

Requesting Organization :	Nile Hope			
Allocation Type :	2nd Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		100.00		
		100		
Project Title :	Provision of emergency life-saving and gender sensitive high impact health services for hard to reach, under-served and conflict affected IDPs and vulnerable communities in Leer county of Unity state and Fangak county of Jonglei state.			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-16/H/89692	Fund Project Code :	SSD-16/HSS10/SA2/H/NGO/3441	
Cluster :	Health	Project Budget in US\$:	243,759.38	
Planned project duration :	6 months	Priority:	2	
Planned Start Date :	01/09/2016	Planned End Date :	28/02/2017	
Actual Start Date:	01/09/2016	Actual End Date:	28/02/2017	
Project Summary :	<p>Leer and Fangak have become among the extremely affected counties following the aftermath of the 2013 and now, July 2016 Juba crises. Communities in Leer County are currently living in swampy area where accessibility to reach them is quite difficult and other moving far east to Fangak where access is much fair. Partners reaching this displace population in leer even through other county like Panijar- Nyal is difficult since it take two to three days by canoe to reach the IDPs. Women, Girls, Boys and Men in these counties are the most vulnerable in terms of food insecurity, malnutrition and diseases. Active hostilities, in-accessibility and Insecurity are among the constraining factors limiting women, Girls, Boys and Men to move freely to more secure places to access assistance. There are rampant reports of women and girls being raped and subjected to other forms of violence under the hands of armed men. In the absence of livelihood opportunities, (that have successively been weakened over time by incessant emergencies) many boys are encouraged and even others forced to join armed groups. Reports from communities living in these locations indicate that several families have been separated, with children and elderly left to fend for themselves. Basic infrastructures including health facilities are limited and not effectively supported and the war has markedly destroyed a good number of the few existing ones. Women, Girls, Boys and men are forced to seek traditional ways of treatment. Women and Girls who are exposed to myriad gender base violence do not get special services including psychosocial support or treatment in case of rape. RH services in these conflict-affected counties are nearly nonexistent. Men and Boys from the battlefield are exposed to traumatizing experiences thus requiring psychological support. Immunization coverage is very low in these counties thus predisposing Boys and girls to outbreaks of diseases. Men and women with disability lack special services. However, Nile Hope through this project will support the existing health facilities mostly in Fangak and also set up mobile clinics (1 in Leer and 3 in Fangak) to provide emergency health services to women, girls, boys and men who are in need of the health services including women and men with disabilities. Special services will be provided to targeted highly vulnerable people including clinical management of rape, HIV services in emergencies and psychosocial support to traumatized affected women and Men. Through this project, we shall work to increase accesses to timely equitable emergency primary health care including emergency obstetric care, securing and strategically preposition emergency drugs supplies and equipment in order to alleviate suffering of the vulnerable groups. Nile Hope have developmental funding from HPF in Leer but due to High needs in the area the amount is very limited; on the hand in Fangak, Nile Hope has currently no funding to support the influx of IDPs after the first round of CHF ended in June. However, with the current conflict affecting mostly Leer County and more and more displacement being experienced where the community is moving Far East in Fangak County, coupled with difficulties in accessibility to the area, less significant amount of resources will be used in the area compared with the Fangak response. Nile Hope will spend more of the budget in Fangak (80%) as compared to Leer (20%) since the county is more accessible and has experienced relatively calm. Vigilance and close monitoring will be ensured and in events where there will be need for resources to be increased for the county, the organization will initially share her concerns with the cluster for approval and way forward.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
15,990	19,228	2,485	2,555	40,258

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	9,594	1,014	1,491	1,533	13,632
People in Host Communities	6,396	7,076	994	1,022	15,488
Pregnant and Lactating Women	0	1,538	0	0	1,538

Indirect Beneficiaries :**Catchment Population:****Link with allocation strategy :**

Nile Hope health project is meant to saving lives and alleviating suffering through provision of quality emergency and timely health services to the displaced person in Leer and Fangak counties. This emergency health project is meant to reach the most vulnerable people including IDPs and other targeted highly vulnerable Girls, Boys, Women and Men in the community including HIV/AIDS people, people with mental problem and rape survivors. Since the conflict erupted in South Sudan and subsequent repeated eruption of conflict including July 2016 has been marked by brutal violence against civilian and deepening suffering across the country. Despite the recent attempt to established transition Government, the fighting continues unabated. The crisis has been characterized by widespread displacement caused by violence; high rates of deaths, disease and Injures; severe food insecurity and disrupted livelihoods, major Malnutrition and Severe inflation. In addition, health facilities in these mention counties were neither spared, some of the facilities in Leer recently were looted and other markedly destroyed. This has added community suffering since they do not get enough health services in an already poor health infrastructure even before conflict eruption. Through this project the affected community both IDPs and the vulnerable host communities will have access to emergency health services including emergency Obstetric health care. Nile Hope will make sure through the support of CHF, Emergency curative services, ANC, delivery services and health education is provided in the both static facilities and Temporary (Mobile clinic), in order to save the lives of people and reduce deaths. Nile Hope using it personnel will strengthen the existing system to prevent, detect and respond to disease outbreak; this will be through provision of immunization services to children of affected communities, surveillance of disease out breaks including investigation and respond to disease outbreak. Leer and Fangak is among the counties in south Sudan commonly prone with outbreak especially Measles and Kala-azar thus enhancing the staffs capacity on Emergency prepared & Respond will really increase the capacity of the organization to respond timely. With the recent recurrent conflict still continuing, they has been cases of gender base violence including rape in the affected communities thus increasing the need to provide equality services including clinical management of rape and psychosocial support. Nile Hope will strengthen health services delivery in these affected counties in order to provide even additional emergency services that were initially not provided in the health facilities. Mobile clinics services will be set up in island and other places with Higher IDPs both in Leer and Fangak counties, whereby this mobile clinic will move with community in case of another displacement. However, with the current conflict affecting mostly Leer County and more and more displacement being experiencing where the community is moving Far East in Fangak County couple with difficulties in accessibility to the area, Less significant amount of resources will be spent in Leer (20%) comparing with Fangak (80%). Effort will be put in place in Fangak to rapidly respond to the influx of IDPs from south Unity counties in order to reduce morbidity and mortality.

