

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against CRP 2014

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 CRP 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:

CRP Cluster

HEALTH

CHF Cluster Priorities for 2014 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 CRP 2014.

Cluster Priority Activities for this CHF Round

- Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
- Support to key hospitals for key surgical interventions to trauma
- Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
- Communicable disease control and outbreak response including supplies
- Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
 - Emergency preparedness and communicable disease control and outbreak response
 - Emergency obstetrical care, and MISP (minimum initial service package-MISP)
 - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
 - Trauma management for key health staff
- Support to referral system for emergency health care including medevacs.
- Support to minor rehabilitation and repairs of health facilities
- HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

Cluster Geographic Priorities for this CHF Round

- Jonglei – All counties
- Upper Nile – All counties
- Unity – All counties
- Lakes – Awerial, Yirol West, Yirol East and Rumbek North
- Central Equatoria – Juba (IDP camps)
- Warrap - Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East

SECTION II

Project details

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

Requesting Organization

International Rescue Committee (IRC)

Project CRP Code

SSD-14/H/60761

CRP Gender Code

2a

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

Basic and emergency Primary Health Care Services in Northern Bahr el Ghazal, Lakes, Jonglei and Unity states

Total Project Budget requested in the in South Sudan CRP

US\$ 4,622,921

Total funding secured for the CRP project (to date)

US\$ 3,298,137

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 | Rubkona |
| | | |
| | | |
| | | |

| State | % | County/ies (include payam when possible) |
|-------|-----|--|
| Unity | 100 | Rubkona |
| | | |
| | | |
| | | |

Funding requested from CHF for this project proposal

US\$ 250,000

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)

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CRP 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 CRP |
|--------|--|--|
| Women: | 2,883 | 86,580 |
| Girls: | 840 | 82,257 |
| Men: | 2,768 | 89,827 |
| Boys: | 804 | 82,256 |

Indirect Beneficiaries / Catchment Population (if applicable)

| | | |
|---------------|-------|---------|
| Total: | 7,295 | 340,920 |
|---------------|-------|---------|

| |
|------------------------------------|
| Targeted population: IDP |
|------------------------------------|

| |
|---|
| Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) Not applicable |
|---|

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|--|
| Contact details Organization's Country Office |
|--|

| | |
|------------------------|--|
| Organization's Address | Hai Cinema, Juba, South Sudan |
| Project Focal Person | Jody Yasinowsky Email: Jody.Yasinowsky@Rescue.org Tel: +211 (0) 0954290147 |
| Country Director | Wendy Taeuber Email: Wendy.Taeuber@Rescue.org Tel: +211 (0) 956438790 |
| Finance Controller | Gabriel Munga Email: Gabriel.Munga@Rescue.org Tel: +211 (0) 959000668 |

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

| |
|--|
| 6 months 1 July - 31 December 2014 |
|--|

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|--|
| Contact details Organization's HQ |
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| | |
|-----------------------------|---|
| Organization's Address | 122 East 42nd Street, New York, NY 10168-1289 |
| Program Officer | Winter Burhoe Email: Winter.Burhoe@rescue.org Tel: +1 212 551 0965 |
| Regional Finance Controller | Getenet Kumssa Email: Getenet.Kumssa@Rescue.org Tel: +1 212 551 3073 |
| | |

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

Due to heavy fighting between government and opposition forces for the control of Bentiu town and surrounding areas of Rubkona County in Unity State, over 38,000 people have sought refuge in the United Nations Mission in South Sudan (UNMISS) base in Bentiu. The number increased drastically in mid-April 2014 after heavy fighting between both sides led to the Sudan People's Liberation Army (SPLA) regaining control of the town. Due to the severe insecurity, the internally displaced persons (IDP) population relies almost exclusively on services provided in the base by humanitarian actors, and IDPs leave the UNMISS Protection of Civilians (PoC) sites only to collect wood or water for survival. The drastic increase in population in the PoC resulted in a significant deterioration of the living conditions within the site, with existing services unable to cope with the sudden influx. Today, the situation in the UN base is critical and a scale-up of activities is essential. Water provision within the camp stands at less than 5L per person per day; and in the first week of June 2014, the under five mortality rate stood at 2.07 per 10,000 per day. With the arrival of the rainy season, humanitarian actors expect the camp population to grow even further as people seek food and continue to flee insecurity. The UNMISS base in Bentiu and associated PoC currently provide the only source of medical services in the region, as the hospital and other health structures in the area have been looted and are not operational.

