

South Sudan 2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

SECTION I:

CAP Cluster	Health
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CHF Cluster Priorities for 2012 Second Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities	Cluster Geographic Activities
<p>Health Cluster CAP 2012 objectives:</p> <ul style="list-style-type: none"> • Maintain the existing safety net by providing basic health packages and emergency referral services • Strengthen emergency preparedness including surgical interventions • Respond to health related emergencies including controlling the spread of communicable diseases <p>Specific Health Cluster priorities for CHF R2 2012:</p> <ul style="list-style-type: none"> • Core pipeline supplies and some logistic cost • Emergency preparedness and response activities • Safety net ONLY where there is a clear gap. 	<p>High priority: - Nbeg, Warrap, Unity, Upper Nile, Jonglei, Lakes, Wbeg, Eastern Equatoria, Low priority: - Western Equatoria, Central Equatoria</p>

Project details

The sections from this point onwards are to be filled by the organization requesting for CHF.

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)
Medical Emergency Relief International (Merlin)	Jonglei State, Pibor County, Boma, Mewuon, Kasingor and Maruwo Payams (100%)
Project CAP Code	
SSD-12/H/46328/5195	
CAP Project Title	
Provision and expansion of community, primary and referral healthcare services in selected Counties of Eastern Equatoria and Jonglei states	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Amount Requested Secured
US\$ 4,417,098	US\$ 300,000	US\$ 3,656,227

Total Direct Beneficiaries: 143,138	Total Indirect Beneficiary								
<table border="1"> <tr> <td>Women:</td> <td>4,606</td> </tr> <tr> <td>Men:</td> <td>4,396</td> </tr> <tr> <td>Girls:</td> <td>1,816</td> </tr> <tr> <td>Boys</td> <td>1,893</td> </tr> </table>	Women:	4,606	Men:	4,396	Girls:	1,816	Boys	1,893	23,298 (population of specific project locations – see above)
Women:	4,606								
Men:	4,396								
Girls:	1,816								
Boys	1,893								
	Catchment Population (if applicable)								
	73,515								

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)	Project Duration (max. of 12 months, starting from allocation date)
NA	
	Start Date (mm/dd/yy): 10/01/12
	End Date (mm/dd/yy): 03/31/13

Address of Country Office	Address of HQ
Project Focal Person: Dr Tewodros GebreMichael Email & Tel: 0955294296 e-mail country director: cd@merlin-southsudan.org e-mail finance officer: efd@merlin-southsudan.org	e-mail desk officer: Gareth.Hughes@merlin.org.uk e-mail finance officer: steve.reitz@merlin.org.uk Address: 12 th Floor, 207 Old Street, London EC1V 9NR

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population¹

The Republic of South Sudan, the world's newest country, has some of the world's worst health indicators. More than 10% of children die before their fifth birthday (135/1000 live births); infant mortality is high at 102 per 1000 live births; maternal mortality is the highest in the world with a ratio of 2,054 per 100,000 live births; only 17% of infants are fully vaccinated and just 10% of births are assisted by skilled personnel in a health facility (SSHS 2006). Poor infrastructure, limited qualified health workers, major gaps in decentralizing and empowering the health system, huge burden of endemic communicable diseases, lack of disease surveillance system and functional HIS, localized conflict and population movement, and the very low level of education are among the major factors hindering achievements in the health sector (GoSS MoH).

The merge health service capacity and system is constantly challenged with various acute shocks that render quality of and access to basic health services extremely difficult. The recent Pibor crisis in Jonglei state has left close to 140,000 people displaced and in dire need of humanitarian assistance. More than 20,000 of these IDPs have moved southward and taking refuge in Boma area. There are still on-going conflicts that continue to displace people in the state and there are also South Sudanese returning home from the Sudan and Ethiopia. Recent assessments by the UN (July 2012) in Kasingor area has shown close to 10,000 displaced Jie community who has lost more than 500 of their cattle to raiding and with limited access to basic social services such as health, education, water and sanitation (UN Bor report, 6/7/12).