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 Gezaghen	Health Coordinator	getachew@nilehope.org	0920010326
Tolu Lemiso	Ass Health Coordinator	dtolu@nilehope.org	0920010329

BACKGROUND**1. Humanitarian context analysis**

The humanitarian situation in South Sudan is horrible and unpredictable. The recent conflict that started in July 2016 in Juba, involving SPLA and SPLA IO then eventually spread nearly in all the states including Unity state and Jonglei, have lead to Mass displacement of women, men, boys and Girls within the country and other fleeing to neighbouring countries. According to Aug 2016 OCHA bulletin report, it's estimated that More than 1.6 million people remain being displace internally and more than 900,000 million fleeing to neighbouring countries. Leer and Fangak are most underserved and affected counties in South Sudan. The current conflict in Leer have lead to nearly 30,000 women, Girls, Boys and men displaced to Swampy islands and nearly 19000 other fleeing to Fangak side according RRC. The conflict has cause difficulties in accessibility to leer county thus increasing the plight of the displace community. Since the violence erupted, already severely insufficient primary health care services have been extensively disrupted in these two counties. As of July 2016 according to health cluster report only 44% of the population had access to health facilities however, analysis of current field reports have shown that due to insecurity, prospective clients will not be able to physically access health services, and for the significant few that can access, the structures of the services delivery points have been severely weakened as the majority of health workers have relocated their duty posts until acceptable security levels are restored. This has severely hampers preventive health care –including vaccination campaign, malnutrition screening, and Antenatal care-and reduces healthcare ability to monitor outbreaks. For example, routine vaccinations have nearly ceased in these two counties since the eruption of conflict. Frequent rupture of drugs supplies and lack of qualified health workers (Women and Men) further aggravate the situation. Fangak is currently on alert of cholera cases and malaria has been of a burden in Fangak and Leer. Lack of access to adequate sanitation and over-crowding in displacement sites have made more women, Boys, Men and Girls exposed to communicable and water borne diseases. Women and girls in this remotely counties lack RH services thus posing a major health risks. Men and Boys in these conflict affected counties forcefully conscripted into armed groups, or killed in the fighting thus living their family with nobody to cater to their basic needs. Report shows that sexual and gender base violence and exploitation has increased since the start of crisis and subsequent conflict. The lack of appropriate health services for these survivors is a major gap, especially in these remotely counties. Psychosocial support programmes to reduce distress are inadequate and services for women and men with mental illness or physical disabilities remain virtually non-existent. Much of the care with people living with chronic condition such as HIV/AIDS has broken down. Recent OCHA bulletin report indicates that 4.8 million are suspected to be food insecure as of July 2016. The situation is expected to deteriorate further toward in the coming months. The health situation in these counties will continue to deteriorate more unless the security situation improve to allow health workers to resume works, which is not likely to happen soon like in Leer where nearly the whole community are in the swampy area where accessibility is more challenging due lack of means of reaching this community thus forcing partners to us canoes for two to three days to reach them.

2. Needs assessment

South Sudan has the worst health indicator in the earth. Maternal mortality rate in South Sudan is at 2054 per 100,000 live births, the under 5-mortality rate at 105 per 100,000 live births according to South Sudan household survey. The on going conflict has led to much deterioration of health services that are very limited in the country. According to health reports only 56% of men, women, Girls and Boys had access to health care before the recent eruption of conflict in Juba that spread to other part showing that only a fraction of the population has access to health care. Report from Leer county- Thonyor, Pilieny and Adok suggest that approximately 30,000 people (Women, Girls, Boys and Men) are displaced to swampy island in the county after a series of counter attacked from the armed groups in the area.

