2021 HRP Health Projects
General guidance
Strategic Objective 1: Sustain the [lives]... by ensuring safe, equitable and dignified access to... essential basic service

SO#2: Provide integrated WASH and Health response in 69 districts to reduce the excess morbidity and mortality rate from preventable crisis-driven diseases and public health outbreaks among 1.7 million most vulnerable people; including 331,000 children under 1 year of age in urgent need of measles vaccination by the end of 2021.

Health CO1: Reduce of excess morbidity and mortality due disease outbreak driven by climatic shocks and conflict among 1.6 million IDPs and non-displaced by 5%

Health CO2: Contribute to improvement in physical and mental wellbeing of the population affected by conflict and displacement among 1.6 million IDPs and non-displaced; including 140,000 people with disabilities
Strategic Objective 2: Provide immediate lifesaving assistance...

SO#1: Scale up and provide WASH, Education, Nutrition, Health, shelter and NFIs integrated services to **2.2 million Non-IDPs** in 74 districts by the end of 2021.

SO#2: Scale up and provide CCCM, WASH, education, health, nutrition, shelter and NFIs integrated services to **1.8 M IDPs** in established IDPs sites across 69 districts by the end of 2021.

Health CO3: Improve equitable access to quality emergency and essential lifesaving health services for the crisis affected population to 1.3 million IDPs and 1.1 million non-displaced host population.
Strategic Objective 3: **The protection needs of... IDPs, ... non-IDPs and persons with disabilities, are addressed...**

SO#4: Provide access to specialized or community-based, age, gender and disability sensitive MHPSS, child protection, GBV, legal services for 1 million boys, girls, and adolescents, children with disabilities facing life-threatening risks of abuse, neglect, violence, exploitation, and severe distress, by the end of 2021.

Health CO4: Improved case management and referral services for 120,000 survivors of sexual or gender-based violence

Health CO2: Contribute to improvement in physical and mental wellbeing of the population affected by conflict and displacement among 1.6 million IDPs and non-displaced; including 140,000 people with disabilities
Participating in the HRP

- All partners contribution to the development of the HNO and HRP strategy
- Humanitarian Response Plan (HRP) is a strategic document, setting out the aims, objectives and targets for collective humanitarian response
- ‘HRP Projects’ support the overall and cluster strategy
- It is worthy noting that the HRP is NOT funding mechanism in itself; but an appeal for funding that indicates that HRP participant’s HRP activities align to the agreed strategic objectives
HRP Project Components

- **Contacts details**: very important section: official responsible person contacts

- **Location**
  - drop down list
  - Desegregation by districts
  - Should make clear in needs and activities (target by district)
  - Target by districts
    - ...helps analysis of caseload coverage / potential duplication
Need

- Targeted population needs
- Vulnerable population needs within target (define)
- Women, people with disabilities
- Health system needs
- Needs directly drive activities
- Substantiated by evidence?
  ...Reference to publications, IRNA/assessments, SMART survey or equivalent

Need > Activity >> Output >> Outcome >> Objective
Project Activities

- Driven by humanitarian needs
- Life-saving; directly address needs statement
- Improve population physical and mental wellbeing (as a result of the crisis)
- Provide services that improve living standards
- Who, how many are targeted?
- Outputs result in a change(outcome) that contributes to the Cluster Objective(s)

Need > Activity >> Output >> Outcome >> Objective
Response Modality

- Clearly conveys how the activities will reach the targeted population
- How does the partner assure equitable service availability and accessibility
- What level of care is provided (EPHS modality: PHU, HC, RHC, ect.)
- Does it follow National guidance for service packages (EPHS)
- Cash transfer or vouchers involved? ...justification

Protection Risk Analysis & Mitigation Measures

“Assess likelihood (Low/medium/High) and impact (low/medium/high) of the following risks in relation to your project.

For the 4 highest risks, indicate concrete, operational mitigation measures directly linked to the proposed interventions.”
Use the GAM tool to evaluate your project...provides the code to be entered in the PM project sheet

https://ee.humanitarianresponse.info/single/lKbQTg7d

* Briefly describe how assistance is tailored for different gender/age groups, and other diversities (e.g. people with disabilities, minorities) if relevant

less than 150 words

https://www.iascgenderwithagemarker.com/en/home/

Hint: Copy and paste lines from the project
Disability Inclusion

...explain how the project will identify people with disabilities and remove barriers to their access to assistance.

- The project will identify and address the heightened risks faced by people with disabilities in humanitarian contexts
- The project will identify and address barriers to participation for people with disabilities
- People with disabilities and/or their representative organizations will be consulted during the design and implementation of the project
- The project will disaggregate beneficiary data by disability (preferably using the Washington Group Short Set of Questions (WGSS))
Target

Direct beneficiaries
- vs -
Indirect beneficiaries

Total beneficiaries: check for duplication

Always disaggregate
- Male - Female
- Age<5, older persons
- People living with disabilities, PLW, etc.
HRP Indicators

- Choose **indicator(s)** that correspond to the relevant Cluster Objective(s)
- Check for duplication
- Caseload: Total direct beneficiaries
- Targets by Cluster Objectives
- Targets by **indicator**

Need > Activity >> **Output** >> **Outcome** >> **Objective Indicators**
Health Indicators

Health CO1: Reduce of excess morbidity and mortality due disease outbreak driven by climatic shocks and conflict among 1.6 million IDPs and non-displaced by 5%

[?•?] Number (#) of people reached by wellbeing (including PSS), health and nutrition behavior change communication (BCC)

...disaggregated non-COVID / COVID-19

- Incidence (#) for AWD/Cholera and Measles [EWAR]
- Case Fatality Ratio (CFR) for AWD/Cholera <1% [EWAR]
- Proportion (%) of children under 1 year received measles vaccine [VPI]
Health Indicators

