

2012 Common Humanitarian Fund for South Sudan

CHF Reserve Application Template

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat CHFsouthsudan@un.org

Note:

This application shall be submitted to the sector lead for the relevant sector with copy to the CHF Technical Unit.

If the request is approved a CHF allocation matrix shall be submitted to register the allocation in the CHF Database. If the project is not already in the Work Plan a project sheet must also be prepared and submitted, after which the project will be included.

CHF ER No.	
Date Received:	
WP Project	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Focal point:	

To be filled in by the CHF Technical Secretariat

CHF Reserve Grant Request Summary	
Requesting Organisation:	Nile Hope Development Forum(NHDF)
Project Title:	Continued Improvement of the Standard of Basic Primary Health Care Service Delivery in Pigi and Akobo Counties.
CAP Project Code (if CAP project):	SSD-12/H/46201
CAP Sector/Cluster:	Health
Geographic areas of implementation (list states):	The project will be implemented in Jonglei State, Pigi (Canal) County, Atar; Alale; Wunlith, Mareng and Khorfulus payams
Total project budget:	US\$ 980,000
Amount requested from CHF Reserve:	US\$ 213,812
Total number of beneficiaries targeted by the Emergency Reserve grant request (disaggregated by sex/age):	Total: 29,342 Men: 11736 Women: 17605
Implementing partners (include those that will benefit from CHF funding):	
Project Contact Details (Provide names, phone numbers, and emails of head of your organization, and the project focal person)	Country Director: Paul Biel Otoang Email: paulbiel@yahoo.com Phone: +211955898163 or 0977197189 Project Focal Person: David Lemiso Tolu Email: tolulemiso@yahoo.com Phone: +211956045794

A. Humanitarian Context (Context Analysis)

- In approximately 1,000 words briefly describe the humanitarian situation in the specific region/area where CHF Reserve activities are planned for with reference to assessments and key data, including the number and type of the affected population¹
- Describe the humanitarian response plans/priorities and any gaps in the response and the reasons for the gaps (e.g. access, security, funding). Also explain relation to the work of other partners in the area.

Pigi and Akobo counties are among the underserved areas in Jonglei state; the state has a hooping population of 1.36 million (5th Population and Housing Census – 2008) with Pigi county having a population of 99,068 residents, according to the Statistical Yearbook for Southern Sudan -2009. However, the population has increased markedly with the current estimated population being 108254 as of the end of 2011 and this figure is expected to rise to 111,501 by the end of this year. Pigi has 1 PHCC and 5 PHCUs which are inadequate compared to the population of the county (Both returnees and the host community) and the recommended facility/population standards. Akobo, on the other hand, and with a population of 136,210 (according to the same aforementioned source) has 1 hospital, 2 PHCCs and 13 PHCUs. The facilities are all operating but are yet to meet the standards required by the Government due lack of qualified personnel and essential supplies necessary for operations. The facilities in Pigi have largely been under the (inadequate) care of the Government until toward mid last year when NHDF started supporting them through the CHF funding as no NGO was present on the ground to avail the necessary support up to date. The services offered in both locations are still very limited thus making the communities to travel to the neighbouring counties like Malakal to access health services. The facilities do not offer quality and quantity health care services due to a multiplicity of factors including shortage of qualified personnel and drugs and a general weak health infrastructure. This has been exacerbated by continuous growth of returnees currently around 4659 (Male and female) according to OCHA, from the neighbouring countries as well as IDPs (Male and Female) resulting from recurrent intra- and inter- ethnic strife. Immunization, being one of the key components of health, has only reached 30% of the children (boys and girls) in Akobo while in Pigi this translates to 15%. In the whole of Pigi, it is estimated only about 18.4% of the women are seen at health facilities during Antenatal clinics according to last data from the health facilities. For Akobo, on the other hand, is approximately 30% despite the efforts being carried out by several NGOs. 14.9% deliveries are contacted by health workers in Pigi while in Akobo this translates to 35% which is still minimal; the rest seek help from traditional birth attendants who are unskilled and also use traditional medicine/treatment when they fall sick thus increasing the mortality and morbidity rates. Low capacity of the health personnel also poses another big challenge in both the counties. Health staffs in the facilities have less or completely no medical background which leads to poor and compromised delivery of health services. The health facilities in both counties suffer from limited drugs to manage patients thus making treatment a big hindrance to development because people opt to move for long distances to seek alternative medical treatment. Another big challenge is the prevailing repugnant cultural beliefs and low literacy levels all of which greatly contribute to poor health-seeking behaviour. Majority of the population in both counties do not have latrines and use the bushes for defecation which increases risks of diarrheal diseases among boys and girls as well as among men and women. This is particularly so when one considers the large number of the population using raw river water for domestic use. Consequently, NHDF wishes to alleviate the suffering of the people by providing them with quality, timely and accessible health care in Pigi county as Akobo health facilities are covered by IMC through BSF funding and Save the children under OFDA funds. Moreover, Pigi has no other NGO operating in the area and offering health programmes.