Nile Hope field report suggested that generalize looting of essential medical and other supplies in Thonyor PHCC, Pilieny PHCU and Adok PHCU were experience during the recent fighting and currently the facilities are operating as mobile clinic with minimal support especially lack of drugs and other essential health items. High number of malaria cases is being experience in the swampy island where community runs to this area with no protective gear like mosquito nets. Lack of access to RH services; ANC/ante natal care, safe options for delivery and post natal care are primary health needs for women and Girls in this island.

Immunization services are Non-Existence since the Island lacks cold chain facilities and neither an organization offering these services. Reports from this swampy area suggest some of Women and girls were rape and other abused thus currently very traumatized. Men and Boys are forced to fight in the front line thus experiencing gunshots wound and other soft tissues injuries. Fangak on the other hand is relatively calm but experiencing influx of IDPs from South unity. RRA report the area is currently hosting nearly 19,000 Girls, Boys, Women and Men of IDPs with limited health services since nearly 95% of facilities are non-operation. The county was receiving funds from World Bank which currently for the last four-month have not provided any funding to runs this health services.

The common causes of morbidity, especially boys and girls under 5 years continue to be malaria, diarrheal and acute respiratory disease in Fangak. Since 2008 Nile Hope had been supporting those aforementioned areas to date and has a clear understanding of the IDP localities, movement and needs in these counties. Through the support from HPF Nile Hope had been supporting five facilities in Leer County, but following the conflict and recurrent attack the project is now focusing on provision of emergency services in selected localities, Which is too small to cover the community needs. Fangak on the other hand have on any source of funding, World Bank promised to resume offering primary health care on July after halting it operation on May but no funding have been set aside for this area.

Nile Hope in this project will be targeting area with high number IDPs in islands and hard to reach areas which are physically inaccessible Payams and villages of Leer and Fangak Counties with psychosocial, emergency medical and RH services to survivors and victims. The unpredictable and changing nature of health emergencies in South Sudan highlights the need for flexible and rapidly available humanitarian response. Hence the emergency funding will enable Nile Hope to respond to the emergency health needs of the community affected by the ongoing conflict in the areas, mostly putting more effort on were the IDPs are moving in the side of Fangak nearly 80% of funds. The county is relative calm thus depicting service will be provided in the area with less challenges comparing with Leer where there is active hostility.

3. Description Of Beneficiaries

Nile Hope being a local organization working in Greater Upper Nile has built good relationship with the local communities in its counties of operations. Nile Hope being the lead urgency in health in Leer county in provision of primary health care to women, Men, Boys and Girls of Host communities and IDPs, and also frequent providing emergency health services in Fangak will continue to provide emergency health services to women, Men, boys and Girls who are affected by conflict. However, being the lead urgency of a county, it's an organization responsibility to make sure the entire population (Women, Men, Girls and Boys) is provided with essential services including people with disabilities and minorities. However, the emergency health services will mostly target people who are highly vulnerable and have been identified using the local mechanism; VHC, Community leader including women leader, and the local authorities in the counties. The targeted beneficiary is the collection of data's from our health facilities in addition with the current political trend and movement of communities. Experience has shown most women 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 target higher number of women since they are most vulnerable through engaging them from the development of the project and use other community outreach health services to reach those who might not be able to come and seek services in the health facilities and Mobile Clinics. Boys and Girls < 5 years targeted in this project is a projection using the current data in the health facilities and suspected health trend in the year 2016. The minority and people with disabilities are also in cooperated in this project since are also very vulnerable in the community. Men on the other hand are subjected to injuries, trauma both physical and mental and diseases. The identified men through health facilities data and 2016 health needs will be also benefit with this emergency health services.

4. Grant Request Justification

South Sudan has one of the worst health indicators in the world, Maternal mortality rate in South Sudan is at 2054 per 100,000 live births, the under 5 mortality rate was 105 per 100,000 live births /SSHS 2010/. However, according to report from health partners, the situation have worsen more with aftermath 2013 conflict and the recent resumption of conflict in Juba on July 2016 between SPLA IG and SPLA IO that spread to other part of the country including Leer and Fangak. The July 2016 conflict exacerbated the already fragile health sector further causing a public health crisis, thus aggravating the underlying health vulnerabilities and weak infrastructure in Leer and Fangak counties. Reports from OCHA show 30,000 people displaced from Leer County to more in-accessible swampy islands within the county, namely Totrial, Kok and Wulu while others fled toward Fangak County. Nile Hope field reports indicated that there was generalized looting of essential medical and other supplies in Thonyor PHCC, Pilieny and Adok PHCU in Leer and currently the HFs are operating as mobile clinics in areas where community moved with minimal support thus leaving large population with no health services. Fangak on the other hand have been experiencing some influx of IDPs from south Unity state. The IDPs feel the area as much fairly better than their original homes in Leer and Koch. Generally, the fighting has hampered preventive health care including immunization services, ANC, and integrated disease surveillance and response. The routine vaccinations coverage to Boys and Girls of < 5yrs have nearly ceased in these two counties especially Leer where cold chain facilities were vandalized and stolen as arm faction were exchanging hand since the start of the conflict. Frequent rupture of drugs supplies and lack of qualified health workers (Women and Men) further aggravate the situation. The most common threats to women, Girls, boys and men of IDPs and the vulnerable host population health in the two counties include Malaria, Diarrheal and Acute respiratory diseases. Malaria according to Health cluster bulletin generally have been leading in the recent month accounting up to 89.7% of all the consultation depicting alarming cases comparing with the past years. Lack of access to adequate sanitation and over-crowding in displacement sites have made more women, Boys, Men and Girls to be exposed water borne diseases. However, since most of the communities especially in Leer are in swampy area where accessibility is more difficult, report show a rise in morbidity given that the living conditions are quite dire. Women of reproductive age in these displace areas lacks RH services thus increasing maternal morbidity and mortality rate. In addition, the essential drugs (CAIPA drugs) were looted in Leer leaving the communities who are in need of health services in a dire situation. Despitess accesses difficulties, Nile Hope intends to rapidly scale up access to quality emergency health services in these selected underserved areas by focusing on enhancing the provision of emergency medical services through offering mobile services, outreach immunization of boys and girls in places with higher IDPs, providing women friendly RH services as well as improving access to emergency obstetric care for pregnant mothers. The project will also involve securing and repositioning of emergency drugs and earlier detection and referral of common cases. Nile Hope has developmental funding in Leer from HPPF but due to high need the funds are very limited. On the other hand Fangak project we currently have no funds for the location. With difficult in accessibility in Leer and continuous fighting, more of the project funding-80% will be channel to Fangak County where there is relatively peace and accessibility is much fair comparing with Leer County.

