# South Sudan
# 2014 CHF Standard Allocation Project Proposal

*for CHF funding against CRP 2014*

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

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CRP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

## SECTION I:

| **CRP Cluster** | **HEALTH** |
|---|---|

**CHF Cluster Priorities for 2014 First Round Standard Allocation**
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CRP 2014.

**Cluster Priority Activities for this CHF Round**

a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
b. Support to key hospitals for key surgical interventions to trauma
c. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
d. Communicable disease control and outbreak response including supplies
e. Strengthen early warning surveillance and response system for outbreak-prone diseases
f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns
g. Maintain surge capacity to respond to any emergencies
h. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies);
i. Provision of Emergency mental health and psychosocial care
j. Capacity building interventions will include
    - Emergency preparedness and communicable disease control and outbreak response
    - Emergency obstetrical care, and MISP (minimum initial service package-MISP)
    - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
    - Trauma management for key health staff
k. Support to referral system for emergency health care including medevacs.
l. Support to minor rehabilitation and repairs of health facilities
m. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

**Cluster Geographic Priorities for this CHF Round**

1. **Jonglei** – all counties
2. **Upper Nile** – all counties
3. **Unity** – all counties
4. **Lakes** – Awerial, Yirol West, Yirol East and Rumbek North
5. **Central Equatoria** – Juba (IDP camps)
6. **Warrap** - Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East

## SECTION II

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

| **Requesting Organization** | |
|---|---|
| Universal Network for Knowledge & Empowerment Agency (UNKEA) | |
| **Project CRP Code** | **CRP Gender Code** |
| SSD-14/H/60062 | 2 |
| **CRP Project Title** *(please write exact name as in the CRP)* | |
| Provision of basic Primary Health Care Services to the vulnerable Returnees, IDPs and host community | |

**Project Location(s)** - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

| **State** | **%** | *County/ies (include payam when possible)* |
|---|---|---|
| Upper Nile | 100% | *Nasir County ( Kiechkun,Mading, Jikmir, Kierwan, Kuetrengke and Dhuoreding Payams)* |
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| **Total Project Budget requested in the in South Sudan CRP** | US$ **384,843.00** |
| **Total funding secured for the CRP project** ***(to date)*** | US$ **100,000** |

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|---|---|
| **Funding requested from CHF for this project proposal** | US$ **200,000** |
| **Are some activities in this project proposal co-funded (including in-kind)?** Yes ☒ No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)* | |

| **Direct Beneficiaries** *(Ensure the table below indicates both the total number of beneficiaries targeted in the CRPproject and number of targeted beneficiaries scaled appropriately to CHF request)* | | |
|---|---|---|
| | **Number of direct beneficiaries targeted in CHF Project** | **Number of direct beneficiaries targeted in the CRP** |
| Women: | 6,525 | 14,500 |
| Girls: | 3,240 | 7,200 |
| Men: | 5,040 | 11,200 |
| Boys: | 2,160 | 4,800 |
| **Total:** | **16,965** | **37,600** |

**Indirect Beneficiaries / Catchment Population (if applicable)**

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

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

Indicate number of months: 6 Months

**1July – 31 December 2014**

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

Universal Network For Knowledge and Empowerment Agency (UNKEA)

| **Contact details Organization's Country Office** | |
|---|---|
| Organization's Address | P.O Box: 504, Juba South Sudan<br>Munuki Payam along Gudele road at ICCO Compound |
| Project Focal Person | Tobijo Denis<br>tdmssokiri@gmail.com/<br>Lock Simon Peter<br>locksimonpeter@gmail.com |
| Country Director | *Simon Bhan Chuol,*<br>*simon@unkea.net*<br>*unkea.southsudan@gmail.com*<br>*+211 955 295 774*<br>*+211 917 976 984*<br>*www.unkea.net* |
| Finance Officer | *David Dak Deng*<br>*David.dak@unkea.net*<br>*deng_dak@yahoo.co.uk*<br>*+211 910 485 494* |
| Monitoring & Reporting focal person | *Wani*<br>bessenezeron@gmail.com |

