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

SECTION I:

CAP Cluster	Health

Cluster Priority Activities 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

Cluster Geographic Priorities for this CHF Round

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

UNICEF

Project CAP Code

SSD 13/H/55319/124

CAP Project Title *(please write exact name as in the CAP)*

Strengthen Capacity in the prevention and Management of Common Childhood illnesses and Delivery of minimum emergency response package of integrated curative and preventive maternal, new-born and child health interventions among the vulnerable communities in South Sudan.

Project Location(s)

State	%	County
Unity	20%	All counties with special focus bordering Sudan
Upper Nile	20%	All counties with special focus to Maban, Renk, Nasir
Jonglei	15%	All counties mainly focusing Pibor, Akobo
Warrap	10%	All counties
NBEG	10%	All counties
WBEG	2%	All counties
Lakes	5%	All counties
EES	5%	All counties with special focus to 3 Kapoetas
WES	3%	All counties
CES	10%	All counties special focus to Juba, Yei, Morobo

Total Project CAP Budget	US$ 6,182,138.00
Total funding secured	US$ 2,391,000.00

CHF requested Funding	US$ 368,926.00

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

	Direct CHF beneficiaries	Direct CAP beneficiaries CAP
Women:	**66,048**	**266,104**
Girls:	63,336	1,100,608
Men:		
Boys:	58,464	1,015,946
Total:	**187,848**	**2,382,658**

Indirect Beneficiaries

- 225 health workers who will be trained on Integrated Management of Common Childhood Illnesses (IMCI)

Catchment Population (if applicable)

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

Ministry of Health/RSS, SMOHs in all 10 states and various health NGOs partners (Medair, MC, GOAL, MSF-B-H -S and F, Merlin, RI, SCiSS,)

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 7 (1 May – 30 November 2013)

Contact details Organization's Country Office

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Country Director	*Name, Email, telephone* *Dr Yasmin Haque* yhaque@unicef.org
Finance Officer	*Name, Email, telephone* *Mable Ngandu* mngandu@unicef.org

Contact details Organization's HQ

Organization's Address	
Desk officer	*Name, Email, telephone*
Finance Officer	*Name, Email, telephone*

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]

Children in South Sudan are at high risk of dying from preventable common childhood illnesses. More than a third (34.4%) of all children under five suffers from diarrhea 19% from pneumonia and 33% from malaria. Infant Mortality Rate and under five mortality rates in South Sudan remains high at 84 and 104 per 1000 live births respectively. Disparities in terms of gender, education and location among population in South Sudan play a significant role in the access and utilization of health services. Therefore, population affected by emergencies such as displacement, returnees, refugees and other vulnerable communities particulary in remote rural areas are more likely to suffer and die from these diseases. The 2010 SHHS indicate that only 24% percent of children with suspected malaria received anti malarial drugs within 24 hours. Also, urban children were twice as likely to be tested for malaria as rural children (57.7 versus 23%) and children whose mothers have a secondary education compared to those with no formal education (56% versus 26%). Only 13.4 % of women 15 24 years old are literate, only 17 % pregnant women had at least one antenatal care, 19% delivered with skilled birth attendants and 81% of pregnant women delivered at home (2010 SSHS). The health system is on its early infancy stage because of decades of conflict, marginalization and insecurity resulted to inequitable access to high impact maternal and neonatal health services at the expense of the poor, uneducated, refugees, returnees, IDPs and those in rural areas. Maternal Mortality Ratio is highest at 2,054/100,000 LBs (2006 SSHS). Also, recently published global new-born health indicator database dated Sept. 21, 2012 revealed that neonatal death reduction is slowest at 25% from 1990 2011 compared to 44.5% decline in under-five death for South Sudan.

There also still challenges in the management of diarrhoea, with regards to the home management of diarrhoea, one in ten mothers gave nothing to drink and stopped giving food; one in three reduced both drinks and food More educated mothers were more likely to give increased drinks. Pneumonia remain one of the killer diseases for children and according to 2010 SHHS 47.2% of caregivers with children with pneumonia saw an appropriate provider, with a remarkable urban rural difference (63.8 versus 44.2%). Mothers' knowledge of the danger signs of pneumonia is an important determinant of care seeking behaviour. In South Sudan, only one out of five mothers recognized the two danger signs of pneumonia: fast and difficult breathing. Maternal education was associated with greater awareness of the danger signs. The inadequate gap in the management and treatment of common childhood illnesses has been noted mainly in the refugee camps and also among the returnee population. Reports from the refugee camps indicate the under-five mortality rate is above the emergency threshold (some camps around August 2012 records the infant mortality of 2.3 and 2.75/10,000/day).