5. Complementarity

Nile Hope emergency health project in Leer and Fangak counties is geared toward increasing availability of emergency health services which are currently limited since the counties get health support through developmental fund that are not for emergencies purposed. Nile Hope being the lead agency in Leer county in providing basic services of health care and prominently providing emergency health services in Fangak, will wish to strengthened and continue providing emergencies health services to the needy communities who are in dire need of this services. The health project is not designed differently from the previous emergency project, it meant to continue providing the same services but with increase of the target beneficiaries due to the on-going conflict that have increase the needs of the people in these two mention area due to the recent flare up of conflict.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of this project is to save the lives and prevent morbidity and mortality of targeted vulnerable Groups, reaching 19228 women, 2555 girls, 2485 boys and 15990 men including IDPs in Leer of Unity state and Fangak of Jonglei state through provision of quality emergency lifesaving Primary Health Services and strengthening preparedness to respond to health related emergencies by end of February 2017.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	70				
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	30				
<p>Contribution to Cluster/Sector Objectives : Nile Hope health will directly support the support cluster objective of improving access to emergency health care services to IDPS and Vulnerable host communities, including emergency obstetric care services; Enhance existing systems to prevent, detect and respond to disease outbreaks and Improve availability, access and demand for services targeting highly vulnerable women, girls, Boys and Men in Leer and Fangak counties through implementation of several emergency health activities including providing essential emergency primary health care, Securing from core pipeline and prepositioning of emergency basic equipment; drugs and other medical supplies, strengthening reproductive health interventions, working closely with the health staffs on investigating and response to disease out breaks, communicable disease control through increasing surveillance and support emergency referral health system in health facilities. Other additional activities will include providing clinical management of rape, linking with organization providing Gender and protection services to provide psycho-social support, working closely with partners like MOH, WHO, MSF and ICRC in case of mass casualties that require surgical intervention, health cluster coordination activities and timely relaying information to cluster lead and MOH in case of any health emergencies in these areas. Minor repairs of the destroyed health facilities will also be part of this emergency health project. These activities will reduce morbidity and mortality rate of Women, boys, girls and men of IDPs and the vulnerable host community. We are going to create cross sector synergies for example linking up with Nile Hope protection psychosocial technical team in provision of counseling and psychosocial support services to affected vulnerable population.</p>							
Outcome 1							
Reduced Morbidity and Mortality rate by above 95% among Women, Girls, Boys and Men seeking health services in supported health facilities							
Output 1.1							
Description							
A total of 6636 men, 7188 Women, 1693 boys and 1763 girl provided with Emergency curative health services in Leer and Fangak counties							
Assumptions & Risks							
Security situation stable to provide health services, Emergency drugs available in the Clinic both mobile and static HFs, Availability of qualified Personal to be recruited in the field and community willing to bring the sick to the Mobile clinic and HFs							
Activities							
Activity 1.1.1							
Provide emergency curative health services including management of minor surgical/trauma to 6636 men, 7188 women, boys 1693 and 1763 girls through Set Up Mobile clinic in area with Health emergencies and supporting the existing MoH/partner health facilities in Leer and Fangak counties							
Activity 1.1.2							
Set Up 4 mobile clinic; 1 in Leer county and 3 in Fangak county and support 5 Health facilities in the mention counties to provide emergency health care services on a timely manner							
Activity 1.1.3							
secure from Pipeline partners and strategically preposition lifesaving emergency drugs and emergency medical supplies in Leer and Fangak counties							
Activity 1.1.4							
conducts minor repairs in health facilities that were damage during the conflict to able to provide quality services to the community affected							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	6,636	7,188	1,693	1,763	17,280
Means of Verification : Register books, Monthly HMIS reports, DHIS reports							
Indicator 1.1.2	HEALTH	Number of < 5 years consultation conducted					3,456
Means of Verification : Register Books, HMIS report, DHIS Monthly report							
Output 1.2							
Description							
A total 1808 Mother reached with emergency reproductive health services including ANC, deliveries and treatment of STDs in Leer and Fangak counties							
Assumptions & Risks							
Women willing to seek RH services, RH kits available and preposition in the field, security situation favourable for women to seek RH services							
Activities							

