

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
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CHF Cluster Priorities for 2013 Second Round Standard Allocation

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities 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 repositioning of core pipeline supplies to high risk states	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.		
Requesting Organization		
UNICEF		
Project CAP Code	CAP Gender Code	
SSD-13/H/55197/124	2a	
CAP Project Title (please write exact name as in the CAP)		
Support to Emergency Immunization Interventions through provision of vaccines and strengthening cold chain systems to Prevent Outbreak of Vaccine Preventable Diseases in South Sudan		
Total Project Budget requested in the in South Sudan CAP	US\$ 11,891,351	
Total funding secured for the CAP project (to date)	US\$ 4,415,568	
Direct Beneficiaries		
	Direct beneficiaries targeted in CHF Project	Direct beneficiaries targeted in the CAP
Girls:	216,667	1,136,396
Boys:	200,000	1,048,980
Total:	375,000	2,185,376
Implementing Partner/s		
MoH/RSS, SMOHs in all 10 states & various health NGOs (Medair, MC, GOAL, MSF-B-H -S and F, Merlin, RI, SCiSS,)		
Contact details Organization's Country Office		
Organization's Address	Totto Chan Compound, P.O. Box 45, Juba, South Sudan	
Project Focal Person	Dr Daniel Ngemera dngemera@unicef.org ; +211955355890	
Country Director	Dr Iyorlumun Uhaa, iuhaa@unicef.org	
Finance Officer	Mable Ngandu, mngandu@unicef.org	
Project Location(s)		
State	%	County/ies (include payam when possible)
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
Funding requested from CHF for this project proposal	US\$ 400,000	
Are some activities in this project proposal co-funded (including in-kind)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Indirect Beneficiaries		
100 health workers (48 female and 52 males) that will receive on job training during cold chain maintenance and project monitoring visits during implementation.		
Catchment Population (if applicable)		
CHF Project Duration		
6 months (1 October 2013 – 31 March 2014)		
Contact details Organization's HQ		
Organization's Address		
Desk officer		
Finance Officer		

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

Child mortality is particularly high in South Sudan with the Infant and Under-Five Mortality Rates estimated at 75 and 105 per 1,000 live births respectively (Sudan Household Health Survey 2010). Routine immunization coverage according to the 2012 Coverage Survey is still low – DPT3 (24%), Measles (10%), TT2+ (20%) and Fully Immunized Child (9%). High DPT-1 to DPT-3 dropout rate is a single most important challenge to attainment of DPT-3 targets. This prevailing low population immunity explains the continuing high numbers of reported measles cases starting from late 2010 with the beginning of the influx of returnees prior to the independence events. Despite the various outbreak response vaccination interventions and the country wide follow-up campaigns conducted in 2011- 2012 (with average coverage of 90%), since January 2013, Measles outbreak response campaign implemented in 10 counties in various states attaining a coverage ranging between 79% and 105%. As of June 2013, over 400 suspected measles cases have been reported and 60 confirmed, approx. 15%. A cumulative total of 184,833 children have been vaccinated against measles. The risk of future outbreaks if not closely addressed to reduce this immunity gap. This is especially critical in the states that continue to receive refugees and other groups of new arrivals to communities with low herd immunity against measles and other VPDs.

The country has gone 48 months since the last case of wild polio virus was reported in South Sudan, largely due to intensive implementation of mass polio immunization campaigns in all 10 states during this period. Unfortunately the numbers of these campaigns have been reducing as a result of perceived reducing risk and declining funding from the global partners. Following the recent outbreak of WPV1 in Somalia and Kenya. There is a need to maintain quality surveillance of AFP for early detection of importation, of any WPV, strengthening routine immunization in counties with low coverage, with special attention to high risk populations such as IDPs, refugees and returnees. South Sudan by its location in the track of migration from north west Africa to the horn of Africa remains at risk of imported wild viruses from polio sanctuaries that remain in areas such as northern Nigeria, Niger, Somalia, Kenya and Chad Republic. This risk is accentuated by the poor indicators for routine immunization and surveillance gaps in parts of South Sudan that are periodically in-accessible due to terrain, weather and insecurity. Some of these places also host refugees and returnees from the conflicts affecting the southern States of (north) Sudan.

Hence it is important that efforts be made to attain and sustain high coverage among these groups and at the same time continuing protecting children from host communities who are served through a rather fragile immunization and health system. The reality is that the existing EPI system is not strong enough to respond to emergencies and at the same time continue reaching children across the 10 states without additional resources. With increased number of refugees and the general population of around 2.9 million in need of humanitarian assistance, providing immunization to ensure that children are protected against vaccine preventable diseases is critical.

