

South Sudan 2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

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 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 proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

SECTION I:

CAP Cluster

HEALTH

CHF Cluster Priorities for 2012 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities

- Continuation of basic frontline services in high risk counties
- Increased emergency preparedness activities
- Continuation of support for agencies able to provide surge capacity

Cluster Geographic Activities

High risk/hotspot counties

Project details

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

Requesting Organization

COSV- COORDINAMENTO DELLE ORGANIZZAZIONI DI SERVIZIO VOLONTARIO

Project CAP Code

SSD/12/H46187

CAP Project Title

SUPPORT TO BASIC HEALTH SERVICES IN AYOD COUNTY

Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)

JONGLEI STATE, AYOD COUNTY, PHCC in Ayod Payam, outreaches in all the payams (100%)

Total Project Budget in South Sudan CAP

US\$ 900.000

Amount Requested from CHF

US\$ 200.000

Other Resources Secured

US\$ 0

Direct Beneficiaries

Women:	9000
Men:	7,216
Girls:	7,220
Boys	3,610

Total Indirect Beneficiaries

89,612

Catchment Population (if applicable)

139, 282

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

Project Duration (max. of 12 months, starting from allocation date)

Start Date (mm/dd/yy): 1st April 2012

End Date (mm/dd/yy): 31st March 2013

Address of Country Office

Project Focal Person
Ingrid Colanero
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e-mail country director: cosv.countryrjuba@gmail.com
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Address: Tong ping, new airport road, Juba

Address of HQ

e-mail desk officer : valeria.bacci@cosv.org

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Address: Via Soperga, 36 20127 Milan- Italy

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population¹

Ayod is one of the eleven counties in Jonglei State and has borders with five counties - Pigi, Duk, Uror, Nyirol and Fangak. The county has a population of 139,282 people.

An inter-agency assessment consisting of partners working within Ayod County initiated a follow up assessment in the IDPs camp, on 1st February 2012 in order to assess the humanitarian situation and recommend immediate interventions. It has established that the presence of IDPs currently in Ayod County is of 1439 individuals (257 HHs with a calculation of 1 HHs 5.6 members) from Uror County, Duk County and Kuachdeng, Ayod County a part of displaced from Ayod payam as a consequence of the fire that burnt the Ayod market.

The overall population is destitute. So far, the most affected sector of the population has been constituted by women and children, many of them affected by malaria (from 221 patients in the month of January 2011 to 416 cases in the month of February 2012), respiratory diseases, Intestinal parasites, (from 28 in January 2011 to 147 in February 2011), traumas like skin and burns (from 26 in January 2011 to 103 in January 2011).

The insecurity that has prevailed in Jonglei State for months and exacerbates a chronic humanitarian emergency aggravated with chronic vulnerability. Possibility of Inter-communal fighting in Jonglei: strong possibility of additional violence throughout the state. RoSS has declared an "emergency" in Jonglei, which may grant additional powers to security forces.

According to the Ayod RRC, the payam camp currently (February 2012) accommodates approximately 4,134 displaced persons, originating from Duk, Akobo West, Atar & Uror County and from within the payam namely Ayod South (Kuachdeng and Pagak).

Furthermore, many isolated villages and the IDP camps are missing basic immunization services and ANC services.

The latest status of intertribal conflicts in the nearby counties, as Duk, has led to an increased number of incidents. The Health Services: The PHCC in Ayod – supported and entirely managed by COSV- is the only PHCC available in the payam and in the neighbour payams. It is composed by an OPD Department, a TB department, a KA department, a laboratory a maternity department and a temporary stabilization center for nutrition. The COSV program has been critical in the response to health emergencies during periods of insecurity as well as in the daily provision of health services to the vulnerable population of the county also through timely mobile outreaches and in the mitigation of KA between the 2010 and 2011 (In 2011, Ayod KA screened and treated 876 KA)

The instability resulted after the latest intertribal conflicts and in the light of a possible upcoming of a new rebel group will further destabilize the population and displace higher number of people which can be carrier of new diseases, as measles, meningitis and cholera that will need a specific preparedness to enable a prompt response.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

COSV supports the existing PHCC of Ayod through the provision of basic health services to the Ayod county with ECHO (till March 2012), CHF and WHO funds (now ended). Through the present proposal, COSV aims to maintain the existing safety net by providing basic health packages and emergency referral services to the population of the Ayod county and to respond to health related emergencies including control of the spread of communicable diseases.

