

Project Plan Overview

Program	JPF Emergency Response for Refugee from Myanmar in Bangladesh
Project	<p>Provision of quality comprehensive primary health care services for displaced population in Cox's Bazar, Bangladesh</p> <p><i>Targeted groups:</i> Children under five years of age, adolescents, women of reproductive age group (15-49 years), pregnant and lactating women</p> <p><i>Areas:</i> Camp 15 (Jamtoli) in Ukhia Upazila, Cox's Bazar, Bangladesh</p>
Project period	31 <sup>st</sup> March 2020 to 28 <sup>th</sup> February 2021 (335 days)

JPF Subsidies	37,105,455JPY	91.64%	Government Assistance JPY / Private Funds JPY		
Direct project cost	26,595,473JPY	(71.7%)	/	Japan (Tokyo)	Project country (Bangladesh)
Indirect project cost	10,509,982JPY	(28.3%)			
Other fund	3,382,853JPY	8.36%	Staff in Japan	1.00MM	0MM
Total project cost	40,488,308JPY	/	Staff in Bangladesh (International + National staff)	/	5.64 MM

Project Objective	To ensure that the Rohingya population have equitable access to quality comprehensive primary health care, nutrition and mental health and mental health and psychosocial support services through an integrated approach
Project Overview	The project will enable displaced Rohingya people to have equitable access to quality health, nutrition, and psychosocial support services in targeted one camp (Camp 15/Jamtoli). The implementing organization will provide a package of primary health care (PHC) services to 49,400 Rohingya people through an integrated approach (with Nutrition, WASH, Community Health and MHPSS components) from one (1) Health Post as well as community health activities to ensure that children and families survive, and remain healthy. Health services will include preventive and curative services for communicable diseases (e.g. diarrhoea, acute respiratory tract infection) including case management and surveillance/reporting; non-communicable diseases with treatment and or referral; neonatal and child health utilizing integrated management of neonatal and childhood illness protocols; reproductive health following the minimum service provision in Health Sector's Minimum Package of Essential Health Services for primary health care facilities in the Forcibly Displaced Myanmar Nationals (FDMNs) developed based on

For submission to Japan Platform

	<p>MOHFW's Essential Service Package including adolescent sexual reproductive health care, antenatal/normal vaginal delivery/postnatal care and syndromic management of STIs; MHPSS focusing on psychological first aid and referral of cases required clinical mental health services; promotion of optimal infant young child feeding practices at facility and community level, together with WASH messaging for caregivers of young children, their families and influential persons; screening/referral of children with severe acute malnutrition etc. In addition to facility based services, health program will support a cadre of community health workers (CHWs) and Community Nutrition Volunteers (CNVs) to promote key reproductive, maternal neonatal child adolescent health and nutrition practices, to identify pregnant women with a special focus on teenagers, at risk and sick children and their families, conduct disease surveillance, identification of malnourished PLW and children under five, and refer them to nearby health and nutrition facilities. Health Program will also use trained community mental health workers to identify and refer MHPSS cases from camps.</p> <p>The project will also strengthen community participation and effective community feedback and information-sharing mechanisms.</p>
Project Outline	Beneficiary
<p>49,400 displaced Rohingya people have better access to quality primary health care including sexual and reproductive health, psychosocial support and nutrition services.</p> <p>Component 1 Health Activities</p> <p>Component 2 Nutrition Activities</p> <p>Component 3 MHPSS Activities</p>	<p><b>Direct: 34,266</b></p> <p>Children U5: 5,450 (F 2,698 and M 2,752)</p> <p>Adolescents: 5,928 (F 3,079 and M 2,849)</p> <p>Women of Reproductive Age (WRA): 7,262</p> <p>PLW: 2,777</p> <p>Other family members: 12,850</p> <p><b>Indirect: 15,134</b></p>

