South Sudan
2013 CHF Standard Allocation Project Proposal
for CHF funding against Consolidated Appeal 2013

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 project proposal shall be submitted by cluster partners in <u>two stages</u> to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the <u>first stage</u>, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the <u>second stage</u> 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.

SECTION I:

CAP Cluster	**Health**

CHF Cluster Priorities for 2013 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
• 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	All states. Grossly underserved counties in the equatorial states (Western, Eastern and Central Equatorial)

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

Requesting Organization	Project Location(s) (list State, and County (or counties) where <u>CHF activities</u> will be implemented. If the project is covering more than one State please indicate percentage per State)

Medair			

Project CAP Code	State	%	County
SSD-13/H/55400/5095	Upper Nile	20	Renk, other

CAP Project Title	Jonglei	30	Ayod, other
Preparedness and response to health related emergencies in South Sudan and provision of basic health care to vulnerable communities in selected states of South Sudan	Unity	20	Mayendit, other
	Any of the other 7 states of South Sudan	30	Any county with new onset emergency.

Total Project Budget requested in the in South Sudan CAP	US$ 3,437,995.00	Funding requested from CHF for this project proposal	US$ 550,000
Total funding secured for the CAP project *(to date)*	US$ 973,085	Are some activities in this project proposal co-funded? Yes ☒ No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)*	

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*			Indirect Beneficiaries
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	25,000 indirect beneficiaries in Ayod County, Jonglei state
Women:	**4015**	**32,190**	
Girls:	5,000	40,000	
Men:	3,750	30,050	**Catchment Population (if applicable)**
Boys:	5,000	40,000	
Total:	17,765	142,240	

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)	CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
	Indicate number of months: 12 (April 2013 – March 2014)

Contact details Organization's Country Office		Contact details Organization's HQ	
Organization's Address	Hai Matara, Airport View Juba	Organization's Address	Chemin du Croset 9 CH-1024 Ecublens Switzerland

Project Focal Person	Dr. Trina Helderman, medicaladvisor-sds@medair.org, +211 0911 830 060	Desk officer	Anne Reitsema anne.reitsema@medair.org +41 (0) 21 694 35 35
Country Director	Caroline Boyd, cd-southsudan@medair.org, +211 924 143 746	Finance Officer	Angela Rey-Baltar angela.rey-baltar@medair.org +41 (0) 21 694 35 35
Finance Officer	Lisa Poulson, finance-southsudan@medair.org, +211 911 383 615		

SECTION II

A. Humanitarian Context Analysis
Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

South Sudan is facing large-scale humanitarian needs – with new and ongoing emergencies expected in 2013. OCHA's recent "Humanitarian Bulletins – South Sudan" provide insight into current and anticipated needs for South Sudan. The bulletin dated December 30th highlighted the following:

- Both ethnic and militia-related violence is a concern moving forward – with tensions high and recent displacements in Wau (tribal violence), Panyijar (cattle raiding in Unity State) and Kiir Adem on the border with North Sudan. In addition, Pibor remains tense, with violence anticipated.
- A recent influx of refugees from DRC showed the possibility of new refugee areas, with potential for displacement from DRC or Darfur in addition to the areas of Sudan currently producing refugees.

Previous bulletins mentioned additional issues:
- Returns are continuing at a significant rate. "Humanitarian partners anticipate the arrival of up to 125,000 South Sudanese from Sudan in 2013" (November 18th). Also, "Over 40,000 returnees are estimated to be prepared to depart Khartoum and Kosti as soon as affordable transit to South Sudan becomes available" (September 23rd).
- Flooding has affected much of the country, with 44 of 79 counties listed as flood-affected, and 259,721 flood-affected individuals. (November 4th bulletin).

