

Requesting Organization :	Health Link South Sudan		
Allocation Type :	2nd Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		100.00	
		100	
Project Title :	Increasing access to quality essential and emergency lifesaving Primary Health Care services to women, girls, boys and men in conflict affected and vulnerable communities in Mingkaman, Awerial County Lakes State in order to reduce, protect and save lives from the excess mortality.		
Allocation Type Category :	Frontline services		

OPS Details			
Project Code :	SSD-16/H/89657	Fund Project Code :	SSD-16/HSS10/SA2/H/NGO/3455
Cluster :	Health	Project Budget in US\$:	197,753.12
Planned project duration :	4 months	Priority:	3
Planned Start Date :	01/09/2016	Planned End Date :	31/12/2016
Actual Start Date:	01/09/2016	Actual End Date:	31/12/2016

Project Summary :	<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 and 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. Health Link plans to conduct this through continuity of provision of basic emergency lifesaving primary health care services in already 2 existing health facilities, Mingkaman (Site 1 Hospital and PHCC at Site 2). 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> <ul style="list-style-type: none"> • 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. 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>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 morbidity, 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 County to ensure smooth and efficient referral system for complicated obstetric procedures requiring specialized services.</p>
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Direct beneficiaries :				
Men	Women	Boys	Girls	Total
28,550	31,976	25,374	28,300	114,200

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	19,985	22,383	17,762	19,810	79,940
Children under 5	0	0	2,537	2,830	5,367
Pregnant and Lactating Women	0	3,198	0	0	3,198
People in Host Communities	8,565	6,395	5,075	5,660	25,695

Indirect Beneficiaries :	
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114,200 IDPs from 4 sites in Mingkamman

Site 0

Site 1

Site 2

Site 3

Host communities in Puluk Payam of Awerial County

Catchment Population:

The project will target 114,200 IDPs (IOM MMT/DTM) located in 4 sites of Mingkamman

Link with allocation strategy :

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 access to quality essential and emergency lifesaving Primary Health Care Services to women, men, girls and boys in Mingkamman IDP of Awerial County. This will further be achieved through continuity of curative consultative care services in Site I Hospital and Site II PHCC of Mingkamman IDP 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, 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, promoting IYCF practices in health facilities during ANC health education, 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 lifesaving health services shall be made accessible to the IDPs and Host Community population in Mingkamman.

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 and at community level through the already established community network structure of CBDs and HHPs who are involved in day to day integrated home management of malaria, diarrhea and pneumonia and House Hold Hygiene promotion towards the prevention of Cholera . Other activities planned include providing responses to communicable disease outbreaks prevention of cholera, rumors and alerts to within 48 hrs; provide measles vaccinations to under 5yrs in Site 1 Hospital, Site 2 PHCC. HLSS plans to provide support during NIDS program conducting static immunizations, train health workers on diseases surveillance and outbreak response in Mingkamman 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, 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	84,000.00
	84,000.00

Organization focal point :

Name	Title	Email	Phone
Emmanuel Douglas Obuoja	Chief Executive Director	admin@healthlinkssouthsudan.org	+211955038964
Gama Joseph	Operations Manager	operations@healthlinkssouthsudan.org	+211955572572
Dr. Jude Koma Amanzuru	M & E Specialist	emonitoring@healthlinkssouthsudan.org	+211928240057
Opigo Emmanuel	Finance Manager	accounts@healthlinkssouthsudan.org	+211956494577
Moses Akera Poloya	Health Coordinator	health@healthlinkssouthsudan.org	+211955042421

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 Equatorial State). According to DTMs and CCCM data, 41,000 new displaced populations arrived in Mingkaman 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 renewed violence in Duk and Twic ares, and more violence spreading to Western and Eastern parts of the 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 Mingkaman IDP 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 Mingkaman IDP camp by scaling up provision of essential and lifesaving emergency primary health services and secondary health to the IDPs and affected communities.

2. Needs assessment

According to DTM/MTT for Mingkamman IDP camp conducted in the first week of July 2016 by IOM, there were 43,212 new IDP arrivals registered and this added to the 71,345 old caseload already registered and verified at the beginning of the year. Nevertheless Puluk Payam previously had an estimated population of 46,000 people (south Sudan census report 2008). Therefore with the current displaced populations, the Payam now has more than 160,000 people.