So far there are no secured funds for this program, despite a possible new grant from ECHO from April 2012; WHO will soon fund a small KA and a TB project, within this program and IOM and UNICEF will probably cover few activities. COSV will also renew PCAs with UNFPA for the provision of RH kits and with the WHO for KA drugs, UNDP for TB drugs and with the MoH for a wide range of drugs.

COSV focuses on establishing an emergency preparedness & integrated disease surveillance practice which shall be instrumental with the State ministry of health structure in strengthening the capacity and in composition of the County rapid response team in their coverage area to improve the timely management of emergency. These early warning surveillance and response in emergencies & preparedness efforts are geared towards prepositioning kits for the response of cholera, acute watery diarrheas, clinical management of rape survivors; post exposure prophylaxis to staff; control of epidemic meningococcal disease; Treatment of tetanus and managing pertussis outbreaks during humanitarian Emergencies.

This will be done through the enhancement of the skills and competences of the local and expats staff on how to respond to emergencies and outbreaks and how to treat patients on specific diseases for men and women. The emergency preparedness will be focused on a possible new outbreak of Kala Azar and Malaria, which is lately on the rise.

Furthermore the staff will be trained on the preparedness on a possible outbreak of Measles – possibly brought by the recent arrival of IDPs - and cholera and on how to face obstetric emergencies.

COSV will ensure a timely prepositioning of drugs and it will ensure bi weekly outreaches in the payams of the Ayod county during the dry season and whether roads accessible, during the rainy season, conducting immunization activities for the U5 and PLW, screening and treatment for Malaria and TB, treatment of most common diseases and ANC visits and safe TB sample collection for analysis at our PHCC.

To control the spread of communicable diseases, COSV will conduct awareness campaigns during the outreaches and in the Ayod town, through the screening of a video on good practices in health, hygiene and sanitation, realized by COSV in the 2011; through the involvement of the local Authorities in health committees and school committees, COSV will ensure the good maintenance of provided washing points and will promote the adoption of Hygienic habits and the referral to the PHCC; COSV will also undertake awareness campaigns with the community leaders to sensitize to STI and HIV.

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.

C. Project Description (For CHF Component only)

i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

The support to the Ayod Phcc constitutes a support to the entire county of Ayod and in moments of insecurity, also for the IDPS coming from the nearby counties as a result of the latest intertribal conflicts in Duk and Uror, it serves the most vulnerable people. COSV, through the CHF funds will ensure a timely prepositioning of drugs obtained by the MoH, UNDP and WHO, as well as through a direct procurement to ensure a continuous flow of treatments without raptures in stocks.

The current project will be based on :

Maintaining and improving frontline Health Services prioritizing vulnerable and underserved populations. Through the support to the Ayod PHCC;

Strengthening the local capacity to respond, mitigate, prepare, and manage health services that include communicable diseases, outbreak control and seasonal emergencies;

strengthening the community based approaches and emergency referral services through mobile outreaches in the Ayod County Through mobile outreaches COSV will serve the otherwise underserved population of the nearby payams of the Ayod PHCC and will guarantee treatments and screening to the entire county.

The enhancement of the capacity of the staffs in response to emergency outbreak, timely prepositioning of drugs, reagents and apparatus to handle emergencies during outbreaks and enhanced outreach activities will ensure consolidation of health services provision and accelerate the activities including health education messages to a wider beneficiary net which includes IDPs and returnees and make future outbreaks of diseases manageable.

In this phase of its health program in Ayod, COSV will focus on the preparedness to outbreaks so far not registered but that can be easily found in the coming months as measles and cholera.

Furthermore, through this project, it will be possible to strengthen the ANC surveillance and the preparedness in obstetric emergencies in the Ayod town and in other payams in the county, through mobile outreaches.

