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 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 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 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.

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
Medical Emergency Relief International (Merlin)
Project CAP Code
SSD-13/H/55410/5195
CAP Project Title *(please write exact name as in the CAP)*
Provision and expansion of community, primary and referral healthcare services in selected Counties of Eastern Equatoria and Jonglei states

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

State	**%**	**County**
Jonglei State	55	Pibor County (Boma, Mewuon, Kasingor and Maruwo Payams)
Eastern Equatoria State	45	Magwi County (Nimule Payam)

Total Project Budget requested in the in South Sudan CAP	US$ 4,646,286.00
Total funding secured for the CAP project ***(to date)***	US$ 1,182,405

Funding requested from CHF for this project proposal	US$ 400,000

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)*

	Number of direct beneficiaries targeted in CHF Project	**Number of direct beneficiaries targeted in the CAP**
Women:	23,266	60,856
Girls:	4,765	16,299
Men:	25,203	48,325
Boys:	5,162	17,658
Total:	58,396	143,138

Indirect Beneficiaries

100,334 (population of specific project locations – see above)

Catchment Population (if applicable)

268,595

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)
N/A

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 6 months (April – September)

Contact details Organization's Country Office	
Organization's Address	Block 3K South, Plot No.491, Tomping, Juba

Contact details Organization's HQ	
Organization's Address	12th Floor, 207 Old Street, London EC1V 9NR

Project Focal Person	*chd@merlin-southsudan.org*
Country Director	*cd@merlin-southsudan.org*
Finance Officer	*cfd@merlin-southsudan.org*

Head of Region	*Paula.Sansom@merlin.org.uk*
Finance Officer	Shamila.Adam@merlin.org.uk

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]

In the world's newest country, the Republic of South Sudan, exists 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 (SSHS 2006); furthermore it is estimated just 18% of births are assisted by skilled personnel at delivery (Countdown to 2015, Maternal Newborn & Child Survival South Sudan Health Data – 2012 Profile). Poor infrastructure, absence of sufficient qualified health workers in country, major gaps in decentralizing and empowering the health system, huge burden of endemic communicable diseases, lack of disease surveillance system and fully 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).

Health service capacity and systems are 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 are taking refuge in the Boma area. There are on-going conflicts which 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). The remote villages of Magwi in Eastern Equatoria have received a significant number of returnees from the North and Eastern Africa while inter-tribal conflicts with internal displacement of people are very common. There is a need to provide basic health services to the returnees and the host communities.

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 2012 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 improved access to health services are critical to tackle high mortality rates in the area.

Nimule (174 beds) hospital continues to provide life-saving emergency surgery. In 2012 total of 380 major operations (including 146 C-sections) were conducted in the hospital. The upgrading of the road to Juba past Nimule has contributed to increased road traffic accidents resulting in 369 hospital admissions for trauma in 2012. The presence of Merlin's supported network of health facilities in Magwi County has contributed to close to 800 emergency referrals to Nimule Hospital, as well as receiving cross-border patients from Uganda. Torit Civil Hospital, the Eastern Equatoria State hospital, remains under resourced, under staffed and providing weak referral services. Nimule Hospital remains the only referral hospital in Magwi county, and is the only fully staffed hospital in the state of Eastern Equatoria.

In Boma, Pibor County there continues to be high demand on surgical services in the target areas. Boma (45 beds) hospital continues 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 23 emergency referrals to Boma from MSF in Pibor & Kuron DOT PHCU. 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 in 2011 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) 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.

Merlin's targeted project areas include the 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 Pibor County (Boma area) implementing since 2004 working through a 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

[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.

(including IPT and LLITN for pregnant and lactating women), maternal health and surveillance for epidemic prone diseases; mobile team, with surge capacity, 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 people who have moved towards Kasingor.

Currently Merlin's operation in Boma is funded solely by the World Bank funding mechanism/IMA (lead agency) throughout 2013; however the resources made available are not enough to provide the minimum staff needed to ensure a basic safety net and adequate Emergency Preparation and Response. It is imperative that CHF support activities in Boma for continued services to the marginalized, vulnerable and isolated community of the areas in line with the Health Cluster objectives for CHF 2013 Round 1.

In Nimule and Pageri payams and the returnees within the county of Magwi are also targeted in this project. Merlin is the sole health service provider in the target area, implementing since 2004 and working through a network of the Nimule hospital, one PHCC, one PHCU and more than 32 home health promoters (HHPs) who work with community health committees (CHC) 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.

