

**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](mailto: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 First 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**

- a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
- b. Support to key hospitals for key surgical interventions to trauma
- c. Provision and repositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
- d. Communicable disease control and outbreak response including supplies
- e. Strengthen early warning surveillance and response system for outbreak-prone diseases
- f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- g. Maintain surge capacity to respond to any emergencies
- h. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies);
- i. Provision of Emergency mental health and psychosocial care
- j. 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
- k. Support to referral system for emergency health care including medevacs.
- l. Support to minor rehabilitation and repairs of health facilities
- m. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

**Cluster Geographic Priorities for this CHF Round**

1. **Jonglei** – all counties
2. **Upper Nile** – all counties
3. **Unity** – all counties
4. **Lakes** – Awerial, Yirol West, Yirol East and Rumbek North
5. **Central Equatoria** – Juba (IDP camps)
6. **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.

<b>Requesting Organization</b>		<b>Project Location(s)</b> - 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		
Medair		<b>State</b>	<b>%</b>	<b>County/ies (include payam when possible)</b>
<b>Project CRP Code</b>	<b>CRP Gender Code</b>	Upper Nile	30%	Renk and any other county requiring emergency assistance
SSD-14/ H/60439	1	Jonglei	20%	Any county requiring emergency assistance
<b>CRP Project Title (please write exact name as in the CRP)</b>		Unity	20%	Any county requiring emergency assistance
Emergency preparedness and response to acute and protracted health related emergencies in South Sudan		Any of the other 7 states	30%	Any county requiring emergency assistance
<b>Total Project Budget requested in the in South Sudan CRP</b>		<b>Funding requested from CHF for this project proposal</b>		US\$ 200,000 (=13% of total 6-month CRP)
US\$ 3,000,000				

**Total funding secured for the CRP project (to date)** US\$ 2,265,228

**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:	1,859	28,600
Girls:	1,625	25,000
Men:	1,716	26,400
Boys:	1,625	25,000
<b>Total:</b>	<b>6,825</b>	<b>105,000</b>

**Indirect Beneficiaries / Catchment Population (if applicable)**

**Targeted population:**  
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

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

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

Indicate number of months: 6 months  
**1 August 2014 – 31 January 2015**

**Contact details Organization's Country Office**

Organization's Address	Hai Matara, Airport View Juba
Project Focal Person	Heather Dunlop, <a href="mailto:medicaladvisor-sds@medair.org">medicaladvisor-sds@medair.org</a> , +211 0911 830 060
Country Director	Anne Reitsema <a href="mailto:cd-southsudan@medair.org">cd-southsudan@medair.org</a> , +211 924 143 746
Finance Manager	Lisa Poulsen <a href="mailto:finance-southsudan@medair.org">finance-southsudan@medair.org</a> , +211 911 383 615
Monitoring & Reporting focal person	Evelyn Winkler <a href="mailto:funding-southsudan@medair.org">funding-southsudan@medair.org</a> +211 927 058 148

**Contact details Organization's HQ**

Organization's Address	Chemin du Croset 9 CH-1024 Ecublens, Switzerland
Desk officer	Rhonda Eikelboom <a href="mailto:rhonda.eikelboom@medair.org">rhonda.eikelboom@medair.org</a> +41 (0) 21 694 35 35
Finance Officer	Ann Lomole <a href="mailto:Budget-HQ-FIN@medair.org">Budget-HQ-FIN@medair.org</a> +41 (0) 21 694 35 35

## A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population<sup>1</sup>

The humanitarian situation in South Sudan deteriorated sharply following the outbreak of violence in December 2013 presenting an unprecedented scale of displacement and humanitarian needs. As a consequence it is assumed that by the end of 2014, 1.5 million people will be internally displaced (seeking shelter in PoCs, other temporary relocation sites and rural areas); at least 4 million people will have experienced food insecurity and 863,000 people seek refuge in neighboring countries (OCHA, May 2014). More than three million people are currently in need of urgent humanitarian support to address food insecurity (IPC Phase 3 or higher) and large portions of the population in conflict-affected areas face emergency levels (IPC Phase 4), meaning that they are unable to meet basic survival needs even with extreme coping, such as selling all of their livestock. Without urgent action, FAO warns that Famine (IPC Phase 5) is possible in localized areas (South Sudan, Food Security Alert, FEWS NET, May 2014).