South Sudan has some of the worst health indicators in the world. Frequent public health emergencies due to acute outbreaks and mass population displacements have caused additional suffering from often preventable or easily treated diseases. 2013 noted outbreaks of measles, hepatitis E, and kala azar. Many areas are overburdened with returnees and IDPs increasing their exposure and putting children and pregnant women at an especially high risk for diseases such as malaria. Mina site in Renk County, Upper Nile State was treating up to 1,000 cases a week of malaria in late 2012. Renk County faces ongoing needs with a large current returnee population (primarily waiting for onward transport), limited health care facilities available, and high potential for additional influx of returns into Renk due to access and insecurity at other entry points.

With the shift of health funding to development funds, there is a high potential for clinic closure and drug stock outs during the transition period. Stable communities will face decreased access to health care, guaranteeing that unstable areas or locations with high population migration will require additional surge support to maintain access and handle the increased caseloads. Current health facilities are not only treating illnesses, but providing support for women through antenatal care. Breaks in this system could lead to increases in maternal mortality and even under 5 mortality due to neonatal deaths, low birth weight babies and other common illnesses such as malaria, diarrhoea and pneumonia.

The unpredictable and changing nature of emergencies in South Sudan highlights the need for flexible humanitarian response. Medair's emergency response programme responds to acute emergencies throughout South Sudan, targeting the most vulnerable and at-risk beneficiaries. This will include communities suffering from or at high risk of disease outbreaks, conflict and flood-displaced populations, returnees without access to health services, or populations that otherwise meet emergency criteria, such as emergency levels of morbidity, mortality or malnutrition.

B. Grant Request Justification
Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

Medair implements an on-going emergency health preparedness and response programme in South Sudan that provides life-saving services in areas at high-risk and with high number of displaced, refugees and returnees. Medair works to provide access to emergency health services to the most vulnerable people, men or women, boys or girls affected by public health emergencies such as conflict, displacement, disease and malnutrition.

In 2012 and early 2013, emergency health interventions were conducted in response to influxes of refugees in Maban, returnees in

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[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.

Renk County in Upper Nile State, and IDPs due to intertribal violence in Pibor County, Jonglei State. Medair has also been providing on-going diagnosis and treatment for the Kala Azar outbreak in Jonglei state. Medair has teams currently on the ground in Jonglei, Upper Nile, and Central Equatoria to provide rapid response assessments and quick start-up interventions in response to targeted public health emergencies in any of the 10 states of South Sudan. Medair has experience and technical expertise to provide a multisectoral response to the common public health emergencies that occur in South Sudan including outbreaks -some requiring mass vaccination campaigns--and large population migration to areas without access to essential services. With the potential for temporary clinic shutdowns and stock outs in the transition to developmental funding, having agile rapid response NGOs is essential to address acute emergencies and the spread of easily prevented or treatable communicable diseases.

In all interventions, Medair works to support the Government of South Sudan and other relevant authorities in emergency response capacity at all levels. Medair works to build the capacity of primary health care units and MoH staff to prepare and respond to health emergencies and will conduct training for both male and female health workers in disease surveillance, outbreak response, case management, reporting systems, and awareness of various health gender needs based on current disease trends. Medair's rapid response team will be prepared to respond quickly to vaccine preventable disease outbreaks by implementing mass vaccination campaigns training local vaccinators and enabling targeted communities to prevent the spread of communicable diseases. Medair will work with local communities to ensure that both men and women have opportunities to participate in campaigns as well as interventions to prevent additional gender disparities.

Medair desires to work in conjunction with local partners and specifically the Ministry of Health to ensure longer-term sustainability. Indirect costs are minimized by supporting existing facilities and staff and empowering them to respond to emergencies in the future. The Medair emergency response team works with minimal mobile base needs and often partners with other NGOs to share bases and transport costs such as in Pibor county. Medair's health teams are comprised mostly of national staff with few expatriate supervisors limiting costs for salaries, flights, and other overhead expenses.

