

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 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

- i) Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas
- ii) 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
- iii) Maintain or strengthen medical referral services for emergency cases
- iv) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization
- v) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff
- vi) Maintain surge capacity for emergencies and surgical interventions
- vii) Conduct training on emergency preparedness and response at all levels
- viii) 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, Twic East)
2. Warrap (Twic, Gogrial East, Tonj North, Tonj East, Tonj South)
3. NBeG (Aweil North, Aweil East, Central, Aweil South)
4. WBeG (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East)
6. Unity (Abiemnhom, Leer, Rubkona, Mayom, Koch, Mayendit, Pariang, Panyijar)
7. Upper Nile (Renk, Ulang, Nassir, Maban, Longechuck, Baliet)
8. Eastern Equatoria (Kapoeta North, East, Lopa)

SECTION II

Project details

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

Requesting Organization

Universal Intervention and Development Organization (UNIDO)

Project CAP Code

SSD-13/H/55648/R/15830

CAP Gender Code

2a

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

Improving on the provision of Basic Health Services and Outreach in Emergencies in Mayendit and Koch Counties, Unity State, South Sudan

Total Project Budget requested in the in South Sudan CAP

US\$ 677,819

Total funding secured for the CAP project (to date)

US\$ 250,000

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:	4,005	31,662
Girls:	6000	8,413
Men:	3000	30,419

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)**

Unity	100	Mayendit County Payams: Bhor, Tutnyang, Thaker and Rubkuai

Funding requested from CHF for this project proposal

US\$ 200,000

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

Catchment Population (if applicable)

Boys:	6200	8084
Total:	19205	78,578

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

Contact details Organization's Country Office	
Organization's Address	Juba na Bari, plot 256, block 4
Project Focal Person	Faith Shiddy, faithshiddy@yahoo.com , 0955074363
Country Director	James Keah Ninrew, ninrewk@gmail.com , 0917088006
Finance Officer	Kennedy Recha, krecha3000@yahoo.com , 0955432877

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CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
6 months (1 Oct 2013 to 31 Mar 2014)

Contact details Organization's HQ	
Organization's Address	
Desk officer	<i>Name, Email, telephone</i>
Finance Officer	<i>Name, Email, telephone</i>

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

Mayendit county is one of the counties in Unity state that is prone to floods during the rainy season making it completely cut off from the neighbouring counties. Last year heavy rains caused one of the worst floods which destroyed homes and crops making the area to be one of the counties recognized as a food insecure county by WFP. The floods caused population movement of animals, men, women and children turning them into victims of the floods This year the county has flooded in many areas and the same thing is about to happen as last year. The community are having difficulty in accessing health care services due to road inaccessibility and it's in turn affecting the vulnerable which are P&LW, children girls and boys <5 and the elderly men and women. The area is prone to inter-tribal armed conflicts through cattle rustling from the neighbouring Warrap State or Mayom, Panyinjar etc. Again the most affected during this activities are the elderly men and women, P&LW and children boys and girls <5 who have to run for safety.

In 2012, there was an outbreak of measles in Mayendit county. Pregnant women and Children under 5 still need basic health care against malaria, pneumonia, acute watery diarrhea among other diseases that are the primary diseases in the counties. Malaria incidences are high in the epidemiological reports and there is need to procure LLTNs for PLWs in order to protect from malaria.

Currently due to the challenges of poor accessibility, the uptake for MCH services is very low ANC services, TT2 coverage, DPT3 coverage are below <15%, and family planning utilization is estimated at <5% this mainly is because of the cultural norms and beliefs. In addition the MOH discontinued the use of TBAs and the health facilities lack trained midwives necessitating the need for humanitarian actors to employ qualified health staff to offer? BemONC/EmONC services, antenatal care. Some of the health facilities are more than 5 km away from the population residences making it hard for mothers to attend to health services and this creates need to offer mobile ANC services to increase coverage. The SMOH still is unable to provide adequate staff as per national BPHS standards and even those available are ill-trained and require further training on IMCI.

Due to the flooding in the most of the areas, children have been unable to obtain DPT 3 since health workers could not reach them hence there is need to support the county health department preposition vaccines in advance to health facilities that have the cold chains. Due to flooding communities get displaced thus preventing pregnant mothers from visiting health facilities some which are more than 5 Km radius requiring mobile clinic services.

