

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
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CHF Cluster Priorities for 2013 Second 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

1. Provision of drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas
2. Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services
3. Maintain or strengthen medical referral services for emergency cases
4. Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization
5. Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff
6. Maintain surge capacity for emergencies and surgical interventions
7. Conduct training on emergency preparedness and response at all levels
8. Provide logistical support to prepositioning of core pipeline supplies to high risk states

Cluster Geographic Priorities for this CHF Round

1. Jonglei (Pibor, Pochalla, Ayod Akobo, Fangak, canal)
2. Warrap (Twic, Gogrial West, Gogrial East, Tonj North and Tonj East)
3. NBeG (Aweil North, Aweil East and Central)
4. WBeG (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet)
6. Unity (Abiemnhom, Leer, Rubkona, Mayom, Koch and Pariang)
7. Upper Nile (Renk, Ulang, Nasir, and Maban)
8. Eastern Equatoria State (Kapoeta North, and East)

SECTION II

Project details

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

Requesting Organization

Medair

Project CAP Code

SSD-13/H/55400/R/5095

CAP Gender Code

2a

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

Preparedness and response to health related emergencies in South Sudan and provision of basic health care to vulnerable communities in selected states of South Sudan

Total Project Budget requested in the in South Sudan CAP

US\$ 3,194,054

Total funding secured for the CAP project (to date)

US\$ 1,746,492

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:	3,000	32,190
Girls: (u5)	5,750	40,000
Men:	1,400	30,050

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

State	%	County/ies (include payam when possible)
Upper Nile	10	Renk, other
Jonglei	50	Pibor, Ayod, other
Unity	10	Mayendit, other
Any of the other 7 states of South Sudan	30	Any county with new onset emergency.

Funding requested from CHF for this project proposal

US\$ 550,000

Are some activities in this project proposal co-funded (including in-kind)? Yes No (if yes, list the item and indicate the amount under column i of the budget sheet)

Indirect Beneficiaries

20,000 indirect beneficiaries in Pibor County, Jonglei state

Catchment Population (if applicable)

Boys: (u5)	5,750	40,000
Total:	16,400	142,240

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

Contact details Organization's Country Office	
Organization's Address	Hai Matara, Airport View Juba
Project Focal Person	Dr. Trina Helderma, medicaladvisor-sds@medair.org , +211 0911 830 060
Country Director	Caroline Boyd, cd-southsudan@medair.org , +211 924 143 746
Finance Officer	Lisa Poulson, finance-southsudan@medair.org , +211 911 383 615

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CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
6 months (1 Sep 2013 to 28 Feb 2014)

Contact details Organization's HQ	
Organization's Address	Chemin du Croset 9 CH-1024 Ecublens Switzerland
Desk officer	Anne Reitsema anne.reitsema@medair.org +41 (0) 21 694 35 35
Finance Officer	Angela Rey-Baltar Budget-HQ-FIN@medair.org +41 (0) 21 694 35 35

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 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 population¹

Although the humanitarian situation has stabilized within the first half of 2013, needs remain high with 4,5 million people in need of basic services. With the government of South Sudan continuing to be challenged in providing basic services, combined with the continued impact of austerity measures as a result of oil shutdown in 2012, humanitarian partners remain providers of first-resort, particularly in the areas of emergency education, food assistance, health, nutrition, water and sanitation (CAP 2013, Mid-Year Review)

South Sudan has some of the worst health indicators in the world. Frequent public health emergencies due to acute outbreaks and mass population displacements have caused additional suffering from often preventable or easily treated diseases. 2013 noted outbreaks of measles, meningitis, hepatitis E, and kala azar. Many areas are overburdened with returnees and IDPs increasing their exposure and putting children and pregnant women at an especially high risk for diseases such as malaria. An estimated 100,000 IDPs have fled to bush areas of Pibor County where health services are non-existent. Clinics in town have been looted and services limited due to insecurity. Pregnant women, boys and girls are especially at risk in these situations for contracting malaria or acute watery diarrhea. Both of these illnesses can be deadly without access to treatment. Medair teams have initiated community case management for children and pregnant women, but more is still required.

The move of health funding to development funds has experienced clinic closures and drug stock outs. Stable communities face decreased access to health care, guaranteeing that unstable areas or locations with high population migration require additional surge support to maintain access and handle the increased caseloads. The unpredictable and changing nature of emergencies in South Sudan highlights the need for flexible humanitarian response such as that provided by Medair's Emergency Response Team.