Merlin has been involved in conducting health needs assessments and provision of healthcare services in Southern Sudan since 1998. In the proposed areas of intervention Merlin's experience ensures a clear understanding of the significant needs and gaps. During 2011 Merlin has seen increasing ANC consultations in all target areas achieved through intensive outreach and community mobilization activities; however this has not led to equivalent increases in facility based deliveries with less than 10% of expected deliveries in the Boma area taking place in a health facility. Focus group discussions with women's groups have identified key barriers to facility deliveries including lack of female staff, lack of knowledge of risks in delivery and preference for traditional practices. A functioning referral system and access to EMoNC services are critical to tackle high mortality rates in the area.

There continues to be high demand on surgical services in the target areas. Boma (45 beds) hospital continue to provide life-saving emergency surgery. In the first half of 2012 alone, there were total of 438 surgical interventions including 40 gunshot/major life saving ones and 8 requiring blood transfusion. Intense inter-tribal conflict in Pibor County has contributed to the 19 emergency referrals to Boma from MSF in Pibor. The continued failure to address root causes of tribal conflict leaves a high likelihood of continued clashes.

The target areas are prone to epidemics and the proximity and frequent movement across the border increases the likelihood of outbreaks. In March 2012, WHO/MoH and Merlin were able to contain a measles epidemic in Boma area through case management and full scale vaccination campaign. Continued low EPI coverage compounded by a weak cold chain system increases the potential for disease outbreak amongst children. Additionally a KPC survey conducted by Merlin in the target areas showed low knowledge of disease prevention amongst mothers with children under two years of age; of whom knowledge of two or more prevention methods for diarrhea, ARI, malaria and HIV were 58%, 39%, 55% and 38% respectively, which clearly indicates the need to continue intensive educational intervention of information and services.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

The targeted project areas include remote rural Payams and villages of the Pibor County (Boma area); and the IDPs in Labrub from the Pibor crisis. Merlin is the sole health and nutrition service provider in these places and has been in the area since 2004 working through network of the Boma hospital, four PHCUs and more than 50 home health promoters (HHPs) who work with a village health committee (VHC) constituted of all ethnic groups in the area. Integrated in these structures of service delivery are regular outreach services to increase coverage and access to cost-effective interventions of vaccination, malaria prevention (including IPT and LLITN for pregnant and lactating women), maternal health and surveillance for epidemic prone diseases; mobile team organized for assessing and responding to emergency needs; and community structures to assist in facility management. From these pools of health service delivery structure, Merlin is currently responding to more 20,000 Murle IDPs in Labrub (due to the Pibor crisis) and will be responding to the more than 10,000 Jie communities that have moved towards Kasingor.

Currently Merlin's operation in Boma is funded by ECHO and comes to an end on 31st December 2012. Merlin has submitted an expression of interest (EoI) for 2013 to IMA, as the lead agency of the new WB funding mechanism, and the EoI was officially rejected though discussion are still ongoing for a small level of funding support. Merlin had not received funding from the CHF 2012 round one. The funding situation had been brought to the attention of the MoH (RoSS and State). It is imperative that CHF support activities in Boma for continued services to the marginalized and isolated community of the areas in line with the Health Cluster objectives for CHF 2012 Round 2. Furthermore, such funding will give the leverage to request ECHO for co-funding at least during the transition year of 2013. To support the agreed cluster priorities Merlin will implement the following:

1. Provision of basic safety net health services

The proposed project activities will help maintain the existing health sector safety net in Boma Sub-County by providing basic health packages and emergency referral services in the target facilities and communities. High utilization rates in Merlin-supported target facilities (for example, Boma Hospital had an average occupancy rate of more than 90% throughout 2011), will ensure that the project is efficient relative to costs in its contribution to the achievement of the strategic priorities of the health sector/cluster. Through a focus on maternal and child health (MCH) - especially obstetric care, integrated management of childhood illnesses

¹ To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

(IMCI) protocols, and EPI - Merlin will help to ensure the promotion of mother and child survival in its supported healthcare facilities whilst continuing to provide services in line with the Basic Package of Health Services (BPHS). Special focus will be in place to boost the coverage for measles vaccination through enhanced outreach activities and regular cyclic vaccination campaigns. Merlin has observed a huge need to intensify community education and social mobilization for the utilization of services.

Merlin will procure and distribute essential drugs, including emergency surgical and obstetric drugs, kits (including trauma kits), medical supplies, basic medical equipment, and laboratory supplies through direct supply and the MoH's supply chain (i.e. from CHD to facility level). In addition, Merlin will strengthen its partnerships with UNFPA and UNICEF to ensure continuous supply of RH and EPI commodities.