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.

The proposed project activities will maintain the existing emergency health sector safety net in Mayendit County of Unity State South Sudan by providing basic health packages and emergency referral services in the targeted 4 health facilities and surrounding communities. Through a focus on maternal and child health (MCH) - especially obstetric care, integrated management of childhood illnesses (IMCI) protocols, and EPI, UNIDO intends 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. UNIDO has initiated the use of community health committees using CHF 2012 funds to intensify community education and social mobilization for the utilization of services. UNIDO plans to use community health committees to conduct health promotion on common illnesses, MCH, nutrition, healthcare seeking behavior, and information on available services in the health facilities, HIV Aids since one of the facilities Mayendit PHCC has a VCT.

UNIDO shall procure and distribute essential drugs, kits (including trauma kits), medical supplies, basic medical equipment, and laboratory supplies through direct supply and the MoH's supply chain from the State to facility level. UNIDO shall continue with partnerships with UNFPA and UNICEF to ensure the timely procurement and distribution of essential RH and EPI commodities, and ensure proper functioning of the cold chains installed in Mayendit PHCC and Kuok PHCU. UNIDO shall continue improving the diagnostic capacity of laboratory services at Mayendit PHCC to ensure rapid and accurate diagnoses to support timely treatment of communicable diseases and reporting on the HMIS.

The SMOH still lacks capacity in HR hence UNIDO shall conduct on-the-job refresher training for facility and community-based health workers on safe motherhood, child health, community health, common morbidities, IDSR/HIS, and emergency surgical and obstetric interventions. UNIDO shall ensure IDSR reports are submitted weekly in all health facilities.

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.

- Maintain the existing safety net by providing basic health packages and emergency referral services through provision of minimal PHCU/PHCC staff with essential skills to ensure mothers and children are attended to through MCH.
- Strengthen emergency preparedness including surgical interventions through employing a medical doctor. UNIDO shall also ensure CHD staff has been trained on emergency preparedness and requisition of essential drugs to respond to emergencies.
- Respond to health related emergencies including controlling the spread of communicable diseases. Using funds from this grant UNIDO shall maintain qualified medical staff that shall augment the activities of the county health department in

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.

dealing with emergency situations since the SMOH is still constrained financially to deploy trained staff in these counties.

ii) Project Objective

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

- To increase access and utilization of quality health services to women and children
- To support the CHD to strengthen the HSS

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).

- Maintain the existing provision of basic health packages and emergency referral services in Mayendit PHCC, Luom, Kuok and Thaker PHCU in Mayendit county
- 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 in Mayendit PHCC, Kuok, Luom and Thaker PHCU
- Provide maternal healthcare (routine ANC/PNC checkup, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, BemONC; FP services and referral Mayendit PHCC, Kuok, Luom and Thaker PHCU
- Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio Mayendit PHCC, Kuok, Luom and Thaker PHCU
- Strengthen universal precautions and infection prevention including medical waste management in Mayendit PHCC, Kuok, Luom and Thaker PHCU
- Employment of trained health staff as per the BPHS and the recommendations of MoH in all health facilities with a focus on ensuring quality services in Mayendit PHCC
- Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation in Mayendit, Kuok, Luom and Thaker
- Conduct on the job and formal/refresher training for facility and community based health workers, midwives on safe motherhood, child health, community health, common morbidities, HIS, specialized emergency surgical and obstetric interventions, HMIS
- Renovate Mayendit PHCC to meet service delivery standards
- Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supply/equipment to all supported health facilities.
- Undertake memorandums of understanding with UNFPA and UNICEF for the procurement and distribution of essential RH and EPI supplies including cold chain.
- Provide vehicles for emergency referral services to the Hospital in Leer and Bentiu for surgical interventions.
- 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 e.g. cholera, meningitis, malaria, Kala-azar, HIV and other communicable diseases,
- Training for staff, partners and key stakeholders in emergency assessment and response for disease outbreaks and casualty incidents from conflicts and other causes.
- Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, cholera beds, hospital tents, PEP), laboratory diagnostic capacity and coordination mechanisms with other humanitarian actors in the county and at the clusters in Bentiu and Juba.
- Close coordination with CHDs in strengthening the community health committees, information sharing and facilitate monthly CHD and UNIDO team supervision visits to the health facilities with the reports being sent to the SMOH and the clusters.
- Train 18 health promoters selected to ensure gender balance who have been undertaking EPI vaccination as volunteers on Community Case Management of Fever, Diarrhea and Malaria. These promoters shall be provided with Oral Rehydration Salts, ACT and Cotrimoxazole drug kits to undertake home based care services to patients under the supervision of the CHWs.

