

<b>Requesting Organization :</b>	Health Link South Sudan	
<b>Allocation Type :</b>	1st Round Standard Allocation	
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>
HEALTH		100.00
		<b>100</b>

<b>Project Title :</b>	Increasing access to quality essential and emergency Primary Health Care services to women, girls, boys and men in conflict affected and vulnerable communities in Upper Nile, Unity, Lakes and Jongolei States in order to reduce, protect and save lives from the excess mortality
<b>Allocation Type Category :</b>	

OPS Details			
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA1/H/NGO/773
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	221,000.05
<b>Planned project duration :</b>	4 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	01/01/2016	<b>Planned End Date :</b>	30/04/2016
<b>Actual Start Date:</b>	01/01/2016	<b>Actual End Date:</b>	30/04/2016

<b>Project Summary :</b>	<p>The proposed project intends to contribute to the reduction of the excess morbidity and mortality from common communicable diseases and surgical injuries sustained from violent conflicts through increasing access to quality essential life-saving emergency primary health care services to women, men, girls and boys in conflict affected and vulnerable communities of Mingkaman IDP of Awerial County, Lakes State and Bor PoC of Bor South, Jongolei State. Health Link plans to conduct this through continuity of provision of basic emergency life saving primary health care services in already 3 existing health facilities, two in Mingkaman (Site 1 Hospital and PHCC at Site 2) as well as Bor PoC PHCC. The model approach for the implementation process shall employ the BPHNS including integration and support to HIV/AIDS and TB clients to be continued as a means to comprehensive health care provision planned by Health Link. The response strategy that Health Link will focus is based on the sector objectives including the following;</p> <p>Improve access and scale- up responsiveness to, essential and emergency health care, including addressing the major causes of mortality among U5 (malaria, diarrhea and pneumonia), and emergency obstetrics and neonatal care services, including SGBV services, And prevent, detect and respond to epidemic prone diseases outbreaks in Mingkaman IDP camp of Awerial County, Lakes State and Bor PoC in Bor South of Jongolei State.</p> <p>Population displacements exacerbate poor health prognostic outcomes due to insufficient preventive, curative and referral services. In addition, malnutrition among children under five, limited access to cooking materials such as firewood/charcoal exposes women to rape (SGBV), preference of women to give birth at home and lack of awareness on key health education messages are factors contributing to vulnerability of women, girls, men and boys to life-threatening health risks.</p> <p>In as far much as acute emergency response needs is required, Health Link intends to integrate capacity building for targeted frontline health care workers and community members. The health personnel will be capacitated on BEMONC, IYCF practices, common morbidities, IMCI, IIP, Safe motherhood, disease surveillance and outbreak response, MHPSS and subsequent integration n of mental health services into primary health care services. Community networking on mental health will be strengthened through training community focal persons to promote access to informal support and self help in the community as community mental health level supporters. This is all aimed at improving the quality of service provision. Health Link will continue to work closely with the County Health Departments of Awerial, Bor and all other Counties in the project areas to ensure smooth and efficient referral system for complicated obstetric procedures requiring specialized services.</p>
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<b>Direct beneficiaries :</b>					
Men	Women	Boys	Girls	Total	
8,872	31,544	24,644	33,518	98,578	

<b>Other Beneficiaries :</b>					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	8,872	31,544	24,644	33,518	98,578
Children under 5	0	0	10,143	10,558	20,701
Pregnant and Lactating Women	0	4,436	0	0	4,436
People in Host Communities	1,513	5,379	4,203	5,717	16,812

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

The planned project responds to 1st HRP SO1 of, 'Improve access, and scale-up responsiveness to, essential and emergency health care, including addressing the major causes of morbidity and mortality among U5 (malaria, diarrhea and Pneumonia), and emergency obstetrics and neonatal care services, including SGBV services by contributing and ensuring the continuity of provision of quality access to essential and emergency Primary Health Care Services to women, men, girls and boys in Mingkaman IDP of Awerial County and Bor PoC in Jongolei State. This will further be achieved through continuity of curative consultative care services in Site I Hospital and Site II PHCC of Mingkaman IDP and Bor PoC PHCC in Bor South, conducting clean, safe and hygienic deliveries by skilled birth attendants, minor surgeries, BEMONC including blood transfusion services, ANC to pregnant mothers including provision of HIV services ( PMTCT option B-plus), IPT, LLINTS and micronutrient supplementation, growth monitoring and nutrition assessment to U5 males and females through anthropometric measurements, support treatment of MAM/SAM through provision of nutritional supplies or strengthen referral mechanism for MAM/SAM cases, train MCHW/SBA on counseling pregnant mothers (on adequate weight gain, rest, nutrition and optimal IYCF practices), promoting IYCF practices in health facilities during ANC health education and promotion sessions, provide essential drugs and other pharmaceutical supplies in management of adult and childhood illness such as Malaria, ARI, Measles, Worms as they predispose children to malnutrition. All basic health services shall be made accessible by both the Host community and IDP population in Mingkaman. The 2nd cluster objective herein referred to as Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable states will be addressed through planned activities such as health education and health promotion on common communicable diseases before/during outbreaks within the health facilities of Mingkaman Site 1 and Site 2 as well as Bor PoC PHCC and at community level through the already established community network structure of CBDs who are involved in day to day integrated home management of malaria, diarrhea and pneumonia. Other activities planned include providing responses to communicable disease outbreaks, rumors and alerts to within 48hrs, provide measles vaccinations to under 5yrs in Site 1 Hospital, Site 2 PHCC as well as Bor PoC PHCC, provide support during NIDS programming conducting static immunizations, train health workers on diseases surveillance and outbreak response in Mingkaman and Bor PoC PHCC as well as procurement, transport and pre-positioning of essential drugs and medical supplies. The proposal also addresses HRP SO1 of increasing availability, access to and demands for Psycho-social support services, GBV and mental health targeting highly vulnerable people. The planned activities meant to achieve this objective include; training frontline Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape , provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC services, conduct training of MHPSS to frontline health workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid, provide treatment to mental disorders through procurement of emergency WHO Model of essential psychotropic medications, promote gender and age disaggregated health information systems that cover essential mental health data, create community network through training Focal persons to promote access to informal support, self help in the community as community mental health level supporters.

