

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
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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	Cluster Geographic Activities
<ul style="list-style-type: none"> ➤ Continuation of basic frontline services in high risk counties ➤ Increased emergency preparedness activities ➤ Continuation of support for agencies able to provide surge capacity 	High risk/hotspot counties

Project details

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

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)
Save the Children in South Sudan	Upper Nile State (Maban and Longechuk counties) 100%
Project CAP Code	
SSD-12/H/47047	
CAP Project Title	
Basic Service Provision for Health and Emergency Preparedness and Response	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Amount Requested Secured
US\$ 8,116,647	US\$ 450,000	US\$282,455

Direct Beneficiaries :185000	Total Indirect Beneficiary :
Women: 45176	332,530
Men: 47138	Catchment Population (if applicable)
Girls: 43624	
Boys 49062	

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)
Servant's Heart : 147 584	Start Date (mm/dd/yy): 03/17/12
MRDO: 90,720	End Date (mm/dd/yy): 03/16/13

Address of Country Office	Address of HQ
Project Focal Person : Anna Stein	e-mail desk officer: N/A
Email & Tel: astein@savethechildren.org.sd , 0922 407 227	e-mail finance officer: N/A
e-mail country director: myoung@savethechildren.org.sd	
(Director of Programme Development and Advocacy)	
e-mail finance officer: zalemeyehu@savethechildren.org.sd	Address: N/A
Address:	
Save the Children in South Sudan	
Hai Malakal	
PO Box 170, Juba, South Sudan	

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

South Sudan achieved its long-awaited independence in July 2011, after almost two decades of civil war. However, the new country faces significant challenges, not least in providing health services to its citizens. The health status of vulnerable populations, and in particular of women and children, continues to be precarious. Maternal mortality rates are amongst the highest in the world, at 2,054 deaths per 100,000.² The child mortality rate is equally alarming, at 135 children under five dying per 1,000.³ Deeply entrenched gender inequalities mean that a young woman is three times more likely to die in pregnancy or childbirth than she is to reach the 8th Grade.⁴

Inter-communal conflict and natural disasters, and the subsequent displacement, both increase the risk of an outbreak of communicable disease, and reduce the ability of the Ministry of Health to respond to health needs. Displaced populations suffer from interruptions in health service delivery, and struggle to access vital maternal, newborn and child health (MNCH) services. As a result, these populations are often at increased risk of morbidity and mortality.

In Upper Nile State, 2011 saw the conflict-related displacement 12,185 individuals and the arrival of 57,433 returnees from the north. These populations continue to be in grave need of medical care, and recent inter-communal tension, coupled with the expiry of the amnesty for Southern Sudanese living in the North increase the likelihood that these populations will grow in 2012. In addition to the stress placed on already-scarce health services by large displaced populations, Upper Nile's Longechuk County suffers from an annual Kala-Azar outbreak which, if left untreated, has a 95% fatality rate.

These poor indicators are compounded by a lack of adequate health facilities, and of trained health workers to staff them. Ministry of Health's capacity to address these complex needs is currently low and is further challenged by the complexity of operating in South Sudan, where logistics and communications are challenging, and populations are often in flux.

In order to address these complex issues, it is necessary to work with County Health Departments and local organizations, so as to build their ability to maintain existing health service delivery. Work is also required to ensure the availability of a buffer stock of emergency life-saving drugs, medical equipment and technical personnel.

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

Since 2005 Save the Children in South Sudan (SCiSS) has worked to increase access to quality primary health care, and to reduce the likelihood of outbreaks of disease by providing through support to over 58 health facilities in five states in South Sudan. In 2012, SCiSS will continue to support these clinics with the goal of improving access to the Basic Package of Health Services (BPHS) for target populations.

This proposal targets populations who have been displaced as a result of conflict or natural disasters, and those who have returned to South Sudan from their former homes in the North. SCiSS works in five states which account for 43% of all displaced individuals in South Sudan in 2011 (UN OCHA Oct 2011).