The lack of basic social services is across all the ten states but is more pronounced in the seven states (Jonglei, Upper Nile, Northern Bahr El Ghazal, Western Bahr El Ghazal, Unity, Warrap and Western Equatoria) per various mission assessment reports in the country. This weak health system is further challenge by increasing returnees, low literacy rate, poor knowledge and practices on preventive and family practices on maternal, neonatal and child health care.

Therefore, this proposal aims at supporting the Ministry of Health at central, state and county level as well as health NGO partners to implement the emergency integrated package of preventive and curative intervention for common childhood illnesses, maternal and new-born including diarrhoea, pneumonia and malaria in high risk states and counties with high number of returnees, refugees and IDPs through provision of basic supplies and capacity building for improved case management.

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.

Refugees, returnees and IDP populations are prone to outbreaks of communicable diseases as health care facilities are limited and there is shortage of supplies in emergency situations. It is therefore important to ensure that sufficient quantities life-saving supplies are pre-positioned to meet the increased demands during emergencies. The proposed interventions under this proposal are in line with the agreed sector priorities for 2012. This project is directly contributing to the health cluster overarching objectives.

South Sudan has received a high influx of refugees, returnees and internally displaced person over the past years and the influx of refugees continues especially in upper. The number of girls, boys, women and men in need of primary health care services has therefore increased and hence depleting the already available resources. Many contributing factors affect service delivery, including inadequate and poorly equipped health facilities, inadequate staffing in the existing facilities, lack of funds for workers' incentives, lack of transport facilities for outreach activities and inaccessibility during rainy season.

Despite these challenges, some progress has been made in the provision of the basic package of health and nutrition services in some of these high risk areas with refugee and returnee populations. This has been achieved through the UNICEF Accelerated Child Survival Initiative jumpstart phase in 2011. These campaigns were conducted in all counties in the five high risk states with high coverage attained for measles and TT vaccination, vitamin A supplementation, deworming, MUAC screening and referral of malnourished children and dissemination of key messages on breastfeeding, use of insecticide treated nets and hand washing. This was of benefit particularly among the refugee and returnee populations, reducing the risk of outbreaks of communicable diseases.

There is therefore need to sustain the gains achieved and to continue providing minimum level of supplies for responding to health emergencies and hence sustain the delivery of primary health care services to the boys, girls, men and women affected by emergencies across the 10 states in South Sudan prioritizing state where there are large populations of refugees, returnees and internally displaced persons

[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.

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.

The funding obtained from this grant will be utilized to provide minimum level of essential emergency health supplies to support health partners and MOH in responding to emergencies and hence sustain the delivery of primary health care services amongst refugee, IDP and returnee populations who are exposed to high risk of communicable diseases due to poor health conditions in areas where these vulnerable groups are normally settled. This will be through provision of essential emergency drugs kits, essential drugs for use at Primary Health Care Clinics (PHCC) and Primary Health Care Units (PHCU) and LLINs for distribution to the vulnerable boys, girls, women and men.

This project will also focus on building the capacity of health workers to improve their skills in the integrated management of childhood illnesses therefore addressing the morbidity and mortality resulting from malaria, diarrhea and pneumonia. It is important to note that there health workers have inadequate capacity related to the application of standard protocols and guidelines in the treatment of common illness as such UNICEF will work closely with other health partners, WHO and MOH to ensure that all guidelines and protocols used in emergency setting comply with the international set standards.

Pre-positioning of children's and women's related health supplies is one of the UNICEF core responsibilities to fulfill its mandate of reaching boys, girls, men and women during emergencies. The project will focus on high risk communities to ensure that girls, boys, women and men have equal access and benefit from the services

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 ensure that 121,800 children (63,336 girls and 58,464 boys) below 5 years of age and 66,048 pregnant and lactating women affected by emergencies (returnees, refugees and internally displaced persons) are provided with the essential supplies and the minimum basic package of health services.

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. Procure and distribute lifesaving drugs, medical supplies and equipment for pre-positioning for emergency responses to out-break of communicable diseases and increased case load of common childhood illnesses (LLINs, PHCU/PHCC kits, ORS, diarrhea kits).
    a. Procurement of 7,500 Long Lasting Insecticide Treated Nets (LLINs) for refugees, IDPs, returnees and vulnerable host population.
    b. Provide 10 PHCC kits (1 kit is sufficient for treatment of 10,000 people for the 3 month period).
    c. Provide 50 PHCU kits (1 kit is sufficient for treatment of 3,000 people for the duration of 1 month).
    d. Provide 100,000 sachets of ORS for addressing diarrhoea cases.