<b>Overall Project Objective</b>	To ensure that the Rohingya population have equitable access to quality comprehensive primary health care, nutrition, WASH and psychosocial support services through an integrated approach.			
<b>Current situation</b> (before commencement of the project)	<b>Expected outcomes</b> (At the completion of the project)	<b>Target level</b> (indicators of project outcomes) <b>and validation methods</b>	<b>Activities for project outcomes</b>	✓ <b>Prerequisites</b> ◇ <b>Risks and external factors</b>
The need for medical treatment is extremely high, with more than 610,000 outpatient treatments in the camp during the two months of May and June 2019. In addition, the practice rate of contraceptive methods is only 34%, which causes problems of unwanted and unplanned pregnancy. The	49,400 displaced Rohingya people who live in the camp 15 have better access to quality primary health care including sexual and reproductive health, psychosocial support, and nutrition services	<p><b>Outcome indicators</b></p> <p>% of target population reached with timely and safe access to essential health and nutrition care, and MHPSS services (disaggregated by sex, age, disability) (Target: 60%) [Verification method: baseline and final assessment]</p> <p><b>Activity Indicators for Health</b></p> <p><b>1.1</b> Number of beneficiaries attended the HPs (34,266 persons) [Verification methods: Visit lists]</p> <p><b>1.2</b> Number of review meetings conducted based on the monitoring results by clinical supervisors using checklists of medical services and prescriptions (10 times- Once</p>	<p><b>Component 1 : Health Activities:</b></p> <p>1-1 Train staff to operate the health facilities</p> <p>1-2 Deliver, support and supervise (ongoing) primary health care services</p> <p>1-3 Ensure adequate supply of vaccines and provision of immunization services at all health service delivery points</p> <p>1-4 Train CHWs to conduct health awareness and messaging campaigns, identify/refer cases at household and community level and do community surveillance of potential disease outbreaks</p> <p>1-5 Maintain health facilities for the provision of services (vehicle hire, rehabilitation (including latrines), procurement of drugs, medical equipment and supplies)</p> <p>1-6 Monitoring to ensure quality of medical</p>	No additional significant crises exacerbate the situation, especially the additional influx of Rohingya population or a disease outbreak or a major cyclone. No major conflicts arise between host community and refugee.

<p>global acute malnutrition rate, which indicates the nutritional status of children 6 to 59 months old, is a high level that requires urgent response, and the anemia rate of women of childbearing age is as high as 23%. As the evacuation life becomes longer, 17 % of children are seriously damaged mentally, and there is a high need for mental health and psychosocial support. To meet these needs, there is a need to strengthen</p>		<p>a month) [Verification methods: Monitoring by clinical supervisors, Review meeting minutes]</p>	<p>services</p>	
		<p>1.3 Percentage of spot checks in which the clinical supervisors could verify that patient’s complaints, medical services and prescriptions were matched (100% -Spot check should be done 10 times) [Verification method: Clinical supervision checklists- Question #103-104]</p>	<p><b>Component 2: Nutrition Activities:</b> 2-1 Training of staff on IYCF-E 2-2 Training of community health workers, community nutrition volunteers and mental health workers on Infant and young child feeding in emergencies (IYCF-E) 2-3 Provision of nutrition services including screening and referral of malnourished children and PLW to nearby nutrition service centers (by Community Nutrition Volunteer, Community Health and Mental Health Workers) 2-4 Conduct mother-to-mother support group sessions including hygiene promotion activities</p>	
		<p>1.4 Number of beneficiaries who are satisfied with the services at health posts (80%) [Verification method: Exit Interview]</p> <p>1.5 % of adolescent boys and girls who attend SRH corners with increased knowledge of SRH; (Target: 60%) [Verification Method: final assessment report, FGD]</p>	<p><b>Component 3 MHPSS Activities</b> 3-1 Train Health Staff (doctors, midwives, paramedics, clinical aides, doctors) and frontline nutrition staff on identification and referrals for MHPSS complaints 3-2 Conduct on the job training for PSS Officer and ongoing supervision by PSS</p>	