B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

Medair implements a multisectoral emergency preparedness and response programme in South Sudan providing life-saving services to populations vulnerable to or suffering from public health emergencies. Medair works to provide access to emergency health services to the most vulnerable people, men or women, boys or girls affected by emergencies such as conflict, displacement, disease and malnutrition.

In the first half of 2013 emergency health interventions were conducted in response to outbreaks and population displacements in 9 locations where the local Ministry of Health or other NGO partners did not have capacity to respond due to lack of technical expertise, funding, or support structures. Medair has teams currently on the ground able to provide rapid response assessments and quick start-up interventions in any of the 10 states of South Sudan. Medair supports the returnee population in Renk County with two temporary emergency health clinics.

Medair works to support the Ministry of Health and other relevant authorities in emergency response capacity at all levels. Medair trains local health workers to respond to health emergencies and will conduct training for both men and women in disease surveillance, outbreak response, case management, reporting systems, and awareness of various health gender needs based on current disease trends. Medair's utilization of local health workers aids to the continuation of services in areas of insecurity or inaccessibility such as Pibor as local health workers can remain with their communities when international staff are required to relocate. Medair is currently providing community case management with community drug distributors in Pibor County.

Medair's returnee project in Renk is predominantly funded by OFDA and SDC however still needs co-financing in order to ensure continuous and adequate health support to returnees and vulnerable host populations.

Medair's emergency response programme is predominantly funded by ECHO however co-financing is required in order to ensure that critical emergency health needs are met throughout 2013 and the beginning of 2014. CHF funding 2nd round will ensure that the current funding gap for health responses is closed.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

Medair's project will contribute to the achievement of above listed priorities no 1, 3, 4, 5, 6 and 7.

Basic Safety Net – Medair emergency response teams will be uniquely positioned to monitor the on-going provision of health services in various locations within South Sudan and have the ability to respond with temporary primary health care support when needed. This may include provision of newly established temporary emergency health clinics or support of MoH facilities within limited capacity in emergency contexts. Currently, Medair is supporting Primary Health Care in Renk County through temporary emergency health facilities catering to both returnees and the host population in Renk Town.

Strengthen Emergency Preparedness – Medair team members will participate in on-going emergency preparedness and response mechanisms through cluster participation both locally and nationally. Medair will also work with local MoH and health partners to improve upon EWARN and IDSR systems during emergency responses through training and technical support. Medair's project will also preposition medications and supplies for potential outbreaks or emergency situations with warehouses in Upper Nile and Juba to ensure sufficient supplies are in country to quickly respond to emergencies when they occur.

Respond to Health Related Emergencies – Medair has an established emergency response teams which will be able to rapidly assess and then to intervene in newly identified emergency health situations within any state of South Sudan. This response could be in the form of emergency health facilities or facility support, community case management, mass vaccination campaigns, and treatment centres to prevent the spread of communicable diseases. Community case management in rural Pibor County is ongoing

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.

and will be supported by this CHF grant. Potential emergency primary health facilities are also being discussed for these areas.

ii) Project Objective

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

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

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

Proposed activities for this proposal are similar in nature to the CHF Round 1 proposal. However, the intervention areas and populations are in addition to those noted in the Round 1 proposal. Indicator targets noted below, are in addition to those noted in CHF Round 1.