Merlin will coordinate the employment of trained health staff as per BPHS guidelines and higher level care recommendations of MoH in all health facilities. Merlin will also conduct on-the-job and formal/refresher training for facility and community-based health workers and health managers.

2. Emergency preparedness and response

Merlin together with local MoH plans to strengthen emergency preparedness and response (EP&R) capacity of all supported health facilities and affected communities to significantly contribute to the sector/cluster priority of controlling the spread of communicable diseases. As an organisation, Merlin is committed to responding to all communicable disease outbreaks within 72 hours. This will, in the first part, be achieved through the training of facility staff and community members on disease surveillance, reporting and analysis. Diminished awareness by the community, very low immunization coverage, very low LLITN distribution and use and hygiene promotion are the needs identified and amenable to low-cost, short-term interventions in terms of communicable disease prevention and control. To ensure effective and timely response interventions, Merlin will preposition essential emergency supplies and kits (drugs, vaccines, IV fluids, cholera beds, hospital tents, personal protective equipment (PPE)), as well as working through key coordination mechanisms such as the inter-agency outbreak control team and the OCHA inter-agency EP&R Task Force. Merlin will also contribute to the strengthening of emergency response capacity in relation to potential insecurity and outbreaks of conflict in 2012/13. Like other parts of Jonglei State, Boma is particularly affected by intertribal violence driven by cattle rustling. As is the case in most conflict prone environments, men are especially exposed to conflict and war related injuries that require surgical assistance. Boma hospital has both surgical and blood transfusion capacity prepositioned, and serves as referral points for vast areas in Pibor County and beyond. Merlin will continue to actively participate in the national and sub-national (State) cluster coordination mechanism in 2012/13.

C. Project Description (For CHF Component only)

i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

As detailed in section A, there is a clear humanitarian health needs as indicated by the higher levels of morbidity and mortality rates and ratios, the lower levels of access and coverage of services, and potential for intra/inter-tribal conflicts resulting in internal displacements coupled with returnees from the North and Ethiopia. All of these require coordinated, sustained and integrated preparedness and response activities in Jonglei State. In addition, there are estimated more than 20,000 IDPs in Boma area as a result of the Pibor crisis who are still reluctant to return back to Pibor for fear of insecurity, and more than 10,000 minority Jie communities in need of support as recommended by UN Bor. The CHF funding will be used to support the health needs in the geographic area specified and of the IDPs from Pibor settled in Boma Sub-County.

The funds requested for the CHF component of the project will be essential to complement the on-going basic safety net and EPR activities and enable to fully contribute to the priorities of the cluster in the year ahead which has complete funding gap. It is to fill the funding gaps to continue, improve and expand Merlin's health work in Pibor County that were initiated with other funding as detailed above, and with emphasis to basic safety net health services, life saving surgical interventions (including obstetrics) and emergency preparedness/response.

ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

Increase access to and improve quality of comprehensive emergency primary and referral healthcare services through health facility and community-based service provision

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

Exact locations of operations and services offered:

1. Jonglei State – Pibor County
 - Boma Hospital – Comprehensive primary and secondary healthcare services including CMR
 - PHCUs in Mewuon, Koradep, Nyalangoro and Labrub – Basic safety net healthcare services and surveillance
 - Mobile clinic service to Pibor IDPs (complement Labrub PHCU) - Basic safety net healthcare services and surveillance
 - Mobile clinic service to Jie IDPs (Kasingor) - Basic safety net healthcare services and surveillance
2. Mobile Team/clinic
 - Pibor County as required ensuring assessment and response to health emergencies and mass population displacements

Direct beneficiaries: 12,711

- Curative service beneficiaries = 5,823 (based on 0.5 new consultation per person per year – 6 months)
- Reproductive health beneficiaries = 457 (50% ANC and 20% facility delivery coverage – 6 months)
- Immunization beneficiaries (measles) = 437 (75% coverage – 6 months)