| **Contact details Organization's HQ** | |
|---|---|
| Organization's Address | Nasir County, Upper Nile State<br>Republic of South Sudan,<br>P.O Box: 504 Juba |
| Desk officer | Sangula Benard<br>benardsangula@gmail.com<br>Tel: +211954913169<br>+211977017394<br>Skype: sangulab1 |
| Finance Officer | *Fidel Matajora Christopher*<br>*Tel: +211956595627*<br>*+211921163938*<br>*Email.chrispaluru@gmail.com* |
| | |
| | |

## A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

Nasir County in Upper Nile state has an enormous humanitarian need. It has suffered and continues to suffer from both Natural and Manmade calamities. The current triggers being the current fighting between opposition and government forces which started on the 15th December 2013 in Juba and quickly spread to the other states of Jonglei, Unity and Upper Nile states has led to hundreds of people displaced, most of who settled in Nasir County. A total of 15,086 households (HHs) of IDPs were assessed and registered with a 131,259 individuals mostly women and children (SRRC, Nasir, and January 2014).Population movements continue between Nasir Town and surrounding payams. Mandeng Payam of Nasir County currently hosts most of the IDPS. Before the war erupted, Nasir County was already Vulnerable. Flooding has been a common phenomenon. Last year, Nasir County has been one of the most of the affected areas with floods.10 payams were affected displacing 2,253 HHs and 11,264 individuals (Inter Agency Flood Assessment Report, Nasir, and October 2013).The pressure of war and hunger is so huge on the community. The community is in dire need of basic services, Clean Water, Non Food Items (NFIs) food and latrines. Besides war and floods, Nasir also suffers long dry seasons further limiting food production. When the crises started on 15th December many National and international NGOs either scaled down or withdrew completely from Nasir County. UNKEA is currently the only active NGO in Nasir County.

During the incident of the 5th may 2014 in which the county exchanged hands between the opposition and government forces, most for the health equipment were destroyed making access to treatment by the community strained. Most of the community moved to Mandeng an area 8 Kms from Nasir town. In a recent visit to Mandeng, The SRRA reported that about three quarters (3/4) of the IDPS from Malakal, Ulang and Nasir Town have settled in Mandeng and Jikmir with about a quarter (1/4) crossing to Ethiopia. Malaria, Pneumonia, Diarrhoea and Malnutrition were reported as the most common ailments affecting mainly children<5 years.

The Clinical officer in charge of Mandeng PHCU reported a daily average consultation rate of 300 patients per day. Sexual exploitation, rape, early marriages and pregnancies among IDPs and Host communities are some of the worst forms of sexual and gender based violence (SGBV) increasing the risk of STIs and HIV/AIDS. Most children under 5 among the host community and IDPs have not been fully immunized. With a health care system struggling to overcome the challenges of limited number of skilled health workers, poor road infrastructure limiting accessibility to health facilities and weaker referral services due to lack of ambulance services, this increase in the number of IDPs and the pressure on the host community is likely to overwhelm the current funding capacity of UNKEA.