In mid-May the Ministry of Health declared a cholera outbreak in Juba and surrounding areas with a threat that other counties and states may also experience similar disease outbreaks, especially during the rainy season. Prior to the new onset violence, South Sudan continues to have some of the worst health indicators in the world with a maternal mortality rate of 205, an infant mortality rate of 75 per 1,000 live births and only 6 % of children under 2 years are fully immunized (South Sudan Household Survey 2006,2010). 2013 noted outbreaks of illnesses within children including measles, meningitis, and polio. The unpredictable and changing nature of health emergencies in South Sudan highlights the need for flexible and rapidly available humanitarian response.

## B. Grant Request Justification

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

Medair operates mobile emergency response health teams that meet acute emergency needs throughout South Sudan targeting the most vulnerable and at-risk populations. Medair health teams have the capacity to act as "First Responders" in an emergency location following a needs assessment, as well as to scale-up this first response in the absence of another partner. In 2014 Medair's emergency teams have worked in several states in various capacities, for example investigating a reported outbreak of meningitis in Kajo Keji, completing measles vaccination campaigns in Renk and Juba and providing case management and HHP in response to the cholera outbreak in Juba.

Medair has previously supported the primary health care needs of returnees in Renk County and since the onset of the crisis, has been able to provide health support to Wonthow (north of Renk at the border to Sudan) to meet the primary health care needs of people who fled from fighting in Malakal and Renk and are settling at the border. Given the current fluidity of population movements, Medair maintains the capacity to respond to new and evolving IDP situations and shifting locations in Renk County.

Medair currently has capacity to deploy 3-4 health emergency response teams (depending on the size of the intervention) in any location in the country in cooperation with the Health cluster and other partners. Medair has a warehouse with emergency stock and supplies in Juba which can be quickly mobilized to support its emergency health response in the country.

Medair's emergency response programme is co-funded by ECHO and the programme in Renk County is co-funded by OFDA. This CHF allocation will enable Medair to continue responding to emerging public health emergencies in any accessible area of the country throughout the second half of 2014 as well as continue with primary health care support to IDPs in Renk County or other locations.

## 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.

CHF funding will be used to contribute to the achievement of eight out of the thirteen identified cluster priority activities and respond to the current humanitarian crisis:

- 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
- Strengthen early warning surveillance and response system for outbreak-prone diseases
- Support immunizations via fixed and mobile health clinics targeting 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
- Support to minor rehabilitation and repairs of health facilities

<sup>1</sup> 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.

- HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

#### 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)

To improve access to quality lifesaving health services for vulnerable, emergency affected populations and to prevent and mitigate public health emergencies across South Sudan while supporting capacity building of local communities and the Ministry of Health in 2014. This objective links directly to Medair's project in the CRP.

#### 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).

Medair will maintain a health rapid emergency response team to assess and respond to acute health related emergencies in any of the 10 states, prioritizing the cluster geographical areas, and maintain a health team in Renk County to provide emergency health care for IDPs and other vulnerable populations.

Based on emergencies arising, Medair activities will include

- Coordination with the local county health department in rapid assessments as well as programme implementation
- Rapid health assessments in event of public health emergencies
- Mass vaccination campaigns in response to vaccine preventable outbreaks such as measles or meningitis
- Provision of emergency outpatient health services, including both preventive and curative care for vulnerable populations in Renk County and in other appropriate emergency interventions
- Establish routine EPI services in areas of mass displacement where feasible providing routine vaccinations to boys and girls, and tetanus to women of child bearing age and those adults with acute injuries
- Provision of reproductive health services including perinatal care, treatment or referral for gender based violence, and HIV mapping and referrals for vulnerable communities in Renk County and in other appropriate emergency interventions
- Case management of communicable disease and outbreaks such as kala azar
- Procurement and prepositioning of emergency drugs stocks and medical supplies in line with MoH guidelines
- Conduct trainings of health workers in EWAR, IDSR, IEHC, rational drug use, and correct diagnosis and treatment of malaria, diarrhoea and pneumonia
- Provision of community health education to promote behavior change through training and support to local community health promoters
- Coordination with health cluster and other stakeholders at local, state, and national level