- Facility-based health education beneficiaries = 628 (10% of facility attendants – *not counted in the total direct beneficiary number to avoid double counting*)
- Community-based education = 4,660 (20% of indirect beneficiary)
- Surgical intervention beneficiaries = 104 (2 per week – both major [including C/S & GSW] and minor)
- Emergency response beneficiaries = 1,165 (5% of indirect beneficiary per epidemic; 1 expected)
- Training beneficiaries = 65 (both health worker and community members)

Main activities:

- 1) Ensure effective delivery of comprehensive primary and secondary health services with un-restricted and non-discriminatory access for women, men, girls, boys and vulnerable groups including ethnic minorities, returnees & IDPs
 - Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMNCI protocol for girls and boys,
 - Provide laboratory services with improved diagnostic capacity,
 - Provide maternal healthcare (routine ANC/PNC check up, supplementary feeding/micro-nutrient supplementation, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, vitamin A supplementation for postpartum mothers, clean and safe delivery to boost up assisted delivery, basic/comprehensive obstetric care; FP services and referral, etc),
 - Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio plus, integration of nutrition services, growth monitoring and promotion, Vitamin A supplementation, de-worming, etc)
 - Provide emergency surgical interventions including obstetric and trauma care in Boma hospital
 - Strengthen universal precautions and infection prevention including medical waste management in all supported health facilities.
 - Advocate for and support employment of trained health staff as per the BPHS and higher level care recommendations of MoH in all health facilities with a focus on ensuring midwifery care.
 - Strengthen community health structures and conduct targeted health awareness based on community research findings on common illnesses, MCH, nutrition, healthcare seeking behaviour, information on available services in the health facilities, etc
 - Conduct on the job and formal/refresher training for facility and community-based health workers, and health managers on safe motherhood, child health, community health, common morbidities, HMIS, specialized emergency surgical and obstetric interventions.
 - Renovate health facilities to meet service delivery standards
- 2) Ensure adequate and uninterrupted supply of drugs, medical supplies, medical equipment and laboratory supplies through direct and MoH's supply chain:
 - Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supply/equipment to all supported health facilities.
 - Ensure adequate linkage with WHO, UNFPA and UNICEF for the acquisition and distribution of essential medical kits (including trauma kits), RH kits and EPI supplies including cold chain.
 - Procure/maintain and supplement emergency surgical and obstetrical drugs, kits, sets and basic equipment to Boma hospital.
- 3) Strengthen emergency preparedness and response capacity of all supported health facilities and affected communities:
 - Strengthening of facility staff and community members on health/disease surveillance, reporting and analysis (HF based surveillance/IDSR, community surveillance and epidemic/outbreak investigation and response); case finding, treatment and health awareness raising for the prevention of common infectious diseases such as cholera, meningitis, malaria, sleeping sickness, Kala-azar, HIV and other notifiable diseases,
 - Training for staff, partners and key stakeholders in emergency assessment and response for disease outbreaks or mass casualty incidents
 - Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, cholera beds, hospital tents, PEP), laboratory diagnostic capacity and coordination mechanisms (Inter-agency outbreak control team/OCT).

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

Gender

Specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring and evaluation. For example, Merlin will ensure that female and male representation will be balanced in community health management committees, participation of home health promoters in health promotion and community mobilization, and during recruitment of health staff at various levels. Merlin will continue to encourage and proactively recruit female staff, key in Boma, where the level of literacy and tradition of females working outside home is low.

Through an activity focus on maternal health, Merlin will work to empower female decision-making for treatment seeking by facilitating male involvement and increasing health promotion activities at the community level. Women will also be supported through the core activity of referring complicated deliveries and high risk pregnancies (women) to the hospital. However, specific interventions will also ensure men receive essential services, for example surgical interventions to deal with the conflict-related trauma to which they are statistically more predisposed during conflicts.

Merlin will provide support to staff on Sexual and Gender Based Violence (SGBV) targeted at identifying potential cases and referring survivors for appropriate treatment and counseling. In light of the potential for increased incidence of SGBV related to potential conflict, insecurity, and mass population movements in 2012/13, Merlin will look to increase awareness amongst staff and communities regarding SGBV, with support targeted at appropriate and timely care seeking for rape victims.

Environment

The management of medical waste will be given due attention at all levels of its generation. Clinical and cleaning staff will be trained on universal precaution to ensure appropriate segregation, sorting and storage of medical waste. Merlin will ensure that burial and/or burning are the ultimate waste disposal mechanism in the health facilities through renovation of existing incinerators and decomposing pits.