## B. Grant Request Justification

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

This funding is requested to support UNKEA's accelerated response initiative (ARI) by providing basic health services to vulnerable IDPs, returnees and host communities in 7 fixed health facilities of Jikmir PHCC ,Dhording PHCU,Kierwan PHCU,Mandeng PHCU, Dinkar PHCUand 3 additional fixed outreach sites in Nordeng, Batik and Kuetrengke PHCUs. This funding will sustain and prevent rapture in providing continued humanitarian health assistance to the vulnerable IDPs, returnees and host communities. Scaling up provision of basic clinical consultations and treatment of common ailments such as malaria, diarrhea, pneumonia and basic surgical services will reduce morbidity and mortality. Scaling up immunization services, vitamin A supplementation, deworming, IPT, clinical management of SGBV survivors, provision of safe and clean deliveries will enhance maternal, neonatal and child health. Improving the basic health facility infrastructure through minor repairs and maintenance, supply of essential laboratory equipment and reagents as well as skills training for health workers will improve the quality of basic package of health services. Accelerating grass root level community awareness will contribute to reduction in spread of communicable diseases. With 10 years existence in Nasir County, UNKEA has a strong community's support and acceptability making its programmes cost effective and sustainable through working with community volunteers. UNKEA has viable working relationship with its government, NGOs and donor partners such as CHD, UNICEF, SMoH, ADRA and MSF in supporting the health care system in Nasir County. Through partnership agreement with PSI and Maristopes International (MSI), UNKEA is receiving a non cost supply of ACTs and RDTs for management of malaria, oral contraceptives and condoms for family planning and STIs/HIV prevention among IDPs, returnees and SGBV survivors. As a lead agency, UNKEA is the principle recipient of the emergency fund from the ACT alliance for procurement and supply of NFIs for IDPs and returnees in Upper Nile. UNKEA in applying as a sole agency for this grant and will work closely with other partners on the ground such as MSF-H in the provision of secondary health care, coordination and sharing technical expertise.

## C. Project Description (For CHF Component only)

### i) Contribution to Cluster Priorities

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

During last 5 month of current crisis the number of UNKEA Supported Health Facilities in Nasir has increased from 5 to 7.This will increase access to basic curative consultations among 6,100 boys and 9,200 girls under 5 years among IDPs, returnees and host communities in Nasir County. Scaling up rainy season campaign on immunization will benefit about 3,500 boys and 4,500 girls. Supporting kills training for health workers will increase provision of clean and safe deliveries to reduce delivery complications. Scaling up immunization services will protect children from most six diseases.

Minor health facility improvements, supply of essential drugs and medical supplies, relief items such as RH kits and LLTNs, procurement and supply of basic clinical laboratory reagents to enhance the effectiveness and efficiency of the health facilities and increase utilization. Supporting active community mobilizations and sensitizations would significantly reduce the increased transmission of communicable diseases such Malaria, Diarrhea and Pneumonia. Supporting referral systems through the UNKEA

[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.

Speed Boat would help to emergency referrals for obstetric emergencies to the nearest Hospital town in Ethiopian Boarder. UNKEA will scale up its Sexual and Reproductive Health Services including response to Forms of sexual violence including rape. It will train its staff on the clinical management of Rape cases and will strengthen its referral system to a tertiary level of Care to the Ethiopian boarder.

UNKEA will further support Kiechkun and Mading PHCC which are currently close and with additional health staffs and supplies to respond to provide clinical consultation and ANC services to the overwhelming needs of IDPs who are mostly settled in Kiechkun ime of and Mading payam in time of humanitarian crisis in South Sudan.

**ii) Project Objective**

State the objective/s of this CHF project and how it links to your CRP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

- To provide basic packages of health (curative and preventive) including emergency referral services to IDPs, returnees and host communities in Nasir County.
- To prevent and control the spread of communicable diseases including SGBV through community level awareness, active case detection and management.
- . To strengthen the capacity of health facilities, health workers and communities to response to emergencies including minor surgical interventions.

**iii) Project Strategy and proposed Activities**

Present the project strategy (**what the project intends to do, and how it intends to do it).** There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.
List the main activities and results to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

- Provision of curative consultations to boys and girls <5s and men and women >5s in all health facilities
- Provision of SRH services to women, men, boys and girls in all project locations
- Distribution and supply of essential drugs and LLTNs in all locations
- Provision of preventive maternal and child health services such as immunization, Deworming, iron folate, folic acid, IPT and vitamin A supplementation to <5s and pregnant women
- Conducting minor health facility improvements (fixing shutter, locks, painting, and extensions) and equipping with basic laboratory equipment and supplies to be more effective
- Conducting skills training of health workers on minor surgery, clinical case management and surveillance of communicable diseases
- Training of community leaders ( Men and Women) on SGBV prevention

Conducting targeted community awareness campaigns for men, women, boys and girls on prevention of communicable disease and uptake of health services locations.