C. Project Description (For <u>CHF Component</u> only)

i) Contribution to Cluster Objectives
Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

Medair's project will support all 3 of the health clusters overall objectives for 2013:
1. Basic Safety Net – Medair emergency response teams will be uniquely positioned to monitor the on-going provision of health services in various locations within South Sudan and have the ability to respond with primary health care support when needed. This may include provision of newly established temporary emergency health clinics or support of MoH facilities within limited capacity in emergency contexts. Currently, Medair is supporting Primary Health Care in Renk County host populations where a high influx of returnees has developed over the past 2 years.

2. Strengthen Emergency Preparedness – Medair team members will participate in on-going emergency preparedness and response mechanisms through cluster participation both locally and nationally. Medair will also work with local MoH and health partners to improve upon EWARN and IDSR systems during emergency responses through training and technical support. Medair's project will also preposition medications and supplies for potential outbreaks or emergency situations without warehouses in Upper Nile and Juba to ensure sufficient supplies are in country to quickly respond to emergencies when they occur.

3. Respond to Health Related Emergencies – Medair has an established emergency response team which will be able to rapidly respond to assess and then to intervene in newly identified emergency health situations within any state of South Sudan. This response could be in the form of emergency health facilities or facility support, mass vaccination campaigns, and treatment centres to prevent the spread of communicable diseases.

ii) Project Objective
State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To improve access to and usage of essential lifesaving health services for vulnerable, emergency affected populations to prevent further public health emergencies across South Sudan in 2013.

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 (broken down by age and gender to the extent possible).

1. Emergency Preparedness and Response :
• Establishment of EWARN system with data disaggregation by sex and age and training of local staff on outbreak prone diseases and importance of IDSR.
• Prepositioning of supplies as needed to prepare for potential outbreaks of communicable diseases.
• Active case finding and referrals to the appropriate health facilities in event of an outbreak.
• Line listing of cases with tracing in outbreak scenarios.

2. Outpatient consultations for 10,000 men, 10,000 women, and 20,000 boys and 20,000 girls through establishment of temporary emergency health facilities or in provision of basic safety net support to MoH facilities in areas of acute emergency.

3. Immunizations : Mass vaccination campaigns in response to vaccine preventable outbreaks such as measles, meningitis, or yellow fever as well as establishment of routine EPI activities in emergency facilities.

4. Reproductive Health Services :
• Provide antenatal care with emergency referrals to 2,000 women, BEmOC, and postnatal care.
• Training in awareness and referral for sexual assault, and education and referral for HIV.
• HIV mapping of services in areas of intervention.
• HIV (training on universal precautions, PEP, condom distribution, referrals).

5. Provision of emergency drug stocks and buffer stocks to ensure access to essential pharmaceuticals.

6. Progression towards quality care with training of 10 male and 10 female health workers in EWARN, IDSR, IECHC, rational drug use, and correct diagnosis and treatment of malaria, diarrhoea and pneumonia.

7. BCC :
• Training of 50 male and 50 female community health and nutrition promoters with focus on key messages as determined by participatory methods (focusing on vulnerable groups, gender specific messages) within emergency settings.
• Provide key messages to 4,000 men and 6,000 women in the community during acute emergencies.

8. Coordination and Assessments:
• Train and maintain a rapid response emergency health and nutrition assessment team with ability to assess and initiate responses in any of the 10 states in South Sudan.
• Coordinate with the local county health department in rapid assessments as well as programme implementation as possible.
• Perform key informant interviews prior to start of any intervention and focus group discussions where needed to identify key barriers to accessing health services which may affect specific targeted populations or gender groups.
• Actively participate in health cluster coordination meetings at national level and state level when possible to ensure readiness for response.
• Provide timely, weekly IDSR and monthly DHIS reports to the cluster and local, state, and national health surveillance officers within the Ministry of Health.