**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
UNICEF	119,000.00
	<b>119,000.00</b>

**Organization focal point :**

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**BACKGROUND****1. Humanitarian context analysis**

Nearly 24 months since the outbreak of violence in Juba, sporadic and heavy violence continues to displace tens of thousands of people, majority being women, girls, boys, elderly people and people with disability from more than 6 of the ten states of South Sudan (Unity, Upper Nile, Jonglei, Lakes, Western Equatoria and Eastern Equatoria State). According to DTMs and CCCM data, 41,000 new displaced populations arrived in Mingkamman IDP Site by mid December 2015 and this has increased the total caseload to over 120,000 people. The renewed influx of IDPs has come as a result of violence spreading to Western and Eastern parts of Equatoria states. However, despite the increasing hopes for peace following the return of sections of SPLA-IO to Juba in December 2015, humanitarian needs continue to increase. In the conflict affected and highly vulnerable areas, the provision of basic life-saving primary health care services has remained a big challenge and a critical gap as a result of public health emergencies caused by the disruption of basic social services and infrastructure.

Overall, the current health status of IDP in Mingkamman and Bor PoC sites is considered still poor with reported high morbidity and mortality from common communicable diseases (Malaria, AWD, and RTI) in the general population. Malaria contributes to 38% of the total disease burden followed by AWD (21%), Malnutrition and Pneumonia each contributing to 6.8% of the total causes of morbidity (DHIS – 2015). Nonetheless, injuries from gunshots and other forms of trauma have also been reportedly widespread and among the top causes of morbidity and mortality in all IDP sites and affected conflict areas.

Access to maternal and neonatal child health with focus on immunization and ANC services is absolutely low or practically not available in some cases. In general, Penta 3 coverage in Upper Nile, Unity and Jonglei States are well below 13.5% and similarly skilled birth attendance is below 10% (DHIS 2015).

An overall interruption of ART/TB services in the conflict affected states with more than 80% of patients previously on chronic care for HIV/AIDS and TB or co-infected lost from follow up. This presents a huge danger to development of drug resistance to the current regimens for ARTs and TB Treatments. Besides, South Sudan is highly prone to epidemic of communicable diseases more especially Cholera given the poor state of hygiene and sanitation as witnessed by the recent Cholera outbreak which killed more 46 people and affected 1,735 women, men, girls and boys.

Health Link therefore intends to contribute to the reduction of excess morbidity and mortality in Mingkamman IDP and Bor PoC and other vulnerable areas by scaling up provision of essential and lifesaving emergency primary health services and secondary health to the IDPs and affected communities.

## **2. Needs assessment**

## **3. Description Of Beneficiaries**

This project proposal targets internally displaced populations (IDPs) in Mingkamman and Bor PoC and other crisis affected and vulnerable host communities that includes Women, girls, men and Boys along with the most vulnerable group such as the youth, elderly, persons with disability, pregnant and lactating mothers, people living with HIV/AIDS, TB as people with special needs. A special focus will be paid to Gender Based Violence among young girls and women.

## **4. Grant Request Justification**

Since the onset of the crisis, HLSS has been the main provider of life saving emergency primary health care and secondary level care for more than 140,000 displaced populations in Mingkamman. In Sept 2015, HLSS also bridged the gaps left by the departure of the IRC from Bor PoC. Since IRC's departure, HLSS has been the only partner providing lifesaving emergency primary health care services for the displaced population under the UNMISS protection site of Bor. According to HIMS reports, HLSS has conducted more than 124,127 consultations through the two facilities in Mingkamman and 6,300 in Bor PoC PHCC (weekly Health Cluster data 2014 to 2015 for Mingkamman and 2015 for Bor PoC PHCC).