Health CO2: Contribute to improvement in physical and mental wellbeing of the population affected by conflict and displacement among 1.6 million IDPs and non-displaced; including 140,000 people with disabilities

- Proportion (%) of functional health facilities providing: physical rehabilitation [HeRAMS]

- Proportion (%) of functional health facilities providing: MHPSS services [HeRAMS]
Health Indicators

Health CO3: Improve equitable access to quality emergency and essential lifesaving health services for the crisis affected population to 1.3 million IDPs and 1.1 million non-displaced host population

Number (\#) of outpatient consultations (by partner utilizing HRP related funding) [ReportHub]

- Number (\#) of functional basic health care facilities per population (1 unit/10,000 population) [HeRAMS]
Health Indicators

Health CO4: Improved case management and referral services for 120,000 survivors of sexual or gender-based violence

- Percentage (%) of functional health facilities with clinical management of rape survivor services [HeRAMS]
Budget

- Common / standard budget line items:
  - Staff / Personnel Costs
  - Supplies, Commodities, Materials
  - Equipment (durable items)
  - Contractual Services: activity
  - Travel
  - Transfers and Grants to Counterparts: activity
  - Activity [direct implementation] costs
  - Project support costs (indirect) …not to exceed 7% of total budget

- For multi-cluster projects indicate: “Health” at the start of each budget item for health programming
Project evaluation (Peer review)

- Does the project specifically respond to the humanitarian needs of the population
- Actions in-line with humanitarian principles (e.g. no stabilization actions)
- Do the activities directly contribute to the HRP and Cluster objectives
- Are targets clearly defined, appropriate targeting of affected and vulnerable
- Technically appropriate for the sector
- Feasible, achievable in 12 months
- Includes self-assessment for ‘do-no-harm’ (protection) and gender
- Localization
- Clear monitoring and evaluation mechanism

...ReportHub project info (3W) and monthly reporting are mandatory for HRP projects!
Common Mistakes in HRP Project Proposals

- Project and / or activities **Not** in line with a HRP strategic objectives and cluster response strategy - out of the cluster framework

- Poor alignment of activities and indicators: indicators and their corresponding activities don’t match or poor number of the indicators/activities.  *This year indicators will be at cluster objective level and not on activity level, but necessary in activity narrative to provide enough detail to understand activity target and outputs*

- **Unclear and/or overlap of direct -vs- indirect beneficiaries**

- Targeted beneficiaries not disaggregated

- Poor mapping of the existing service gaps or needs analysis to justify activities

- Poor referencing, outdated data; lack of recent assessments/observations to support the project needs analysis.

- Poor budgeting: mix up of direct and indirect cost
Activity groups / examples

Health CO1: Reduce of excess morbidity and mortality due disease outbreak driven by climatic shocks and conflict among 1.6 million IDPs and non-displaced by 5%
**Health CO1: Reduce of excess morbidity and mortality due disease outbreak driven by climatic shocks and conflict among 1.6 million IDPs and non-displaced by 5%**

| Support to early detection, investigation and response to disease (e.g. outbreak) through Rapid response teams (RRTs), HCW training, monitoring (EWAR) and supplies |
| Health awareness, social mobilization, education and advocacy activities in disease control, health and nutrition |
| HCW Training: trauma, MCM, case management, IMS... |
| Infection Prevention and Control (IPC) |
| • Provider and patient safety (e.g. PPE, triage) |
| • Environmental health |
| Health Protection and Surge |
| • EOCs |
| • Medical logistics and contingency supplies |
Health CO #2: Contribute to improvement in physical and mental wellbeing of the population affected by conflict and displacement among 1.6 million IDPs and non-displaced; including 140,000 people with disabilities

<table>
<thead>
<tr>
<th>HCW and community training: MHPSS (e.g. PFA, MhGAP-HIG)</th>
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</thead>
<tbody>
<tr>
<td>Community and HCF based physical rehabilitation</td>
</tr>
<tr>
<td>Health awareness, social mobilization, education and advocacy activities on MHPSS, disabilities</td>
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</table>
**Health CO3: Improve equitable access to quality emergency and essential lifesaving health services for the crisis affected population to 1.3 million IDPs and 1.1 million non-displaced host population**

| Provision of life-saving primary care health care services, through fixed and mobile outreach services, including: | • STD / HIV treatment  
• TB screening and treatment  

Integrated Health and Nutrition services  
Mental health / psychosocial [consultation] services (MHPSS)  
Physical rehabilitation services |
|---|---|
| • Essential PHC (EPHS) clinical care  
• Child health care  
• Emergency and trauma care  
• Communicable disease treatment  
• NCD treatment  

Sexual and reproductive health care services (MISP) |
| Targeted [supplemental] vaccination campaigns |
| Accountability  
• Patient feedback, community outreach  
• Patient privacy facility elements and HCW awareness  
Accessibilty facility elements for people living with disabilities and elderly |
| WASH and Waste Management in HCFs (IPC) |
### Health CO4: Improved case management and referral services for 120,000 survivors of sexual or gender-based violence

<table>
<thead>
<tr>
<th>Service</th>
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<tr>
<td>Provision of sexual and reproductive health (SRH) services (including for SGBV)</td>
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<tr>
<td>STD / HIV treatment and prevention</td>
</tr>
<tr>
<td>Adolescent specific services and outreach</td>
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Free Online Courses

- The e-learning course to compliment the updated IASC Gender Handbook is now live and can be accessed on the following website: https://trainingcentre.unwomen.org/portal/product/iasc-e-learning-on-gender-equality-in-humanitarian-action/;
Finally we need team work......

Thanks for your attention