Activity 1.2.1							
Provide emergency focus antenatal care services to 1620 pregnant mother in Fangak and Leer counties							
Activity 1.2.2							
Facilitate safe delivery of 288 pregnant women by using skill birth attendant in the Mobile clinic HFs in Leer and Fangak counties							
Activity 1.2.3							
secure and reposition clean delivery kits to the field site, to be provided to mother that are in their third trimester to deliver safely							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Frontline # of births attended by skilled birth attendants in conflict-affected and other vulnerable states		288			288
Means of Verification : delivery register book, HMIS monthly report, DHIS monthly report							
Indicator 1.2.2	HEALTH	Frontline # Number of facilities providing BEmONC services					5
Means of Verification : Monitoring reports, DHISMonthly reports							
Indicator 1.2.3	HEALTH	Number of ANC client seen in Mobile clinic and HFs					1,620
Means of Verification : ANC registers Book, DHIS monthly report							
Outcome 2							
Improve prevention and response of preventable disease outbreaks by at least 90%, thus reducing continued outbreaks in the community							
Output 2.1							
Description							
A total of 1584 children under five (792 girls and 792 boys) provided with vaccination antigen including measles vaccine in the Mobile clinic and health facilities in Leer and Fangak counties							
Assumptions & Risks							
Vaccine and immunization accessory available, caretakers willing to bring their children for immunization							
Activities							
Activity 2.1.1							
Provide immunization services to Boys and Girls under the age of five years reaching 1584(792 girls and 792 boys) in order to boost their immunity against public health health preventable disease							
Activity 2.1.2							
Preposition cold chain facilities in 2 HFs to provide emergency vaccination services							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			475	475	950
Means of Verification : EPI register, DHIS monthly report, quarterly report							
Indicator 2.1.2	HEALTH	Frontline # of facilities with functioning Cold chain in conflict states					2
Means of Verification : Monitoring report, Quarterly report							
Output 2.2							
Description							
Emergency preparedness and response mechanisms established in Leer and Fangak counties, 1 in each county							
Assumptions & Risks							
security safe in the field, Staffs willing to be train on EP&R							
Activities							
Activity 2.2.1							
Conduct investigation and respond to disease outbreak using the staff previously trained on emergency preparedness and response							
Activity 2.2.2							
Conduct targeted health education and promotion messages before and during the disease outbreaks							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	(Frontline services): proportion of epidemic prone disease alerts verified and responded to within 48 hours					100
Means of Verification : surveillance reports							
Indicator 2.2.2	HEALTH	Frontline # of health education and promotion sessions conducted before and during outbreaks					72
Means of Verification : Monthly health education report, Quarterly Reports							
Outcome 3							
Improved availability, access and demand for services targeting highly vulnerable people in supported 9 facilities (Static and temporary) in Leer and Fangak counties							
Output 3.1							
Description							
A total of 4 Mobile clinic established and 5 health facilities supported and equipped to provide GBV, HIV and community based mental health and psycho social support to affected communities including women, Girls, Boys and men of IDPs and the vulnerable host communities							
Assumptions & Risks							
Affected persons willing to come and seek services, Supplies pre-position on time, community willing to share information of affected							
Activities							
Activity 3.1.1							
Provide support to 9 Mobile clinic and health facilities to provide clinical management of rape in Leer and Fangak counties							
Activity 3.1.2							
Provide community based mental health and psychosocial services in Leer and Fangak counties							
Activity 3.1.3							
Conduct Monitoring visits, Reporting and Evaluation of the project to confirm and measure progress and impact respectively							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	Frontline # of health facilities providing SGBV services					9
Means of Verification : Mobile clinic set Up reports, Monthly HFs GBV report, Quarterly report							
Indicator 3.1.2	HEALTH	# of facilities providing Mental health and psychological services					9
Means of Verification : Monthly and quarterly reports							
Additional Targets :							
M & R							
Monitoring & Reporting plan							
<p>Nile Hope, being the implementing agency of this emergency health program will work closely with the CHD/MOH, community and other cluster partners, to ensure the project is monitored well and reporting done timely. For the organization to run the project smoothly and efficiently, the project will be monitored to track how activities are being implemented in the field. The Project Log- frame and Work plan will be the main tools to measure the extent of how activities are achieved; where necessary to draft a way forward on how to fast track it, if it's not achieved as expected. In addition to the Log-frame, Nile Hope's Monitoring and Evaluation Team led by the M&E Officer and CHD will use other techniques like Focus Group Discussions and stakeholder workshops to evaluate the quality of services provided by the project. Analysis of the project achievements will be presented in form of Graph, table and charts to produce quality reports. Weekly IDSR, monthly HMIS report will be share to the Ministry of Health and the cluster to closely have informed information on what is happening in the field in term of emergency health project implementation. In addition, Nile Hope will continuously be updating cluster on Bi-weekly basis on the progress of implementation of the project so as to receive technical support and advise where possible to improve the quality of services delivery and also share challenges encountered. Mid Term report and the final report will be shared to CHF using the GMS reporting systems in order to monitor the progress of the project. The organization will use the CHF mid term and the final reporting format to send this report on timely basis. Ministry of Health State and cluster lead will visit the site at the mid of the project and at the end of the project, or as deemed appropriate to assess progress towards achievement of project targets as envisaged. In addition there will be common inter-departmental M&E activities to track cross cutting issues.</p> <p>The Finance Department on the other hand will ensure continuous and robust budget tracking to ensure resources are spent and accounted within the defined ceilings. The Grants Manager will ensure adherence to, and interpretation of, the existing MoU.</p>							
Workplan							