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.

In February 2014 the IRC opened a clinic in PoC 2 to provide primary health care services to IDPs sheltering there due to the onset of fighting in December 2013. Funded by CHF, the clinic provided services to 12,000 beneficiaries. Alongside the IOM clinic in PoC 1, the IRC clinic offered the only source of primary health care in the base. As per an initial agreement, the IRC handed over the clinic to CARE in May 2014 but remained in the base to provide reproductive health (RH) services for all PoC sites. Secondary health care is provided by MSF Holland.

With the influx of IDPs, however, the two clinics (CARE and IOM) are no longer able to cover the needs of the increased population since the April 2014 fighting in Bentiu; existing clinics see as many as 400 patients per day. Long waiting times in difficult conditions, limited services and insufficient staff are increasingly discouraging people from seeking treatment. Quality of care is also suffering; most of those who died in the base had visited a clinic, according to MSF. In response to the critical situation, the health cluster in Bentiu agreed that immediate expansion of services is necessary. It was agreed that CARE would add a second clinic to cover the needs of PoC 4, and the IRC would open a primary health care clinic in PoC 3. The IRC will also expand its RH services to PoC 3 to complement services provided in PoC 2.

The IRC has secured funding to establish the clinic immediately and support the first months of operation. CHF funding is crucial to ensure the clinic remains open through the end of 2014. In the absence of CHF funds, the IRC is currently unable to cover the running costs of the RH and primary health care clinic in PoC 3. The IRC has secured alternate funds to cover the cost of the RH clinic in PoC 2.

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 primary health care services by providing medical supplies, equipment and drugs

The IRC will provide primary and reproductive health care services for an estimated 7,295 beneficiaries in Bentiu PoCs with CHF funding. The IRC will provide supplies, equipment and drugs for the clinics and support its health staff. By providing these services, the IRC will reduce the burden on the current structure and improve the availability of services for patients, reducing the number of patients who are dependent on PoC 2 clinic (38,000 at the moment) by at least one third. The IRC clinic will support even more IDPs if clients from other PoCs seek care at the IRC clinic.

Communicable disease control and outbreak response

The IRC will continue to provide community health education in the PoC on key health messages such as disease transmission, hand-washing techniques, proper use of sanitation facilities, cholera prevention and HIV/AIDS among others, and will play an active role in containing outbreaks in Bentiu PoC through the provision of supplies and technical expertise.

Immunization services

Currently, the IRC runs immunization services in PoC 2 under its existing RH services. With the opening of a primary health care clinic in PoC 3, immunization as well as RH components will be integrated into the structure, and the IRC will continue to actively provide immunization services. The IRC has also been proactive in responding to mop-up immunization campaigns in the PoC along with other cluster members working in Bentiu and will continue to do so as prevention represents an integral part of public health.

Enhance the referral system

The IRC has been working closely with MSF-Holland, which provides secondary health care services in the PoCs. The IRC refers patients who require secondary health care to MSF, and the IRC receives patients after they are discharged from the facility with counter referral to continue treatment in the outpatient department. The IRC will continue to strengthen this relationship to ensure

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.

effective referrals.

Respond to emergencies resulting from the ongoing conflict

During the active conflict, the IRC has been assigned in the cluster to attend to trauma patients, those in the yellow and green after triaging, and to make follow-up visits in the community. The IRC will continue to fill this role.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

Objective 1: To provide quality primary health care and reproductive health services at Bentiu PoC 3 until December 2014.

Objective 2: To respond to and mitigate health emergencies in Bentiu PoC 3 until December 2014.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.

List the main activities and results 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).

Objective 1: To provide quality primary health care and reproductive health services at Bentiu PoC 3 until December 2014.