2. Support capacity building health staff on integrated management of childhood illnesses.
a. Support dissemination of IMCI guidelines to state and counties in areas affected by emergencies to ensure that children and women suffering common illness are treated according to the MOH approved protocols.
b. In collaboration with MOHs, CHDs and NGOs, WHO organize for IMCI training in the facilities providing care to high numbers of refugees, returnees and IDPs, the focus will be on making sure more female health staff and community volunteers are trained (at least 45% of those trained will be females).
c. Provide ongoing support in coaching and mentoring of health workers to improve their skills in the management of common childhood illnesses.
4. Provide technical support in planning, coordination and implementation of integrated management and prevention of common childhood illnesses.

5. Development of joint communication strategies for increased demand and utilization of integrated services for maternal, newborn and child health and the following activities will be supported;
a) Development and distribution of user-friendly and context specific IEC materials on maternal, neonatal & child health care during emergencies to vulnerable communities (prototype materials with translation to major dialects/pictorials.
b) Train implementing partners on health education and promotion with emphasis on inter-personal skills to make sure they are to support health workers and community volunteers to improve their communication with caregivers on the management and prevention of common childhood illnesses and delivery of the basic response package for maternal, newborn and child health interventions.
c) Organize, train potential local health promoters among affected population and support them with basic health education tools/items
6. Conduct informal health education /promotion sessions on site and during outreach services with emphasis on increased male participation in support of maternal, newborn and child health services.

iv). Cross Cutting Issues

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

Gender issues

UNICEF has been in the forefront to ensure that there no gender discrimination across all programme supported in South Sudan. In addition, UNICEF promote equitable access to the health services especially by ensuring that women have access to services and at the same time carefully observing the data disaggregated by gender, age, location and education level and work to address any of the existing gaps. Data analyzed recently indicate that there is no worrying discrepancies in terms of gender in relation to the access of boys and girls to health services. However, evidence show that children born to mother with no education are more likely

to die due to lack of access as well as those from mother residing in remote rural areas. Therefore, this project will address existing discrepancies. This will be achieved through modification data collection and analysis to ensure that data collected are disaggregated by gender, age, location and if possible by economic status. This will enable UNICEF to determine the differences among population group and design interventions mainly targeting the vulnerable and marginalized groups. The tally sheet for the data collection will be modified to capture data on gender receiving services. Similar improvements will be reflected in other data collection and reporting instruments. During selection of participants for training and service provision, staff will be selected in a manner to address the gender disparity in the service provision.

Environmental issues
Environmental concerns (proper disposal of infectious medical wastes such as used sharps) will be addressed through training and full participation of the community members.

HIV/AIDS issues
Health workers will be trained on HIV prevention in the workplace as regards to safe handling of needles and sharps during campaigns and routine health service provision. This project will also promote the infant diagnosis for HIV and also strengthen referral for care and treatment of children infected with HIV/AIDS.

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.

At least 121,800 children (63,336 girls and 58,464 boys) below 5 years of age and 66,048 pregnant and lactating women affected by emergencies (returnees, refugees and internally displaced persons) in Upper Nile, Unity, Northern Bahr El Ghazal, Jonglei, and Warrap States will benefit from emergency health supplies (ORS, PHCU/PHCC kits).

In addition, the project will supplement MOH efforts and health partners efforts of ensuring increased access and utilization of Long Lasting Insecticide Treated Nets (LLINs) whereby at least 7,500 household affected by emergencies will be provide with the LLINs and at the same time communities, household and caregivers will be reached with key messages on malaria control and preventions and emphasizing on the appropriate and continuous use of mosquito nets to enhance maximum protection. The health workers will be trained, mentored and coached on how to dialogue with caregivers and household members on how to use mosquito nets as well as on the appropriate management of malaria.

Caregivers will be reached with key messages on the prevention and appropriate treatment of common childhood illnesses in all areas affected by emergencies through distribution of IEC materials and treatment guidelines.

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)
X	1.	Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits): UNICEF will provide PHCC/PHCU kits, ORS	121,800 children (63,336 girls and 58,464 boys) 66,048 pregnant and lactating women
	2.	Number and type of drug kits procured and distributed to the affected population.	a) 10 PHCC kits (1 kit is sufficient for treatment of 10,000 people for the 3 month period). b) 50 PHCU kits (1 kit is sufficient for treatment of 3,000 people for the duration of 1 month). c) 100,000 sachets of ORS for addressing diarrhea cases procured, distributed for pre-positioning and treatment of diarrhea cases among the population affected by emergencies.
X	3.	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR: UNICEF will provide support on IMCI training	225 health workers are trained in IMCI (at least 110 are women and 115 are men).
X	4.	Number of antenatal clients receiving IPT2 second dose	66,048 pregnant women affected by emergencies will received IPT2 second dose
	5.	Number of partners trained on maternal neonatal & child health care in emergencies and on inter-personal skills.	All 20 partners with active Partnership Cooperation Agreement (PCA) with UNICEF will be trained.
	6.	Number of household affected by emergencies receiving at least one LLINs	7,500 household to receive LLINs
	7.	Number and types of IEC materials with key messaged on management of common illnesses printed and disseminated in areas affected by emergencies	10,000 various type of IEC materials (posters, flyers, booklets) printed and disseminated.