All noted activities are currently established in Renk County, Upper Nile State in response to returnees and in Jiech, Ayod County, Jonglei State in response to the Kala Azar outbreak. Medair will also provide support to local NGOs for training and establishment of additional Kala Azar treatment centres in Mayendit County, Unity State. Rapid response teams will be on standby at all times to assess or intervene with additional emergencies that may occur within the 10 states of South Sudan.

iv). Cross Cutting Issues
Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

Gender
During assessments of health related emergencies, the special needs of men, women, girls and boys will be identified. Men and women will be consulted in the design, implementation and evaluation of the programmes to ensure their needs are taken into account. Medair will utilize both men and women from the local communities to staff health facilities and implement emergency interventions. Interventions will be monitored through data review as well as exit interviews of patients in health facilities to ensure both males and females are being treated equally as well as determine and overcome any obstacle that may exist preventing care to men or women, boys or girls. In outbreaks or emergencies more severely affecting certain groups (i.e. pregnant women with hepatitis E), that gender group will be sought out to ensure reduced risk for morbidity and mortality.

Environment
Medair strives to implement activities which have as little detrimental impact on the natural environment as possible. During health related interventions Medair trains health workers in appropriate medical waste management. Health promotion is also directed at environmental issues, Medair strongly promotes the use of clean water and proper sanitation habits, through health and hygiene promotion activities at all levels in the community.

HIV/AIDS
During interventions, Medair trains relevant staff in universal precautions. Medair supported health care staff are made aware of HIV transmission and symptoms. HIV services in the area are mapped upon arrival to a new intervention area. Patients with suspected HIV infection are referred to the nearest voluntary counselling and testing (VCT) centre. Treatment is provided for opportunistic infections during case management interventions.

v) Expected Result/s
Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

- Men, Women, Boys and Girls have equal access to essential health services in event of public health emergency.
- Trainings (including emergency preparedness and response and IDSR trainings) are provided to a selected health cadre of men and women on disease surveillance, appropriate management of common illnesses, and reproductive health.
- Health and hygiene promotion and capacity building activities are delivered to men and women to prevent deterioration of existing and potential emergencies.
- Health workers are trained in a manner that promotes on-going programming and sustainability of health services in the community after Medair's exit.
- Acute outbreaks of vaccine preventable diseases are mitigated by rapid mass vaccination campaigns to targeted communities.
- Reduced morbidity and mortality from communicable diseases due to proper diagnosis and management.

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
	1.	Total number of consultations under 5 years	Boys: 4,500 Girls: 4,500
	2.	Total number of consultations over 5 years	Men: 3,000 Women: 3,000
	3.	Number of antenatal clients receiving IPT2	Women: 1,000
	4.	Number of children under 5 years given measles vaccination in emergency or returnee setting	Boys: 500 Girls: 500

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.

Medair directly implements the programme activities and strives to build capacity of local partners and link programming with longer term sustainability. Upon arrival in a location and throughout the intervention, Medair works with the local community to ensure both men and women have equal access to employment with Medair as well as access to services. Medair has established bases, staff and resources in place to successfully implement the activities, given adequate funding. Medair has an emergency response team of Health Managers, Nutritionist, logisticians and Community Liaison Officers. Medair actively participates in OCHA's regular emergency response meetings, Health cluster meetings and conducts assessments on which it bases the decision to respond. Local health and volunteer staff will be utilized and trained for all interventions to work alongside Medair's emergency response team.

Medair staff will work in collaboration and coordination with County Health Departments in all interventions to improve the local emergency response capacity. Medair also works in partnership with other local NGOs and international NGOs within the same area of emergency to ensure gaps are filled and there is no overlap of services.

In all responses and activities, Medair liaises and coordinates with national, state, county and local government officials and authorities. Medair also liaises with Unicef, WHO and UNFPA to acquire health items which support our activities.

vii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:
1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[2].

Medair will conduct a minimum of two post-intervention assessments – or alternatively take part in assessments with other partners that will allow Medair to monitor activities appropriately. This may include qualitative or quantitative follow-ups such as focus groups or household surveys. Interventions targeted for follow-up will be determined by the Monitoring and Evaluation Officer and managers, based on accessibility of project sites and the ability to measure impact of activities. A summary report will be written and disseminated for each post-intervention assessment.