B. Grant Request Justification

- In approximately 1,000 words describe why CHF Reserve funding is sought for this project, and why this particular activity is important. Explain why the activity is time critical and need rapid funding through the CHF Reserve.
- Please include information about the relationship to Work Plan indicators/priorities, as well as regional agreed priorities where possible.
- Confirm that agency internal reserves or other donor funds are not immediately available and/or appropriate to fund the proposed activities. Please provide information on which donors or what other funding sources have been approached.

Pigi and Akobo counties residents have experienced inadequate access to quality health care services. This has been contributed by the counties being insecure due to attacks from the militia group particularly in Pigi, preventing several actors to come and improve the health status. Pigi county (for which we have a severe funding gap) has hitherto relied on the ERF fund which we have not secured this year, compared with Akobo which is supported by IMC and SCISS and with 1 PHCC and 5 PHCUs in the county operated by NHDF which are poorly functioning and in deplorable state. Some facilities are semi permanent in nature and largely

¹ To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

mud- and grass- constructed. The situation becomes more pathetic during the rainy season; the project is timely as, indeed, the rains are around the corner and some facilities may as well come down and the community would be left without space for medical care. Trained health personnel are in short supply, and systems for collecting and sharing data and ensuring quality services are poor. The health network in the County is ill-equipped and grossly understaffed when compared with the recommended MoH Goss Basic Package of Health Services (BPHS). The initiative will help to reverse this unfortunate state of health affairs and ensure the community receives quality and accessible health services in conducive health atmosphere/facilities.

i) Justification For Accessing the CHF Reserve

Describe why this activity was not funded through the CHF standard allocation process, and what has changed since that process was completed to make this project emerge as a priority.

Nile Hope Development Forum (NHDF) has been operating the six health facilities in Pigi county with the support of the CHF/ERF fund that was secured last year through the CHF mechanism. The funding lasted only until December 2011 which led to NHDF asking the health cluster coordinator to support it in looking for funds to continue supporting the health activities in Pigi county which have been experiencing several emergencies due to frequent militia attacks and high number of returnees in the county. Through cluster consultation with the donors, NHDF with other two National organizations - each experiencing difficulties in running its health project due to limited funding – has been considered in receiving the CHF reserve fund. Although, the organization had applied under category B, the cluster advises NHDF to apply directly for the CHF reserve fund as a swift and more relevant funding mechanism.

C. Project Summary (*Description of CHF Reserve Component of the Project*)

In approximately 1,000 words briefly describe how CHF Emergency Reserve funding will be used to support core humanitarian activities.

Poor services in the area have led to increased mortality and morbidity among the local population, thus increasing deaths, both maternal and infant. The CHF project fund will entirely be meant to run the project fully; that is, underwriting the remuneration costs of personnel, prepositioning the drugs at the facilities, rehabilitating the existing health facilities, training of the staff and buying, transporting and distributing essential equipment for the facilities which currently are poorly equipped. There will be a capacity-building element to ensure sustainability of the initiative, and therefore continued quality health care delivery to the people, more so the most vulnerable of, Pigi.

i) Objective

The objective should be specific, measurable, achievable, relevant and time-bound.