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

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

Capacity of the health workers through skills training is well enhanced and able to provide quality health services. Health facilities undergo minor repairs, well equipped with basic equipment and fully functional. Children under 5 years (boys and girls) are fully immunized and provided with protective services such as deworming and vitamin A supplements. Pregnant women are delivered by skilled birth attendants in all health facilities. Well informed communities and adoption of good health seeking behaviors through health education, increased access to basic curative and preventive health services will results to a significant reduction in morbidities and mortalities among children (boys and girls). Equipping health facilities with basic equipment and conducting minor repairs that would enhance their well functioning to response the health needs of the returnees, IDPs and host communities. Additionally, addressing SGBV through active community mobilizations would allow women and other vulnerable groups to leave dignified lives.

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

| SOI (X) | # | Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal). | Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1) | |
|---|---|---|---|---|
| | | | **Male/Boys** | **Female/Girls** |
| X | 1. | Number of <5 outpatient consultations | 11,175 | 9,184 |
| X | 2. | Number of >5 outpatient consultations | 4,800 | 7,200 |
| X | 3. | # of measles vaccinations given to < 5 in emergency or returnee situation | 2,130 | 2,450 |
| X | 4. | Proportion of communicable diseases detected and respond within 72 hours | 85% | 85% |
| | 5. | The number of health workers trained in MISP/communicable diseases/HMIS/IDSR | 25 | 16 |
| X | 6. | Number of pregnant women receiving at least 2nd dose of IPT vaccination | | 1,825 |
| X | 7. | Number of births attended by skilled birth attendants | | 3,475 |
| X | 8. | % DPT3 coverage in children under 1 | 80% | 80% |

| | | | | |
|---|---|---|---|---|
| | | | | |
| | 9. | Number of > 5 receiving vit A- supplementation and De-wormers | 5,765 | 6,786 |

**vi). Cross Cutting Issues**

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

UNKEA through this project will address cross-cutting and mutually reinforcing thematic activities in the community. Community level mobilizations and sensitization of community leaders to address the root causes of SGBV fueling the spread of HIV/AIDS and other sexually transmitted infections, unwanted pregnancies will be undertaken. Equal participation and empowerment of both men and women in addressing urgent health concerns, SGBV, RH, HIV/AIDS, poor hygiene and sanitation practices especially open defecation, hand washing practices, domestic waste management, health seeking behaviors will be incorporated.

UNKEA will ensure that community leaders such as chiefs, home health promoters and traditional healers as well as birth attendants are used as change agents during health promotions such as use of LLTNs, family planning, immunizations, nutrition, protection of water points, use of latrines, hands washing and safer sex behaviors.

The various thematic issues e.g. environmental conservation, poor health seeking behaviors and practices, will be scripted in form of dilemmas to be enacted by the artists, song and dramatists and role played in a public place agreed upon by the beneficiaries and the local public administration in conjunction with UNKEA. Public members will debate the dilemmas while identifying the best options for each dilemma which after public consensus will be painted onto a large mural for community members to continue with the discussions which will lead to a behavior change.