Contrary to the increasing population figures, basic services delivery such as health and water supply has been on the decline following the withdrawal and scale down of humanitarian activities in the areas since mid-last year. Currently health link south Sudan is the only partner providing the much needed access to emergency primary health care and secondary health care services for the entire IDPs. According to HMIS and IDSR data collected by HLSS over the past 5 months, average daily consultation at site 1 Hospital OPD has increased from 100 new consultations to 210 daily while site II consultations increases from 70 new visits to more than 150 new visits daily. 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 at all the 4 sites of the camp. With basic service delivery systems and infrastructure already disrupted morbidity and mortality in Mingkamman is likely to exceed the epidemic threshold more so HLSS is also experiencing critical funding gap to maintain service from September to December 2016. Any further disruptions as a result of HLSS's departure from the camp due to lack of funding will have a catastrophic impact on the health of the IDPs. This situation may be further exacerbated by the ongoing Cholera outbreak in Mingkamman. This CHF allocation is therefore intended to maintain the delivery of the current levels of emergency primary health care and secondary health services being provided to the IDPs in the camps in order to reduce excess morbidity and mortality in Mingkamman.

3. Description Of Beneficiaries

This project proposal targets internally displaced populations (IDPs) in Mingkamman and other vulnerable host communities in Puluk Payam of Awerial county 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. A special focus will be paid to survivors of Sexual and Gender Based Violence survivors among young girls and women.

4. Grant Request Justification

Since the onset of the first crisis in 2013, 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 Mingkaman IDP. Since octo 2014, HLSS has been the only partner providing lifesaving emergency primary health care services for the displaced population in Mingkamman as well as those under the UNMISS protection site of Bor. According to HIMS reports, HLSS has conducted more than 124,127 consultations through the two facilities in Mingkaman. (weekly Health Cluster data 2014 to 2015 for Mingkaman IDP-HLSS).

However to date, HLSS has remained the only partner providing Quality Emergency Primary and Secondary Health Care Services in Mingkaman 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 mainstreamed HIV/AIDS, TB, and Gender Based Violence Services in the routine health care services provision at these two Health Facilities.

Over the past years of work in Mingkaman 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 health promotion such as EPI, HIV/AIDS, TB DOTS, GBV service delivery. Other than primary health care services, HLSS is the only partner currently providing emergency surgical services to the IDPs and this includes providing emergency blood transfusion in Mingkaman IDP.

However, HLSS requires funding to continue with provision of these critical lifesaving services in the third quarter of 2016 as the current funding period ended on 30th April 2016. The funding request from CHF is purely intended to meet this gap and so ensure continuous service delivery in Mingkaman IDP Camp.

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 Mingkaman is currently at 36 individuals per toilet compared to 20 individuals per toilet by sphere standards. According to HMIS 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 Mingkaman, Awerial 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 Mingkaman has increased nearly by about 41, 000 people and this calls for an increased demand on health 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 Mingkaman by ensuring continuity of essential and emergency basic health services delivery to the IDPs population and the Host Communities.

5. Complementarity

HLSS is currently providing community based treatment for malaria through a network of 60 trained CBDs as well as distribution of LLINS in all sectors of Mingkamman IDP sites with the support from UNICEF. This CHF allocation (project) will therefore complement the current activities by enhancing and supporting the provision of in-patient care services for severe cases of malaria, pneumonia and other diseases as well as provision of surgical and other trauma care for patients which otherwise would be lacking without this funding support. This funding request is therefore not meant for a startup but to ensure continuity in already existing services in the camp.