Currently Merlin's operation in Nimule is funded solely by the Health Pooled Fund/Bridging Fund through June 2013, but these resources are not adequate for Merlin to continue to run the full range of activities, particularly those of dealing with trauma and surgery in emergencies. It is imperative that CHF support activities in Nimule Hospital for continued emergency services to the communities in the area in line with the Health Cluster objectives for CHF 2013 Round 1.

To support the agreed cluster priorities Merlin will implement the following:

Jonglei State, Pibor County – Boma sub-County

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 the minimal staff and essential commodities to provide the 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 92% in 2012), 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) - integrated management of childhood and neonatal illnesses (IMCNI) 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, 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.

2. Emergency Preparedness and Response

Merlin together with local MoH/CHD plans to strengthen emergency preparedness and response (EP&R) capacity, including surge 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 48 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 2013. 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 throughout 2013.

Eastern Equatoria State, Magwi County, Nimule Hospital

1. Provision of basic safety net health services

The proposed project activities will help maintain the existing health sector safety net in Magwi county by providing the minimum staff necessary for basic health packages and emergency referral services in the target facilities and communities. High utilization rates in Merlin-supported target facilities, 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) - integrated management of childhood and neonatal illnesses (IMCNI) protocols, and EPI - Merlin will help to ensure the promotion of mother and child survival in its supported healthcare facilities whilst continuing to provide other 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, 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.

2. Emergency Preparedness and Response

At Nimule Hospital, Merlin will continue to ensure access to emergency surgical assistance & trauma care. Merlin supported health facilities in the county will triage and refer. Nimule hospital has both surgical and blood transfusion capacity established, and serves as referral points for vast areas in Magwi County and beyond.

Merlin together with local MoH/CHD plans to strengthen emergency preparedness and response (EP&R) capacity, including surge capacity, of Nimule Hospital and affected communities to significantly contribute to the sector/cluster priority of controlling the spread of communicable diseases. As an organization, Merlin is committed to responding to all communicable disease outbreaks within 48 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 to emergencies, 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 2013.

C. Project Description (For CHF Component 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.

As detailed in section A, there are 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 into Jonglei. The area is also vulnerable to the natural disasters of flooding during the rainy season and drought followed by crop failures at other times of the year, which regularly causes displacement and high levels of malnutrition. Furthermore the lack of infrastructure and the remoteness of the location make operational access extremely challenging, so the pre-positioning of essential supplies is all the more important. 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.

There are specific access and coverage concerns as Nimule hospital is the only hospital in Magwi county, and the only fully staffed and equipped hospital in the state of Eastern Equatoria. There is also potential for intra/inter-tribal conflicts mainly over land issues resulting in internal displacements and the burden of hosting returnees. All of these require coordinated, sustained and integrated preparedness and response activities in Magwi 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 a large funding gap, particularly the secondary services, and specifically the surgical services, which are not covered presently by any donor at Nimule hospital. Without meeting this funding gap through CHF it is likely that Merlin would have to make staff redundant and close essential elements of the project in Jonglei State and Eastern Equatoria's Nimule Hospital. The funding would enable Merlin to continue to provide a basic safety net, provide lifesaving surgical interventions and emergency preparedness & response activities in 2013.

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)

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

Location of operations and services offered:

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

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:
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 emergency surgical interventions and trauma care in Boma hospital,
- Conduct on the job and formal/refresher training for facility health workers in specialized emergency surgical interventions/triage and trauma care, core pipeline and pre-positioning drug supply,
- Provide mobile health services to IDP populations,
- In emergencies, provide first aid, triage and referral to secondary facilities,
- 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 checkup, 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, 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)
- 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 behavior, information on available services in the health facilities, etc.

Ensure adequate and uninterrupted supply of drugs, medical supplies, medical equipment and laboratory supplies through direct and MoH's supply chain:

- Procure/maintain and supplement emergency surgical drugs, kits, sets and basic equipment to Boma hospital,
- 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.

Strengthen emergency preparedness and response capacity of all supported health facilities and affected communities:

- 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),
- Training for staff, partners and key stakeholders in emergency assessment and response for disease outbreaks or mass casualty incidents,
- 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.