CHF funds will be mainly used to:

Strengthen the emergency preparedness capacity of the local staff of the PHCC to respond to health emergencies and outbreaks; Increase the number of outreaches for EPI, ANC and check up on health conditions within the Ayod County to reach the most underserved and vulnerable people;

Increase awareness campaigns around the county on hygiene, good practices in health and STI/HIV.

ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

Gen Objective:

To contribute to improve the health conditions of the underserved population of Ayod county in emergency situations

Specific objective:

To support the continuity of existing health infrastructure by strengthening the preparedness and response capacity to emergency occurring in the Ayod County

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.

1. Procure, transport and deliver basic drugs, kits and reagents to treat TB, kala azar, malaria, syphilis, vaccines, to diagnose and treat measles, cholera and meningitis.(TB 45 patients, kala Azar 1,200, malaria 3,500, vaccines provide 6 antigens, **STI 1,500, 50 patients** > 5yrs treated for cholera and **105**<1yr >5rs treated for measles and meningitis)No of beneficiaries:
2. Conduct bi weekly outreach activities to support static and mobile EPI services to children and women in their reproductive age, provision of TT for WRA and ANC check up. No of beneficiaries: Ayod: **6000** Children under 1 year; **305** (1% of 6,100) Children under 5 years; **1,220** (5% of 6,100)
3. Enhancement of the skills and competences of the local and expats staff on how to respond to emergencies and outbreaks and how to treat patients on specific diseases for men and women. 45 local staff and 3 expats supervisors
4. Conduct Integrated Disease Surveillance Reporting (IDSR) addressing the EWARN system.
5. Conduct 6 Awareness campaigns to sensitize the population on hygiene, common transmittable disease, STI/HIV No of beneficiaries: **19,868**.
6. Support school and community health program on hygiene and sanitation through the involvement of important male clan members, Community Opinion leaders to carry out behavior changes to transform the poor and malpractices in water and sanitation through specific Male information programs No of beneficiaries:(**1,200 males in boys school and 900 female in the girls school**).

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

Gender:

COSV health programme pays special attention to women and children under 5, being the most vulnerable groups in terms of morbidity and mortality. EPI activities, nutrition program and education activities are specifically targeting them.

Beneficiaries of the action will also be IDPs and returnees.

Environment:

COSV will ensure that its programs have no direct or indirect negative environmental impact on the areas where we operate.

HIV/AIDS:

COSV, through the awareness campaigns, part of this project, will ensure that the universal procedures to prevent HIV and AIDS are respected and implemented, as well as that the staff is informed on how to prevent HIV/AIDS. Posters and leaflets will be distributed in the PHCC, and the distribution of male and female condoms will continue.

v) Expected Result/s

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

1. The Ayod PHCC capacity is strengthened to manage Health Emergencies and to provide wider range of health services to the entire Population of the Ayod County in terms of women, men and children, boys and girls
2. Strengthened the skills and the competences of the 100% of the local and expat staff of the PHCC of Ayod to respond to health emergencies
3. Strengthened the awareness level on STI, EPI immunization and communicable diseases of the Ayod County Population, in terms of women, WRA, men, and children, boys and girls

	Indicator	Target (indicate numbers or percentages)
1	Number of < 5 consultations in the MCH	4270
2	Percentage of Communicable disease outbreaks detected and responded to within 72 hours	100%
3	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	17
4	Number of births attended by skilled birth attendants	300
5	Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	49,670
6	Number of antenatal clients receiving IPT2 second dose	1,260
7	Number of Laboratory consultations	11,000
8	Number of children beneficiary of EPI and ACSI activities	1,500
9	Number of local staff whose capacity has been enhanced to offer quality health services.	30

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 activities planned will be implemented according to the draft work plan, and they will be monitored constantly through the presence of COSV staff in the field.

3 supervisors' expats will be assigned to the implementation of the project: one to the OPD, TB and Kala Azar department, one to the laboratory and one to the maternity department. Each one will be responsible for the weekly submission of reports to the office in Juba. In addition a health coordinator will have periodical missions to Ayod to ensure the proper running of the activities in line with the work plan and with the log frame.

The CHD will be responsible for the sustainability of the project and the monitoring of all the activities along with COSV.