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 Mingkaman 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	60
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	40
<p>Contribution to Cluster/Sector Objectives : 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 access to quality essential and emergency lifesaving Primary Health Care Services to women, men, girls and boys in Mingkamman IDP of Awerial County. This will further be achieved through continuity of curative consultative care services in Site I Hospital and Site II PHCC of Mingkamman IDP camp, 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, 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, promoting IYCF practices in health facilities during ANC health education, 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 lifesaving health services shall be made accessible to the IDPs and Host Community 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 and at community level through the already established community network structure of CBDs and HHPs who are involved in day to day integrated home management of malaria, diarrhea and pneumonia and House Hold Hygiene promotion towards the prevention of Cholera . Other activities planned include providing responses to communicable disease outbreaks prevention of cholera, rumors and alerts to within 48 hrs; provide measles vaccinations to under 5yrs in Site 1 Hospital, Site 2 PHCC. HLSS plans to provide support during NIDS program conducting static immunizations, train health workers on diseases surveillance and outbreak response in Mingkamman 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 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, 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>		
Outcome 1		
Improved access to, and responsiveness of, essential emergency health care, and including emergency obstetric care services		
Output 1.1		
Description		
Displaced Population in Mingkamman IDP Camp and other conflict affected vulnerable communities are provided quality emergency primary health care services including emergency obstetric care		
Assumptions & Risks		
Security remains relatively stable, Camp population remains constant Timely funding		
Activities		
Activity 1.1.1		
Provision of essential clinical and basic curative consultative care services in Mingkaman IDP camps and operational health facilities for U5yr and above 5yrs for common morbidity.		
Activity 1.1.2		
Conduct minor surgery, BEMONC including blood transfusion services in Mingkaman IDP Camp and Vulnerable host communities in Awerial county		
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		
Activity 1.1.4		
Conduct growth monitoring, nutritional assessment to U5 males and females through anthropometric measurements		
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		
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 in the project locations

Activity 1.1.7

Promote IYCF practices in health facilities during ANC health education and promotion sessions

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

Activity 1.1.9

Conduct training to front-line healthcare workers in management of common morbidity, BEMONC, IMCI and IIP

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	5,230	13,340	7,980	11,245	37,795
Means of Verification : Weekly and Monthly Morbidity Report, OPD Registers							
Indicator 1.1.2	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			1,200	1,640	2,840
Means of Verification : Weekly and Month EPI Reports, Mass Vaccination Reports if any							
Indicator 1.1.3	HEALTH	Frontline # Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states		1,200			1,200
Means of Verification : weekly and monthly ANC and Maternity delivery reports							
Indicator 1.1.4	HEALTH	Frontline # Number of facilities providing BEmONC services					2
Means of Verification : Health Facilities reporting BEmONC Services from site 1 and site 2 facilities							

Outcome 2

Improved Epidemic prone disease surveillance and EWARN system with strengthened capacity for outbreaks prevention and rapid response in Mingkaman IDP camps and other conflict affected and vulnerable host communities in Awerial County

Output 2.1

Description

Vulnerable Populations in Mingkaman IDP camps and conflict affected host communities are protected from epidemic prone diseases and disease outbreaks

Assumptions & Risks

Population remain accessible, EWARN system remain active

Activities

Activity 2.1.1

Collect, analyse and submit daily, Weekly and monthly IDSR/EWARNS reports

Activity 2.1.2

Conduct daily surveillance and monitoring of outbreak prone diseases including investigation, of all rumors, and prompt response

Activity 2.1.3

Conduct Onsite refresher training of health workers in EWARN and overall reporting

Indicators

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	6	6			12
Means of Verification : Training Reports							
Indicator 2.1.2	HEALTH	Frontline # of health education and promotion sessions conducted before and during outbreaks					36
Means of Verification : Weekly , monthly health education and promotion reports							
Indicator 2.1.3	HEALTH	Frontline # of epidemic prone disease alerts verified and responded to within 48 hours					4
Means of Verification :							

Outcome 3

Improved Access, Availability and demand for SGBV and Mental health and Psycho-Social support services targeting IDPs and conflict affected vulnerable communities,