EE State – Magwi County

- Nimule Hospital – Comprehensive primary and secondary healthcare services including disease surveillance and EPR

Direct beneficiaries: 45,685

- Curative service beneficiaries = 26,968 (6 months)
- Reproductive health beneficiaries = 2239 (6 months)
- Immunization beneficiaries (measles) = 765 (6 months)
- Facility-based health education beneficiaries = 3,557 (10% of facility attendants – not counted in the total direct beneficiary number to avoid double counting)
- Community-based education = 7,704 (20% of indirect beneficiary)
- Surgical intervention beneficiaries = 209 (8 major operations per week – including C/S, RTA wounds) and 360 minor operations (14 per week)
- Emergency response beneficiaries = 3,850 (5% of indirect beneficiary per epidemic; 1 expected)
- Training beneficiaries = 33 (both health worker and community members)

Main activities:
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 and returnees

- Provide emergency surgical interventions and trauma care in Nimule hospital,
- Conduct on the job and formal/refresher training for facility health workers in specialized emergency surgical interventions/triage and trauma care,
- Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMCNI protocol
- Provide laboratory services with improved diagnostic capacity,
- Provide maternal healthcare (routine ANC/PNC checkup, supplementary feeding/micro-nutrient supplementation, TT injection, LL ITN and IPT to prevent malaria, immunization, vitamin A supplementation for children and postpartum mothers, FP services and referral, etc.),
- Provide child healthcare (Routine immunization, accelerated vaccination campaign for DPT and Measles and NIDs for polio plus, integration of nutrition services, growth monitoring and promotion, Vitamin A supplementation, de-worming, etc)
- 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 behavior, information on available services in the health facilities, etc

Ensure adequate and uninterrupted supply of drugs, medical supplies, medical equipment and laboratory supplies through direct and MoH's supply chain:

- Procure/maintain and supplement emergency surgical drugs, kits, sets and basic equipment to Nimule hospital.
- 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.

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 (Health Facility 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, measles, 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 (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

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 2013, 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 economic 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
Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

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 Nimule & Boma hospitals

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.	Number of < 5 consultations (male/female)	6,814 (1,747 Jonglei; 5,067 EES Nimule Hospital)
	2.	Number of antenatal clients receiving IPT2 (second dose)	932 (523 Jonglei; 409 EES Nimule Hospital) (80% of target ANC clients)
	3.	Number of health facilities providing components of BPHS	6 (5 Jonglei; 1 EES Nimule Hospital)
	4.	Number of births attended by skilled birth attendants	961 (261 Jonglei; 700 EES Nimule Hospital)
	5.	Communicable disease outbreaks detected and responded to within 48 hours	90%
	6.	Number of major surgical operations carried out	209 (baseline: 380 EES Nimule Hospital Annually)
	7.	Number of pregnant women receiving LLITN	750 (EES Nimule Hospital)
	8.	Number of <5 children receiving LLITN	750 (EES Nimule Hospital)
	9.	Number of health staff trained	18 (10 female, 8 male EES Nimule Hospital)

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 eight 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 is 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 a project coordinator and officers for finance and logistics. The strong internal standards of Merlin global policies and guidelines which are based on international best-practices 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 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 work plan (Section III)[2].

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.

Medical data will be collated / compiled and reported on using the MoH-approved DHIS tool.

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)
World Bank/IMA (1 January – 31 December, 2013)	US$ 475,000
Health Pooled Fund/Bridging Fund (1 January – 30 June, 2013)	US$ 707,405

[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.

F. Budget Guideline

Each CHF project proposal must include a budget which details the costs to be funded by CHF. The budget should reflect activities described in the project narrative, and include sufficient detail to provide a transparent overview of how CHF funds will be spent. Budget lines should be itemized including quantity and unit prices of items to be procured whenever possible.
Use the annexed excel sheet to fill the budget ensuring it strictly adheres to CHF budget guidelines hereafter. These guidelines provide guidance on budget category description (section i), type of budgetary information required (section ii) and guidance on Direct and Indirect costs (section iii)