Cosv will sign PCAs with Unicef for vaccines, with UNFPA for RH, mama kits, with WHO for Tb and KA drugs, to ensure the regular stock of drugs at the PHCC.

vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

The health coordinator will be a medical doctor expatriate who will bi-monthly operate a one week surveillance, monitor and evaluation of the running activities, suggesting new operation modalities, whether necessary, addressing crucial issues.

she/he will be directly responsible for supervising the data collection and for submitting the information to the office in Juba following to his visit to the field. The expats supervisor will submit weekly reports to the Juba office.

The local staff will be responsible for collecting data on patients admitted at the PHCC, as well as on the outreach activities. The health coordinator will make sure that the information are collected correctly and shared timely with the office in Juba, and with relevant stakeholders. Kala Azar staff of the PHCC is in charge of collecting data regularly, which will be used in the report to send to WHO weekly, along with the morbidity and mortality rate report.

A system of remote control is established, and it will be used to ensure the systematic transmission of data collected from Ayod to Juba. The country representative will operate periodical mission to the field in order to keep track of progress made in the implementation of the activities, and he/she will be responsible to identify and communicate to the donor any challenge encountered.

E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	Amount (USD)

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.

LOGFRAME			
CHF ref. Code: SSD/12/H46187	Project title: SUPPORT TO BASIC HEALTH SERVICES IN AYOD COUNTY	Organisation:COSV.....	
<p>Overall Objective: <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i></p> <ul style="list-style-type: none"> To contribute to improve the health conditions of the underserved population of Ayod county in emergency situations 	<p>Indicators of progress: <i>What are the key indicators related to the overall objective?</i></p> <ul style="list-style-type: none"> 4270 < 5 consultations in the MCH 100% of Communicable disease outbreaks detected and responded to within 72 hours 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Monthly report of <5 MCH morbidity mortality Weekly and monthly epidemiological report 	
<p>Specific Project Objective/s: <i>What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.</i></p> <ul style="list-style-type: none"> To support the continuity of existing health infrastructure by strengthening the preparedness and response capacity to emergency occurring in the Ayod County 	<p>Indicators of progress: <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i></p> <ul style="list-style-type: none"> 100% Communicable disease outbreaks detected and responded to within 72 hours 17 health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR 49670 direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits) 	<p>How indicators will be measured: <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i></p> <ul style="list-style-type: none"> Monthly Morbidity mortality report Weekly Case Identification report Training pre and post evaluation reports of staff competences Opd/outreaches drug register 	<p>Assumptions & risks: <i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i></p> <ul style="list-style-type: none"> Intertribal conflicts affect the area of intervention General insecurity due to possible rebels attacks Weather conditions will affect the accessibility of the roads
<p>Results - Outputs (tangible) and Outcomes (intangible):</p> <ul style="list-style-type: none"> Please provide the list of concrete DELIVERABLES - outputs/outcomes (<u>grouped in Workpackages</u>), leading to the specific objective/s: Result 1: The Ayod PHCC capacity is strengthened to manage Health Emergencies and to provide wider range of health services to the entire Population of the Ayod County in terms of women, men and children, boys and girls Result 2: Strengthened the skills and the competences of the 100% of the local and expat staff of the PHCC of Ayod to respond to health emergencies Result 3: Strengthened the awareness level on STI, EPI immunization and communicable diseases of the Ayod County Population, in terms of women, WRA, men, and children, boys and girls 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i></p> <p>Result 1:</p> <ul style="list-style-type: none"> 4270 < 5 consultations in the MCH 100% Communicable disease outbreaks detected and responded to within 72 hours 300 births attended by skilled birth attendants 11000 Laboratory consultations 1260 antenatal clients receiving IPT2 second dose 49670 Direct beneficiaries from 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Monthly report of <5 MCH morbidity mortality Weekly and monthly epidemiological report Maternity report Laboratory register records Opd/outreaches drug register Training pre and post evaluation reports of staff competences EPI monthly reports 	<p>Assumptions & risks: <i>What external factors and conditions must be realized to obtain the expected outcomes and results on schedule?</i></p> <ul style="list-style-type: none"> Intertribal conflicts don't affect the area of intervention No General insecurity due to possible rebels attacks Weather conditions don't affect the accessibility of