iv). Cross Cutting Issues

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

UNIDO will establish an awareness and community support team through the various group associations and disseminate existing messages and materials using appropriate channels for HIV/AIDS. We will also provide nutrition support to through IFP in partnership with WFP for those who are chronically ill. UNIDO will also provide nutrition education to PLWH (People Living with HIV/AIDS). In environment UNIDO will maintain it by correct disposal of plastic paper bags and other medical wastes. UNIDO plans women, girls, boys and men, are able to utilize health services without undue hindrances. To archive this women are to be represented equally with men in Village Health Committees (VHCs), which are elected for each supported facility so that they can adequately plan for the facilities on this site to cater for all. Men and women shall be trained on their role in the uptake of MCH services so that they convey the same to the wider community. Mayendit PHCC has a VCT and the Village health committees shall be an avenue for community sensitization and encourage the use of treatment and counseling services.

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.

The project expects to achieve the following results from the activities undertaken;

- 12,200 children under Five boys and girls receive curative consultations and those diagnosed with malnutrition are referred to the Nutrition team

- Improved reporting on disease outbreaks within 48 hrs to the SMOH and WHO in Juba.
- Increased number of expectant mothers receive IPT2 and conduct their deliveries under skilled attendants
- 2000 children under 5 boys and girls receive measles vaccination
- All health facilities have waste disposal facilities with staff fully trained on protocols
- Each health facility has trained community health committees who undertake in public health education and facility management
- 12 CHD and SMOH staff receive training on emergency health interventions
- One health facility receives renovation and each health facility has a quality toilet and sanitation facilities
- Health facilities' have adequate emergency drug supplies before floods disrupt the road network
- Each health facility has adequate RH and EPI supplies to cover local and IDP populations
- Each county health facilities under the project can access emergency referral vehicles
- Increased capacity by the Health facilities in reporting and responding to disease outbreaks
- A combined total of 12 Health staff , CHD staff and community health teams receive training on assessment and response to disease outbreaks
- Health facilities Laboratories' have requisite equipment to undertake disease diagnosis
- Increased coordination between stakeholders at the county level
- 18 health promoters receive training and are involved in community case management of fever, diarrhea and malaria

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 consultations, 5 years or older	Men 3000 women 4005
	2.	number of <5 consultations (male and female)	Male 6200 female 6000
	3.	Number of measles vaccinations given to under 5 in emergency or returnee situation	Girls 1000 boys 1000
	4.	Number of births attended by skilled birth attendants	100
	5.	Proportion of communicable diseases detected and responded to within 48 hours	100%
	6.	Number of disease outbreaks detected	100
	7.	Number of disease outbreaks responded within 48 hours	100
	8.	Number of antenatal clients receiving IPT2 second dose	1000
	9.	Number of health facilities providing components of BPHS	4
	10.	Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	Women 4005, girls 6000, men 3000, boys 6200
	11.	Proportion of emergencies supplied with core pipeline kits	100%
	12.	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	18 female, 12 male
	13.	Estimated beneficiaries reached by the supplies from the pipeline	19,205

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.

UNIDO shall implement these activities directly but will fully involve the CHD and other partners with Health programs within the counties to ensure that the project achieves its objectives. UNIDO will continue to partner with MSF Holland Leer Hospital in the event of patient referrals with complications. For rehabilitation works UNIDO shall involve Contractors selected under competitive bidding in line with UNDP guidelines.

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 monitor the outcome of health services and outreach education, an M&E Staff attached to this project will be responsible of maintaining monitoring systems at each PHCC. These monitoring systems will gather data on changes in health seeking behavior and practice, and change in disease prevalence and the morbidity and mortality. The M&E Staff will work under the direction of the Health and Nutrition Manager and in collaboration with the Team leaders at each PHCU. CHWs and EPI workers selected from each PHCC will be trained for the purpose of implementing health surveys and community-based data gathering. UNIDO shall conduct ongoing supervision of staff and quarterly diagnosis/treatment assessments together with officials from the

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.