- Provide medical equipment, drugs and supplies at PoC 3 primary health care facility
- Provide treatment to common illness, such as malaria, diarrhea and pneumonia, to people in PoC 3 reaching 7,295 beneficiaries
- Provide maternal and child health care such as immunization, antenatal care (ANC), post-natal care (PNC), family planning (FP) and maternity services reaching 3,640 beneficiaries
- Provide health education session to the communities in PoC 3, reaching 7,295 beneficiaries
- Provide timely referral of cases requiring secondary health care services to the MSF hospital in the UNMISS base

Objective 2. To respond to and mitigate health emergencies in Bentiu PoC3 until December 2014

- Participate in joint assessment of health needs in the UNMISS base with other health actors (WHO, UNICEF, IOM and CARE International)
- Actively participate in emergency responses and mitigation in Bentiu PoC with other members of the health cluster by providing supplies and technical expertise

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

By the end of December IRC expects to achieve the following results:

- People in PoC 3 have improved access to quality curative and preventive health services
- The scale and severity of communicable disease outbreaks in the target population is mitigated.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the logframe.

| SOI (X) | # | Standard 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 direct beneficiaries | 7,295 (2,883 women; 840 girls; 2,768 men; 804 boys) |
| x | 2. | # of <5 outpatient consultations | 2,588 (1,268 men and 1,320 women) |
| x | 3. | # of >5 outpatient consultations | 1,094 (535 boys and 559 girls) |
| x | 4. | # of measles vaccinations given to < 5 in emergency or returnee situation | 1,644 (804 boys and 840 girls) |
| x | 5. | Number of births attended by skilled birth attendants | 115 |
| x | 6. | Percentage of DPT3 coverage in children under 1 year | 80% |
| x | 7. | Proportion of communicable disease detected and responded to within 48 hours | 50% |
| | 8. | Percentage of women in labor referred for complications to MSF from the RH clinic | 5% |
| | 9. | Number of outreach sessions conducted in PoC3 | 36 |

vi). Cross Cutting Issues

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

Gender

The project will ensure that the particular needs of women and girls are taken into account during the provision of services and outreach activities. The outreach team and medical team include both male and female staff to ensure women feel comfortable seeking care and advice from IRC staff. The IRC's Health team will link closely with IRC's Women Protection and Empowerment (WPE) team that is working in Bentiu UNMISS base to facilitate referral of cases of sexual violence.

As part of the Minimum Initial Services Package (MISP) for Reproductive Health in Crisis Situations, the IRC will also provide prevention of mother to child transmission of HIV (PMTCT) services in both PoC 2 and PoC 3 clinics. Outreach activities will include raising awareness of HIV/AIDS. The IRC will provide condoms and support existing women and youth groups to act as peer educators on relevant health topics.

| |
|--|
| <p>Environment Lastly, the IRC will ensure the proper disposal of medical waste by fencing off waste disposal sites and incinerating sharp items.</p> |
| <p>vii) 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.</p> <p>The IRC will implement the project directly in Bentiu UNMISS base in coordination with relevant stakeholders and partners.</p> |
| <p>viii) Monitoring and Reporting Plan Describe how you will monitor and report on the progress and achievements of the project. Notably:</p> <ol style="list-style-type: none"> 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected. 3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy. 4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)². <p>The IRC will use existing Ministry of Health (MoH) data collection tools, as well as IRC tools, to capture key performance indicators. Data will be compiled and fed into the District Health Information System to assist with disease surveillance. Weekly Integrated Disease Surveillance and Response (IDSR) reports will be generated and submitted to the World Health Organization (WHO) office in Bentiu. Data on immunization, morbidity and RH indicators will also be generated weekly and shared with the Unity State MoH and fed into DHIS. All the data will be analyzed on a weekly basis to identify disease trends in PoC 3 and take appropriate action where needed. Monthly and quarterly trends will also be monitored to guide implementation strategy and identify potential corrective actions.</p> <p>Monitoring activities will be carried out by the Bentiu-based IRC health manager. Regular monitoring visits will also be carried out by the IRC's Juba-based staff, including the health coordinator. Monthly grant review meetings with all departments will be carried out to monitor spending and track program indicators. Finally additional technical support will be provided by a dedicated, headquarters-based technical unit for Health.</p> |

| D. Total funding secured for the CRP project | |
|--|---------------------|
| Please add details of secured funds from other sources for the project in the CRP. | |
| Source/donor and date (month, year) | Amount (USD) |
| OFDA, Aug 2013 | 500,000 |
| DFID, Jan 2014 | 254,681 |
| ECHO, May 2013 | 110,240 |
| SV, May 2014 | 345,000 |
| IRC, May 2014 | 213,000 |
| Pledges for the CRP 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:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