Output 3.1

Description														
Quality SGBV, Mental health and Psycho-social support services are integrated, provided and accessed by IDPs in camps and other conflict affected host communities.														
Assumptions & Risks														
Population remains stable and accessible														
Activities														
Activity 3.1.1														
Train 20 Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psycho-social support and referral mechanism														
Activity 3.1.2														
Provide CCSAS services to rape survivors including Clinical management of rape														
Activity 3.1.3														
Establishing community network through training of 10 Focal persons/HHPs to promote access to informal support, self-help in the community as community mental health level supporters														
Indicators														
			End cycle beneficiaries				End cycle							
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target							
Indicator 3.1.1	HEALTH	Frontline # of health facilities providing SGBV services					2							
Means of Verification : Weekly and Monthly GBVIMS														
Indicator 3.1.2	HEALTH	Frontline Number of health personnel trained on MHPSS in conflict affected states	12	12			24							
Means of Verification : Training Reports														
Indicator 3.1.3	HEALTH	Frontline # of staffs trained on Clinical Management of Rape (CMR)	6	8			14							
Means of Verification : Training Reports														
Additional Targets :														
M & R														
Monitoring & Reporting plan														
<p>The M&E plan will concentrate on two levels: the first level being the project implementation targets, and second being the overall goals of this project.</p> <p>Health Link south Sudan is well aware of the challenges involved in Health data collections, analysis, interpretation and dissemination not only at the Payam, county, state level but for the entire southern Sudan. The distances to the health facilities and communities, inconsistent recording of raw data and the lack of feedback are absolute threats to ensuring quality health information processing.</p> <p>While availability of tools is critical, Health Link will adopt national standard tools provided by the national ministry of health and the health cluster among other national frameworks for Monitoring and evaluation that will include OPD/IPD/Maternity/Child health registers, Patient referral registers, medical examination and consent forms, monthly reporting forms, Laboratory forms and other related forms.</p> <p>Reports will be collected on daily, weekly and monthly basis. Boma and Payam based reports will be collected daily, submitted as they occur using IDSR and EWEAR systems to the central information/data base at state and Health Link's HQ. The health Links' (HQ) will submit weekly epidemiological and monthly incidence reports to the health cluster, MoH and other relevant stakeholders for further actions. Accuracy of information collection will be ensured through on job training/Mentoring and continuing support supervision by Health Links HQ, the health officers and nurses and clinical staff during the entire scope of this project. The health link's officers (HQ) would also prepare quarterly performance report to be submitted to UNDP/FMU team within 1 month after completion of the project.</p> <p>One of the key components of a monitoring strategy is a set of monitoring indicators that measure outcome of the project activities. These indicators have been identified and the intended targets set. This project will also encourage donor review missions to the project areas any time to monitor the overall results framework;</p>														
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 Mingkaman IDP camps and operational health facilities for U5yr and above 5yrs for common morbidity.	2016									X	X	X	X
	Activity 1.1.2: Conduct minor surgery, BEMONC including blood transfusion services in Mingkaman IDP Camp and Vulnerable host communities in Awerial county	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 in the project locations	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 morbidity, BEMONC, IMCI and IIP	2016										X	X	X	X
Activity 2.1.1: Collect, analyse and submit daily, Weekly and monthly IDSR/EWARNS 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 Onsite refresher training of health workers in EWARN and overall reporting	2016										X	X	X	X
Activity 3.1.1: Train 20 Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psycho-social support and referral mechanism	2016													
Activity 3.1.2: Provide CCSAS services to rape survivors including Clinical management of rape	2016										X	X	X	X
Activity 3.1.3: Establishing community network through training of 10 Focal persons/HHPs to promote access to informal support, self-help in the community as community mental health level supporters	2016												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 as well as people with disability in the project area by ensuring their participation in local community leadership structures such as community based protection volunteers, health management committees and governance structures as well as being trained as home health promoters. Through FDGs, communities would be able to provide feedbacks on priority issues.

During the implementation of this project, HLSS will also conduct focused group discussions and community meetings as well as health management committee meetings that will be 50% attended by women and girls as well as boys and men in the project area. 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

Health Link will deploy key personnel consisting of health programme manager, Medical officers, Hospital administrator and other medical cadres who will directly provide services to patients at Site 1 hospital. The key health link staff will work with the CHD at county level who will help in information collection and reporting and referral of cases for emergency care and management. Health workers (Doctors, Nurses) will provide patient care and training to health workers at MoH and Partner health facilities to ensure early responses and further investigation of diseases. Health Link will provide smart phone for quick reporting and improved information collection, management while ensuring data quality and confidentiality of all information received and being transmitted. Appropriate software will be provided to improve data transmission and storage.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
CCM	County Level coordination of health programme activities
County Health Department	County level coordination and reporting

Environment Marker Of The Project

C+: High environmental impact with mitigation(ESSA or EIA & CEAP)

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

This project will integrate both HIV/AIDS prevention measures and measures that would ensure environmental sustainability. Health link will;

- Conduct peace building campaign and initiate dialogue with communities in conflict areas in order to promote and sustain peaceful environment.