Upper Nile State has, in recent months, suffered from severe inter-communal violence. Through this funding SCiSS will support health facilities including drugs supply chain, EPI program, surveillance and disease outbreak responses. SCiSS will work very closely with CHD and other IPs within the counties to increase access to life saving health care through capacity building of health service providers and CHD. Health and hygiene promotion activities will be carried out in collaboration with community members at the grass root level through training of village health committee (VHC). Kala-Azar disease treatment will be implemented in partnership with Servant's Heart in Longechuk county in County Chotbora PHCC. Health facilities and CHD staff will be trained on integrated diseases surveillance and response and HMIS/DHIS.

In 2011, SCiSS carried out more than 23,000 consultations within Upper Nile State, and intends to continue this service provision in the future. Moreover, between March-December 2011, SCiSS-supported health facility provided life-saving Kala-Azar treatment to 736 people, and will continue to do so throughout 2012.

Throughout 2011, SCiSS provided extensive health care support to conflict-affected populations throughout South Sudan, including to 16,000 people affected by violence in Mvolo County, Western Equatorial State, and in Jonglei State, where 76,438 (UN OCHA

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.

² Sudan Household Health Survey 2006

³ South Sudan Household Health Survey 2006

3. South Sudan HHS 2006/7. Available at: <http://www.bsf-South Sudan .org /sites/default/files/SHHS.pdf>.

4. UNESCO. Building a better future: Education for an independent South Sudan available at

<http://sites.google.com/site/southsudaneducationcluster/key-tools-and-resources>

October 2011) were displaced. As a result, SCiSS is extremely well placed to provide the life-saving care that these populations require. By strengthening MoH systems, including the pharmaceutical supply chain; EPI programming; surveillance and disease outbreak response; supporting the health management information system (HMIS); and the provision of life-saving health services with a focus on MNCH delivery. SCiSS will support access to MNCH services by working through Village Health Committees to promote community support for women to access safe motherhood services, in recognition of the barriers that many women face when accessing healthcare.

SCiSS will work with local partners, County Health Departments (CHDs) and our own project staff to improve disease surveillance and response systems at the county level to be better able to prevent outbreak, early detection & reporting of communicable diseases, as well as responding to outbreaks in a timely fashion, by providing training on Integrated Disease Surveillance and Response (IDSR) reporting systems. By providing this crucial support, SCiSS will be well positioned to provide rapid and effective life-saving care to populations in need in the target areas.

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 purpose of this grant is to ensure that vulnerable populations, affected by conflict, displacement and natural disasters, are able to access high quality, life-saving medical care. This medical care will be provided according to the RoSS-established Basic Package of Health Services (BPHS), and will be provided in areas where medical interventions are extremely limited, or non-existent. This grant will also serve to support an increase in capacity for state duty bearers and local organizations who, in many areas, are responsible for providing front-line medical services. This will ensure sustainability of delivery, and will contribute to an overall improvement in South Sudan's health indicators.

ii) Objective

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

To strengthen the existing health system to continue the delivery of the Basic Package of Health Services (BPHS) with an emphasis on emergency outbreak preparedness and response services for women and children under five in Upper Nile State.

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.

Objective 1: To ensure access to primary health care services based on the Basic Package of Health and Nutrition Services in Upper Nile State (Maban and Longechuk counties)

- 1.1 Train 14 health service providers (2 CHD staff, 2 partner staff, 1 PHCC staff and 9 PHCU staff) on basic health care provision for men, women and children under five, and also on reproductive health in emergencies, including safe delivery practices and communicable diseases outbreak response.
- 1.2 Carry out health and hygiene promotion activities for 14800 people (80% of the total population) to prevent disease outbreak and increase health-seeking behaviour.

Objective 2: To build the capacity of local partners, CHD and SCiSS staff in communicable disease surveillance and response through trainings and provision of supplies for Integrated Disease Surveillance and Response (IDSR) in 2 counties where SCiSS supports health programming

- 2.1 Train 14 health service providers (9PHCU staff, 1 PHCC staff, 2CHD staff, and 2 partner staff) on Health Management Information System to ensure each county is feeding into the MoH DHIS/HMIS.
- 2.2 Train 14 health services providers (2 partner staff, 2CHD, 1PHCC and 9 PHCU) on Integrated Disease Surveillance and Response.