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

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

Outcomes:

1. Increased access to quality lifesaving health services for people in acute emergency situations, including locations within the cluster priority hard to reach areas
2. Increased access to quality lifesaving health services for vulnerable communities within Renk County

Outputs:

- 1.1 People affected by emergencies are provided with quality preventive and curative emergency health services
- 1.2 Mitigation and response implemented for communicable diseases and outbreaks
- 2.1 Vulnerable communities, including IDPs in Renk County are provided with quality preventative and curative health services
- 2.2 Vulnerable communities, including IDPs in Renk County are provided with community health education

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)
			All targets stated represent the 13% CHF allocation towards the 6-month total targets
X	1.	# of outpatient consultations disaggregated by sex and age of consultations 5 years or older (men, women)	Men: 874 (= 13% a total of 6,720 planned to reach in 6 month), Women: 874
X	2.	# of <5 outpatient consultations (girls, boys)	780 (Girls: 390,Boys: 390)
X	3.	# of measles vaccinations given to under 5 in emergency or IDP communities (girls, boys)	520 (Girls: 260, Boys: 260)
X	4.	# of health workers trained in emergency preparedness and response	4 (Men: 2, Women: 2)
	5.	# of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	4 (Men: 2, Women: 2)
	6.	% of most common illnesses (diarrhea, pneumonia, malaria) and outbreak diseases treated in line with MoH	100%

**vi). Cross Cutting Issues**

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

**Gender**

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

**Environment**

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

**HIV/AIDS**

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

**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.

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

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

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

**viii) 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 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)<sup>2</sup>.

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

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

Medair will use representative sampling methods such as Lot Quality Assurance Sampling (LQAS) or cluster sampling methodologies to conduct household surveys for interventions at the discretion of the monitoring and evaluation officer and technical

<sup>2</sup> 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.

advisors. These methods have been successfully used in other programmes in South Sudan and will be utilized in the emergency response programme when appropriate.

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

**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 (Sept, 2013)	USD 285,347
CHF (Jan, 2014)	USD 700,000
ECHO (Feb, 2014)	USD 263, 974
<b>Pledges for the CRP project</b>	

**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/60439		Project title: Emergency preparedness and response to acute and protracted health related emergencies in South Sudan		Organisation: Medair
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	<i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i>	<i>What are the key indicators related to the achievement of Cluster Priority activities?</i>	<i>What are the sources of information on these indicators?</i>	
<b>CHF project Objective</b>	To improve access to quality essential lifesaving health services for vulnerable, emergency affected populations and to prevent and mitigate public health emergencies across South Sudan while supporting capacity building of local communities and the Ministry of Health in 2014	<ul style="list-style-type: none"> <li>• Crude mortality rate</li> <li>• Under 5 mortality rate</li> </ul>	<ul style="list-style-type: none"> <li>• National data sources</li> </ul>	<ul style="list-style-type: none"> <li>- Public health emergencies occur in South Sudan</li> <li>- Security is sufficiently in place to allow for an emergency response</li> <li>- MoH and government support to allow for activities to be carried out in South Sudan</li> </ul>
<b>Outcome 1</b>	Increased access to quality lifesaving health services for people in acute emergency situations, including locations within the cluster priority hard to reach areas	<ul style="list-style-type: none"> <li>• # of rapid onset health emergencies responded to within South Sudan</li> <li>• # of rapid onset health emergencies assessed within South Sudan</li> </ul>	<ul style="list-style-type: none"> <li>• Intervention reports – circulated following completion</li> </ul>	<ul style="list-style-type: none"> <li>- Security is maintained to allow for safe interventions</li> <li>- Communities are accessible</li> <li>- Logistical support is available to provide transport of staff and supplies</li> <li>- Drug suppliers have sufficient stock</li> </ul>
<b>Output 1.1</b>	People affected by emergencies are provided with quality preventive and curative emergency health services	<ul style="list-style-type: none"> <li>• # of outpatient consultations 5 years or older (men, women)</li> <li>• # of &lt;5 outpatient consultations (girls, boys)</li> <li>• # of measles vaccinations given to under 5 in emergency situation (girls, boys)</li> </ul>	<ul style="list-style-type: none"> <li>• Clinic registers</li> <li>• Monthly DHIS reports</li> <li>• Vaccination campaign tally sheets</li> </ul>	<ul style="list-style-type: none"> <li>- Vaccines are available from UNICEF or MoH in sufficient supply and timely manner</li> </ul>
<b>Activity 1.1.1</b>	Carry-out rapid health assessments in event of public health emergencies			
<b>Activity 1.1.2</b>	Carry-out mass vaccination campaigns in response to vaccine preventable outbreaks			
<b>Activity 1.1.3</b>	Provide emergency outpatient health services including both preventive and curative care			
<b>Output 1.2</b>	Mitigation and response implemented for communicable diseases and outbreaks	<ul style="list-style-type: none"> <li>• # of health workers trained in emergency preparedness and response</li> </ul>	<ul style="list-style-type: none"> <li>• Training attendance sheets</li> </ul>	<ul style="list-style-type: none"> <li>- Health workers/promoters are available in local communities</li> </ul>