**vii) Implementation Mechanism**

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

Provision of basic package of health and nutrition services will be done in at all 6 health facilities. UNKEA will include a mixture of innovative approach using community outreach events during which health education on prevention and control of communicable disease such as malaria, HIV/AIDS, TB, Kala azar, diarrhea is given, children under five immunized, dewormed and given vitamin A supplementation. Screening of under five, pregnant and lactating women for SAM and MAM will be done as a rider activity

Improvement and equipment of health facility infrastructure will be under taken. Minor repairs, renovations, expansions through fixing windows, locks, painting, and equipment of health facilities with furniture, basic laboratory, BEmONC, EPI and clinical equipment and hand washing facilities will be undertaken .The government will supply essential drugs and UNKEA covers gaps ( ACTs, FP commodities, LLTNs, basic clinical, laboratory, EPI, BEmONC equipment)

Building strong referral system where patients are identified and referred from community to health facilities and among health facilities will be enhanced. UNKEA will continue to maintain its speed motor boat and provide fuel to support the CHD ambulance for referral of pregnant women and under five

Capacity building through technical staff training and supportive supervision staff will be a key component of quality management system through improving efficiency and effectiveness of health facilities. On the job competence based trainings tailored to the needs of communities will be undertaken together with regular supervisory visits using the QSC of the MoH.

Effective health information and management system will be enhanced to ensure that data is used for informing decision making in the course of implementing the project. UNKEA will ensure that data is effectively captured, analyzed, disseminated and utilized by all stakeholders ( government, donors and partners) at all stages of the project implementation.

Community involvement through recruitment and training of community leaders and community health educators ( HHPs, TBAs and CHWs) on prevention and control of SGBV, communicable diseases such as malaria, HIV/AIDS, Malnutrition, promotion of LLTNs, hand washing, use of latrines, protection of water source will be used to enact health promotion and protection in the communities.

Collaboration and coordination will be a key in implementing the project. UNKEA will however, initiate and promote dialogue and collaboration with it partners such as line ministries of health, NGOs, the communities and local authorities.

**viii) Monitoring and Reporting Plan**

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

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

Through previous operational experience in health programs, UNKEA has developed strong skills in identifying and measuring appropriate indicators, in data collection and analysis, and in partnering with donors and other agencies to coordinate the dissemination of that information. UNKEA will ensure the prompt and accurate collection of information and compile the results for data analysis and program evaluation according to the goal, objectives, and indicators of the program. The following initiates will be adopted to incorporate the activities in this proposal into the current monitoring plan.

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

A planning and orientation workshop will be conducted in August 2013 at the beginning of the project. This will ensure that UNKEA has good data with which to measure progress against work plan during the intervention. This is necessary due to the regular movement of IDPs/returnees in the targeted areas and lack of reliable data on the target group available with which to compare project progress. UNKEA planning workshop will be held in order to ensure that all staffs understand the proposal and work plan well, to formulate individual staff work plans, which will tie performance to agree upon timelines for compiling monitoring information and reporting.

The logical framework will provide the basis for monitoring the project indicators. The output indicators will be measured using program records and reports.

The Health and Nutrition Advisor will be responsible for the overall planning, monitoring and reporting of activities as per the log frame and work plan. This will include regular visits to all sites in the Program, monitoring of staff activities, compiling and analyzing program records, assessing external variables, tracking changes and making modifications to the program or work plan accordingly in order to ensure the attainment of objective. He will coordinate the health and nutrition programme, attend the nutrition and health cluster technical working groups and ensure that relevant information is factored into programme implementation and share UNKEA's progress reports with all partners. The Executive Director will ensure that planed these activities take place. He will also attend sectoral working group and coordination meetings, ensure the relevant information is factored into program implementation and share UNKEA's progress and statistical information with other agencies where appropriate. UNKEA will continue to build the operational capacity of project staffs in monitoring and reporting in the project cycle management (PCM) and maximize their participation in all activities.