Objective 3: To provide targeted capacity building, supplies and support to local partners to maintain Kala- Azar disease surveillance and response in Chotburra and Longechuk County)

- 3.1 Train 14 health staff in Longechuk County on identification and case management of Kala-Azar.
- 3.2 Support local partner (Servant's hearts') to provide surveillance and case management of Kala-Azar in Longechuk County.
- 3.3 Train 10 Village Health Committees and community mobilizers of which 50% are women and 25% are children under 18 years to provide health education about Kala-Azar prevention, signs and symptoms, and referral networking for treatment.
- 3.4 Provide technical and material support to Chotbora PHCC at Longechuk County, such as stocks of essential supplies, including medical supplies (testing kits, pharmaceuticals, LLITNs, etc) for responding to Kala-Azar outbreaks.

iv). Cross Cutting Issues

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

Through its extensive experience of implementing health projects in South Sudan, SCiSS has learned the importance of identifying

and addressing the specific health needs of the target population. SCiSS strives to undertake an analysis of the target population's needs, including access to and demand for healthcare.

Women's access to healthcare is constrained by their limited decision-making power in many communities in South Sudan. In order to reduce incidences of maternal mortality, SCiSS will work to involve the entire community in normalizing women's health-seeking behavior. This will be done through involvement with Village Health Committees, and every effort will be made to ensure that they are representative of the community as a whole.

SCiSS also recognizes that conflict and displacement affect men and women differently, and will make every effort to adjust its healthcare provision on the basis of the evidence presented by analysis of patient caseloads. Whilst provision of MNCH services is a major focus of this project, SCiSS recognizes that it is important to include men in health service provision, both to improve the general standard of public health, and to increase the ability of women within a community to demonstrate health-seeking behavior.

Limited knowledge and understanding of methods of HIV prevention will be addressed by including communities in comprehensive health education programmes. These will include community, health facility, and school-based awareness-raising interventions, designed to target both men and women, and to increase the target population's awareness of HIV/AIDS.

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.

Outcome 1: SCiSS and partners health staff has demonstrated capacity to deliver uninterrupted BPHS and respond to emergencies.

1.1 14 health facility and CHD staff trained on reproductive health in emergencies, including safe delivery and communicable diseases outbreak response.

1.2 148000 persons reached through health and hygiene promotion education.

Outcome 2: Increased capacity of SCiSS, local partners, CHDs, and health facility staff in integrated diseases surveillance and response in all SCiSS-supported health facilities.

2.1 14 CHD, SCiSS and local partner staff trained on IDSR.

2.2 80% of health facilities submitting accurate and timely IDSR reports to MoH.

Outcome 3: Increased capacity of local implementing partners to manage Kala-Azar cases; including diagnoses, treatment and referral linkage in Longechuk County.

3.1 Technical and material support provided to Chotbora PHCC for Kala-Azar case management and outbreaks responses.

3.2 14 SCiSS, implementing partner and CHD staff in Longechuk County, Upper Nile state trained on Kala-Azar case management and community mobilization.

3.3 10 VHC members and community mobilizers of which 50% are women and 25% are children under 18 years old trained to provide health education about Kala-Azar prevention, signs and symptoms, and referral networks for treatment.

	Indicator	Target (indicate numbers or percentages)
1	Number of consultation in SCiSS supported health facilities. <5 years >5 years	Total : 92500 73075 (Female : 32800 ; Male :40275) 19425 (Female : 9872;Male :9553)
2	Percent of health facilities reporting accurate and timely IDSR report to MoH	80%
3	Number of Health facilities providing BPHS	10 (1 PHCC and 9 PHCU)
4	Number of health workers trained in IDSR/HMIS/ reproductive health in emergency and communicable disease	66
5	Number of people reached through health and hygiene promotion education	148000

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.

Implementation, Monitoring and reporting Plan

The project will be implemented in 2 counties in Upper Nile State, where SCiSS currently supports 10 health facilities. SCiSS works through 2 local partners (MRDO and Servant's Heart) to implement health programs in these states. For this project, SCiSS will sub-grant to two local partners. Servant's Heart will implement the Kala-Azar treatment and prevention component as well as manage PHC activities in 1 PHCC and 3 PHCUs to increase access to EPI outreach and communicable diseases prevention and management. MRDO will implement PHC activities in Maban county at 6 PHCUs to increase access to EPI outreach and communicable diseases prevention and management. MRDO and Servants Heart are local organizations that have partnered with SCiSS for more than seven years in preventive, promotive, curative and emergency health responses in Maban and Longechuk

counties in Upper Nile state.