LOGICAL FRAMEWORK			
CHF ref./CRP Code: SSD-14/ H/60439		Project title: Emergency preparedness and response to acute and protracted health related emergencies in South Sudan	
		Organisation: Medair	
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.2.1	Respond to disease outbreaks with case management programmes		
Activity 1.2.2	Provision of community health education to promote behavior change through training and support to local community health promoters		
Outcome 2	Increased access to quality life-saving health services for vulnerable communities within Renk County	<ul style="list-style-type: none"> <li>% of most common illnesses (diarrhea, pneumonia, malaria) and outbreak diseases treated in line with MoH or international standards</li> </ul>	<ul style="list-style-type: none"> <li>Clinic registers</li> <li>Clinic supervision reports</li> </ul>
Output 2.1	Vulnerable communities, including IDPs in Renk County are provided with quality preventative and curative health services	<ul style="list-style-type: none"> <li># of consultations 5 years or older (men, women)</li> <li># of &lt;5 consultations (girls, boys)</li> <li># of children provided with measles vaccination (girls, boys)</li> <li># of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR</li> </ul>	<ul style="list-style-type: none"> <li>Clinic registers</li> <li>Monthly DHIS reports</li> </ul>
Activity 2.1.1	Provide emergency outpatient health services including both preventive and curative care in IDP sites		
Activity 2.1.2	Provide basic health equipment and supplies according to the MoH Basic Package of Health Services for two emergency health facilities in IDP sites		
Activity 2.1.3	Conduct formal and on-the-job training for health care staff		
Output 2.2	Vulnerable communities, including IDPs in Renk County are provided with community health education	<ul style="list-style-type: none"> <li># of local community health promoters trained and supported</li> </ul>	<ul style="list-style-type: none"> <li>Training attendance sheets</li> </ul>
Activity 2.2.1	Provide community health education to promote behaviour change		
Activity 2.2.2	Train and support local community health promoters		

**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 Aug 2014 **Project end date:** 31 Jan 2015

Activities	Q2	Q3/2014			Q4/2014			Q1/2015			Q2/2015	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1.1.1 Carry-out rapid health assessments in event of public health emergencies			X	X	X	X	X	X				
Activity 1.1.2 Carry-out mass vaccination campaigns in response to vaccine preventable outbreaks			X	X	X	X	X	X				
Activity 1.1.3 Provide emergency outpatient health services including both preventive and curative care			X	X	X	X	X	X				
Activity 1.2.1 Respond to disease outbreaks with case management programmes			X	X	X	X	X	X				
Activity 1.2.2 Provision of community health education to promote behaviour change through training and support to local community health promoters			X	X	X	X	X	X				
Activity 2.1.1 Provide emergency outpatient health services including both preventive and curative care in IDP sites			X	X	X	X	X	X				
Activity 2.1.2 Provide basic health equipment and supplies according to the MoH Basic Package of Health Services for two emergency health facilities in IDP sites			X	X	X	X	X	X				
Activity 2.1.3 Provide formal and on-the-job training for health care staff			X	X	X	X	X	X				
Activity 2.2.1 Provide community health education to promote behaviour change			X	X	X	X	X	X				
Activity 2.2.2 Conduct trainings of health workers in Renk County			X	X	X	X	X	X				

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