The main objective of this project is to continue improving, by at least 20%, the standard of basic primary health care package to vulnerable communities in Pigi County of Jonglei State and including young children of both gender (boys and girls), women of child bearing age, youth (male and female), the disabled and elderly. The initiative shall also endeavour to carry out emergency preparedness and response activities by improving the competencies of health personnel and community members by the end of February 2013.

ii) Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

As a tradition of NHDF, Gender parity has been one of the key factors that has been considered in all of NHDF's projects. The project will reflect equality in staffing and project reach, and every person who will receive treatment in the facilities. HIV/AIDS mainstreaming will be done in this project as will be capacity-building to promote sustainability. NHDF will ensure nature is not unduly interfered with during health facility renovations, and mitigation measures will be ensured as appropriate, including more emphasis on tree planting.

iii) Proposed Activities

List the main activities to be implemented with CHF Reserve funding. Exact location of the operation (provide map if relevant). Total number of direct beneficiaries as per the planned activities.

1) Repair one PHCC and five PHCUs in Pigi County to provide emergency health services to boys, girls, pregnant and lactating mothers and other members of the community. 2) Ensure 1 PHCC and 5 PHCUs provide quality basic primary health care services by reaching 29,342 children of both gender; women, the disabled, IDPs, returnees, the elderly and other community members. 3) Increase the coverage and reach of immunization through provision of static and outreach services to 3512 children under five both girls and boys in Pigi County. 4) Provide health training to 20 male and 20 female health workers (CHWs, MCHWs, CO, Midwives, nurses and others) in Pigi county on communicable disease management in the 6 health facilities. 5) Supply essential drugs to all the facilities. 6) Preposition medical supplies and drugs for management of

diseases in emergency situation like acute watery diarrhoea and measles. 7) Conduct health education on hygiene and other common diseases to reach a minimum 12,000 individuals, both females and males in the Pigi (Canal) county. 8) Supply vaccines and other accessories to the health facilities for the immunization services. 9) Provide training to 1 midwife, 5 maternal child health workers and 30 traditional birth attendants on safe motherhood, including emergency obstetric care. 10) Build the capacity of staff on emergency referral of patients. 11) Reduce maternal mortality rate through offering clean delivery kits to all the primary health care facilities in Pigi		
iv) Expected Outcomes Explain the results you expect to have at the end of the CHF grant period, and provide no more than three indicators you will use to measure the extent to which those results will have been achieved		
1) Improved quality basic primary health care services in the 6 health facilities in Pigi County by end of February 2012. 2) Increased static and outreach immunization coverage to children under five years; 3) Improved access to health education on prevention of communicable diseases as well as other diseases, disseminated to around 12,000 individuals, both females and males; 4) Improved health staff knowledge, translating into improved service delivery, on management of communicable diseases and IMCI; 5) Reduced maternal mortality and morbidity rates. 6) Health staff capacities improved on management of emergency referrals.		
	Indicator	Target
1	Number of health facilities providing BPHS	6 health facilities
2	Number of children <5 consultation(Male and Female)	6161 children treated in the outpatient in 6 health facilities
3	Number of health worker trained on communicable disease	40 health staffs trained
4	Number of mid wife, nurses and TBAs trained on safe motherhood and emergency obstetric.	31 TBA, MCHW and mid wife trained
5	Number of children under five year immunized	3512 (15%) reached
v) Implementation Plan Explain planned mechanisms for implementation. Specifically, report planned grants to implementing partners, including NGOs, government actors, etc., monitoring and evaluation plan/system, etc. Please indicate implementation timeline below.		
Nile Hope Development Forum (NHDF) being the implementer and the only NGO in the county has a team of senior health technical staff who will manage the project from its initiation. The aforementioned health team and other health staff in the field will work closely with the county health department and the Ministry of health in Jonglei as well as NHDF's Programs office to see that, all the targets and results are achieved appropriately and in timely manner. The staff in the field will be trained in proper handling of patients and also provision of immunization services. NHDF, using it logistics office will closely work with the county health department to support them in timely delivery of drugs from the county headquarter to the health facilities thus ensuring the facilities do not run short of drugs. The Program Coordinator will oversee the whole project is implemented well within the realms of donor requirements while the Executive Director will provide overall administrative support. The organization will also participate in attending the cluster coordination meetings to get the latest information on health activities and share in the progress of the implementation of the project. NHDF's Accounts and Grants Office will manage the grant, to ensure accountability and report accordingly		
Implementation Timeline	Start Date	End Date
Overall Project	May 1 st 2012	April 31 st 2013
CHF Reserve supported activities	May 1 st 2012	April 31 st 2013

D. Secured funding	
Please add details of secured funds for the project from other sources	
Source/donor	Amount (USD)
IMC (estimated but still under negotiation)	214,000
SCISS (estimated but still under negotiation)	129,000