Data collection and Analysis

Project data will be collected and analyzed immediately by the Project Manager under the supervision of the Health and Nutrition Adviser. The data will be disaggregated into sex and age to show how children under 5 years ( Boys and Girls), women and men are benefiting from the project. This will be a continuous process as it will be inbuilt into project implementation process so that it will be concurrent with activity implementation. The officers will also be responsible for compiling the data into a fair draft which will be reviewed by the project coordinator to ensure that data is collected for the relevant indicators, adherence to reporting formats and quality of the document

Quality of data

The accuracy and consistency of the data will be assured through the use of standardized data collection tools duly protected for reliability, completeness, and consistency and approved. The Project Manager and Health and Nutrition Adviser will make monthly and quarterly visits to the project sites to monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This wills involve data quality audits in randomly selected project sites done on quarterly basis that will form part of project data quality assurance and quality control. All collected data will be stored electronically and manually to ensure its security as part of control and safety measure.

Reporting

This will be both an individual role of the project staff as well as the entire team. UNKEA will provide monthly, quarterly and end of Project progress reports as against work plan, budget and targets indicated in the proposal. Health workers will at the primary health facilities will send monthly reports to the project Manager who will then review for consistency and accuracy. The Project manager then send these reports to the Health and Nutrition Advisor based in Juba to review such reports for consistency and accuracy. The Health and Nutrition Adviser will share these reports with the County Director who will approve and send to the donor using the relevant reporting format. Efforts will be made to ensure that the report capture project narrative and financial aspects of the proposed project's work plan and budget and targets.

UNKEA will adhere with specific donors reporting formats and guidelines.

A database for recording beneficiary information and mapping trends across the implementation locations will be created and the information is to be disseminated to the DHIS, SMoH, GOSS MoH and other stakeholders on regular basis. Project deliverables will be monitored through monthly, quarterly and annual progress reports that should include success stories. Health facility reports will be sent using the DHIS to the CHD and SMoH. Health facilities will send reports in hard copies using the MoH data collection forms and loaded to the DHIMS.

The project will be reviewed at mid-point and at the end through a joint plan. UNKEA will conduct a midterm review after three months of implementation. In these reviews, stakeholders at the state, county and national levels will be engaged in discussing the findings and production of their recommendations (part of the data quality audit).

UNKEA will develop tools to capture data from community workers (TBAs, MCHWs and HHPs). Monitoring tools will include data gathering and analysis based on attendance records, drug distribution records and training reports which will feed into the Indicator Performance Tracking Table (IPTT). The IPTT will allow the project to track progress towards results on a monthly, quarterly basis, although some indicators will only be updated on bi-annual basis throughout the project period. This will enable early identification and action to address program challenges that help in ensuring timely implementation of planned activities. In addition routine collection and analysis of programme data will allow UNKEA to regularly share results with the SMoH, CHD, donors and the local (community) authorities to identify and address potential challenges such as default rates.

A community level assessment survey tool will be developed to assess community engagement/satisfaction levels and the value attached to UNKEA services. Field staff will be holding regular meetings with the health authorities at state, County and Payam (community) levels to review progress. Partner meetings will focus on implementation progress, lessons learned and proactive ways forward. These meetings will allow UNKEA to address implementation and M & E concerns and challenges in partnership with the health authorities and community leaders at multiple points throughout the project, allowing for UNKEA to adjust its implementation and monitoring strategies as necessary and thus increasing the likelihood of success. A score-card monitoring system will be developed to monitor the progress against key indicators for each health facility. The M & E plan will include building the capacity of project staff through focused M & E trainings. An evidence-based evaluation approach will be employed to assess the overall

effectiveness and impact of the program.

| **D. Total funding secured for the CRP project**<br>Please add details of secured funds from other sources for the project in the CRP. | |
|---|---|
| **Source/donor and date (month, year)** | **Amount** (USD) |
| CHF(1st April to 30th June 2014) | 100,000 |
| **Pledges for the CRP project** | |
| | |

