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One Thousand Hearts Foundation
Emergency Response on the Malaria outbreak preclusion operations in Garden and Ng’ombe Compounds

**AIM**

To reduce morbidity for the residents of Garden and Ng’ombe compounds by strengthening overall control of the Malaria disease outbreak through enhanced coordination of response efforts being provided by UN agencies, non-governmental organizations and the Ministry of Health.

**MISSION OF PROJECT**

“To provide adequate information on the preclusion of future disease outbreaks”

**GOALS/OBJECTIVES**

**Project Objectives**

* Reduce the spread of the epidemic by spraying insecticide in the identified breeding areas and allotting mosquito nets
* Improving targeting of responses, improving access to health care, and appropriate case management of malaria cases
* Strengthen coordination of the national response by:
1. Establishing coordination mechanisms within the communities
2. Ensuring early detection of cases
3. Ensuring adequate care through appropriate sensitization
* Reinforcing the health care system.

**BASIC DATA**

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| --- | --- | --- |
| 1 | **Project Title:** | Responding to the preclusion of Malaria outbreak operations in Garden and Ng’ombe Compound |
| 2 | **Compounds** | * Garden
* Ng’ombe
 | **Beneficiary****Population:** | Community and neighboring areas |
| 3 | **Starting date** | 1st January 2014 | **Amount (US$)** | 9000 |
| 4 | **Emergency Health Supplies** | * Mosquito Nets
* Insecticide
* Protective Wear
 | **Amount (ZMK)** | 45000 |
| 5 | **Bank account** |  | **Account number** |  |
| 6 | **Project Director** | 1 | **Project Coordinator** | 1 |
| 7 | **Care Givers** | 20 |  |  |
| 8 | **ESTIMATED DURATION OF THE PROJECT** | 3 months |
| Note: Households in the said area have been divided into three (3) segments that is Parents, Boys and Girls. E.g. 10000 households x 3 = 30000 mosquito nets  |
| **PROJECT BENEFICIARIES** The project beneficiaries are the residents, surrounding areas and the nation at large. The direct beneficiaries are the densely populated mentioned communities. The indirect beneficiaries are those who do not become infected due to failure of future outbreaks preventions. Affected persons are likely to be the most vulnerable and poorest people in the population. |

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| **Objectives** | **Measurable indicators** | **Means of verification** | **Important assumptions** |
| **GOAL:***Reduce disease morbidity* | *Number of Households sensitized* | Health InformationSystem report | No major disasteror civil conflict occurs |
| **PURPOSE**:*Making sure the residents are well informed on the prevention of infections* | Response of the residents to the information received | Health InformationSystem report | **(Purpose to Goal)**Food and sanitation addressed appropriately |
| **OUTPUTS:***1.* Cluster community coordination strengthened.*2.* Ensuring adequate stock of supplies including mosquito nets are issued*3.* Safe water treatment methods are adoptedAs well as sanitation facilities; | Minutes of meetings ofthe health clusters;Stock inventory andprocurement reports | Health cluster BulletinMonthly reportsStock & financialrecords;Joint DHMT/WHOmonitoring visits | **(Outputs to purpose)**The project does not delaybeyond the scheduleddate of commencement |
| **ACTIVITIES:***1. Recruitment**2. Procurement**3. Office set up**4. Assessments**5. Training**6. Regular meetings**7. Monitoring &**evaluation* | **INPUTS:**K40,000Plus supplies | Financial outturnreport | **(Activity to output)** |

**Logical Framework**

**Summary budget**

|  |  |  |
| --- | --- | --- |
| **Function** | **Requirement** | **Cost ZMK** |
| **I. Staff costs** |  |  |
|  | Care givers x20 | 30000 |
|  | Team Leaders/ Coordinators x2 | 5000 |
|  | Project Director x1 | 5000 |
|  |  |  |
| **II. Operations** | Transport | 2000 |
|  | Consumables | 3000 |
|  | Other Expenses | 5000 |
| **TOTAL** |  | 50000 |
| **Function** | **Items** | **Number** |
|  | * Mosquito Nets
 | **30000** |
|  | * Insecticide
 | **300** |
|  | * Protective Clothing
 |  |
|  | * Gloves
 | **25 pairs** |

**Summary of duties**

*All opportunities and capacities for health are recognized and integrated in an inclusive strateg*y:

1. Identify and make contact with all sector stakeholders, including Clinics, District Health Management Board authorities, and the World Health Organisation.
2. Hold regular coordination meetings with health stakeholder members, building when possible on an existing health sector coordination forum.
3. Represent the Health Cluster in inter-cluster coordination mechanisms at field level, contribute to jointly identifying critical issues that require multi-sector responses, and plan the relevant synergistic interventions with the other clusters concerned.

**Conclusion**

One Thousand Hearts Foundation with the help of Globalhand will have curbed down the spread of malaria which is transmitted by mosquitos in the night time especially when it’s dark. This collision is expected to be more helpful to the Government’s efforts in improving the health of the citizens at large.

**Project Director**

Qualifications

Education:

Essential: Degree in medicine or Health Related Qualification.

Experience:

Essential: In managing and coordinating health programs

Skills:

**Competencies**

* Ability to prioritize, organize, manage and adapt management style according to the need
* Excellent communication and negotiation skills and ability to convene stakeholders and facilitate a policy process among UN, NGOs, national health authorities and donors
* Fostering integration and teamwork

**Functional Skills**

* In-depth knowledge of emergency relief policies and practices within the UN and other UN Specialized Agencies
* Sound knowledge and experience about national disaster prevention and preparedness programs