HIV/AIDS

HIV/AIDS prevention activities will be mainstreamed into all community, primary, and secondary health care activities. Condom promotion, awareness raising and prevention of medical transmission of HIV will be given due attention and integrated with routine health services in health facilities and community settings. Merlin provides HIV/AIDS awareness training for staff and community to reduce stigma in the health facilities and ensure equal access to services.

Early Recovery

Merlin is committed to staying beyond the crisis situation to help rebuild sustainable health services and has considerable experience from other countries in developing programmatic interventions and strategies designed to promote early recovery and target the transitional period from relief to development. It is a strategic objective of Merlin in South Sudan to develop an early recovery strategy with milestones and reference points for the gradual transition of our health facilities, or components of them, to the MoH, ensuring consideration is given to the six health-system building blocks in coordination with the activities of other partners. As we move into a period of economical and political difficulty in South Sudan and unregulated transition to developmental responses in the face of persistent humanitarian context, it is challenging for partners to really move towards a recovery or development approach. However, through improving information and data management, for example using the MoH-approved District Health Information Software (DHIS) in its facilities, and working closely with the target communities, Merlin will continue to monitor the situation and the root causes of health problems to adjust programmatic interventions with a view to longer term development objectives.

v) Expected Result/s

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

Result 1 – Increased access to and quality of community, primary, and referral healthcare services with a strengthened (emergency) referral system and a special emphasis on women and children under five years of age.

Result 2 – Increased coverage of targeted population with communicable disease outbreak prevention messages, epidemic investigation and response, and coordination for EPR.

Result 3 – Increased emergency referrals and life-saving surgical interventions at the Boma hospital

	Indicator	Target (indicate numbers or percentages)
1	Number of under 5 consultations (boys and girls)	1,747
2	Number of ANC clients receiving IPT2	523 (80% of target ANC clients)
3	Number of health facilities providing BPHS	5
4	Number of births attended by skilled birth attendants	261
5	Communicable disease outbreaks detected and responded to within 72 hours	100%

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

Building on seven years programming experience in Jonglei state, Merlin will continue to strengthen the accessible, equitable, and enduring health care delivery structure it has helped to develop in Boma Sub-county. Merlin operates one hospital and four primary health care units in Pibor County. This ongoing project will be run through these vital healthcare facilities. The Merlin Senior Health Coordinator supported by the Country Health Director will ensure the technical implementation of the project in line with national and international standards.

Merlin will manage this project as the sole implementing agency. Through its well-established office in Boma, Merlin will continue working in partnership with the State Ministries of Health and Pibor CHD, particularly in facilitating health system coordination, health information management systems, and transition strategies. At project-site-level, Merlin has project coordinator and officers for finance and logistics. The strong internal standards of Merlin global policies and guidelines which are based on international best-practice for drugs management, procurement, supply chain management, finance, and grants management are in place both at country and field level. Merlin also has both internal and external audits conducted every year to ensure compliance with financial and grants management procedures, as well as with our own policies on procurement and asset management.

vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

Merlin will monitor project performance and achievements at all levels of project implementation to determine whether the project objectives and expected outcomes have been met (in terms of scope, timeliness, quality, equity, and cost). This will be achieved in part through the monitoring of progress against the five key indicators outlined above.

A number of tools and methods will be used to monitor the delivery of health services at supported facilities and within target communities. Formal monthly supervision of health facilities will be done (using the MoH supervision checklists) to ensure good quality services are provided at all levels. The MoH in Bor and Pibor will be invited, encouraged, and facilitated to participate in these monitoring visits. In Boma hospital, monthly mortality audits will be conducted in a participatory manner to review cases and identify best practice. Quarterly comprehensive audits of treatment and prescribing practices will be conducted in all facilities. These will be conducted through register review, consumption data analysis, and linked to exit interviews. Quarterly exit interviews will be conducted to assess demand-supply gaps, beneficiary satisfaction levels, and to improve service quality standards in general. In addition, to further strengthen quality of care, Merlin has introduced Accountability Framework to improve the quality and accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process. This process links quality assessment and improvement with community mobilization.