Currently HLSS is the only partner providing Quality Primary and Secondary Health Care Services in Mingkamman IDP Camp at Site 1 Hospital and Site II PHCC along with integrated Community Case Management of Malaria, Pneumonia and Diarrheal diseases well rooted at community levels. HLSS has also integrated HIV/AIDS, TB, and Gender Based Violence Services in the routine health care services provision at the two Health Facilities. Over the past year of work in Mingkamman IDP Camp, HLSS has established a functional network of community volunteers in the capacity of Community Based Drug Distributors (CBDs) and Home Health Promoters (HHPs) who are engaged in community EPI, HIV/AIDS, TB DOTS and GBV service delivery. HLSS has continued to provide in-patient care services with emergency surgical services and has remained to be the only agency providing emergency blood transfusion.

However, HLSS requires funding to continue with provision of these critical lifesaving services in 2016 as the current funding period ended on 31st December 2015. The funding request from CHF is purely intended to meet this gap and so ensure continuous service delivery in Mingkamman IDP Camp and Bor PoC. The humanitarian situation in these IDP sites and affected places is described as dire with low coverage of basic services; e.g. sanitation (Toilet) coverage at Mingkamman is currently at 36 individuals per toilet compared to 20 individuals per toilet by sphere standards. According to HIMS and IDSR data collected by health partners, Malaria, acute respiratory tract infections, acute watery diarrhea, intestinal worms, malnutrition and anemia are among the top causes of morbidity and mortality. Nonetheless, injuries from gunshots and other forms of trauma have also been reportedly widespread and among the top causes of morbidity and mortality in Mingkamman, Aerial County. With basic service delivery systems and infrastructure already disrupted morbidity and mortality in the target area might exceed the epidemic threshold. Due to ongoing clashes in other areas, the population in Mingkamman has increased nearly by about 41,000 people and this calls for an increased demand on health and WASH service delivery, it is not known if the incoming population had been receiving basic services such as EPI services for children, the fear that remains is that measles outbreak is likely anticipated to occur. Health Link therefore intends to contribute to the reduction of excess morbidity and mortality in Mingkamman and Bor PoC by ensuring continuity of essential and emergency basic health services delivery to the IDPs population and the Host Communities.

## **5. Complementarity**

## **LOGICAL FRAMEWORK**

### **Overall project objective**

To reduce excess morbidity and mortality from common communicable diseases and traumatic injuries sustained from violent conflict among IDPs in Mingkamman, Bor PoC and other conflict affected vulnerable boys, girls, women, men, elderly people and people with disability through increasing access and scale-up of responsiveness to quality essential life-saving emergency primary & secondary health care

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	50
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
CO3: Improve access to psychosocial support and mental health services for the vulnerable population, including those services related to the SGBV response	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	20
<p><b>Contribution to Cluster/Sector Objectives :</b> The planned project responds to 1st HRP SO1, of, 'Improve access, and scale-up responsiveness to, essential and emergency health care, including addressing the major causes of mortality among U5 (malaria, diarrhea and Pneumonia), and emergency obstetrics and neonatal care services, including SGBV services by contributing and ensuring the continuity of provision of quality access to essential and emergency Primary Health Care Services to women, men, girls and boys in Mingkamman IDP of Awerial County and Bor PoC in Jongolei State. This will further be achieved through continuity of curative consultative care services in Site I Hospital and Site II PHCC of Mingkamman IDP and Bor PoC PHCC in Bor South, conducting clean, safe and hygienic deliveries by skilled birth attendants, minor surgeries, BEMONC including blood transfusion services, ANC to pregnant mothers including provision of HIV services ( PMTCT option B-plus), IPT, LLINTS and micronutrient supplementation, growth monitoring and nutrition assessment to U5 males and females through anthropometric measurements, support treatment of MAM/SAM through provision of nutritional supplies or strengthen referral mechanism for MAM/SAM cases, train MCHW/SBA on counseling pregnant mothers (on adequate weight gain, rest, nutrition and optimal IYCF practices), promoting IYCF practices in health facilities during ANC health education and promotion sessions, provide essential drugs and other pharmaceutical supplies in management of adult and childhood illness such as Malaria, ARI, Measles, Worms as they predispose children to malnutrition. All basic health services shall be accessible by both the Host community and IDP population in Mingkamman.</p> <p>The 2nd cluster objective herein referred to as Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable states will be addressed through planned activities such as health education and health promotion on common communicable diseases before/during outbreaks within the health facilities of Mingkamman Site 1 and Site 2 as well as Bor PoC PHCC and at community level through the already established community network structure of CBDs and their supervisors in Mingkamman IDP by Health Link who are involved in day to day integrated home management of malaria, diarrhea and pneumonia, other activities planned include providing responses to communicable disease outbreaks, rumors and alerts to within 48hrs, provide measles vaccinations to under 5 in Site 1 Hospital, Site 2 PHCC as well as Bor PoC PHCC, provide support during NIDS program in conducting static immunizations, , train health workers on diseases surveillance and outbreak response in Mingkamman and Bor PoC PHCC as well as procurement, transport and pre-positioning of essential drugs and medical supplies.</p> <p>The proposal also addresses HRP SO1 of increasing availability, access to and demands for Psycho-social support services, GBV and mental health targeting highly vulnerable people . The planned activities meant to achieve this objective include; training frontline Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psychosocial support and referral mechanism provision of CCSAS services to rape survivors including clinical management of rape , , provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC services, conduct training of MHPSS to frontline health workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid, provide treatment to mental disorders through procurement of emergency WHO Model of essential psychotropic medications, promote gender and age disaggregated health information systems that cover essential mental health data, create community network through training Focal persons to promote access to informal support, self-help in the community as community mental health level supporters.</p>		
<b>Outcome 1</b>		
Improved access to, and responsiveness of, essential emergency health care, and including emergency obstetric care services		
<b>Output 1.1</b>		
<b>Description</b>		
Displaced Population in Mingkamman and Bor PoC and other conflict affected vulnerable communities are provided quality emergency primary health care services including emergency obstetric care		
<b>Assumptions &amp; Risks</b>		
Security remains relatively stable, Camp population remains constant Timely funding		
<b>Activities</b>		
<b>Activity 1.1.1</b>		
Provision of essential clinical and basic curative consultative care services in Mingkamman IDP camps, BoR PoC and operational health facilities for U5yr and above 5yrs for common morbidity		
<b>Activity 1.1.2</b>		
Conduct minor surgery, BEMONC including blood transfusion services		
<b>Activity 1.1.3</b>		
Provide ANC care to pregnant mothers including provision of PMTCT option B-plus, IPT, LLINTS and micro-nutrient supplementation, BCC and health promotion and Conduct clean, safe and hygienic deliveries through skilled birth attendants		
<b>Activity 1.1.4</b>		
Conduct growth monitoring, nutritional assessment to U5 males and females through anthropometric measurements		