Follow-up assessments for health may include measuring immunization coverage rates disaggregated by sex and age or qualitative and quantitative evaluations of supported health facilities. Medair will contribute to all national reporting mechanisms relevant to the activities being implemented, and will build capacity of local healthcare workers to continue using those mechanisms. All data presented in weekly and monthly reports is monitored by local project managers as well as the medical advisor based in Juba to determine any areas of concern, identify vulnerable populations or gender disparities in access to health services or note preparations needed for changes in disease trends.

Medair will use Lot Quality Assurance Sampling (LQAS) methodology to conduct household surveys for interventions at the discretion of the Monitoring and Evaluation Officer and management. This methodology has been successfully used in other programmes in South Sudan and will be utilized in the emergency response programme when appropriate.

Project Managers are responsible for monitoring of activities during implementation and upon completion of assessments and interventions. Medair disseminates summary reports for assessments and interventions to external actors, remaining accountable to government, donors, and the humanitarian community through that process. The ERT Projects Coordinator is responsible for ensuring quality of interventions, through oversight of the PMs and field visits. In addition, the medical advisor will provide technical input and quality assurance for this program. The Monitoring and Evaluation Officer assumes responsibility for tracking all required indicators and for survey design, in consultation with sector advisors at country and HQ levels.

E. Total funding secured for the CAP project
Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	Amount (USD)
OFDA (funding for Renk until Sept 2013)	812,918
SDC	160,167

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[2] CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:

This section is <u>NOT required</u> at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.
Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK			
CHF ref./CAP Code: SSD-13/H/55400	**Project title:** Preparedness and response to health related emergencies in South Sudan and provision of basic health care to vulnerable communities in selected states of South Sudan	**Organisation:** <u>Medair</u>	

	Cluster Priority Activities for this CHF Allocation: *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* To reduce morbidity and mortality in South Sudan with a focus on ensuring access to a basic healthcare safety net and preventing the spread of communicable diseases.	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* Crude mortality rate Under 5 mortality rate	**How indicators will be measured:** *What are the sources of information on these indicators?* National data sources National data sources	
Overall Objective				
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* To improve access to and usage of essential lifesaving health services for vulnerable, emergency affected populations to prevent further public health emergencies across South Sudan in 2013.	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* Number of rapid-onset health emergencies responded to within South Sudan	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* Intervention reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* Public health emergencies occur in South Sudan. Security is sufficient in place of emergency to allow response. Emergency locations are accessible by air or ground Medair is accepted to work in emergency locations by the MoH and RRC
Results	**Results - Outcomes (intangible):** *State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct*	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?*	**How indicators will be measured:** *What are the sources of information on these indicators?* Clinic registers and monthly reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?*

beneficiaries. • Vulnerable populations have access to quality lifesaving emergency health services • Acute outbreaks are recognized and responded to rapidly and appropriately • Targeted health workers are able to provide quality care and reporting	Clinic utilisation rates: OPD visits per person per year (1-4) Measles vaccination coverage >95% Suspected Outbreak reported to local authorities within 24 hours of recognition Most common illnesses (diarrhoea, pneumonia, malaria) and outbreak diseases treated in line with MoH or international standards (85%)	Vaccination campaign tally sheets Vaccination campaign reports Clinic supervision reports Exit interviews	Security is maintained to allow safe interventions. Vaccines are available from UNICEF or the MOH in sufficient supply and timely manner Health workers are available in local communities. Logistical support is available to provide transport of staff and supplies Communities are accessible by land or air Drug suppliers have sufficient stocks to allow procurement by Medair teams Ministry of Health and Government support are provided to allow activities to be carried out in South Sudan
Immediate-Results - Outputs (tangible): *List the products, goods and services (__grouped per areas of work__) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.* • Temporary emergency health facilities with outpatient consultations and ANC established to delivery emergency health services • Vaccination campaigns conducted to respond to vaccine preventable outbreaks • Health workers trained in management of common illnesses as well as outbreak surveillance, response and reporting • Essential drug supply for emergency health services supported via targeted procurement	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* Total number of over 5 consultations (disaggregated) Total number of under 5 consultations (disaggregated) Total number of women attending antenatal care receiving IPT2 Total number of boys and girls receiving measles vaccinations	**How indicators will be measured:** *What are the sources of information on these indicators?* Clinic registers Monthly DHIS reports Vaccination campaign tally sheets	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* Communities have sufficient security to feel travel to clinics or vaccination sites is safe. Men and women seek medical care for illness for their families. Vaccines are available from UNICEF or the MOH Health workers are available in local communities. Logistical support is available to