Regular progress reports will be submitted as per the CHF requirements. Monthly health statistics and quarterly progress reports will be submitted to the respective State MoH and CHDs. Merlin will also ensure weekly IDSR reports are submitted for integrated disease surveillance at the county, state and national level.

SECTION III:

LOGFRAME				
CHF ref. Code: SSD-12/H/46328/5195	Project title: Provision and expansion of community, primary and referral healthcare services in selected Counties of Jonglei states	Organisation: Medical Emergency Relief International (Merlin)		
Overall Objective: <ul style="list-style-type: none"> To contribute to a reduction in excess morbidity and mortality in South Sudan 		Indicators of progress: <ul style="list-style-type: none"> Improved coverage of primary and secondary health care services in target communities. 	How indicators will be measured: <ul style="list-style-type: none"> Hospital and PHCU medical registers 	Assumptions & risks: <ul style="list-style-type: none"> Conducive security situation in target communities allowing access to and by beneficiaries.
Specific Project Objective/s: <ul style="list-style-type: none"> Increase access to and improve quality of comprehensive emergency primary and referral healthcare services through health facility and community-based service provision 		Indicators of progress: <ul style="list-style-type: none"> Increased service utilization rates Proportion of children and mothers accessing services in target community > 85% satisfaction rates 	How indicators will be measured: <ul style="list-style-type: none"> OPD and IPD registers MCH registers Exit interview data and report 	Assumptions & risks: <ul style="list-style-type: none"> Merlin receives drug and medical support from MoH Merlin receives RH and EPI support from UNFPA and UNICEF. Sufficient and adequately qualified staffs are available to run the project. There is cooperation with the local authorities The Ministry of Health continues to strengthen its presence and role at state and county level
Results - Outputs (tangible) and Outcomes (intangible): <ul style="list-style-type: none"> Increased access to and quality of community, primary, and referral healthcare services with a strengthened (emergency) referral system and a special emphasis on women and children under- 5 years of age. Increased coverage of targeted population with communicable disease outbreak prevention messages, epidemic investigation and response, and coordination for EPR. Increased emergency referrals and life-saving surgical interventions at the Boma hospital 		Indicators of progress: <ul style="list-style-type: none"> Number of under 5 consultations (boys and girls) Number of ANC clients receiving IPT2 Number of health facilities providing BPHS Number of births attended by skilled birth attendants Communicable disease outbreaks detected and responded to within 72 hours 	How indicators will be measured: <ul style="list-style-type: none"> OPD registers ANC and INC registers. Monthly supervision and health facility audit reports Outbreak response reports (including outbreak mapping and line listing) 	Assumptions & risks: <ul style="list-style-type: none"> Merlin receives drug and medical support from MoH Merlin receives RH and EPI support from UNFPA and UNICEF. Sufficient and adequately qualified staffs are available to run the project. There is cooperation with the local authorities.

			<ul style="list-style-type: none"> • Satisfactory supply movement possible. • Insecurity does not limit possibility to conduct regular monitoring and supervision of PHCUs and community actors (HHPs and VHCs) • Adequate community participation. • There is no significant movement of population into or out of target communities.
<p>Activities:</p> <p>1. Ensure effective delivery of comprehensive primary and secondary health services with unrestricted and non-discriminatory access for women, men, girls, boys and vulnerable groups including ethnic minorities, returnees & IDPs</p> <ul style="list-style-type: none"> • Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMNCI protocol for girls and boys, • Provide laboratory services with improved diagnostic capacity, • Provide maternal healthcare (routine ANC/PNC check up, supplementary feeding/micronutrient supplementation, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, vitamin A supplementation for postpartum mothers, clean and safe delivery to boost up assisted delivery, basic/comprehensive obstetric care; FP services and referral, etc), • Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio plus, integration of nutrition services, growth monitoring and promotion, Vitamin A supplementation, de-worming, etc) • Provide emergency surgical interventions including obstetric and trauma care in Boma hospital • Strengthen universal precautions and infection prevention including medical waste management in all supported health facilities. • Advocate for and support employment of trained health staff as per the BPHS and higher level care recommendations of MoH in all health facilities with a focus on ensuring midwifery care. • Strengthen community health structures and conduct targeted health awareness based on community research findings on common illnesses, MCH, nutrition, healthcare seeking behaviour, information on available services in the health facilities, etc • Conduct on the job and formal/refresher training for facility and community-based health workers, and health managers on safe motherhood, child health, community health, common morbidities, HMIS, specialized emergency surgical and obstetric interventions. <p>2. Ensure adequate and uninterrupted supply of drugs, medical supplies, medical equipment</p>	<p>Inputs:</p> <ul style="list-style-type: none"> • Qualified medical staff • Qualified management staff • Drug and medical supplies including laboratory supplies • Micronutrient supplements for women and children • Transport – vehicle, fuel, maintenance • Health registers and treatment protocols (MoH) • Trainers and training materials • ITC and accessories • Security staff • Support staff • Renovated health facilities with some capacity for patient resuscitation • Communication equipment 		<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Conducive security situation in target communities allowing access to and by beneficiaries. • Merlin receives drug and medical support from MoH • Merlin receives RH and EPI support from UNFPA and UNICEF. • Sufficient and adequately qualified staffs are available to run the project. • There is cooperation with the local authorities • The Ministry of Health continues to strengthen its presence and role at national, state and county level • Satisfactory supply movement possible. • Insecurity does not limit possibility to