Note i) Description of Budget Categories

1. RELIEF ITEMS and TRANSPORTATION	NOTES
• Direct operational input including the procurement of consumable supplies for project implementation (e.g. drugs, food, NFIs, seeds, tools, etc.); and related costs of transportation and handling.	• Breakdown by line item and indicate unit/ quantity/ cost per unit • Provide itemized description for those without quantity/cost per unit • If relief items are received from pipeline or other sources please list the items and indicate the amount under column i "Other funding to this project including in kind". • Cost for supplies should be presented separately from cost of transport in the budget sheet.
2. PERSONNEL	
• Organization staff costs and entitlements involved in the implementation of the project (programme and support staff)	• Provide detailed description of Responsibility/title, post location, quantity and the percentage of full time equivalent (FTE) dedicated to the CHF project • Indicate the percentage dedicated to the CHF project. • Do not include consultancies with firms or agreements with implementing partners (which go under Category 5 Contracts)
3. STAFF TRAVEL	
• Costs incurred for the travel of staff members	• Provide detailed description of staff members (title, post location) • Provide breakdown of all costs (frequency, amount and number of staff)
4. TRAINING WORKSHOPS/SEMINARS/CAMPAIGNS	
• Only training directly related to implementation of the project to be included (counterparts and staff members)	• Describe type of training, number of participants, location, duration, unit cost • Provide breakdown of costs incurred during each of the training
5. CONTRACTS	
• Specialized services provided to the project by an outside contractor including groups, firms, companies, and NGOs (e.g. printing press, consultancy firms, construction companies)	• Depending on type of contract and services provided- the budget line should be itemized • Give itemized breakdown of pass-through funding for each Implementing Partner
7. VEHICLE OPERATING AND MAINTENANCE COSTS	
• This budget line includes the purchase/rental of vehicles directly serving the implementation of the project	• Rental of vehicles and maintenance could be a paid on a monthly basis (Lump Sum) or $/kilometer • Provide breakdown by item/activity, location, quantity, unit cost
8. OFFICE EQUIPMENT AND COMMUNICATION	
• Procurement of non-consumables (telecom equipment, IT equipment, office supplies, etc.) • Office rent and fuel for the generators, utilities (telephone, water, electricity etc)can be included in this budget line	• Provide breakdown by item/activity, location, quantity, unit cost • Other office supplies that cannot be itemized can be indicated as lump sum (LS)
9. OTHER ADMINISTRATIVE COSTS	
• Other costs related to the project not covered by the above such as bank transfer charges, courier charges,. etc	• Provide itemized description of costs if not possible to breakdown by unit/quantity/cost per unit
OVERHEAD/PROGRAMME SUPPORT COSTS (PSC)	
• To cover PSC at HQ/regional and country level.	• PSC not to exceed 7% **of subtotal** project costs
AUDIT Costs	
• NGOs are required to budget at least 1% of total project cost for audit, UNDP/TS will contract external audit	
11. GRAND TOTAL COSTS	
• The total of project costs	• The Sum of subtotal project costs, PSC and Audit.

Note ii) type of budgetary information required

(a) Items Description: Provide a brief description of items required to implement the project.
(b) Location: The place where the cost is incurred. This column is key to determine the Direct and Indirect nature of the budget line in column c.
(c) Cost Type (I or D): Indicate if a budget line is D (direct) or I (indirect). See Notes iii) below for guidance on how to determine the cost type.
(d) Unit of measurement: indicate the unit used to measure the budget line. e.g. months, tonnage, pieces etc
(e) Percentage/full-time-equivalent (FTE): indicate the percentage or FTE that CHF will cover.
(f) Quantity: the amount in relation to the unit of measurement, such as number of people, number of months etc
(g) Unit Cost: the cost of one item.

(h) Total CHF Cost: the sheet automatically calculates once column e, f and g are filled in

(i) Other funding to this project including in kind: indicate if there is any other funding or resources (cash or in-kind) received toward activities of this project. E.g. supplies received from the pipelines.

Note iii) Guidance on Direct and Indirect Costs

1. RELIEF ITEMS and TRANSPORTATION

- If relevant to the project all cost fall under **direct** cost
- Cost for supplies should be presented separately from cost of transport in the budget sheet

2. PERSONNEL

Direct costs:

- All Staff costs, including entitlements, of personnel **directly** involved in the implementation of the project and based at project location. *(Remember to provide in the budget a detailed description of staff member's title & post location.)*

Indirect costs:

- All Staff costs and entitlements of personnel not directly involved in the implementation of the project (Juba/other state capital headquarters staff). (*For Juba/ other state capital HQs staff, charged to the project please provide in the budget a detailed description of staff members title, location and percentage of time devoted to the project and equivalent dollar amount. For example for an M&E officer at Juba level, devoting 10% of his/her time for six months, the row will be filled as follows:*

Item Description	Location	Cost type (Direct or Indirect)	Unit of measurement	Percentage/ FTE	Quantity	Unit Cost	**Total**
One M&E officer	Juba	I	months	10%	6	1,200	**720**

Please note, the budget sheet will automatically calculate the total cost.