- Sensitize and engage communities to participate in environment resource management, waters, pasture land, forests, and game reserves e.t.c. Which are often leading triggers of violence? Women will be sensitized and disposal of sanitary pads to ensure environmental safety.

- Provision of emergency treatment including HIV Post Exposure Prophylaxis (PEP) and STI/STD to survivors of GBV

- Provision of ART and HIV/AIDS treatment and monitoring support

- HIV/AIDS risk sensitization and awareness to the general public and women.

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
Staff and Other Personnel Costs							
1.1	Medical Doctors	D	1	3,000.00	4	100.00	12,000.00
	<i>1 Medical doctors to provide Technical expertise and consultations and emergency Obstetric care surgery hired at 3000 USD per month 100% based in Mingkaman.</i>						
1.2	Medical Clinical Officers	D	2	1,200.00	4	100.00	9,600.00
	<i>2 Medical clinical officer to provide patient management hired at USD 1200 per month 100%. 4 based in Mingkaman Site I Hospital and Site II PHCC</i>						
1.3	Laboratory Technologist	D	1	1,800.00	4	100.00	7,200.00
	<i>1 Medical Lab technologists to provide laboratory support for investigation and diagnoses hired at 1800 USD per month 100% based in Mingkaman at Site I Hospital</i>						
1.4	Laboratory Technicians	D	2	900.00	4	100.00	7,200.00
	<i>2Laboratory Technicians, 1 at Site I Hospital, 1 at Site II PHCC, each to be hired at 900\$</i>						
1.5	Hospital Admisitrator	D	1	1,000.00	4	100.00	4,000.00
	<i>1 Nursing superintendent hired at 1000 USD 100% based in Mingkaman for a duration of 6 months to be hired at 1,000\$</i>						
1.6	Nursing Superintendent	D	1	1,000.00	4	100.00	4,000.00
	<i>1 Nursing superintendent hired at 1000 USD 100% based in Mingkaman for a duration of 4 months</i>						
1.7	Registered Nurses	D	2	900.00	4	100.00	7,200.00
	<i>2 Registered Nurse hired at 900 USD per month 100%, 2 based in Mingkaman</i>						
1.8	Registered Midwives	D	2	900.00	4	100.00	7,200.00
	<i>2 Registered Midwives hired USD 900 per month 100%, 2 based in Mingkaman,</i>						
1.9	Enrolled Nurses	D	2	700.00	4	100.00	5,600.00
	<i>2 Enrolled Nurses hired at USD 700 per month 100%; 4 based in Mingkaman both Site I Hospital and Site II PHCC.</i>						
1.10	Enrolled Midwives	D	4	700.00	4	100.00	11,200.00