1. Emergency Preparedness and Response :
 - Establishment of EWARN system with data disaggregation by sex and age and training of local staff on outbreak prone diseases and importance of IDSR.
 - Prepositioning of supplies as needed to prepare for potential outbreaks of communicable diseases.
 - Active case finding and referrals to the appropriate health facilities in event of an outbreak.
 - Line listing of cases with tracing in outbreak scenarios.
2. Outpatient consultations for 1,000 men, 1,500 women, and 4,750 boys and 4,750 girls through establishment of temporary emergency health facilities, community case management, or in provision of basic safety net support to MoH facilities in areas of acute emergency.
3. Immunizations: Mass vaccination campaigns in response to vaccine preventable outbreaks such as measles, meningitis, or yellow fever as well as establishment of routine EPI activities in emergency facilities.
4. Reproductive Health Services :
 - Provide antenatal care with emergency referrals to 500 women, BEmOC, and postnatal care.
 - Training in awareness and referral for sexual assault, and education and referral for HIV.
 - HIV mapping of services in areas of intervention.
 - HIV (training on universal precautions, PEP, condom distribution, referrals).
5. Provision of emergency drug stocks and buffer stocks to ensure access to essential pharmaceuticals.
6. Progression towards quality care with training of male and female health workers in EWARN, IDSR, IECHC, rational drug use, and correct diagnosis and treatment of malaria, diarrhoea and pneumonia.
7. BCC :
 - Training of 10 male and 10 female community health and nutrition promoters with focus on key messages as determined by participatory methods (focusing on vulnerable groups, gender specific messages) within emergency settings.
 - Provide key messages to 2,000 men and women in the community during acute emergencies.
8. Coordination and Assessments:
 - Train and maintain a rapid response emergency health and nutrition assessment team with ability to assess and initiate responses in any of the 10 states in South Sudan.
 - Coordinate with the local county health department in rapid assessments as well as programme implementation as possible.
 - Perform key informant interviews prior to start of any intervention and focus group discussions where needed to identify key barriers to accessing health services which may affect specific targeted populations or gender groups.
 - Actively participate in health cluster coordination meetings at national level and state level when possible to ensure readiness for response.
 - Provide timely, weekly IDSR and monthly DHIS reports to the cluster and local, state, and national health surveillance officers within the Ministry of Health.

Rapid response teams will be on standby at all times to assess or intervene with additional emergencies that may occur within the 10 states of South Sudan

iv). Cross Cutting Issues

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

Gender

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

Environment

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

HIV/AIDS

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

v) Expected Result/s

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

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

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.	Total number of consultations under 5 years	Boys: 4,750 Girls: 4,750
X	2.	Total number of consultations over 5 years	Men: 1,000 Women: 1,500
X	3.	Number of antenatal clients receiving IPT2	Women: 1,000
X	4.	Number of children under 5 years given measles vaccination in emergency or returnee setting	Boys: 1,000 Girls: 1,000
	5.	Number of new onset outbreaks responded to	1 new onset outbreak responded to

vi) Implementation Mechanism

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

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

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

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

vii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

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

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

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

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

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

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.

D. Total funding secured for the CAP project

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

Source/donor and date (month, year)	Amount (USD)
OFDA, Sept 2012	601,740
ECHO, April 2013	455,889
CHF, April 2013	550,000
SDC, May 2013	138,863
Pledges for the CAP project	
ECHO	492,026
OFDA	273,118

SECTION III:

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/H/55400/R/5095		Project title: Preparedness and response to health related emergencies in South Sudan and provision of basic health care to vulnerable communities in selected states of South Sudan		Organisation: Medair
Overall Objective	Cluster Priority Activities for this CHF Allocation: <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i> <ul style="list-style-type: none"> • Provision of drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas • Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services • Maintain or strengthen medical referral services for emergency cases • Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization • Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff • Maintain surge capacity for emergencies and surgical interventions • Conduct training on emergency preparedness and response at all levels • Provide logistical support to prepositioning of core pipeline supplies to high risk states 	Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i> <ul style="list-style-type: none"> • Crude mortality rate • Under 5 mortality rate 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> • National data sources 	
Purpose	CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i> <ul style="list-style-type: none"> • To improve access to and usage of essential lifesaving health services for vulnerable, emergency affected populations to prevent further public health emergencies across South Sudan in 2013 	Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i> <ul style="list-style-type: none"> • # of rapid onset health emergencies responded to within South Sudan 	How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i> <ul style="list-style-type: none"> • Intervention reports – circulated following completion 	Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i> <ul style="list-style-type: none"> • Public health emergencies occur in South Sudan • Security is sufficiently in place to allow for an emergency response
Results	Results - Outcomes (intangible): <i>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.</i> <ul style="list-style-type: none"> • Vulnerable populations have access to quality lifesaving emergency health services • Acute outbreaks are recognized and responded to rapidly and appropriately 	Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i> <ul style="list-style-type: none"> • Clinic utilization rates: OPD visits per person per year (1-4) • % of measles vaccination coverage in mass campaign 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> • Clinic registers and monthly reports 	Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i> <ul style="list-style-type: none"> • Security is maintained to allow for safe interventions