3. STAFF TRAVEL

Direct costs:

- Travel cost of staff **directly** involved in the implementation of the project (staff based at project area) are direct. Please specify in the budget line where from and where to is travel intended.

Indirect costs:

- Travel cost for support staff not directly involved in the implementation of the project (e.g. headquarters staff travelling on mission to the project location).

4. TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS

Direct costs:

- All costs of training, workshop, seminars and campaigns if they are directly related to the outcome of the project (e.g. mobilization campaign to promote hygiene and sanitation; training of nurses on safe delivery). *(Remember to describe in the budget the type of training, the number of participants, location and duration of the training).*

5. CONTRACTS

- All costs under contracts fall under **direct.** Please remember to provide a description of the services provided.

6. VEHICLE OPERATING & MAINTENANCE COSTS

Direct costs: if related to vehicles used at the project implementation area

Indirect costs: if related to vehicles outside project areas (e.g. vehicle cost in Juba for a project being implemented in Bor)

7. OFFICE EQUIPMENT & COMMUNICATIONS

Direct costs:

- If items/service is used at the project implementation area

Indirect costs:

- If items/service is used outside of the project implementation area (e.g. Cost of services in Juba Country Office for a project being implemented in Bor).

8. OTHER COSTS (bank charges, …)

Direct costs:

- If items/service is used at the project implementation area costs

Indirect costs:

- If items/service is used outside of the project implementation.
- Visibility is considered Indirect cost.

9. Programme Support costs (Indirect cost)

10. AUDIT COSTS for NGO implemented projects (Indirect Cost)

SECTION III:

This section is NOT required 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/55410	**Project title: Provision and expansion of community, primary and referral healthcare services in selected counties of Jonglei state and in EES Nimule Hospital**	**Organisation: Medical Emergency Relief Internaitonal (MERLIN)**

Overall Objective	To contribute to the provision of basic health sector safety net and Emergency preparedness & response capacity in selected areas of Pibor and Magwi counties in Jonglei and Eastern Equatoria State respectively.	**Indicators of progress:** • Primary health care coverage rate in targeted areas. • Proportion of communicable disease outbreaks responded to within 48 hours in targeted areas.	**How indicators will be measured:** • Health facility attendance registers. • DHIS reports • EPR reports	**Assumptions and risks** • The security situation will be conducive to allow access to and by beneficiaries. • Existing tensions will not escalate to unmanageable levels.
Purpose	**CHF Project Objective:** 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:** • Proportion children and women accessing primary and secondary care services in targeted areas. • >85% client satisfaction rates from Merlin supported health facilities.	**How indicators will be measured:** • Health facility attendance and service utilization records. • DHIS reports • Exit survey reports	**Assumptions & risks:** • Merlin will receive adequate funding to provide basic safety net activities. • Merlin supported health facilities will be able to maintain adequate staff levels for quality service provision.
Results	**Results - Outcomes (intangible):** • 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. • Increased coverage of targeted population with communicable disease outbreak prevention messages, epidemic investigation and response,	**Indicators of progress:** • Number of under 5 consultations (boys and girls). • Number of consultations for 5 years and above (female). • Number of antenatal clients receiving IPT2 (second dose).	**How indicators will be measured:** • OPD registers • ANC registers • Outbreak response reports	**Assumptions & risks:** • Merlin will be able to timely preposition drug stocks to mitigate the effect of seasonal access to targeted areas. • Merlin supported health facilities will be able to maintain adequate staffing levels for quality service