<b>Activity 1.1.5</b>							
Conduct under five routine vaccination services against the six killer diseases and as well as emergency vaccinations with focus to 3 doses of penta-valent vaccines							
<b>Activity 1.1.6</b>							
Provide/support treatment of MAM/SAM through provision of nutritional supplies or strengthen referral mechanism for MAM/SAM cases in collaboration with nutrition actors within the camp							
<b>Activity 1.1.7</b>							
Promote IYCF practices in health facilities during ANC health education and promotion sessions							
<b>Activity 1.1.8</b>							
Procure and provide essential drugs and other pharmaceutical supplies geared towards management of adult and childhood illness such as Malaria, ARI, Measles, Worms etc as they predispose children to malnutrition							
<b>Activity 1.1.9</b>							
Conduct training to front-line healthcare workers in management of common morbidities, BEMONC, IMCI and IIP							
<b>Activity 1.1.10</b>							
Provide comprehensive HIV/AIDS/TB while integrating it into PHC services in IDP sites and to returnees							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			6,155	6,210	12,365
<b>Means of Verification</b> : Daily, weekly and monthly vaccination reports							
Indicator 1.1.2	HEALTH	Frontline # of births attended by skilled birth attendants in conflict-affected and other vulnerable states		1,500			1,500
<b>Means of Verification</b> : weekly and monthly ANC and Maternity delivery reports							
Indicator 1.1.3	HEALTH	[Frontline services] # of OPD consultations conducted in conflict affected and vulnerable states					31,000
<b>Means of Verification</b> : Weekly EWARN/IDSR/Monthly HMIS data/DHIS reports							
Indicator 1.1.4	HEALTH	Frontline # Number of facilities providing BEmONC services					3
<b>Means of Verification</b> : Weekly and monthly MoH/GoSS ANC and Maternity register/report							
Indicator 1.1.5	HEALTH	Frontline # of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			135	115	250
<b>Means of Verification</b> : Weekly and Monthly HIMS and DHIS reports							
<b>Outcome 2</b>							
Improved Epidemic prone disease surveillance and EWARN system with strengthened capacity for outbreaks prevention and rapid response in Mingkamman IDP camps, Bor PoCs and other conflict affected and vulnerable communities							
<b>Output 2.1</b>							
<b>Description</b>							
Vulnerable Populations in Mingkamman IDP camps, Bor PoCs and conflict affected communities are protected from epidemic prone diseases and disease outbreaks							
<b>Assumptions &amp; Risks</b>							
Population remain accessible, Ewarn system remain active							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Collect and submit daily, Weekly and monthly IDSR reports							
<b>Activity 2.1.2</b>							
Conduct daily surveillance and monitoring of outbreak prone diseases including investigation, of all rumors, and prompt response							
<b>Activity 2.1.3</b>							
Conduct refresher of training of health workers in EWARN and reporting							
<b>Activity 2.1.4</b>							
conduct community awareness, health education and promotion on outbreak prone diseases before, during and after an outbreak							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Frontline # of staff trained on disease surveillance and outbreak response	20	25			45
<b>Means of Verification</b> : Training report							
Indicator 2.1.2	HEALTH	Frontline # of health education and promotion sessions conducted before and during outbreaks					48
<b>Means of Verification</b> : Weekly , monthly health education and promotion outreach reports							
Indicator 2.1.3	HEALTH	(Frontline services): proportion of epidemic prone disease alerts verified and responded to within 48 hours					90
<b>Means of Verification</b> : Weekly IDSR/DHIS reports							
<b>Outcome 3</b>							
Improved Access, Availability and demand for SGBV and Mental health and Psycho-Social support services targeting IDPs and conflict affected vulnerable communities,							
<b>Output 3.1</b>							
<b>Description</b>							
Quality SGBV, Mental health and Psycho-social support services are integrated, provided and accessed by IDPs in camps and PoCs and other conflict affected communities.							
<b>Assumptions &amp; Risks</b>							
Population remains stable and accessible							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
Train Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psycho-social support and referral mechanism							
<b>Activity 3.1.2</b>							
Provide CCSAS services to rape survivors including Clinical management of rape							
<b>Activity 3.1.3</b>							
Provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC							
<b>Activity 3.1.4</b>							
Conduct training on MHPSS to frontline Health care workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid							
<b>Activity 3.1.5</b>							
Establishing community network through training Focal persons to promote access to informal support, self-help in the community as community mental health level supporters							
<b>Indicators</b>							
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					3
<b>Means of Verification</b> : Weekly and Monthly GBVIMS							
Indicator 3.1.2	HEALTH	Frontline Number of health personnel trained on MHPSS in conflict affected states	30	22			52
<b>Means of Verification</b> : Training reports							
Indicator 3.1.3	HEALTH	Frontline # of staffs trained on Clinical Management of Rape (CMR)	8	12			20
<b>Means of Verification</b> : Training reports							
<b>Additional Targets :</b>							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