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide emergency curative health services including management of minor surgical/trauma to 6636 men, 7188 women, boys 1693 and 1763 girls through Set Up Mobile clinic in area with Health emergencies and supporting the existing MoH/partner health facilities in Leer and Fangak counties	2016									X	X	X	X
	2017	X	X										
Activity 1.1.2: Set Up 4 mobile clinic; 1 in Leer county and 3 in Fangak county and support 5 Health facilities in the mention counties to provide emergency health care services on a timely manner	2016									X			
	2017												
Activity 1.1.3: secure from Pipeline partners and strategically preposition lifesaving emergency drugs and emergency medical supplies in Leer and Fangak counties	2016									X	X		
	2017												
Activity 1.1.4: conducts minor repairs in health facilities that were damage during the conflict to able to provide quality services to the community affected	2016										X	X	
	2017												
Activity 1.2.1: Provide emergency focus antenatal care services to 1620 pregnant mother in Fangak and Leer counties	2016									X	X	X	X
	2017	X	X										
Activity 1.2.2: Facilitate safe delivery of 288 pregnant women by using skill birth attendant in the Mobile clinic HF in Leer and Fangak counties	2016									X	X	X	X
	2017	X	X										
Activity 1.2.3: secure and preposition clean delivery kits to the field site, to be provided to mother that are in their third trimester to deliver safely	2016									X	X	X	
	2017												
Activity 2.1.1: Provide immunization services to Boys and Girls under the age of five years reaching 1584(792 girls and 792 boys) in order to boost their immunity against public health health preventable disease	2016										X	X	X
	2017	X	X										
Activity 2.1.2: Preposition cold chain facilities in 2 HF to provide emergency vaccination services	2016											X	X
	2017												
Activity 2.2.1: Conduct investigation and respond to disease outbreak using the staff previously trained on emergency preparedness and response	2016									X	X	X	X
	2017	X	X										
Activity 2.2.2: Conduct targeted health education and promotion messages before and during the disease outbreaks	2016									X	X	X	X
	2017	X	X										
Activity 3.1.1: Provide support to 9 Mobile clinic and health facilities to provide clinical management of rape in Leer and Fangak counties	2016										X	X	X
	2017	X	X										
Activity 3.1.2: Provide community based mental health and psychosocial services in Leer and Fangak counties	2016									X	X	X	X
	2017	X	X										
Activity 3.1.3: Conduct Monitoring visits, Reporting and Evaluation of the project to confirm and measure progress and impact respectively	2016									X	X	X	X
	2017	X	X										

OTHER INFO

Accountability to Affected Populations

Nile Hope throughout its lifespan has been implementing project with close collaboration with the community. The organization have developed a culture of engaging the community as from the initiation of the project in order for the community feel the sense of ownership. However, during the initiation of this emergency project, a stakeholder workshop will be organize 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. 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.

Implementation Plan

Nile Hope, being the partner providing emergency health services and the leading NGO in Leer county in providing health care service while providing emergency health services in Fangak will work closely with the CHD/MOH, community and other cluster partners in our area of implementation to prevent duplication and provide quality emergency services, as from 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 capacitated 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

Gender Marker Of The Project

2b-The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

The organization has ranked its health project with gender maker of 2b since throughout the project from the summary; Justification; outcomes and activities; women, men, girls and boys needs are articulated well. In the Humanitarian context analysis women and Girls are prone to gender base including rape and psychological trauma. This need in responded well in the outcome and activities through provision of special services including treatment of rape and psychosocial support. Reproductive health services to women of reproductive age are limited since the conflict started and it suspected to be worse in the coming of 2016 due to continued hostilities and lack of services. RH services will be provided to women through several activities and output shown in the logo frame part. Men on the other hand are exposed to traumatizing event during the conflict leading them to be psychologically affected. The respond mechanism to men needs is reflected in the outcome and activity part. Boys on other hand are forced to join armed groups and others are encouraged to join the groups due to lack of livelihood activities that can keep them busy. Girls and Boys are prone to diseases that are preventable though immunization services that are currently non-existence in this counties, which is well shown in the project justification analysis. Women and men with HIV and Disable needs are also shown and responded appropriately. The entirety of the proposal show that needs of men, women, boys and Girls are clearly shown and responded to during the implantation of this project.

