000.00
	<i>1 Monitoring and Evaluation manager @\$5000 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 advise the department accordingly</i>						
1.11	Finance Manager	D	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>						
1.12	Grant Manager	D	1	5,000.00	6	10.00	3,000.00
	<i>1 Grants Manager @\$5000 per month for 6 months , 10% charged to SSHF 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>						
1.13	HR Manager	D	1	5,000.00	6	10.00	3,000.00
	<i>1 Ensures timely recruitment and deployment of qualified professionals to the field sites</i>						
1.14	Logistics Officer (2)	D	2	2,000.00	6	10.00	2,400.00
	<i>2 Logistic officer @\$2000 per month for 6 months, 10% charged to CHF, Locations: Juba and is responsible for the movement of staff and materials in and out of Juba.</i>						
1.15	Field accountant (2)	D	2	1,000.00	6	10.00	1,200.00
	<i>2 Field Accountants to be based in Akobo and Uror , 10% charged to CHF. They are charged with the responsibility of maintaining records and books of accounts in the field level. Ensure proper authorization is done on expenditure. Submit the expenditure reports on a timely basis to Juba office.</i>						
1.16	Field coordinators (2)	D	2	1,500.00	6	10.00	1,800.00
	<i>Field Coordinator who will be responsible in state coordination meetings</i>						
1.17	Liaison and compliance officer	D	1	4,000.00	6	10.00	2,400.00
	<i>1 Liaison and Compliance Officer charged 10% on SSHF charged with the responsibility of ensuring that donors and government regulations and policies are adhered to standards</i>						
	Section Total						90,600.00
2. Supplies, Commodities, Materials							
2.1	Procurement of emergency drugs and medical equipments	D	1	5,000.00	1	100.00	5,000.00
	<i>Procurement of essential drugs to be used in the two PHCCs, Five Mobile teams and two PHCUs, the drugs include, Metronidazole,Erythromycin, Ciprofloxacin, Doxycylin, Seprin, Amoxycill, Piriton, Salbutamol, Prednisole, Cloxacilline, Ampicillin, Omeprazole, Magnisum, Clotrimazole peseries, Nystatine , Paracetamol, Ibuprofen, Dilcofenac, Albendazole, Mebedazole, Fansider, Ferous/Folic Acid</i>						
2.2	Transportation of Emergency Drugs & Equipments	D	1	1,000.00	1	100.00	1,000.00
	<i>The cost relates transportation of drugs from Juba to the facilities through charter, i.e, 2 tons in Uror, 2 Tons in Akobo Total 4 ton charter.</i>						
2.3	Loading and Offloading of Medical Supplies and Drugs	D	1	1,000.00	1	100.00	1,000.00
	<i>This costs relates to offloading and loading of drugs and medical equipment to the facilities. The medicine will be distributed to the four mobile clinics and health facilities in Akobo and Uror Areas where 5 Mobile Clinics will be established</i>						
2.4	Provide training to 28 health staffs on disease surveillance and Outbreak response	D	28	50.00	1	100.00	1,400.00
	<i>This costs relates to 54 staff for Safe Motherhood training in Akobo and Uror, the costs relates to Hall Hire,</i>						
2.5	Train 24 health staff in Uror and Akobo counties on infection prevention and control, Hygiene and sanitation in health facilities.	D	24	100.00	1	100.00	2,400.00
	<i>This costs relates to traini 48 health workers in Akobo and Uror, the costs relates to Hall Hire,</i>						
2.6	Transporting drugs and MoH supplies from the County to the Facilities	D	2	2,000.00	1	100.00	4,000.00
	<i>This is costs for transportation of drugs from the stores to mobile clinic</i>						
2.7	Train Boma Social mobilizers on early case detection and referral	D	24	50.00	1	100.00	1,200.00

	<i>The cost refers to facilitation of trainees hiring hall and coordinating daily allowance to participants</i>						
	Section Total						16,000.00
3. Equipment							
3.1	Camera	D	4	170.00	1	100.00	680.00
	<i>4 Camera will be procured for taking photos in the field so as to present evidence base reports (One camera per PHCC and one per county total 4</i>						
3.2	Monthly internet subscription charges	D	1	200.00	6	100.00	1,200.00
	<i>Monthly internet subscription charges</i>						
3.3	Thuraya air time	D	2	100.00	6	100.00	1,200.00
	<i>To facilitate communication, support in patient referral and reporting</i>						
3.4	Computer	D	2	1,250.00	1	100.00	2,500.00
	<i>To ensure communication and facilitate reporting in Uror County</i>						
	Section Total						5,580.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
5. Travel							
5.1	Flight cost for health staff (Akobo and Uror, Uror and Fangak)	D	7	600.00	1	100.00	4,200.00
	<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	2	1,000.00	1	100.00	2,000.00
	<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>						
5.3	Fuel cost	D	2	2,000.00	1	100.00	4,000.00
	<i>Fuel to be procured separately to assist in the transportation of medicalequipment and drugs</i>						
	Section Total						10,200.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Office rent	D	1	5,000.00	6	10.00	3,000.00
	<i>The cost relates to a cost share for Juba office Nile Hope coordination office rent, 10% of the cost will be charged to CHF</i>						
7.2	Internet monthly subscription to support Juba coordination office	D	1	2,000.00	6	15.00	1,800.00
	<i>The internet support cost for Juba office will cover 15% of the total cost 2000</i>						
7.3	Office stationaries	D	1	2,000.00	2	100.00	4,000.00
	<i>Stationary for Juba office to print and share formats and reports</i>						
7.4	Fuel	D	1	4,000.00	6	20.00	4,800.00

	<i>Fuel for operation use in Juba and field level for ccoordination of activities</i>						
7.5	Motor Vehicle Maintenance	D	1	2,000.00	6	10.00	1,200.00
	<i>Fuel for operations use in Juba and field level for coordination of activities</i>						
7.6	Bank Charges	D	1	1,503.46	2	100.00	3,006.92
	<i>Charges leveled by banks on transaction</i>						
	Section Total						17,806.92
SubTotal			135.00				140,186.92
Direct							140,186.92
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							9,813.08
Total Cost							150,000.00
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 -> Akobo	45	3,703	4,012	963	964	9,642	
Jonglei -> Uror	55	4,526	4,903	1,178	1,180	11,787	
Documents							
Category Name			Document Description				