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

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

| LOGICAL FRAMEWORK | | |
|---|---|--|
| CHF ref./CRP Code: SSD-14/H/60761 | Project title Basic and emergency Primary Health Care Services in Northern Bahr el Ghazal, Lakes, Jonglei and Unity states | Organization: International Rescue Committee (IRC) |

| Goal/Objectives/Outcomes/Outputs | | Indicator of progress | Means of Verification | Assumptions and Risks |
|---|---|---|---|--|
| Goal/Impact (cluster priorities) | <p><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 emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies Communicable disease control and outbreak response including supplies Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns Support to referral system for emergency health care including medevacs. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precaution | <p><i>What are the key indicators related to the achievement of Cluster Priority activities?</i></p> <ul style="list-style-type: none"> Number of over 5 years outpatient consultations Number of under 5 years outpatient consultations Number of measles vaccination given to the under 5 Number of births attended by skilled birth attendants Percentage of DPT3 coverage in children under 1 year Proportion of communicable disease detected and responded to within 48 hours | <p><i>What are the sources of information on these indicators?</i></p> <p>Outpatient registers Weekly IDSR reports Monthly reports Supervision reports Weekly EPI reports Measles campaign report Evaluation reports Clinic registers</p> | |
| CHF project Objective | <p>Objective 1. To provide quality primary health care and reproductive health services at Bentiu PoC 3 until December 2014</p> <p>Objective 2. To respond to and mitigate health emergencies in Bentiu PoC 3 until December 2014</p> | <ul style="list-style-type: none"> Utilization rate maintained at or above 1 Crude and under 5 mortality rates are maintained at or below Sphere standard rates | <p>Clinic register Monthly reports Supervision reports</p> | <p>Supplies and materials can be transported to Bentiu</p> <p>Security is at a level to safely operate in PoC</p> <p>Other clinics in the base are functional and provide care</p> |

| Goal/Objectives/Outcomes/Outputs | | Indicator of progress | Means of Verification | Assumptions and Risks |
|----------------------------------|--|---|---|--|
| Outcome 1 | People in PoC 3 have improved access to quality curative and preventive health services | <ul style="list-style-type: none"> Crude and under 5 mortality rates are maintained at or below Sphere standard rates Utilization rate maintained at or above 1 | <ul style="list-style-type: none"> HIMS reports Clinic register Monthly reports Supervision report | <ul style="list-style-type: none"> Supplies and materials can be transported to Bentiu by the log cluster Security is sufficient to operate in PoC Other clinics in the camp are functional and provide care Patients attending the clinic live in PoC 3 |
| Output 1.1 | 7,500 people in PoC 3 receive basic health care for common illnesses such as malaria, diarrhea, and pneumonia | <ul style="list-style-type: none"> # of >5 outpatient consultations (Target: 2,588) # of <5 outpatient consultations (Target: 1,094) | <ul style="list-style-type: none"> Outpatient registers Weekly IDSR reports Monthly reports Supervision reports | <ul style="list-style-type: none"> Supplies and materials can be safely transported to Bentiu. Security is sufficient to operate in the PoC site. |
| Activity 1.1.1 | Provide medical drugs, supplies and equipment to PoC 3 clinic | | | |
| Activity 1.1.2 | Recruit all necessary IRC health staff for the PoC 3 health program | | | |
| Activity 1.1.3 | Provide outpatient consultations, including treatment to common illness such as malaria, acute watery diarrhea (AWD), respiratory infection, and pneumonia | | | |
| Output 1.2 | Children under 5 years get immunization for vaccine-preventable diseases | <ul style="list-style-type: none"> Percentage of DPT3 coverage in children under 1 year in the PoC 3 (Target: 80%) # of measles vaccinations given to < 5 in emergency or returnee situation (target: 1,644) | <ul style="list-style-type: none"> Weekly EPI reports Monthly reports Supervision reports | <ul style="list-style-type: none"> Supplies and materials can be transported to Bentiu by the log cluster Security is sufficient to operate in PoC |
| Activity 1.2.1 | Provide drugs, supplies and equipment for vaccination and conduct vaccinations for children | | | |
| Output 1.3 | Women in the PoC have access to comprehensive reproductive health care and maternity services | <ul style="list-style-type: none"> Number of births attended by skilled birth attendants (Target: 115) | <ul style="list-style-type: none"> Maternity register Monthly reports Supervision reports | <ul style="list-style-type: none"> Supplies and materials can be transported to Bentiu. Security is sufficient to operate in PoC |
| Activity 1.3.1 | Provide drugs, supplies and equipment to PoC 3 RH clinic | | | |
| Activity 1.3.2 | Provide reproductive health and maternity services, including ANC, PNC and FP | | | |
| Output 1.4 | Beneficiaries in PoC 3 have an improved understanding of health issues, their causes and how to mitigate them | <ul style="list-style-type: none"> Number of health outreach sessions conducted in PoC 3 (Target: 36) | <ul style="list-style-type: none"> Monthly reports Supervision reports | Security is sufficient to operate in PoC |
| Activity 1.3.1 | Conduct health education and awareness-raising sessions on key health topics | | | |
| Activity 1.3.2 | Conduct three field health days | | | |
| Output 1.5 | Cases requiring secondary health care are provided with timely referral to the MSF Holland clinic | <ul style="list-style-type: none"> Percentage of women in labor referred for complication to MSF from the RH clinic (Target 5%) | <ul style="list-style-type: none"> Clinic register Referral documents | <ul style="list-style-type: none"> MSF Holland remains operational Security is sufficient to operate in PoC |
| Activity 1.5.1 | Ensure referral system is in place | | | |
| Activity 1.5.2 | Refer cases requiring secondary health care to MSF | | | |
| Activity 1.5.3 | Receive patients discharged by MSF for follow-up | | | |
| Outcome 2 | The scale and severity of communicable disease outbreaks in the target population is mitigated. | <ul style="list-style-type: none"> Case fatality rate during disease outbreaks is at or below Sphere standards | Reports for treatment centers | <ul style="list-style-type: none"> Supplies and materials can be transported to Bentiu by the log cluster All partners operating in the PoCs participate actively in the emergency response Security is sufficient to operate in PoC |