In the implementation of this project at all levels, Health Link will work in close collaboration with the health cluster, the MoH/SMoH and CHDs and other NGO partners. This project will be valuable in analyzing the situation based on the data collected, the design of the activities and linkage with other key stakeholders like the communities, community leaders and other NGOs in reporting, monitoring and the evaluation of the project.

Health Link will compile daily, weekly and monthly reports that will be shared with the health cluster. The reports will have details of beneficiaries reached e.g. number of children; girls and boys reached as per each indicator provided in the project.

Various tools will be used to collect data ranging from OPD registers, IPD, maternity, referral registers, IDSR forms and others.

A detailed narrative quarterly report will be provided to CHF, the health cluster and SMOH/MoH detailing the achievements and lessons learnt from the intervention implemented in both Mingkaman IDP Camp, Awerial County, Lakes State and Bor PoC in Bor South County of Jongolei state. Health Link will also submit end project report to CHF and the health cluster. This report will include financial reporting requirements as outlined in the grant agreement.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of essential clinical and basic curative consultative care services in Mingkamman IDP camps, BoR PoC and operational health facilities for U5yr and above 5yrs for common morbidity	2016	X	X	X	X								
Activity 1.1.10: Provide comprehensive HIV/AIDS/TB while integrating it into PHC services in IDP sites and to returnees	2016	X	X	X	X								
Activity 1.1.2: Conduct minor surgery, BEMONC including blood transfusion services	2016	X	X	X	X								
Activity 1.1.3: Provide ANC care to pregnant mothers including provision of PMTCT option B-plus, IPT, LLINTS and micro-nutrient supplementation, BCC and health promotion and Conduct clean, safe and hygienic deliveries through skilled birth attendants	2016	X	X	X	X								
Activity 1.1.4: Conduct growth monitoring, nutritional assessment to U5 males and females through anthropometric measurements	2016	X	X	X	X								
Activity 1.1.5: Conduct under five routine vaccination services against the six killer diseases and as well as emergency vaccinations with focus to 3 doses of penta-valent vaccines	2016	X	X	X	X								
Activity 1.1.6: Provide/support treatment of MAM/SAM through provision of nutritional supplies or strengthen referral mechanism for MAM/SAM cases in collaboration with nutrition actors within the camp	2016	X	X	X	X								
Activity 1.1.7: Promote IYCF practices in health facilities during ANC health education and promotion sessions	2016	X	X	X	X								
Activity 1.1.8: Procure and provide essential drugs and other pharmaceutical supplies geared towards management of adult and childhood illness such as Malaria, ARI, Measles, Worms etc as they predispose children to malnutrition	2016		X										
Activity 1.1.9: Conduct training to front-line healthcare workers in management of common morbidities, BEMONC, IMCI and IIP	2016		X										
Activity 2.1.1: Collect and submit daily, Weekly and monthly IDSR reports	2016	X	X	X	X								
Activity 2.1.2: Conduct daily surveillance and monitoring of outbreak prone diseases including investigation, of all rumors, and prompt response	2016	X	X	X	X								
Activity 2.1.3: Conduct refresher of training of health workers in EWARN and reporting	2016			X									
Activity 2.1.4: conduct community awareness, health education and promotion on outbreak prone diseases before, during and after an outbreak	2016	X	X	X	X								
Activity 3.1.1: Train Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psycho-social support and referral mechanism	2016		X										
Activity 3.1.2: Provide CCSAS services to rape survivors including Clinical management of rape	2016	X	X	X	X								
Activity 3.1.3: Provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC	2016	X	X	X	X								
Activity 3.1.4: Conduct training on MHPSS to frontline Health care workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid	2016			X									
Activity 3.1.5: Establishing community network through training Focal persons to promote access to informal support, self-help in the community as community mental health level supporters	2016	X	X	X	X								

#### OTHER INFO

##### Accountability to Affected Populations

The design of this project involved full participation of all actors right from the time of need assessment, prioritization and project planning. The implementation methodology also provides a platform for full participation for women, girls, boys and men in the project area by ensuring their participation in camp health management committees and governance structures as well as being trained as home health promoters

During the implementation of this project, HLSS will also conduct focused group discussions and community meetings that will be attended by women and girls as well as boys and men in the camp. During these meetings, feedback on quality of service delivery and other concerns will be addressed and incorporated in the implementation of the project.