SMOH who are the main tool for monitoring improved capacity of health care service delivery across program sites. For output monitoring, the primary data gathered from the outpatient/inpatient services will be analyzed at the PHCC level. Any unusual trends in disease incidence, outbreak or malnutrition will be further verified and investigated to determine root cause. This analysis will improve or change the content of the medical aspects of the project, and for addressing any outbreaks of diseases and malnutrition. Monthly reports of the unusual trends will be submitted to UNIDO management team and to the CHDs and SMOH, MOH and the health cluster.

In relation to outcome monitoring, the M&E Staff will lead the analysis of the data gathered through community surveys. This officer will prepare the analysis for reporting purposes, and he will work with the Health and Nutrition Program Manager to give feedback conclusions and recommendations to the PHCC supervisors. Results of this analysis will be used by UNIDO for review of strategies and approaches to primary health care services in these areas. It will be reported in the annual end-of-project report and also made available to CHF/UNDP, UNICEF, the CHDs and SMOH,MOH.

UNIDO will monitor changes in local conditions that may affect the implementation of health activities (movement of IDPs/returnees, changes in climate and security, the potential for conflict between communities etc.) in order to plan appropriate and timely responses to any emerging emergencies. If an unusual trend or crisis is detected, UNIDO will inform the CHD, SMOH Director and UN/NGO coordination mechanisms and other agencies, so that complementary, consistent and coordinated responses can be carried out. UNIDO will continue to use OCHA IRNA tool, UNICEF and MOH formats and the Health Information System (HIS) for reporting health sector data.

UNIDO shall feed all information to all stakeholders in government and NGO partners at the state level. UNIDO Health and Nutrition Manager is responsible for submitting weekly surveillance IDSR data to the SMOH and monthly DHIS reports to SMOH. Health Promotion and Village Health Committee teams will be trained and conduct BCC on hygiene, malaria and breastfeeding practices as key areas for measuring improved practices in community behavior. Monthly field reports shall be sent to Juba with analysis and explanations for indicator results and new emerging trends that shall be provided to the donor.

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)
CHF January	250,000
Pledges for the CAP project	