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.

The implementation of planned activities will be based on the agreed work plan between UNICEF and the government at central and state level and is accordance with the UNICEF and Republic of South Sudan joint programme of cooperation 2012 -2013. Therefore the implementation will be carried out by the Ministry of Health at ROSS and state level with the support of various NGOs implementing immunization activities.

All PHCC kits, ORS and LLINs procured through UNICEF will be distributed through Government at central and state MOH. NGOs will access most of these supplies through the state Ministries of Health. NGOs operating in hard to reach areas with limited access to state headquarters will sign a project cooperation agreement with UNICEF and they will be provided with supplies directly from UNICEF central and Zonal warehouses.

Training of health workers will be done in line with MOH and international guidelines and will be done jointly by UNICEF and the MOH at central and state levels.

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].

To ensure monitoring of the progress towards attainment of the result set for strengthening of immunization services, the following will be carried out as part of the monitoring of progress:

a) Continuous documentation of the best practices will take place to facilitate the scaling up of the initiative and a set of indicators as stipulated in the Government strategies and UN work plan will be used to ensure that there is synergy between the proposed activities and the government plans for sustainability purpose.
b) All state and counties will be supported to improve on data quality starting from collection and reporting. This will include training, provision of various data collection and reporting tools. Also quality control will be enhanced through periodic data auditing at health facility, Payam, County and State level.
c) Gender issues will be monitored closely by ensuring that all data collection tools captures data disaggregated by age, sex, location, level of education and economic status. In doing so it will be easier for UNICEF to determine the most marginalized and vulnerable groups.
d) Joint monitoring of project activities between UNICEF, NGOs and Government at central and state level will be carried out regularly and quarterly review meetings will be conducted and necessary adjustments will be made to deliver the results. Data collection will mainly depend on the existing Health Information Management System (HMIS) which is developed and approved by the Government and currently being used by both NGOs and Government supported health facilities. In the event that interventions will be provided outside the existing health systems UNICEF will conduct joint assessments with Government Officials and implementing NGOs and will ensure that the data collection and analysis are used throughout to capture the information.
e) Capacity strengthening activities will be monitored at various intervals – during the training there will pre and post test to determine the level of understanding of health workers in the subject matter. Then participants will be followed at their respective health facilities and communities to monitor on how they are putting in to practice the knowledge and skills gained from the training workshop. The supervision team will have an opportunity to observe their practice and then mentor and coach them on the key practices. After 4 or 6 months they will be assessed again to determine the level of improvement in their skills and knowledge.
f) Reports on the progress and results will be prepared quarterly and biannually to ensure that there is continuous feedback and ensures project accountability.

Reporting plan: the reporting will be based on the regular weekly, monthly and quarterly monitoring reports from all emergency affected areas and the technical guidance and support from UNICEF zonal offices in Malakal and Wau as well as UNICEF staff stationed in the five states.

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)
Italian Government	785,000
Government of Japan	1,156,000
UNICEF other Resources	450,000

[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 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/55319	**Project title:** Strengthen Capacity in the prevention and Management of Common Childhood illnesses and Delivery of minimum emergency response package of integrated curative and preventive maternal, newborn and child health interventions among the vulnerable communities in South Sudan.	**Organisation:** **UNICEF**