### **Implementation Plan**

HLSS is a National NGO, major health service provider in Mingkamman IDP site, Health Pool Fund (HPF) County Lead agency for Primary Health Care in Cuebiet County of Lakes state and also CCCM county lead agency in Magwi County of Eastern Equatoria State. In recent months, HLSS has also developed surge capacity and responded to cholera outbreak in more than 5 counties of eastern Equatoria in 2014 and Juba county in 2015. HLSS coordinates its development and humanitarian programmes with various partners including the national counter parts, RoSS ministry of health, SMOH, Health NGO forum and various clusters. HLSS is a member of Humanitarian Country Team, NGO steering committee, health forum strategic advisory team, South Sudan CCM-Global Fund as well as State Health NGO forum focal point.

With the above experience and expertise, this proposed project is designed to respond to the health cluster priorities and objectives for the 2016. Although the attainment of expected results largely depend on the availability of technical health professionals, Health link south Sudan already has a network of national, regional and international health professionals that are working under various HLSS projects. Additional capacity could be easily mobilized within 72hrs to respond to this project and any surges within South Sudan.

This project has prioritized a range of cost effective activities perceived to have high impact in achieving the project objectives; Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services. To achieve this objective, HLSS will enhance the provision of basic equipment, drugs, medical supplies, basic lab equipment, human resources and supplies; provide emergency consultation services to under five years children (Males& females) as well as to adults or those above five years both (Males& females); provide routine ANC services to pregnant mothers including IPT/LLINS, Haematinics to pregnant mothers and lactating mothers; provide HCT/PMTCT services including profiling of PLWA( this service was handed back to the National TB program); provide Clinical care, PFA and PSS to SGBV /Rape survivors; Vaccinate children under five years (Male & Female) against measles during routing EPI and pulse campaigns including provision of Vitamin A supplementation; conduct growth monitoring & Nutritional assessment to under five years children (males and females); provide essential drugs, equipment and laboratory supplies to ensure high quality services delivery.

The project will also improve access to emergency secondary health services for women, children and men within Mingkamman IDP sites by strengthening case management and referral of medical and surgical emergencies within Mingkamman; provide In-Patient care for all cases from all sites and sectors of the camp. Conduct 24hrs clean health facility deliveries including Obstetrical Emergencies, provide equipment and instruments for emergency obstetric, and ensure qualified health workers are available to provide emergency secondary health care; provide a central facility for management and referral of all severe medical conditions including blood transfusion services within the camp

The project will further strengthen early warning surveillance and response system for outbreak-prone diseases among IDPs at Mingkamman IDP sites by maintaining and scaling up surveillance for early detection of communicable disease outbreaks & rumors through active surveillance and rapid assessments as well as providing immediate response within 72 hours for the management of outbreaks, provide re-fresher training for Health Workers(Males & Females) in communicable diseases / outbreaks / IMCI /CMR/ referral mechanisms including infection prevention at health facilities, regularly record, compile, analyze, interpret and disseminate vital statistics through DHIS, IDSR and other EWARN systems.

### **Coordination with other Organizations in project area**

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
IMC/SMC/CCM	OPD/Mobile clinics and referral pathway among Host communities in Aerial
IMC/SMC/CCM	OPD/Mobile clinics and referral pathway among IDP Camp site 1
IMC/SMC/CCM	OPD/Mobile clinics and referral pathway among IDP Camp site 3

### **Environment Marker Of The Project**

A+: Neutral Impact on environment with mitigation or enhancement

### **Gender Marker Of The Project**

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

### **Justify Chosen Gender Marker Code**

This project is tailored to contribute to gender equity by increasing availability, access to and demands for Psycho-social support services, GBV and mental health targeting highly vulnerable people. The planned activities meant to achieve this objective include; provision of emergency medical services to GBV survivors including PEP, training front-line Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), Psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape , provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC services, conduct training of MHPSS to front-line health workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid, provide treatment to mental disorders through procurement of emergency WHO Model of essential psychotropic medications, promote gender and age dis-aggregated health information systems that cover essential mental health data, create community network through training Focal persons to promote access to informal support, self help in the community as community mental health level supporters.

The above activities will directly advance gender equity and promote improvements in the quality of lives of women, girls boys, men and elderly people in the project site.

### **Protection Mainstreaming**

The project has mainstreamed general concerns of women, girls and boys by undertaking key activities addressing SGBV. This includes provision of emergency medical services PEP, emergency contraceptives Hepatitis B vaccination, and psycho-social support for survivors of SGBV.

General RH activities will also be implemented to reinforce gender equity and inclusion in this project. Health link health officers will also ensure a joint activity planning with the SGBV section, attend SGBV sub-cluster meetings to reinforce concerns of women, girls, boys and men in health.