Protection Mainstreaming

Persons with specific needs like the un-accompanied 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 case manager will be providing protection education session during the daily provision of health services in both static and temporary services like mobile clinic. Psycho social support will be provided during health services provision to the community in a private and conducive environment in aforementioned areas by either the case manager where this cadre are available or through health staff who will be capacitate during inception of the project. During the services provision confidentiality will be given high priority in order to safe guide information of t women, girls, Boys and Men who seek emergencies services from the Health facilities. In addition to protection, 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. 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.

Country Specific Information

Safety and Security

Fangak County where Nile Hope will be implementing this emergency project are fairly calm thus providing a safe place for the local staffs and other staff from other region in south Sudan to work with minimal difficulties. Leer County on the other hand is slight tense with sporadic fighting mostly in the last one month were most of the communities moved to swampy islands. 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

Nile Hope in these two counties has been there quite long and has 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, Boat, vehicle and plane can't reach in order reach those community that leaving in the swampy area and remotely located, with services at their disposal. Places where Nile Hope have mean of transport and the area is safe, will use the mean to reach the community i.e use of boat in Fangak county. In case of transport 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 community

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Clinical Officer	D	4	900.00	6	80.00	17,280.00
	<i>4 Clinical Officers at \$800 per month for period of 6 months charging 100% to CHF The staff will be in-charge of managing mobile clinics and handling referral cases and will be providing consultation services to all the patients including client seeking RH services</i>						
1.2	Nurse/mid wife	D	4	750.00	6	80.00	14,400.00
	<i>4 Nurses to be stationed at the mobile clinics afforded at \$ 700 according MoH Salary Scales, will be expected to provide nursing care to all outpatients according to NH protocols. Apply medical knowledge and skills to diagnosis and prevention (helped by clinical examination, laboratory results and exams available). To be based in 4 mobile clinics in Leer and Fangak.</i>						
1.3	County Health Coordinators	D	2	2,500.00	6	50.00	15,000.00
	<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</i>						
1.4	Health Coordinator	D	1	6,200.00	6	50.00	18,600.00
	<i>Health Coordinator at \$6200 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>						
1.5	Assistant Health	D	1	6,000.00	6	50.00	18,000.00
	<i>Assistant Health Coordinator at \$6000 per month for period of 6 months charging 50% to CHF, He/ She will plan organize and implement project in intervention site, ensure that all projects activities are implemented on the site within the budget period. To be based in both field location and frequent visit Juba for Reporting.</i>						
1.6	MCHW	D	4	400.00	6	80.00	7,680.00
	<i>4 Midwives to be stationed at the mobile clinics afforded \$ 700 according to MoH Salary Scales, will be expected to provide safe motherhood services to all client according to NH protocols. Apply medical knowledge and skills to diagnosis and prevention (helped by clinical examination, laboratory results and exams available). To be based in 4 mobile clinics in Leer and Fangak</i>						
1.7	CHW	D	4	400.00	6	80.00	7,680.00
	<i>4 CHW at \$ 300 per month for a period of 6 months charging 100% to CHF, to assist Nurse in running the mobile clinics in Leer and Fangak.</i>						
1.8	Vaccinators	D	4	350.00	6	80.00	6,720.00
	<i>4 Vaccinators to be located in 4 Mobile Clinics @ Leer and Fangak with responsibility of administering immunization and innoculations to patients and children</i>						
1.9	Executive Director	S	1	7,000.00	6	16.00	6,720.00
	<i>1 Executive Director @\$7000 per months for 6 months , 15% 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	Finance Manager	S	1	6,500.00	6	16.00	6,240.00
	<i>1 Finance Manager @\$6500 per month for 6 months , 15% 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>						
1.11	Programme Coordinator	S	1	6,500.00	6	16.00	6,240.00
	<i>1 Programme Coordinator @ \$6500 per month for 6 months , 15% charged to CHF activities Location: Juba. He is incharge of all programs and he has responsibilities of ensuring that the projects are implemented in accordance with the donors mandate, he will support the health team in monitoring and evaluation</i>						
1.12	MEAL Officer	S	1	5,000.00	6	16.00	4,800.00
	<i>1 Meal Officer afforded @ \$5000 per month for 6 months, 15% charged to CHF, he has the responsibility of ensuring that the project are implemented as intended. He organises joint monitoring with the donors and he shares the independent reports to the Donors</i>						
1.13	Liaison Officer	S	1	4,500.00	6	15.00	4,050.00