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/55648/R/15830		Project title: Improving on the provision of Basic Health Services and Outreach in Emergencies in Mayendit and Koch Counties, Unity State, South Sudan		Organisation: UNIDO
Overall Objective	<p>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></p> <ul style="list-style-type: none"> Maintain the existing safety net by providing basic health packages and emergency referral services through provision of minimal PHCU/PHCC staff with essential skills to ensure mothers and children are attended to through MCH. Strengthen emergency preparedness including surgical interventions through employing a medical doctor. Respond to health related emergencies including controlling the spread of communicable diseases. 	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project</i></p>	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Training reports Treatment cards 	
	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> To increase access and utilization of quality health services to women and children To support the CHD to strengthen the HSS Increase the availability of adequate and interrupted supply of drugs, medical supplies, medical equipment and laboratory supplies. 	<p>Indicators of progress:</p> <ul style="list-style-type: none"> What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative 	<p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> 	<p>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></p> <ul style="list-style-type: none">
Results	<p>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></p> <ul style="list-style-type: none"> Increase coordination between stakeholders and county level 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> No. of meetings held and joint supervision visits done with CHD and SMOH officials 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Sign-up sheets Supervision reports 	<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">
	<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"> Increased capacity by Health facilities in reporting and responding to diseases outbreaks 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?</i> <i>Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p>	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> HMIS Monthly reports IDSR reports to 	<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"> • A combined total of 66 Health staff and community health teams receive training on assessment and response to diseases outbreaks • Health facilities and laboratory receive requisite equipment to undertake disease diagnosis • 18 Health promoters receive training and are involved in community case management of fever, diarrhea and malaria • 12,200 children under Five boys and girls receive curative consultations and those diagnosed with malnutrition are referred to the Nutrition team • Improved reporting on disease outbreaks within 48 hrs to the SMOH and WHO in Juba • Increased number of expectant mothers receive IPT2 and conduct their deliveries under skilled attendants • 2000 children under 5 boys and girls receive measles vaccination • Health facilities' have adequate emergency drug supplies • Each health facility has adequate RH and EPI supplies to cover local and IDP populations • CHD and SMOH staff receive training on emergency health interventions 	<ul style="list-style-type: none"> • Total number of children under Five boys and girls receive curative consultations at the facility(12,200) • Percentage outbreaks investigated in 48 hours and reported to the IDSR (target 100%) • No of health facilities with waste disposal facilities • No. of health staff employed segregated by gender • No. of community health teams trained and reporting six months after the project life • No. of Health facilities renovated and toilets constructed. 	<p>clusters and WHO</p> <ul style="list-style-type: none"> • Supervision reports • Signup sheets and contracts • Narrative reports • Service completion reports 	<ul style="list-style-type: none"> • The communities continue to live in peace to avoid disruptions due to armed conflicts • The financial situation remains stable with less fluctuation on Sudanese pounds not to affects prices • Staff trained shall remain in the project location during the duration of the project
	<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"> • 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 in Mayendit PHCC, Kuok, Luom and Thaker PHCU • Provide maternal healthcare (routine ANC/PNC checkup, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, BemONC; FP services and referral Mayendit PHCC, Kuok, Luom and Thaker PHCU • Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio Mayendit PHCC, Kuok, Luom and Thaker PHCU • Strengthen universal precautions and infection prevention including medical waste management in Mayendit PHCC, Kuok, Luom and Thaker PHCU • Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation in Mayendit, Kuok, Luom and Thaker • Conduct on the job and formal/refresher training for facility and community based health workers, midwives on safe motherhood, child health, community health, common morbidities, HIS, specialized emergency surgical and obstetric interventions, HMIS. 	<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"> • 		<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"> • The communities continue to live in peace to avoid disruptions due to armed conflicts • The financial situation remains stable with less fluctuation on Sudanese pounds not to affects prices • Staff trained shall remain in the project location during the duration of the project

<ul style="list-style-type: none"> • Renovate Mayendit PHCC to meet service delivery standards • Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supply/equipment to all supported health facilities. • Undertake memorandums of understanding with UNFPA and UNICEF for the procurement and distribution of essential RH and EPI supplies including cold chain. • Provide vehicles for emergency referral services to the Hospital in Leer and Bentiu for surgical interventions. • 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 e.g. cholera, meningitis, malaria, Kala-azar, HIV and other communicable diseases, • Training for staff, partners and key stakeholders in emergency assessment and response for disease outbreaks and casualty incidents from conflicts and other causes. • Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, cholera beds, hospital tents, PEP), laboratory diagnostic capacity and coordination mechanisms with other humanitarian actors in the county and at the clusters in Bentiu and Juba • Close coordination with CHDs in strengthening the community health committees, information sharing and facilitate monthly CHD and UNIDO team supervision visits to the health facilities with the reports being sent to the SMOH and the clusters. • Train 18 health promoters selected to ensure gender balance who have been undertaking EPI vaccination as volunteers on Community Case Management of Fever, Diarrhea and Malaria. These promoters shall be provided with Oral Rehydration Salts, ACT and Cotrimoxazole drug kits to undertake home based care services to patients under the supervision of the CHWs 			
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PROJECT WORK PLAN

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

Project start date:	1 Oct 2013	Project end date:	31 Mar 2014
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Activities	Q3/2013			Q4/2013			Q1/2014			Q2/2014			Q3/2014		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Activity 1 Provide consultations and treatment of common illness				X	X	X	X	X	X						
Activity 2 Provide laboratory services with improved diagnostic capacity				X	X	X	X	X	X						
Activity 3 Training of community health workers on IMCI					X										
Activity 4 Training of health workers on BemONC/EmoNC					X										
Activity 5 Training of health workers on Laboratory and clinical management of malaria and TB cases					X										
Activity 6 Training of 18 health promoters on community case management of malaria and diarrhoea						X									
Activity 7 Training of health staff and county health department staff on EWARN 12 participants						X									
Activity 8 Coordination meetings at National and state level				X	X	X	X	X	X						
Activity 9 Monitoring and Evaluation				X	X	X	X	X	X						