A checklist of minimum safety and privacy standards for women will be adopted and used at all health facilities

### **Country Specific Information**

### **Safety and Security**



HLSS has security policy framework that provides a modest mechanism for accessing level of personal security risks to its personnel. All HLSS field locations have emergency communication equipment such as Thuraya, VHF radio, Mobile telephones and VSAT systems all designed to improve security monitoring and reporting. Above all, all HLSS personnel undergo basic security training before being deployed on ground. These precautionary measures are designed to provide for better management and assessment security concerns while in the field. HLSS is also working with Security working group under NGO forums. Additional support is also received from UNDSS.

**Access**

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Medical Doctors	D	1	3,500.00	3	100%	10,500.00
	<i>1 Medical doctors to provide consultations and emergency Obstetric care surgery hired at 3500 USD per month 100% based in Mingkamman</i>						
1.2	Medical Clinical Officers	D	5	1,000.00	3	100%	15,000.00
	<i>5 Medical clinical officer to provide patient management hired at USD 1200 per month 100%. 3 based in Mingkamman, 3 AT Site I Hospital and 2 at Site II PHCC and 2 Bor South, Bor PoC PHCC</i>						
1.3	Laboratory Technologist	D	1	1,700.00	3	100%	5,100.00
	<i>1 Medical Lab technologists to provide laboratory support for investigation and diagnoses hired at 1700 USD per month 100% based in Mingkamman at Site I Hospital</i>						
1.4	Laboratory Technicians	D	2	900.00	3	100%	5,400.00
	<i>2 Laboratory Technicians, 1 at Site I Hospital, 1 at Site II PHCC and 1 at Bor PoC PHCC each to be hired at 900\$</i>						
1.5	Hospital Admisitrator	D	1	1,000.00	3	100%	3,000.00
	<i>1 Nursing superintendent hired at 1100 USD 100% based in Mingkamman for a duration of 6 months to be hired at 1,000\$</i>						
1.6	Nursing Superintendent	D	1	1,000.00	3	100%	3,000.00
	<i>1 Nursing superintendent hired at 1000 USD 100% based in Mingkamman for a duration of 3 months</i>						
1.7	Registered Nurses	D	3	900.00	3	100%	8,100.00
	<i>2 Registered Nurse hired at 900 USD per month 100%, 2 based in Mingkamman and 1 based in Bor South for 3 months</i>						
1.8	Registered Midwives	D	2	900.00	3	100%	5,400.00
	<i>3 Regiseder Midwives hired USD 1000 per month 100%, 2 based in Mingkamman and 1 based in Bor South for 3 months</i>						
1.9	Enrolled Nurses	D	5	750.00	3	100%	11,250.00
	<i>5 Enrolled Nurses hired at USD 750 per month 100%; 4 based in Mingkaman both Site I Hospital and Site II PHCC, and 2 Based in Bor South Bor PoC PHCC</i>						
1.10	Enrolled Midwives	D	4	750.00	3	100%	9,000.00
	<i>4 Enrolled Midwives hired at USD 750 per month 100%, 4 based in Mingkamman and 2 based in Bor South Bor PoC PHCC</i>						
1.11	Certificated Nurses	D	4	750.00	3	100%	9,000.00
	<i>4 Certificated Nurses hired at USD 750 per month 100%; 4 based in Mingkaman at both Site I Hospital and Site II PHCC and 2 in Bor South Bor PoC PHCC</i>						
1.12	MCH Worker -TBA	D	6	200.00	3	100%	3,600.00
	<i>6 MCH TBAs worker hired at 200 USD per month 100%; 6 based in Mingkamman, and 3 in Bor PoC</i>						
1.13	Community Health Workers	D	8	180.00	3	100%	4,320.00
	<i>8 Community Health workers hired at USD 180 per month 100%, 8 based in Mingkaman, and 4 in Bor PoC</i>						
1.14	Data Clerk (M & E)	D	2	500.00	3	100%	3,000.00
	<i>2 Data clerks hired at 500 USD per month 100%; 2 based in Mingkamman both Site I Hospital and Site II PHCC, and I in Bor PoC PHCC</i>						