The cold chain system which is core to provision of immunization services also needs substantial support. The comprehensive cold chain inventory report which was conducted with support from UNICEF indicates a major gap in terms of cold chain coverage and functionality especially in Upper Nile, Jonglei and Unity state. Most of the counties health facility levels are operating without a proper functioning cold chain system **(45 out of the 79 counties in South do not have a functional cold chain especially those counties hosting high numbers of returnees and refugees). Inadequate Cold chain repairs and maintenance capacity as well as frequent breakdown of systems remain a biggest challenge.** In this situation, it will be very difficult for health workers at all levels within the ministry of health and NGOs to have access to sufficient quantities of potent and viable vaccines to enable them to respond immediately in case of any outbreaks of any vaccine preventable diseases. The capacity also was observed in the area of effective vaccine management, lack of strategies by the state and county health departments to reach out the refugees and returnees populations with quality immunization services.

UNICEF is committed in ensuring that gender equality and equity issues are well addressed in all projects in South Sudan. The analysis of various reports and surveys indicated data disaggregated by sex of children does not show major worrying discrepancies in terms of access and utilization of immunization services. However, children born to women who are illiterate or those with low level of education and those residing in rural poor communities have inadequate access compared to literate and urban communities. Maternal and neonatal tetanus is still a threat in South Sudan, due to the fact that many women (nearly 80% as per MOH data) do not have access to safe and clean deliveries as they still deliver at home and this project will advocate for increased deliveries in health facilities especially in high risk states to ensure that children and women are protected against neonatal tetanus. Likewise, all data collected will take in to consideration gender issues to examine whether young boys and girls have equal access to immunization services and also all immunization related trainings and other community events will promote equal participation of women and men. This is due to the fact that most of the activities supported in immunization service delivery has noted low participation of females at all level – for example most of the trainings supported in 2012 the female participation ranged between 20-30% in some places was as low as 10%; efforts will be made to bridge the existing gap.

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 project proposed for funding from CHF will enable UNICEF to fill in the highlighted gaps by ensuring that the vaccines and assorted supplies for supporting emergency immunization services in the high risk states of South Sudan through the coming six months of 2013. This will enable UNICEF to fulfil her core commitments to cater for the increased needs of children less than 5 years of age following the continuous influx of refugees from South Kordofan and Blue Nile States, as well as returnees and

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.

internally displaced persons in the priority states. UNICEF is responsible for providing vaccines, injection materials and cold chain equipment to the Ministry of Health and NGOs implementing immunization activities among the displaced population groups, resulting in all eligible children less than five years of age benefiting from measles and polio vaccinations. In addition, some measles vaccination interventions has extended coverage for up to 15 years among the high risk groups especially refugees whereas the initial forecasts were based on populations under 5 years, thereby placing pressure on the available resources in the regular program, which has to be replaced to guarantee vaccine security and sustainability of services for the general population.

With the funding from CHF UNICEF will continue to provide the essential vaccines and EPI supplies required to support implementation of immunization activities during emergencies and to continue strengthen the already over-burdened routine EPI system in South Sudan to be able to address emergencies as well. Therefore, the funding support will procure additional vaccines for emergency measles response in all areas where outbreaks are reported, support interventions among the refugees, IDPs and returnees (in most cases this will reach children up to 15 years of age and hence increased needs). In addition, new cold chain hubs in high risk counties and health facilities will be established and new cold chain equipment installed as well as repair and maintenance of the existing equipment. The special attention will be in areas with high number of returnees, refugees and internally displaced persons (IDPs).

It is also important to note that all vaccines, injection materials and cold chain equipment to support implementation of routine immunization and emergency immunization campaigns are procured by UNICEF and one of the major challenges has been on securing long term and predictable funding to ensure consistent supply of vaccines, injection materials and cold chain equipment. Funds to support immunization interventions are mobilised from various donors such as Bill and Melinda Gates Foundation, Rotary International and Government of Japan. However, these funds are limited only to support few activities such as social mobilisation for polio eradication initiatives and procurement of vaccines mainly for routine immunization services leaving a major funding gap for procurement of vaccines for emergency immunization interventions and strengthening of the cold chain systems at various levels to support the delivery immunization services in high risk states.

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.

To prevent outbreak of vaccine preventable diseases particularly measles and polio requires continued and sustained life-saving and urgent vaccination interventions to protect children (boys and girls) against the major vaccine preventable diseases. The proposed interventions under this proposal are in line with the agreed sector priorities for 2013 as immunization services through provision of vaccines and cold chain equipment for storage of vaccines is one of the core functions of the sector in an emergency context.