	<ul style="list-style-type: none"> Targeted health workers are able to provide quality care and reporting 	<ul style="list-style-type: none"> Suspected outbreak reported to local authorities within 24 hours of recognition % of most common illnesses (diarrhea, pneumonia, malaria) and outbreak diseases treated in line with MoH or international standards # of new onset outbreaks responded to 	<ul style="list-style-type: none"> Vaccination campaign tally sheets Vaccination campaign reports Post-intervention surveys Clinic supervision reports Clinic exit interviews 	<ul style="list-style-type: none"> Vaccines are available from UNICEF or MoH in sufficient supply and timely manner Health workers are available in local communities Logistical support is available to provide transport of staff and supplies Communities are accessible Drug suppliers have sufficient stock MoH and government support to allow for activities to be carried out in South Sudan
	<p>Immediate-Results - Outputs (tangible): <i>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.</i></p> <ul style="list-style-type: none"> Temporary emergency health facilities with outpatient consultations, ANC, and EPI established to deliver emergency health services Vaccination campaigns conducted to respond to vaccine preventable outbreaks Health workers trained in management of common illnesses as well as outbreak surveillance, response and reporting Essential drug supply for emergency health services supported via targeted procurement 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> # of over 5 consultations (gender disaggregated) # of under 5 consultations (gender disaggregated) # of women attending antenatal care receiving IPT2 # of boys and girls receiving measles vaccinations 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Clinic registers Monthly DHIS reports Vaccination campaign tally sheets 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Communities have sufficient security to travel to clinics or vaccination sites People seek medical care for illnesses Vaccines are available from UNICEF or MoH Health workers are available in communities Logistical support is available to provide transport of staff and supplies Communities are accessible by land and air Drug suppliers have sufficient stock MoH and government support to allow for activities to be carried out in South Sudan
	<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ul style="list-style-type: none"> Establish and maintain emergency preparedness and response systems in project locations alongside local health staff Provide outpatient consultations Provide routine vaccinations in targeted outpatient centres Carry-out mass vaccination campaigns in response to vaccine preventable outbreaks Provide reproductive health services including perinatal care and HIV referrals Procure and preposition emergency drugs stocks in line with MoH guidelines Conduct trainings of health workers in EWAR, IDSR, IECHC, rational drug use, and correct diagnosis and treatment of malaria, diarrhea and pneumonia Provide community health education to promote behavior change through training and support to local community health promoters Maintain a health rapid response team ready to carry out acute emergency response in any of the 10 states Carry-out rapid health assessments in event of emergency Coordinate with health cluster and other stakeholders 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> Expatriate and South Sudanese staff salaries and incentives Air, river and road transport Emergency medical equipment, drugs and consumables Warehousing and other logistical support Office supplies and equipment Training supplies Mosquito nets and soap Gift-in-kind, vaccines, soap and mosquito nets Equipment and maintenance Casual labour 		<p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> Security is maintained to allow safe interventions Vaccines are available from UNICEF or MoH Health workers are available in communities Logistical support is available to provide transport of staff and supplies Communities are accessible by land and air Drug suppliers have sufficient stock MoH and government support to allow for activities to be carried out in South Sudan

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.

Project start date:	1 Sep 2013	Project end date:	28 Feb 2013
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Activities	Q3/2013			Q4/2013			Q1/2014			Q2/2014		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1. Establish and maintain emergency preparedness and response systems in project locations			x	x	x	x	x	x				
2. Provide outpatient consultations			x	x	x	x	x	x				
3. Provide routine vaccinations in targeted outpatient centres			x	x	x	x	x	x				
4. Carry-out mass vaccination campaigns in response to vaccine preventable outbreaks			x	x	x	x	x	x				
5. Provide reproductive health services including perinatal care and HIV referrals			x	x	x	x	x	x				
6. Procure and preposition emergency drugs stocks in line with MoH guidelines			x		x	x		x				
7. Train health workers in EWARN, IDSR, IECHC, rational drug use, and correct diagnosis and treatment of malaria, diarrhea and pneumonia			x	x	x	x	x	x				
8. Provide community health education to promote behavior change			x	x	x	x	x	x				
9. Maintain a health rapid response team ready to carry-out acute emergency response in any of the 10 states			x	x	x	x	x	x				
10. Carry-out rapid health assessments in event of emergency			x	x	x	x	x	x				
11. Coordinate with health cluster and other stakeholders			x	x	x	x	x	x				