SECTION III:

LOGFRAME			
CHF ref. Code: SSD-12/H/46201	Project title: Continued Improvement of the Standard of Basic Primary Health Care Service Delivery in Pigi and Akobo Counties.	Organisation: NHDF	
<p>Overall Objective:</p> <p>The main objective of this project is to continue improving, by at least 20%, the standard of basic primary health care package to vulnerable communities in Pigi County of Jonglei State and including young children of both gender (boys and girls), women of child bearing age, youth (male and female), the disabled and elderly. The initiative shall also endeavour to carry out emergency preparedness and response activities by improving the competencies of health personnel and community members by the end of February 2013.</p>	<p>Indicators of progress:</p> <ul style="list-style-type: none"> • Number of patient attended in the health facilities • Number of persons provided with preventive message • Number of under five children immunized in the health facilities 	<p>How indicators will be measured:</p> <ul style="list-style-type: none"> • Patient register books • Monthly reports • Quarterly and Final report 	
<p>Specific Project Objective/s:</p> <ul style="list-style-type: none"> • To ensure quality provision of basic primary health care in Pigi county by the end of February 2013 • To increase immunization coverage in the county and reach 3512 children at the end of the project. 	<p>Indicators of progress:</p> <ul style="list-style-type: none"> • Number of consultation seen in the health facilities • Number of the children immunized • Number of person provided with health education 	<p>How indicators will be measured:</p> <ul style="list-style-type: none"> • Patient attendance register • Immunization Register • Monthly and Quarterly report • Final Reports 	<p>Assumptions & risks:</p> <ul style="list-style-type: none"> • The local county authority support is available • Availability of qualified staff to provide quality health care
<p>Results - Outputs (tangible) and Outcomes (intangible):</p> <p>Please provide the list of concrete DELIVERABLES - outputs/outcomes (grouped in Workpackages), leading to the specific objective/s:</p> <ul style="list-style-type: none"> • Improved quality of basic primary health care services in the 6 health facilities in Pigi County by end of February 2012. • Increased static and outreach immunization 	<p>Indicators of progress:</p> <p><i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i></p> <ul style="list-style-type: none"> -Number of patient seen in the out patient -Number of time essential drugs are delivered in the 	<p>How indicators will be measured:</p> <p><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> -Patient register -Drugs consumption book -monthly and Quarterly report -Final report 	<p>Assumptions & risks:</p> <p><i>What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?</i></p> <ul style="list-style-type: none"> -Availability of health staff to provide quality health care -Community willing to support the health facilities -Enough vaccine available in the

<p>coverage to children under five years;</p> <ul style="list-style-type: none"> • Improved access to health education on prevention of communicable diseases as well as other diseases, disseminated to around 12,000 individuals, both females and males; • Improved health staff knowledge, translating into improved service delivery, on management of communicable diseases and IMCI; • Reduced maternal mortality and morbidity rates. • Health staff capacities improved on management of emergency referrals. 	<p>health facilities</p> <ul style="list-style-type: none"> -Number of children vaccinated -Number of person received health education message -Number of health staff trained -Number of mothers receiving quality delivery services -Number of clean delivery kit provided to health facilities -Number of staff provided with capacity building 	<ul style="list-style-type: none"> -Immunization register -Monthly, Quarterly and final report -health education register - -photos of the project -Training attendant sheet -Training report -Photos for the training -Quarterly report -Delivery register book -Training attendant Sheet -Training report 	<p>county cold chain</p> <ul style="list-style-type: none"> -Mothers willing to bring their children to health facility for immunization -Community willing to be provided with health education messages -Health staff willing to be training -Weather condition favourable -Availability of delivery kits - Mother willing to deliver in the health facilities -Health staff willing to be build their capacity
<p>Activities:</p> <ul style="list-style-type: none"> • Repair one PHCC and five PHCUs in Pigi County to provide emergency health services to boys, girls, pregnant and lactating mothers and other members of the community • Ensure 1 PHCC and 5 PHCUs provide quality basic primary health care services by reaching 29,342 children of both gender; women, the disabled, IDPs, returnees, the elderly and other community members. • Increase the coverage and reach of immunization through provision of static and outreach services to 3512 children under five both girls and boys in Pigi County. • Provide health training to 20 male and 20 female health workers (CHWs, MCHWs, CO, Midwives, nurses and others) in Pigi County on communicable disease management in the 6 health facilities. • Supply essential drugs to all the facilities. • Preposition medical supplies and drugs for management of diseases in emergency situation like acute watery diarrhoea and measles. • Conduct health education on hygiene and other common diseases to reach a minimum 12,000 individuals, both females and males in the Pigi 	<p>Inputs:</p> <ul style="list-style-type: none"> -construction material -labourers -Health Personnel's -Drugs -vaccines -Records books -Vaccines -EPI personnel -cold box -Fridge -Maker pens -Flips chart -Note books -Facilitator -flip chart stand -Boats -loaders and off loaders -Flight -personnel -Poster -Boats -Delivery kits 		<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> -Construction material available -Drugs supplies available -health personal available and motivated to work. -Vaccine available in the county cold chain -Mother willing to bring children for vaccination -Staffs available and willing to be trained -Boat and Boat fuel available -Emergency drugs available -Community willing to be provided with health education messages -Proper logistic available -Vaccine and immunization accessory available -TBA and Mid wife willing to be trained -weather condition favourable for the training. -Health staff willing to be build their capacity on referral - TBA kits available -TBA ready to be trained