	and coordination for EPR. • Increased emergency referrals and life-saving surgical interventions at the Nimule & Boma hospitals	• Number of birth attended by a skilled attendant. • Number of communicable disease outbreaks responded to with 48 hours in targeted areas. • Number of major surgical operations carried out. • Number of pregnant women receiving LLITNs • Number of <5 children receiving LLITNs.	• Epidemiological reports • Malaria reports • DHIS reports.	provision. • The security situation will not deteriorate to hinder regular supervision of PHCCs, PHCUs and community activities.
	Immediate-Results - Outputs (tangible): • Essential drugs, surgical kits, basic medical equipment and laboratory supplies procured and delivered to Boma and Nimule Hospitals. • Boma and Nimule hospitals capacitated to provide emergency surgical interventions • Clinical staff trained in specialized emergency surgical and trauma care. • Mobile and outreach health care activities delivered to IDPs and communities. • Laboratory capacity of Boma and Nimule hospitals is strengthened. • Increased capacity of Merlin supported health facilities at to deliver MCH interventions at different levels. • Strengthened ability of community health structures in community mobilization and awareness creation.	**Indicators of progress:** • Quantity of procured drugs, equipment and supplies. • Number of staff trained in specialized emergency surgical and trauma care. • Number of mobile and outreach interventions done. • Number of Merlin supported facilities delivering MCH interventions including referral of complicated cases.	**How indicators will be measured:** • Stock movement reports. • Training reports. • Health facility reports/ records	**Assumptions & risks:** • International drug deliveries will be on time to enable timely prepositioning and stock deliveries before the rain season. • Merlin will secure adequate funding to address the supply needs of the different supported facilities to maintain the basic safety nets.

	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 and returnees • Provide emergency surgical interventions and trauma care in Boma and Nimule hospitals, • Conduct on the job and formal/refresher training for facility health workers in specialized emergency surgical interventions/triage and trauma care, core pipeline and pre-positioning drug supply, • Provide mobile health services to IDP populations, • In emergencies, provide first aid, triage and referral to secondary facilities, • 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 checkup, 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, 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)	**Inputs:** • Qualified project management and medical staff. • Drug and medical supplies including surgical and laboratory kits and supplies. • Micronutrient supplements for women and children. • Transport costs • Health facility records and treatment protocols. • Training costs. • IT and communication related costs.		**Assumptions, risks and pre-conditions:** • Adequate funding will be secured for running the project effectively. • Merlin receives stakeholder and community support for the project. • Sufficient and adequately qualified staff is available to implement the project.

	• 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 behavior, information on available services in the health facilities, etc. 2. Ensure adequate and uninterrupted supply of drugs, medical supplies, medical equipment and laboratory supplies through direct and MoH's supply chain: • Procure/maintain and supplement emergency surgical drugs, kits, sets and basic equipment to Boma hospital, • 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. 3. Strengthen emergency preparedness and response capacity of all supported health facilities and affected communities: • 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), • Training for staff, partners and key stakeholders in emergency assessment and response for disease outbreaks or mass casualty incidents, • 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.			

PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The work plan 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	
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 including IMCNI				x	x	x	x	x	x						
Provision of laboratory services with improved diagnostic capacity					x	x	x	x	x						
Provision of maternal and child health care services including ANC/PNC, nutrition, TT injections & referral				x	x	x	x	x	x						
Provide child healthcare (immunizations, accelerated mass campaigns for measles & NIDs, nutrition etc)				x	x	x	x	x	x						
Strengthening of universal precautions/infection prevention including waste management				x	x	x	x	x	x						
Provision of facilities with essential drugs and medical supplies including laboratory supplies									x						
Recruitment and retention of staff as per need, and lobby deployment by the MoH				x	x	x	x	x	x						
Conduct formal and on the job training for health workers in emergency surgical & trauma care						x			x						
Provide mobile health services and outreach activities to IDPs and communities respectively				x		x		x							
Ensure adequate linkage with MOH, WHO, UNFPA and UNICEF				x	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	x						
Strengthening of facility- and community-based surveillance				x	x	x	x	x	x						
Provision of regular IDSR report and inform actions				x	x	x	x	x	x						
Provision of training for staff and key stakeholders in disease surveillance, reporting and analysis					x	x									
Prepositioning of essential emergency supplies and kits				x					x						
Active participation in EPR and coordination forums				x	x	x	x	x	x						
Procure and supplement emergency surgical drugs, kits, sets and basic equipment to Boma & Nimule				x	x										
Provision of emergency surgical and trauma care				x	x	x	x	x	x						
Community education on service availability and early referral				x	x	x	x	x	x						
Provide emergency first aid triage and referral to secondary facilities				x	x	x	x	x	x						
Maintain adequate emergency surgical and trauma care capacity at all times				x	x	x	x	x	x						

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