	<p>emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits Result 2:</p> <ul style="list-style-type: none"> • 17 health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR • 30 local staff whose capacity has been enhanced to offer quality health services <p>Result 3</p> <ul style="list-style-type: none"> • 1260 IPT2 second dose • 1500 children beneficiary of EPI and ACSI activities • 4270 <5 consultations in the MCH 		<p>the roads</p> <ul style="list-style-type: none"> • the local authorities collaborate with the NGO • good collaboration with other Agencies in the area.
<p>Activities: What are the key activities to be carried out (grouped in Workpackages) and in what sequence in order to produce the expected results?</p> <p>1.1 Procure, transport and deliver basic drugs, kits and reagents to treat TB, kala azar, malaria, syphilis, vaccines, to diagnose and treat measles, cholera and meningitis.</p> <p>1.2 Conduct bi weekly outreach activities to support static and mobile EPI services to children and women in their reproductive age, provision of TT for WRA and ANC check up.</p> <p>1.3 Conduct Integrated Disease Surveillance Reporting (IDSR) addressing the EWARN system.</p> <p>2.1 Enhancement of the skills and competences of the local and expats staff on how to respond to emergencies and outbreaks and how to treat patients on specific diseases for men and women.</p> <p>Sub activity</p> <p>2.1.1. Training on emergency preparedness for OPD, KA and TB department (4 trainings)</p> <p>Sub activity</p> <p>2.1.2 Training on ANC and obstetric emergencies for TBAs and MCHW (4 trainings)</p> <p>Sub activity</p> <p>2.1.3 Training on laboratory diagnose (3 trainings)</p> <p>3.1 Conduct 6 Awareness campaigns to sensitize the population on hygiene, common transmittable disease, STI/HIV</p> <p>3.2 Support school and community health program on hygiene and sanitation through the involvement of important male clan members, Community Opinion leaders to carry out behavior changes to transform the poor and malpractices in water and sanitation through specific Male information programs</p>	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <ul style="list-style-type: none"> • Drugs • Staff • Vehicle • PHCC Equipments • IEC materials (posters, exc) • Video • General equipments • stationary 		<p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> • Local Authorities acceptance of intervention • Security in the area • Political and social stability

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.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Result 1 The Ayod PHCC capacity is strengthened to manage Health Emergencies and to provide wider range of health services to the entire Population of the Ayod County in terms of women, men and children, boys and girls																
Activity 1.1 Procure, transport and deliver basic drugs, kits and reagents to treat TB, kala azar, malaria, syphilis, vaccines, to diagnose and treat measles, cholera and meningitis.				x	x	x	x	x	x	x	x	x	x	x		
Activity 1.2 Conduct bi weekly outreach activities to support static and mobile EPI services to children and women in their reproductive age, provision of TT for WRA and ANC check up				x	x	x						x		x	x	
Activity 1.3 Conduct Integrated Disease Surveillance Reporting (IDSR) addressing the EWARN system				x	x	x	x	x	x	x	x	x	x	x	x	
Result 2 Strengthened the skills and the competences of the 100% of the local and expat staff of the PHCC of Ayod to respond to health emergencies																
Activity (2.1) Enhancement of the skills and competences of the local and expats staff on how to respond to emergencies and outbreaks and how to treat patients on specific diseases for men and women.				x	x		x	x		x	x			x		
Sub activity 2.1.1. Training on emergency preparedness for OPD, KA and TB department				x			x			x				x		
Sub activity 2.1.2 Training on ANC and obstetric emergencies for TBAs and MCHW					x			x			x			x		
Sub activity 2.1.3 Training on laboratory diagnose					x					x				x		
Result 3 Strengthened the awareness level on STI, EPI immunization and communicable diseases of the Ayod County Population, in terms of women, WRA, men, and children, boys and girls																
Activity (3.1) Conduct 6 Awareness campaigns to sensitize the population on hygiene, common transmittable disease, STI/HIV				x	x		x							x	x	x
Activity (3.2) Support school and community health program on hygiene and sanitation through the involvement of important male clan members, Community Opinion leaders to carry out behavior changes to transform the poor and malpractices in water and sanitation through specific Male information programs				x		x		x		x		x		x		

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