<p>(Canal) county.</p> <ul style="list-style-type: none"> • Supply vaccines and other accessories to the health facilities for the immunization services. • Provide training to 1 midwife, 5 maternal child health workers and 30 traditional birth attendants on safe motherhood, including emergency obstetric care. • Build the capacity of staff on emergency referral of patients. • Reduce maternal mortality rate through offering clean delivery kits to all the primary health care facilities in Pigi 			
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PROJECT WORK PLAN															
This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The workplan must be outlined with reference to the quarters of the calendar year.															
Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1 Improved quality basic primary health care services in the 6 health facilities in Pigi County by end of February 2012															
Activity (1.1) Ensure 1 PHCC and 5 PHCUs provide quality basic primary health care services by reaching 29,342 children of both gender; women, the disabled, IDPs, returnees, the elderly and other community members				X	X	X	X	X	X	X	X	X	X	X	
Activity (1.2) Supply essential drugs to all the facilities				X	X	X	X	X	X	X	X	X	X	X	
Activity (1.3) preposition medical supplies and drugs for management of diseases in emergency situation like acute watery diarrhoea and measles				X	X	X	X	X	X	X	X	X	X	X	
Activity(1.4)) Repair one PHCC and five PHCUs in Pigi County to provide emergency health services to boys, girls, pregnant and lactating mothers and other members of the community				X	X										
Result 2 Increased static and outreach immunization coverage to children under five years															
Activity (2.1)) Increase the coverage and reach of immunization through provision of static and outreach services to 3512 children under five both girls and boys in Pigi County				X	X	X	X	X	X	X	X	X	X	X	
Activity (2.2) Supply vaccines and other accessories to the health facilities for the immunization services				X	X	X	X	X	X	X	X	X	X	X	
Result 3 Improved access to health education on prevention of communicable diseases as well as other diseases, disseminated to around 12,000 individuals, both females and males															
Activity (3.1) Conduct health education on hygiene and other common diseases to reach a minimum 12,000 individuals, both females and males in the Pigi (Canal) county.				X	X	X	X	X	X	X	X	X	X	X	
Result (4) Improved health staff knowledge, translating into improved service delivery, on management of communicable diseases and IMCI															
Activity (4.1) Provide health training to 20 male and 20 female health workers (CHWs, MCHWs, CO, Midwives, nurses and others) in Pigi county on communicable disease management in the 6 health facilities					X										
Activity (4.2) Provide training to 1 midwife, 5 maternal child health workers and 30 traditional birth attendants on safe motherhood, including emergency obstetric care						X									
Activity (4.3) Build the capacity of staff on emergency referral of patient					X										
Result (5) Reduced maternal mortality and morbidity rates															
Activity(5.1) Reduce maternal mortality rate through offering clean delivery kits to all the primary health care facilities in pig				X	X	X	X	X	X	X	X	X	X	X	

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

CHF Reserve Grant Request Review Section – Internal

Reviewer		Justification/clarification/recommendations
Function/Title:	Central Sector Lead	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:	Regional Sector Lead	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:		
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:		
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	