1.15	Finance Manager	S	1	4,000.00	3	30%	3,600.00
<i>1 Finance Manager hired at USD 4,000 per month and 30% time allocated based in Juba</i>							
1.16	Project Accountant	D	1	1,500.00	3	100%	4,500.00
<i>1 Project Accountant hired at USD 1500 per month for 6 months 100% and based in Juba with frequent field travels</i>							
1.17	Operations Manager	S	1	6,500.00	3	30%	5,850.00
<i>Cost allocation for Operations Manager of 30% LoE USD 6,500</i>							
1.18	Chief Executive Director	S	1	8,000.00	3	30%	7,200.00
<i>Cost allocation for Chief Executive Director of 30% LoE USD 8,000</i>							
1.19	Health Programme Coordinator	S	1	4,000.00	3	40%	4,800.00
<i>Cost allocation for Health Programme Coordinator of LoE 40% USD 4,000</i>							
1.20	Monitoring and Evaluation Manager	S	1	4,000.00	3	30%	3,600.00
<i>Cost allocation for Monitoring and Evaluation Manager of LoE 70% USD 4,000</i>							
1.21	Driver Ambulance	D	2	550.00	3	100%	3,300.00
<i>2 Drivers for mobile ambulance services 1 at Mingkamman and 1 at Bor PoC</i>							
1.22	Support Staff	D	12	150.00	3	100%	5,400.00
<i>12 Support staff 8 Compound Cleaners, 10 ward Cleaners, 10 Guards to be hired at 150\$ each</i>							
<b>Section Total</b>							<b>133,920.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Procurement of Emergency drug Kits and Medical supplies	D	1	10,000.00	1	100%	10,000.00
<i>Procurement of Emergency drug Kits and Medical supplies(essential drugs and assorted medical supplies)</i>							
2.2	Linens	D	1	3,000.00	1	100%	3,000.00
<i>Purchase of hospital bed Linens for 400 pcs each at 35 use</i>							
2.3	Medical Patient Treatment Forms	D	1	2,000.00	1	100%	2,000.00
<i>Printing of Medical Patient Treatment Forms assorted (3000 Treatment charts, 3000referral forms and 8000 patient treatment booklets)</i>							
2.4	Fuel for Project vehicles	D	5000	1.50	1	100%	7,500.00
<i>5,000 Liters of Diesel for vehicle and generator operation, 3,000 Liters for Mingkaman Site I Hospital and Site II PHCC and 2,000 Liters for Bor PoC PHCC</i>							
<b>Section Total</b>							<b>22,500.00</b>
<b>Equipment</b>							
3.1	Purchase of assorted surgical instruments sets for CS	D	3	1,200.00	1	100%	3,600.00
<i>3 sets of surgical instrument sets for CS to be procured each @ USD 1200</i>							
3.2	Surgical Operating Lamp	D	1	5,200.00	1	100%	5,200.00
<i>1 Unit of Surgical Operating light @ USD 5200 for Mingkamman</i>							
<b>Section Total</b>							<b>8,800.00</b>
<b>Contractual Services</b>							
4.1	Transportation of medical equipments and medicines	D	1	3,000.00	1	100%	3,000.00
<i>Transportation of medical equipment and medicines, 1 delivery at USD 3,000.00</i>							
4.2	Generator and Hospital Equipment Servicing and maintenance	D	1	700.00	3	80%	1,680.00

	<i>Cost for Servicing 1 generators per month in Mingkamman, at USD 700 every Month</i>						
4.3	Training in GBV Survivor care (CMR) for 16 Health workers	D	1	2,500.00	1	100%	2,500.00
	<i>6 Midwives, 4 Clinical officer and 6 Certificated nurses will be trained in GBV care for 3 days</i>						
4.4	Hire of Toyota Landcruiser	D	1	10,800.00	2	40%	8,640.00
	<i>1 Toyota to be hired for outreach and referral of patients for 2 months</i>						
4.5	Training of MHPSS for Health Workers	D	1	2,172.10	1	100%	2,172.10
	<i>Training 36 Health workers in MHPSS</i>						
	<b>Section Total</b>						<b>17,992.10</b>
<b>Travel</b>							
5.1	Local field flights	D	20	400.00	1	100%	8,000.00
	<i>20 staff flights on UNHAS 1 flights per staff in 6 months at USD 400 each</i>						
5.2	Travel DSAs for Nurses/Midwives	D	18	25.00	3	100%	1,350.00
	<i>18 Field staff travels for referral of patients and meetings @ USD 100 per day for 2 days every month</i>						
5.3	DSA HQ management Supervision visit	D	4	100.00	3	100%	1,200.00
	<i>4 HQ staff support visits lasting 5 days, 1 visit every month to both Bor and Mingkaman @ 150 USD per person per day</i>						
	<b>Section Total</b>						<b>10,550.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Office stationary	S	2	3,000.00	3	10%	1,800.00
	<i>10% allocation of shared cost for 2 deliveries of Assorted Stationary supplies for HQ office i.e. 3,000 USD per unit per month.</i>						
7.2	Office Rent	S	1	6,000.00	3	10%	1,800.00
	<i>10% allocation of shared costs for 1 Office space rented at Juba at USD 6000 per month for 3 months</i>						
7.3	Communication and Internet	S	3	3,300.00	3	15%	4,455.00
	<i>Communication and Internet</i>						
7.4	Guest House Rent	S	3	3,500.00	3	15%	4,725.00
	<i>15% allocation to a shared costs of 3 Guest Houses for Expatriate Staff field &amp; HQ Based @ USD 3,500 every month for 3 months.</i>						
	<b>Section Total</b>						<b>12,780.00</b>
<b>SubTotal</b>			5,128.00				<b>206,542.10</b>
Direct							168,712.10
Support							37,830.00
<b>PSC Cost</b>							
PSC Cost Percent							7%
PSC Amount							14,457.95
<b>Total Cost</b>							<b>221,000.05</b>
<b>Grand Total CHF Cost</b>							<b>221,000.05</b>

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 -> Bor South	40						
Lakes -> Awerial	60						

Documents	
Category Name	Document Description
Project Supporting Documents	DRUG REQUESTS MARCH 2014 (2).xls