## SECTION III:

**This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.**

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

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

| **LOGICAL FRAMEWORK** | | |
|---|---|---|
| **CHF ref./CRP Code:** SSD-14/H/60062 | **Project title:** Provision of basic Primary Health Care Services to the vulnerable Returnees, IDPs and host community | **Organisation:** **UNKEA** |

| **Goal/Objectives/Outcomes/Outputs** | | **Indicator of progress** | **Means of Verification** | **Assumptions and Risks** |
|---|---|---|---|---|
| **Goal/Impact (cluster priorities)** | *What are the Cluster Priority activities for this CHF funding round this project is contributing to?* | *What are the key indicators related to the achievement of Cluster Priority activities?* | *What are the sources of information on these indicators?* | |
| **CHF project Objective** | • To provide basic packages of health (curative and preventive) including emergency referral services to IDPs, returnees and host communities in Nasir County<br>• To prevent and control the spread of communicable diseases through community level awareness campaigns, active case detection and management<br>• To strengthen the capacity of health workers and communities to response to emergencies | • Number and % of people provided with curative and preventive health services.<br>• Number and % of communicable disease managed at health facilities.<br>• Number of community level awareness campaigns undertaken.<br>• Number and % of outbreaks detection and responded to within 48 hours.<br>• Number of health workers trained on management of cases. | • Registration forms<br>• Health facility records<br>• Awareness campaign checklists<br>• Training and supervision checklists | • Security stability in the project area<br>• Uninterrupted funding supply of drugs<br>• Continued community and acceptability and support<br>• Commitment and support of partners to the project<br>• Continuous accessibility to project sites |
| **Outcome 1** | • Minor ailments managed at all health facilities.<br>• Communities adopt positive health seeking behaviours.<br>• Health workers well equipped to provide curative and preventives services in all health facilities | • Total number of clinical consultations conducted at health facilities.<br>• Number of community members reached with health education through outreach campaigns<br>• Number of health workers trained on management of cases at health facilities (41) | • Health facility records<br>• End of project assessment report<br>• County Health Department records | • Security stability in the project area<br>• Uninterrupted funding and supply of relief items and drugs<br>• Continued community and acceptability and support<br>• Commitment and support of partners to the project<br>• Continuous accessibility to project sites |
| **Output 1.1** | • Clinical consultations undertaken and treatment provided.<br>• LLTNs distributed<br>• Preventive services (immunization, | • Number of >5 outpatient consultations<br>• Number of <5 outpatient consultations | • Facility consultation registers<br>• Distribution checklists<br>• Health facility activity | • The health facilities remain accessible throughout the life time of the project.<br>• Security situation remains stable during |

| Goal/Objectives/Outcomes/Outputs | | Indicator of progress | Means of Verification | Assumptions and Risks |
|---|---|---|---|---|
| | deworming, iron folate, IPT and vitamin A supplementation) provided. | • Number of >5 years receiving of de-wormers and vitamin A | checklists | the implementation of the project |
| **Activity 1.1.1** | Conduct Clinical consultations and treatment. | | | |
| **Activity 1.1.2** | Distribute LLTNs to pregnant and lactating women in all locations | | | |
| **Activity …** | Provide preventive services such immunization, Deworming, iron folate, IPT and vitamin A supplementation to under pregnant and lactating women | | | |
| **Output 1.2** | • Routine health education provided<br>• SGBV, Reproductive and antenatal health services provided. | • Number of measles vaccinations and DPT3 given to > 5 and 15 years in emergency or returnee situation<br>• Number of ANC IPT2 second dose<br>• Number of survivors of SGBV receiving clinical care in health facilities. | • Vaccination campaign report<br>• ANC registration record<br>• Daily health facilities record | • Security prevails<br>• Community support |
| **Activity 1.2.1** | Provision of routine health education to pregnant and lactating mothers. | | | |
| **Activity 1.2.2** | Provision of antenatal and reproductive health services such as family planning, BEmONC and SGBV) in all health facilities | | | |
| **Outcome 2** | Strengthening the capacity of health personnel and improving the infrastructure | • Number of staff trained<br>• Number of health facilities improved | • Training attendance list<br>• Health facilities repair checklist | • Stability in project site<br>• Materials will be available<br>• Fund will be available |
| **Output 2.1** | Health Facilities structure improved | Number of health facilities repaired | • Health facilities repair checklist | • Community support<br>Stability in project sites |
| **Activity 2.1.1** | Minor improvement of health facilities (fixing shutter, locks, painting, extension of MCH veranda in Jikmir, Mandeng, Kierwan and Torpuot | | | |
| **Activity 2.1.2** | Preparing of repairs report and photos | | | |
| **Activity 2.1.3** | Equip of Jikmir PHCC with basic laboratory reagents | | | |
| **Output 2.2** | Health personnel training on case management in context of emergency | • Number of health worker trained<br>• Number of community awareness campaign conducted | • Training lists<br>• Awareness checklist | • Stability in all project site<br>• Community support |
| **Activity 2.2.1** | Minor improvement of health facilities (fixing shutter, locks, painting, extension of MCH veranda in Jikmir, Mandeng, Kierwan and Torpuot. | | | |
| **Activity 2.2.2** | Preparing of repairs report and photos | | | |
| **Activity 2.2.3** | Equip of Jikmir PHCC with basic laboratory reagents | | | |

## PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

| **Project start date:** | **1 July 2014** | **Project end date:** | **31 December 2014** |
|---|---|---|---|

| **Activities** | **Q2** | **Q3/2014** | | | **Q4/2014** | | | **Q1/2015** | | | **Q2/2015** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May |
| Activity 1: Delivery and transport of medical supplies to sites | | X | | | | | | | | | | |
| Activity 2: Provision of clinical consultations and treatment in all health facilities | | X | X | X | X | X | X | | | | | |
| Activity 3: Distribution of LLTNs to pregnant and lactating women in all locations | | X | | | | | | | | | | |
| Activity 4: Provision of preventive services such immunization, Deworming, iron folate, IPT | | X | X | X | X | X | X | | | | | |
| Activity 5: Provision of vitamin A supplementation to under pregnant and lactating women. | | X | X | X | X | X | X | | | | | |
| Activity 6: Provision of focused family planning services to all women of child bearing age in all health facilities. | | X | X | X | X | X | X | | | | | |
| Activity 7: Provision of routine health education to pregnant and lactating mothers | | X | X | X | X | X | X | | | | | |
| Activity 8: Prevention and management of SGBV in all locations | | X | X | X | X | X | X | | | | | |
| Activity 9: Provision of antenatal and reproductive health services such as family planning, BEmONC and SGBV) in site | | X | X | X | X | X | X | | | | | |
| Activity 10: Minor improvement of health facilities (fixing shutter, locks, painting, extension of MCH veranda all sites. | | X | | | | | | | | | | |
| Activity 11: Equipment of Jikmir PHCC with basic laboratory equipment and reagents | | X | X | X | X | X | X | | | | | |
| Activity 12: Distribution of pipeline commodities such as drugs, RH kits, clinical, EPI and BEmoNC equipment to all facilities. | | X | X | X | X | X | X | | | | | |
| Activity 13: Refresher training of health workers on health management of communicable diseases. | | | X | | X | | X | | | | | |
| Activity 14: Training of 40 community health promoters (24 members of VHCs, 8 HHPs and 8 TBAs) on health promotion | | X | | X | | X | | | | | | |
| Activity 15: Conducting 24 community outreach mobilizations and awareness campaigns in all the project locations. | | X | X | X | X | X | X | | | | | |
| Activity 16: Conduct 24 outreach immunizations campaigns every month in all project locations. | | X | X | X | X | X | X | | | | | |
| Activity 17: Monitoring and supervision | | X | X | X | X | X | X | | | | | |
| Activity 18: Donor reporting | | | | X | | X | X | | | | | |
| Activity 19: End of project assessment | | | | | | | | | | | | |

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