The remaining activities will be implemented directly by SCiSS, as they involve building the capacity of existing local partners and CHDs to better manage drugs, other medical consumables and equipment, strengthen surveillance, and their ability to respond in emergencies. SCiSS partnered with Servant's Heart for Kala-Azar disease treatment and prevention activities. Servant's Heart in partnership with SCiSS in 2011 treated 736 Kala-Azar cases in Chotbora PHCC in Longechuk county. SCiSS will continue Kala-Azar disease management and prevention in Chotbora PHCC in partnership with Servant's Heart.

vii) Monitoring Plan

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

The project will be overseen by the Health Programme Manager for Upper Nile State. Activities will be supervised by the Assistant Health Project Manager and Health Training Officers. The salaries of all national health staff, with the exception of the Medical Logistician and Assistant Health Project Manager, are covered under another complimentary grant. Overall technical support will be provided by the Health Technical Advisor.

SCiSS utilizes the MoH health information system to report health facility data on a monthly basis, and weekly basis for IDSR. A database has been developed which captures this information, allowing efficient project monitoring, and information sharing with stakeholders, MoH, and donors.

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)
CORE Polio Project October 2011- September 2013	282,255 (year 1)

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/H/47047	Project title: Basic Service Provision for Health and Emergency Preparedness and Response		Organisation: <u>SCiSS</u>
Overall Objective: <i>To strengthen the existing health system to continue the delivery of the Basic Package of Health Services (BPHS) with an emphasis on emergency outbreak preparedness and response services for women and children under five in Upper Nile state.</i>			
Specific Project Objectives: Objective 1: To ensure access to primary health care services based on the Basic Package of Health and Nutrition Services in Upper Nile State (Maban and Longechuk counties)	<ul style="list-style-type: none"> Indicators of progress: Number of functioning health facilities (7 days a week /24 hours a day). Number of OPD consultation 	<ul style="list-style-type: none"> How indicators will be measured: Health facilities registers Supportive supervision visit report 	<ul style="list-style-type: none"> Assumptions & risks: Drugs can be procured and delivered to facilities in time. Facilities remain accesible
Objective 2: To build the capacity of local partners, CHD and SCiSS staff in communicable disease surveillance and response through trainings and provision of supplies for Integrated Disease Surveillance and Response (IDSR) in 2 counties where SCiSS supports health programming	<ul style="list-style-type: none"> 80% of health facilities submitting accurate and timely IDSR reports to MoH. Number of people trained on IDSR 	<ul style="list-style-type: none"> WHO/MoH weekly IDSR bulletin. SCiSS S report supervision Trainig report Health facilites registers and reports 	<ul style="list-style-type: none"> WHO/MoH have regularly verify reports of disease outbreaks
Objective 3: To provide targeted capacity building, supplies and support to local partners to maintain Kala- Azar disease surveillance and response in Chotburra, Longechuk County	<ul style="list-style-type: none"> Number of Kala-Azar cases received appropriate treatment 	<ul style="list-style-type: none"> Health facilities record and report Supportive supervision report 	<ul style="list-style-type: none"> No stock out of Kala-Azar drugs . Committed and competent staff in place