<p>and laboratory supplies through direct and MoH's supply chain:</p> <ul style="list-style-type: none"> • Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supply/equipment to all supported health facilities. • Ensure adequate linkage with WHO, UNFPA and UNICEF for the acquisition and distribution of essential medical kits (including trauma kits), RH kits and EPI supplies including cold chain. • Procure/maintain and supplement emergency surgical and obstetrical drugs, kits, sets and basic equipment to Boma hospital. <p>3. Strengthen emergency preparedness and response capacity of all supported health facilities and affected communities:</p> <ul style="list-style-type: none"> • Strengthening of facility staff and community members on health/disease surveillance, reporting and analysis (HF based surveillance/IDSR, community surveillance and epidemic/outbreak investigation and response); case finding, treatment and health awareness raising for the prevention of common infectious diseases such as cholera, meningitis, malaria, sleeping sickness, Kala-azar, HIV and other notifiable diseases, • Training for staff, partners and key stakeholders in emergency assessment and response for disease outbreaks or mass casualty incidents • Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, cholera beds, hospital tents, PEP), laboratory diagnostic capacity and coordination mechanisms (Inter-agency outbreak control team/OCT). 			<p>conduct regular monitoring and supervision of PHCUs, home health promoters and VHCs.</p> <ul style="list-style-type: none"> • Adequate community participation.
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PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1: Increased access to and quality of community, primary, and referral healthcare services with a strengthened (emergency) referral system and a special emphasis on women and children under- 5 years of age.															
Provision of consultations and treatment of common illnesses in OPDs and IPDs											X	X	X	X	X
Provision of laboratory services											X	X	X	X	X
Provision of maternal and child health care services											X	X	X	X	X
Strengthening of universal precautions/infection prevention including waste management											X	X	X	X	X
Provision of facilities with essential drugs and medical supplies including laboratory supplies												X	X		
Recruitment and retention of staff as per need, and lobby deployment by the MoH											X	X	X	X	X
Provision of select trainings to health worker and community-based actors												X		X	
Ensure adequate linkage with WHO, UNFPA and UNICEF											X	X	X	X	X
Result 2: Increased coverage of targeted population with communicable disease outbreak prevention messages, epidemic investigation and response, and coordination for EPR.															
Strengthen community health structures and conduct targeted health awareness											X	X	X	X	X
Strengthening of facility- and community-based surveillance											X	X	X	X	X
Provision of regular IDSR report and inform actions											X	X	X	X	X
Provision of training for staff and key stakeholders in outbreak preparedness and response											X	X	X	X	X
Prepositioning of essential emergency supplies and kits											X	X			
Active participation in EPR and coordination forums											X	X	X	X	X
Result 3: Increased emergency referrals and life-saving surgical interventions at the Boma hospital															
Provide emergency surgical interventions including obstetric and trauma care											X	X	X	X	X
Provision of emergency surgical and obstetrical drugs and supplies												X	X		
Community education on service availability and early referral												X	X		
Provision of exiting stretchers to community structures with training on use											X	X			
Maintain adequate surgical capacity at all times											X	X	X	X	X