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** • *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*	**Indicators of progress:** Number of children receiving appropriate treatment for common childhood illnesses.	**How indicators will be measured:** Health Facility weekly reports and HMIS.	
Purpose	**CHF Project Objective:** To ensure that 121,800 children (63,336 girls and 58,464 boys) below 5 years of age and 66,048 pregnant and lactating women affected by emergencies (returnees, refugees and internally displaced persons) are provided with the essential supplies and the minimum basic package of health services.	**Indicators of progress:** • *Number of direct beneficiaries from emergency drug supplies* • *Number of health workers trained on integrated management of childhood illnesses with special focus on prevention and recognizing danger signs* • *Number of caregivers able to identify at least two danger signs of malaria, pneumonia and diarrhea* • *Number of children receiving appropriate treatment for common childhood illnesses*	**How indicators will be measured:** • Health Facility reports • Field monitoring report • Training reports	**Assumptions & risks:** *Health facility staffs are recording their activities correctly and accurately.*
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 beneficiaries*. At least 121,800 children (63,336 girls and 58,464 boys) and 66,048 pregnant and lactating women have improved	**Indicators of progress:** 1. Number of children benefiting from appropriate treatment of pneumonia, diarrhea and pneumonia. 2. Number of people benefiting from distribution of essential drug kits in the emergency	**How indicators will be measured:** *What are the sources of information on these indicators?* • Health Information management system (HMIS). • Health facility data compiled by SMOH and NGOs	**Assumptions & risks:** • Health workers have knowledge on the management of childhood illnesses and are able to compile data adequately. • Improved reporting from

	access to quality basic health services.	affected population.		lower level to central level.
	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.* • 121,800 children (63,336 girls and 58,464 boys) below 5 years of age and 66,048 pregnant and lactating women affected by emergencies (returnees, refugees and internally displaced persons) in emergency affected areas will benefit from emergency health supplies (ORS, PHCU/PHCC kits). • 10 PHCC kits (1 kit is sufficient for treatment of 10,000 people for the 3 month period). • 50 PHCU kits (1 kit is sufficient for treatment of 3,000 people for the duration of 1 month). • 100,000 sachets of ORS for addressing diarrhea cases procured, distributed for pre-positioning and treatment of diarrhea cases among the population affected by emergencies • 225 health workers are trained in IMCI (at least 110 are women and 115 are men). • 66,048 pregnant women affected by emergencies will received IPT2 second dose • All 20 partners with active Partnership Cooperation Agreement (PCA) with UNICEF will be trained. • 7,500 household to receive LLINs	**Indicators of progress:** 1. Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits): UNICEF will provide PHCC/PHCU kits, ORS 2. Number and type of drug kits procured and distributed to the affected population. 3. Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR: UNICEF will provide support on IMCI training 4. Number of antenatal clients receiving IPT2 second dose 5. Number of partners trained on maternal neonatal & child health care in emergencies and on inter-personal skills. 6. Number of household affected by emergencies receiving at least one LLINs **7.** Number and types of IEC materials with key messaged on management of common illnesses printed and disseminated in areas affected by emergencies	**How indicators will be measured:** *What are the sources of information on these indicators?* • Supplies distribution plan • Health reports from NGOs and sMOH and County Health Departments.	**Assumptions & risks:** *Security situation improves to facilitate access and timely implementation of the project*

	• 10,000 various type of IEC materials (posters, flyers, booklets) printed and disseminated. •			
	Activities: 1. Procure and distribute lifesaving drugs, medical supplies and equipment for pre-positioning for emergency responses to out-break of communicable diseases and increased case load of common childhood illnesses (LLINs, PHCU/PHCC kits, ORS, diarrhea kits). 2. Support capacity building health staff on integrated management of childhood illnesses. 3. Provide technical support in planning, coordination and implementation of integrated management and prevention of common childhood illnesses. 4. Development of joint communication strategies for increased demand and utilization of integrated services for maternal, newborn and child health. 5. Conduct informal health education /promotion sessions on site and during outreach services with emphasis on increased male participation in support of maternal, newborn and child health services.	**Inputs:** • *PHCU , PHCC kits, ORS, etc* • *Facilitators, travel allowances, training venue, accommodation* • Human resource (staff time), salaries and remuneration expenses. • Consultancy fee, printing of IEC material	*Training report* *Procurement and distribution plan* *Monthly and quarterly monitoring reports*	**Assumptions, risks and pre-conditions:** *Security situation improves to facilitate access and timely implementation of the project* •

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**		
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Activity 1: Procure and distribute lifesaving drugs, medical supplies and equipment for pre-positioning for emergency responses to out-break of communicable diseases and increased case load of common childhood illnesses (LLINs, PHCU/PHCC kits, ORS, diarrhea kits).					X										
Activity 2: Support capacity building health staff on integrated management of childhood illnesses					X	X									
Activity 3: Provide technical support in planning, coordination and implementation of integrated management and prevention of common childhood illnesses.					X	X	X	X	X	X	X				
Activity 4: Development of joint communication strategies for increased demand and utilization of integrated services for maternal, newborn and child health					X	X									
Activity 5: Conduct informal health education /promotion sessions on site and during outreach services with emphasis on increased male participation in support of maternal, newborn and child health services.					X	X	X	X	X	X	X				
Activity 6: Monitoring, Reporting and Evaluation					X	X	X	X	X	X	X				

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