<p>community-based primary health care to provide comprehensive health, nutrition, mental health and psychological support.</p>		<p>1.6 Number of U5 children who have received vaccination (450 children)</p> <p><b>Activity Indicators for Nutrition</b></p> <p>2. % of staff and Community Health Workers, Community Nutrition Volunteers and Community Mental Health Workers who participated in IYCF-E training demonstrating improved knowledge (Target: 80%) [Verification method: rapid assessment, training report]</p> <p><b>Activity Indicators for MHPSS</b></p> <p>3. % of staff/volunteers who received MHPSS training demonstrating improved knowledge (Target: 80%) [Verification Method: Pre-/Post-tests, attendance lists]</p>	<p>supervisor and MHPSS specialist (weekly supervision meetings, daily on-site supervision)</p> <p>3-3 Train Community Mental Health Workers on identification and referral of MHPSS patients</p> <p>3-4 Conduct group sessions on PSS complaints (sleeping problems, psychosomatic complaints, grief and loss, coping mechanisms etc.) at facility level</p> <p>3-5 Conduct MHPSS community awareness session</p>	
---	--	---	--	--

Project Progress Check  
(planned activity on the first line and results/alteration on the second line for each activity)

	Mar	Apr				May				Jn				Jul				Aug				Sep				Oct				Nov				Dec				Jan							
Activity	Month 1	Month 2				Month3				Month 4				Month5				Month 6				Month 7				Month 8				Month 9				Month 10				Month 11							
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Getting approval of FD7	X																																												
<b>Component 1: Health</b>																																													
1.1. Train staff to operate the health facilities						X	X	X	X																																				
1.2. Deliver, support and supervise (ongoing) primary health care services		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
1.3. Ensure adequate supply of vaccines and provision of immunization services at all health service delivery points		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
1.4 Train CHWs to conduct health awareness and messaging campaigns, identify/refer cases at household and community level and do community surveillance of potential disease outbreaks						X	X	X	X	X	X																																		
1.5 Maintain health facilities for the provision of services (vehicle hire, rehabilitation, procurement of drugs,		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				

For submission to Japan Platform

	Mar	Apr				May				Jn				Jul				Aug				Sep				Oct				Nov				Dec				Jan											
Activity	Month 1	Month 2				Month3				Month 4				Month5				Month 6				Month 7				Month 8				Month 9				Month 10				Month 11											
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
medical equipment and supplies)																																																	
1.6 Monitoring to ensure quality of services		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>Component 2: Nutrition</b>																																																	
2.1 Training for Health and nutrition staff on IYCF-E						X	X	X	X																																								
2.2. Training of community health workers, community nutrition volunteers and mental health workers on Infant and young child feeding in emergencies (IYCF-E)						X	X	X	X																																								
2.3 Provision of nutrition services including screening and referral of malnourished children and PLW to nearby nutrition service centres		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
2.4 Conduct mother-to-mother support group sessions						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>Component 3: MHPSS</b>																																																	
3.1. Train Health Staff (doctors, midwives, paramedics, clinical aides,										X	X	X	X																																				

For submission to Japan Platform

	Mar	Apr				May				Jn				Jul				Aug				Sep				Oct				Nov				Dec				Jan											
Activity	Month 1	Month 2				Month3				Month 4				Month5				Month 6				Month 7				Month 8				Month 9				Month 10				Month 11											
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
doctors) and frontline nutrition staff on identification and referrals for MHPSS complaints																																																	
3.2 Conduct on the job training for PSS Focal Point and ongoing supervision by PSS supervisor and MHPSS specialist (weekly supervision meetings, daily on-site supervision)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
3.3. Train Community Mental Health Workers on identification and referral of MHPSS patients						X	X	X	X																																								
3.4. Conduct group sessions on PSS complaints (sleeping problems, psychosomatic complaints, grief and loss, coping mechanisms etc.) at facility level		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
3.5. Conduct MHPSS community awareness session		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				

For submission to Japan Platform