			provide transport of staff and supplies Communities are accessible by land or air Drug suppliers have sufficient stocks to allow procurement by Medair teams Ministry of Health and Government support are provided to allow activities to be carried out in South Sudan
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* • Establish and maintain emergency preparedness and response systems in project locations alongside local health staff • Provide outpatient consultations • Provide routine vaccinations in targeted outpatient centres • Carry out mass vaccination campaigns in response to vaccine preventable outbreaks • Provide reproductive health services including perinatal care and HIV referrals • Procure and preposition emergency drugs stocks in line with MoH guidelines • Conduct trainings of health workers in EWARN, IDSR, IECHC, rational drug use, and correct diagnosis and treatment of malaria, diarrhoea and pneumonia • Provide community health education to promote behaviour change through	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* ▪ Expatriate and Sudanese staff, salaries, and incentives. ▪ Air, river, and road transport. ▪ Emergency medical equipment, drugs and consumables. ▪ Warehousing and other logistical support. ▪ Office supplies and equipment. ▪ Training supplies. ▪ Mosquito nets and soap. ▪ Gift-in-kind; vaccines, soap and mosquito nets. ▪ Equipment and maintenance ▪ Casual labor		**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* Security is maintained to allow safe interventions. Vaccines are available from UNICEF or the MOH Health workers are available in local communities. Logistical support is available to provide transport of staff and supplies Communities are accessible by land or air Drug suppliers have sufficient stocks to allow procurement by Medair teams Ministry of Health and Government support are provided to allow activities to be carried out in South

training and support to local
community health promoters
- Maintain a health rapid
response team ready to carry
out acute emergency response
in any of the 10 states
- Carry out rapid health
assessments in event of
emergency
- Coordinate with health cluster
and other stakeholders

Sudan
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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.

Activities	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Establish and maintain emergency preparedness and response systems in project locations				X	X	X	X	X	X	X	X	X	X	X	X
Provide outpatient consultations				X	X	X	X	X	X	X	X	X	X	X	X
Provide routine vaccinations in targeted outpatient centres				X	X	X	X	X	X	X	X	X	X	X	X
Carry out mass vaccination campaigns in response to vaccine preventable outbreaks				X	X	X	X	X	X	X	X	X	X	X	X
Provide reproductive health services including perinatal care and HIV referrals				X	X	X	X	X	X	X	X	X	X	X	X
Procure and preposition emergency drugs stocks in line with MoH guidelines					X	X		X	X		X	X		X	X
Train health workers in EWARN, IDSR, IECHC, rational drug use, and correct diagnosis and treatment of malaria, diarrhoea and pneumonia				X	X	X	X	X	X	X	X	X	X	X	X
Provide community health education to promote behaviour change				X	X	X	X	X	X	X	X	X	X	X	X
Maintain a health rapid response team ready to carry out acute emergency response in any of the 10 states				X	X	X	X	X	X	X	X	X	X	X	X
Coordinate with health cluster and other stakeholders				X	X	X	X	X	X	X	X	X	X	X	X

*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%