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

To ensure that children and women among the vulnerable groups (IDPs, refugees, IDPs and host population) have access to quality immunization services through provision of safe and potent vaccines and prevent outbreak of vaccine preventable diseases.

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. Procurement of 450,000 doses of measles vaccines for outbreak responses and follow campaigns among the high risk groups.
2. Procurement of 400,000 doses of oral polio vaccines (OPV) for supporting returnees, IDPs and refugee children that were not factored in routine forecasts for the year 2013.
3. Strengthen vaccine storage capacity at central, state and county level including distribution, installation, repair and maintenance of various cold chain equipment (solar fridges, electrical fridges/freezers, vaccine carriers and cold boxes). Increasing the service point closer to the rural remote areas will improve access and utilization of services and women and children will not have to walk for long distance in search of services.
4. Technical support and capacity building of Ministry of Health at central level and state level and county health departments in planning and implementation of emergency immunization interventions including collection and analysis of gender focused data disaggregated by sex, location and education level of caregivers

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

Addressing Gender issues
This proposal is addressing the most vulnerable children both boys and girls below 5 years of age exposed to the risk of vaccine preventable diseases. This proposal will contribute in raising awareness among caregivers and services to ensure that rights of boys and girls to health care specifically to immunization services are realized. During implementation of the project, more female health workers will be enrolled, trained and encouraged to participate in immunization service provision. The project will also mobilize and advocate for increased male involvement in immunization service provision.

UNICEF is committed in ensuring that gender equality and equity issues are well addressed in all projects in South Sudan. The analysis of various reports and surveys indicated data disaggregated by sex of children does not show major worrying discrepancies in terms of access and utilization of immunization services. However, children born to women who are illiterate or those with low level of education and those residing in rural poor communities have inadequate access compared to literate and urban

communities. Maternal and neonatal tetanus is still a threat in South Sudan, due to the fact that many women (nearly 80% as per MOH data) do not have access to safe and clean deliveries as they still deliver at home and this project will advocate for increased deliveries in health facilities especially in high risk states to ensure that children and women are protected against neonatal tetanus. Likewise, all data collected will take in to consideration gender issues to examine whether young boys and girls have equal access to immunization services and also all immunization related trainings and other community events will promote equal participation of women and men. This is due to the fact that most of the activities supported in immunization service delivery has noted low participation of females at all level – for example most of the trainings supported in 2012 the female participation ranged between 20-30% in some places was as low as 10%; efforts will be made to bridge the existing gap.

Environment issues

In addressing the environmental issues, the project will ensure that injection safety and immunization waste disposal are given first priority in accordance with the MOH and international agreed standards. The EPI injection safety practices will also address the issue of HIV/AIDS prevention among health workers.

HIV/AIDS issues

UNICEF in all of the programmes advocates for multi and inter sectoral collaboration. Efforts are currently being made to ensure that HIV/AIDS message are integrated in to all immunization communication materials. In addition, safe injection practices as one of the strategies to ensure that health workers and children and women are protected from HIV/AIDS which might result from needle injuries during immunization injections.

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 support from CHF will enable UNICEF support immunization services and ensure 416,667 children aged 6 – 59 months particularly among returnee, refugee and IDP populations are immunized against measles; In addition, about 116,000, children below one year of age among the returnees, refugees, IDPs and host communities will be protected against all six major vaccine preventable diseases with emphasis on the four routine doses of polio.

The other major results include the completion of rehabilitation works and installation of cold chain room in 3 locations in Juba, Malakal and Wau and provision of adequate equipment to increase vaccine storage capacity and are full functionality. It will also support cold chain equipment installation, maintenance and repair in Warrap, Upper Nile, Eastern Equatoria, Jonglei, Unity and Northern Bahr El Ghazal states, as well as improving skills amongst health workers for vaccine management through on job training as the technicians carryout installation and maintenance exercises.