	<i>4 Enrolled Midwives hired at USD 700 per month 100%, 3 based in Mingkaman</i>						
1.11	Certificated Nurses	D	4	700.00	4	100.00	11,200.00
	<i>4 Certificated Nurses hired at USD 700 per month 100%; 3 based in Mingkaman at both Site I Hospital and Site II PHCC ,</i>						
1.12	MCH Worker -TBA	D	4	200.00	4	100.00	3,200.00
	<i>4 MCH TBAs worker hired at 200 USD per month 100%; 4 based in Mingkaman,</i>						
1.13	Community Health Workers	D	4	180.00	4	100.00	2,880.00
	<i>4 Community Health workers hired at USD 180 per month 100%, 4 based in Mingkaman,</i>						
1.14	Data Clerk (M & E)	D	1	500.00	4	100.00	2,000.00
	<i>1 Data clerks hired at 500 USD per month 100%; 2 based in Mingkaman both Site I Hospital and Site II PHCC,</i>						
1.15	Finance Manager	S	1	4,896.00	4	30.00	5,875.20
	<i>1 Finance Manager hired at USD 4,896 per month and 30% time allocated based in Juba</i>						
1.16	Project Accountant	S	1	1,500.00	4	100.00	6,000.00
	<i>1 Project Accountant hired at USD 1500 per month for 4 months 100% and based in Juba with frequent field travels</i>						
1.17	Operations Manager	S	1	6,000.00	4	30.00	7,200.00
	<i>Cost allocation for Operations Manager of 30% LoE USD 6,500</i>						
1.18	Chief Executive Director	S	1	8,000.00	4	30.00	9,600.00
	<i>Cost allocation for Chief Executive Director of 30% LoE USD 8,000</i>						
1.19	Health Programme Coordinator	S	1	4,896.00	4	30.00	5,875.20
	<i>Cost allocation for Health Program Coordinator of LoE 70% USD 4,896</i>						
1.20	Monitoring and Evaluation Manager	S	1	4,896.00	4	30.00	5,875.20
	<i>Cost allocation for Monitoring and Evaluation Manager of LoE 70% USD 4,896</i>						
1.21	Support Staff	S	4	100.00	4	100.00	1,600.00
	<i>4 Support staff 5 Compound Cleaners, 5 ward Cleaners, 5 Guards to be hired at 100\$ each</i>						
	Section Total						136,505.60
Supplies, Commodities, Materials							
2.1	Procurement of Hospital Linens	D	100	40.00	1	100.00	4,000.00
	<i>Purchase of hospital bed Linens for 100 pcs each at \$20</i>						
2.2	Printing Medical Patient Treatment Forms and Booklets	D	3000	0.50	1	100.00	1,500.00
	<i>Printing of Medical Patient Treatment Forms assorted (1000 Treatment charts, 1000referral forms and 4000 patient treatment booklets)</i>						
2.3	Fuel for Project vehicles	D	3000	1.20	1	100.00	3,600.00
	<i>3000 Liters of Diesel for generator operation for maintaining vaccines and reagents 2,000 Liters for Mingkamman Site I Hospital and 1,000 Liters for project car</i>						
2.4	Repair of Hospital Tents in 3 Health Facilities	D	3	2,500.00	1	100.00	7,500.00
	<i>Tents to be repaired at Mingkaman Site I Hospital.</i>						
2.5	Hire of Toyota Landcruiser for monitoring and supervision	D	1	100.00	120	100.00	12,000.00
	<i>1 Toyota Landcruiser to be hired for</i>						
	Section Total						28,600.00

Contractual Services							
4.1	Transportation of Supplies to Mingkamman	D	1	4,500.00	1	100.00	4,500.00
	<i>Transportation of supplies from Juba to Mingkamman -road transport</i>						
	Section Total						4,500.00
Travel							
5.1	Local field flights	D	4	542.60	1	100.00	2,170.40
	<i>4 staff flights on UNHAS 1 flights per staff in 3 months at USD 550 each</i>						
5.2	Travel DSAs for Nurses/Midwives	D	4	50.00	8	100.00	1,600.00
	<i>4 Field staff travels for referral of patients and meetings @ USD 50 per day for estimated 2 days every month</i>						
5.3	DSA HQ management Support Supervision visit	D	2	280.00	4	100.00	2,240.00
	<i>2 HQ staff support Supervision visits lasting 2 days, 1 visit every month to both Bor and Mingkaman, and Lafon @ 150 USD per person per day</i>						
	Section Total						6,010.40
General Operating and Other Direct Costs							
7.1	Office stationary	S	1	4,400.00	1	25.00	1,100.00
	<i>50% allocation of shared cost for 2 deliveries of Assorted Stationary supplies for HQ office and Field Offices at \$4,400</i>						
7.2	Office Rent	S	1	5,000.00	4	10.00	2,000.00
	<i>20% allocation of shared costs for 1 Office space rented at Juba at USD 5000 per month for 4 months</i>						
7.3	Communication and Internet	S	4	500.00	4	20.00	1,600.00
	<i>20% Monthly contribution for Internet Subscription for 4 sites at \$ 525</i>						
7.4	Guest House Rent	S	3	1,500.00	4	25.00	4,500.00
	<i>20% allocation to a shared costs of 3 Guest Houses for Expatriate Staff field & HQ Based @ USD 1,500 every month for 4 months.</i>						
	Section Total						9,200.00
SubTotal				6,165.00			184,816.00
Direct							133,590.40
Support							51,225.60
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							12,937.12
Total Cost							197,753.12
Grand Total CHF Cost							197,753.12
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lakes -> Awerial	100	28,550	31,976	25,374	28,300	114,200	

Documents

Category Name	Document Description
Project Supporting Documents	REQUISITION FOR MED.SUPPLIES MINGKAMAN.xlsx