	<i>1 Liaison and Compliance Officer, based in Juba with frequent travel to the field, charged with responsibility of ensuring that programs are implemented in accordance with donors policies and regulations, the Monthly Salary for this project is \$ 4500, CHF allocation is 15%</i>						
1.14	Logistical Officers	S	3	2,000.00	6	15.00	5,400.00
	<i>3 Logistic officer @\$2000 per month for 6 months, 15% charged to CHF, Locations: Juba and is responsible for the movement of staff and materials in and out of Juba.</i>						
1.15	Field Accountants	S	2	2,000.00	6	30.00	7,200.00
	<i>2 Field Accountants to be based in Leer and Fangak, 30% charged to CHF. They are charged with the responsibility of maintaining records and books of accounts in the field level. Ensure proper authorisation is done on expenditure. Submit the expenditure reports on a timely basis to Juba office.</i>						
	Section Total						146,010.00
Supplies, Commodities, Materials							
2.1	Minor emergency Repair of health facilities including sanitary facilities	D	3	5,000.00	1	100.00	15,000.00
	<i>Rehabilitation of medical facilities in Fngak and Leer following destruction and looting that took place last month. The minor rehabilitation will take place in Thonyor, Pilieny, Pakam, Boum and New Fangak PHCC. There will be procurement of poles, rafts, nails, roofing sheets, grass , plastic sheets</i>						
2.2	Transporting drugs and Medical Equipments from Juba to Leer	D	2	6,000.00	1	100.00	12,000.00
	<i>The cost relates transportation of drugs from Juba to the facilities through charter i.e. 1 ton charter. Due to the difficult context of the area, it is effective to use charters instead.</i>						
2.3	Distribution Costs of Drugs and Medical Equipments	D	2	4,000.00	1	100.00	8,000.00
	<i>This costs relates to distribution of drugs and medical equipment to the facilities. The medicine will be distributed to the four mobile clinics and health facilities in Adok, Pilieny, Thonyo, Pakan, Boum and New Fangak PHCC/HOS</i>						
2.4	Setting up mobile clinics	D	4	2,500.00	1	100.00	10,000.00
	<i>4 Mobile Clinics will be set up, 1 in Leer and 3 in Fangak , the Cost will include recruitment costs, community mobilization including advocacy</i>						
2.5	IEC Materials	D	300	20.00	1	100.00	6,000.00
	<i>300 T Shirts and IEC materials will be printed with health promotion messages in local language, mostly targeting immunization messages, reproductive health messages and hygiene messages.'</i>						
2.6	Protective Gears	D	2	1,000.00	1	100.00	2,000.00
	<i>The costs relates to procurement of protective gears such as gumboots, face masks and gloves for the health workers to protect them from infectious and communicable diseases</i>						
2.7	Mobile Clinic Stationery	D	2	1,000.00	1	100.00	2,000.00
	<i>Stationeries to be procured to be used in the mobile clinics and health facilities in Leer and Fangak</i>						
	Section Total						55,000.00
Equipment							
3.1	Sat Phone	D	2	1,500.00	1	100.00	3,000.00
	<i>2 Satellite Phones to be procured for Leer and Fangak to help in sending reports and communication with the coordination office in Juba.</i>						
3.2	laptop	D	1	800.00	1	100.00	800.00
	<i>1 Laptop for the county coordinator for Fangak to help in developing reports in the field level and submitting on a timely manner.</i>						
3.3	camera	D	1	200.00	1	100.00	200.00
	<i>2 camera will be procured for taking photos in the field so as to present evidence base reports</i>						
	Section Total						4,000.00
Travel							
5.1	Flight cost for health staff (Leer and Fangak)	D	6	600.00	2	100.00	7,200.00
	<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	3	880.00	1	100.00	2,640.00
<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	3	2,000.00	1	100.00	6,000.00
<i>Fuel to be procured separately to assist in the transportation of construction materials, medical drugs and medical equipments</i>							
Section Total							15,840.00
General Operating and Other Direct Costs							
7.1	Office rent	S	1	6,000.00	2	20.00	2,400.00
<i>This costs relates to office rent in Juba on a quarterly basis , 20% charged to CHF</i>							
7.2	Internet	S	1	2,000.00	2	20.00	800.00
<i>The internet support cost for Juba and Akobo office, the monthly charge is \$ 2000 with 20% allocation in CHF health budget</i>							
7.3	Generator Maintenance	S	1	1,500.00	2	20.00	600.00
<i>This costs is for lighting our Juba office, The costs is related to buying fuel and repairs and maintenance of Generator.</i>							
7.4	Bank Charges	S	1	201.25	2	100.00	402.50
<i>This amount is charged on transfer of funds. It is estimated that a total of \$ 500 will be incurred in remittance of funds in various NH Bank accounts</i>							
7.5	Field Accomodation	S	1	460.00	6	100.00	2,760.00
<i>This will be the cost of procurement of food stuff for the field compound</i>							
Section Total							6,962.50
SubTotal			370.00				227,812.50
Direct							180,200.00
Support							47,612.50
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							15,946.88
Total Cost							243,759.38
Grand Total CHF Cost							243,759.38

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Fangak	80	12,792	15,382	1,988	2,044	32,206	
Unity -> Leer	20	3,198	3,846	497	511	8,052	

Documents

Category Name	Document Description