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 <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(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)</small>
x	1.	Number of measles vaccinations given to under 5 in emergency or returnee situation	Attain over 90% coverage among the returnees, refugees and IDP children (at least 375,000 children are vaccinated, of these 216,667 are girls and 200,000 are boys).
	2.	Polio coverage at each for routine immunization for returnees and IDPs among the population affected by emergencies	90% of children reached for OPV1, 2&3 and 17% for OPV0 (at least 116,000 children will be vaccinated of these 60,320 are girls and 55,680 are boys).
	3.	Number of health facilities, Counties and state with functional cold chain systems (repair, installed and replaced) based on the periodic update of cold chain inventory report	All 20 counties which reported high number of measles cases, 10 states (prioritizing 3 states of Jonglei, Upper Nile and Unity) and at least 135 health facilities.
	4.	Vaccines distributed to states	Vaccine distributed to all ten states at least once a quarter.
	5.	Proportion of emergencies supplied with core pipeline kits (in this case for UNICEF are vaccines and injection materials)	All 2013 emergencies according to humanitarian situation report in need of emergency immunization interventions.
	6.		

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 vaccines, injection materials and cold chain equipment procured through UNICEF will be distributed through Government at central and state MOH. NGOs will access most of these supplies through the state cold chain stores. 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 warehouse and the central vaccine stores in Juba. Rehabilitation of the cold chain stores will be done through fund disbursements to the respective state ministries of health and installation, maintenance and repair of cold chain equipment through internal and externally contracted technicians.

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) 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.
- d) 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 the 5 states and the technical guidance and support from UNICEF zonal offices in Malakal and Wau as well as UNICEF staff stationed in the five states.

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)
UNICEF Internal resources – set aside 7% - Other Regular Resources	1,500,000.00
Rotary International	1,000,000.00
Government of Japan	750,000
Pledges for the CAP project	

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:

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/55197/124		Project title: Support to Emergency Immunization Interventions through provision of vaccines and strengthening cold chain systems to Prevent Outbreak of Vaccine Preventable Diseases in South Sudan		Organisation: UNICEF
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"> • Procurement of measles and polio vaccines • Distribution of vaccines and supplies • Installation, maintenance and repair of cold chain equipment • Monitoring and supervision • Support renovation of Vaccine stores and installation of cold room 	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"> • Vaccine procured • Vaccines distributed to partners • Cold chain equipment installed • Cold chain equipment serviced/ repaired • Facilities whose equipment is serviced • Monitoring reports 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> • Reports on vaccine received • Reports on vaccines distributed • Reports on equipment installed • Reports on equipment serviced 	

Purpose	<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 ensure that children and women among the vulnerable groups (IDPs, refugees, IDPs and host population) have access to quality immunization services through provision of safe and potent vaccines and prevent outbreak of vaccine preventable diseases. 	<p>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></p> <ul style="list-style-type: none"> • Number of measles vaccinations given to under 5 in emergency or returnee situation • Polio coverage at each for routine immunization for returnees and IDPs among the population affected by emergencies • Number of health facilities, Counties and state with functional cold chain systems (repair, installed and replaced) based on the periodic update of cold chain inventory report • Proportion of emergencies supplied with core pipeline kits (in this case for UNICEF are vaccines and injection materials) 	<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"> • 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. • 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. • 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. • Reports on the progress and results will be prepared quarterly and biannually to ensure that there is continuous feedback and ensures project accountability. 	<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"> • Bad weather that may affect timely delivery of vaccines and supplies to implementing partners. • Delayed disbursement of funds
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"> • Increased immunity in the community • 	<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"> • Outbreaks from vaccines preventable diseases averted 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</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 the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • Poor weather
	<p>Immediate-Results - Outputs (tangible): <i>List the products, goods and services (<u>grouped per areas of work</u>) 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"> • Vaccinations conducted 	<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"> • Number of children vaccinated 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Reports of immunized children 	<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"> • Security • Delay on vaccine supplies

<p>Activities: List in a chronological order the key activities to be carried out. Ensure that the key activities will result in the project outputs.</p> <ol style="list-style-type: none"> 1. Procurement of measles and polio vaccines 2. Distribution of vaccines and supplies 3. Installation, maintenance and repair of cold chain equipment 4. Monitoring and supervision 5. Support renovation of Vaccine stores and installation of cold room 	<p>Inputs: What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</p> <ul style="list-style-type: none"> • Staff time, • Tools and spare parts • Travel 	<p>Assumptions, risks and pre-conditions: What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</p> <ul style="list-style-type: none"> • Stock of cold chain equipment to be installed in place • Stock of spare parts for cold chain equipment in place • Available vaccine storage facilities at national and state levels
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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 October 2013 **Project end date:** 31 March 2014

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 Procurement of measles and polio vaccines					x										
Activity 2 Distribution of vaccines and supplies					x	x	x	x	x						
Activity 3 Installation, repair and maintenance of cold chain equipment				x	x	x	x	x	x						
Activity 4 Rehabilitation of cold rooms in three Zonal offices							x	x	X						