| Goal/Objectives/Outcomes/Outputs | | Indicator of progress | Means of Verification | Assumptions and Risks |
|----------------------------------|---|--|--|--|
| Output 2.1 | Communicable disease outbreaks are responded to in a timely manner | <ul style="list-style-type: none"> Proportion of communicable disease detected and responded to within 48 hours (Target: 50%) # of measles vaccinations given to < 5 in emergency or returnee situation (Target: 1,644) | <ul style="list-style-type: none"> Measles campaign report Evaluation reports Weekly IDSR reports | <ul style="list-style-type: none"> Supplies and materials can be transported to Bentiu by the log cluster Security is sufficient to operate in PoC |
| Activity 2.1.1 | Participate in joint assessments and preparedness planning with health cluster partners | | | |
| Activity 2.1.2 | Monitor outbreaks and refer suspected cases for lab testing | | | |
| Activity 2.1.3 | Provide staffing, supply and equipment to respond to confirmed outbreaks | | | |

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

| | | | |
|----------------------------|--------------------|--------------------------|-------------------------|
| Project start date: | 1 July 2014 | Project end date: | 31 December 2014 |
|----------------------------|--------------------|--------------------------|-------------------------|

| Activities | Q2 | Q3/2014 | | | Q4/2014 | | | Q1/2015 | | | Q2/2015 | |
|--|-----|---------|-----|-----|---------|-----|-----|---------|-----|-----|---------|-----|
| | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May |
| Provide medical equipment, drugs and supplies to PoC 3 | | x | | | x | | | | | | | |
| Recruit all necessary IRC health staff for PoC 3 health program | | x | x | x | x | x | x | | | | | |
| Conduct capacity-building activities for IRC health staff | | x | x | x | x | | | | | | | |
| Provide outpatient consultations, including treatment to common illness such as malaria, acute watery diarrhea (AWD), respiratory infection, and pneumonia | | x | x | x | x | x | x | | | | | |
| Provide reproductive health and maternity services, including ANC, PNC and FP | | x | x | x | x | x | X | | | | | |
| Conduct health education and awareness-raising sessions on key health topics | | x | x | x | x | x | X | | | | | |
| Conduct three field health days | | | x | | x | | x | | | | | |
| Ensure referral system is in place | | x | x | x | x | x | x | | | | | |
| Refer cases requiring secondary health care to MSF | | x | x | x | x | x | X | | | | | |
| Receive patients discharged by MSF for follow-up | | x | x | x | x | x | x | | | | | |
| Respond to public health emergencies in PoC 3 and maintain preparedness level | | x | x | x | x | x | x | | | | | |

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