<p>Results - Outputs (tangible) and Outcomes (intangible): Result 1.1 : SCiSS and partners health staff has demonstrated capacity to deliver uninterrupted BPHS and respond to emergencies</p>	<p>Indicators of progress:</p> <ul style="list-style-type: none"> • Number of health facilities with no stock outs of essential drugs and medical supplies. • Number of functioning health facilities (7 days a week /24 hours a day). • Number of health services providers trained on emergency reproductive health and basic health care of under five children. • Number of people reached through health and hygiene education. • Number of OPD consultations 	<p>How indicators will be measured:</p> <ul style="list-style-type: none"> • Health facility registers • Supervision report • Monthly health facility report • Community based health intervention report 	<p>Assumptions & risks:</p> <ul style="list-style-type: none"> • No drugs stock out • Facilities remain accessible
<p>Result 2.1: Increased capacity of SCiSS, local partners, CHDs, and health facility staff in integrated diseases surveillance and response in all SCiSS-supported health facilities.</p>	<ul style="list-style-type: none"> • Percent of health facilities reporting accurate and timely IDSR report to MoH 	<ul style="list-style-type: none"> • Health facilities report • Supervision report • WHO/MOH bulletin 	<ul style="list-style-type: none"> • Health facilities remain accessible
<p>Result 3.1: Increased capacity of local implementing partners to manage Kala-Azar cases; including diagnoses, treatment and referral linkage in Longechuk County.</p>	<ul style="list-style-type: none"> • Number of Kala-Azar cases managed appropriately • Number of services providers trained on Kala-Azar diseases management 	<ul style="list-style-type: none"> • Facility record and report • supervision report 	<ul style="list-style-type: none"> • No Kala-Azar drug stock out <p>Trained staff in place</p>
<p>Activities: 1.1 Train SCiSS, CHD and implementing partner's health team at PHCC and PHCU level on reproductive health in emergencies, including safe delivery and basic health care for men, women and children under five. (14 health services providers will be trained)</p>	<p>Inputs:</p> <ul style="list-style-type: none"> • Training budget • Trainer • Clean delivery kit • Drugs 	<p>Means of verification :</p> <ul style="list-style-type: none"> • Training report • Way bills 	<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Willingness of service providers to attend training • Availability of drugs (no stock out)
<p>1.2 Health and hygiene promotion to prevent diseases out break and increase health seeking behavior through continued health awareness rising (148000 persons will be reached).</p>	<ul style="list-style-type: none"> • IEC /BCC materials • Trained VHC 	<ul style="list-style-type: none"> • Type and number of IEC/BCC materials distributed 	<ul style="list-style-type: none"> • Commitment of VHC • Availability of culturally appropriate IEC/BCC materials

<p>2.1 Train local implementing partner, CHD, and SCiSS staff on Health Management Information System to ensure each county is feeding into the MoH DHIS/HMIS.</p>	<ul style="list-style-type: none"> • Training materials • Training budget • Trainer <p>HMIS format , registers</p>	<ul style="list-style-type: none"> • Training report • HMIS/Registers distribution list 	<ul style="list-style-type: none"> • Commitment of staff to attend training. • Availability of harmonized recording and reporting format
<p>2.2 Train SCiSS, CHD and implementing partner health staff on Integrated Disease Surveillance and Response.</p>	<ul style="list-style-type: none"> • Training materials • Training budget • Trainer 	<ul style="list-style-type: none"> • <i>Training report</i> • <i>Surveillance report</i> 	<ul style="list-style-type: none"> • Health facility remain accessible
<p>3.1 Training of health staff in Longechuk County on identification and case management of Kala – Azar</p>	<ul style="list-style-type: none"> • Training budget • Training materials • Drugs and laboratory reagents • Trainer 	<ul style="list-style-type: none"> • <i>Training report</i> 	<ul style="list-style-type: none"> • Availability of competent provider
<p>3.2 Regular support to local partner to strengthen surveillance and case management of Kala -Azar in Longechuk County</p>	<ul style="list-style-type: none"> • Transportation • Supervision check list • Trained personnel • Facilities 	<ul style="list-style-type: none"> • <i>Supervision report</i> • <i>Facility monthly report</i> 	<ul style="list-style-type: none"> • Facility remain accessible
<p>3.3 Training of Village Health Committees and community mobilizers (including men, women, girls and boys) to provide health education about Kala -Azar prevention, signs and symptoms, and referral networking for treatment</p>	<ul style="list-style-type: none"> • Training budget • Training materials • Trainer • Facilities 	<ul style="list-style-type: none"> • <i>Training report</i> • <i>Participants time sheet</i> 	<ul style="list-style-type: none"> • Willingness of VHC to attend the training and conduct community mobilization
<p>3.4 Technical and material support such as stocks of essential supplies including medical supplies (testing kits, pharmaceuticals, LLITNs, etc) for responding to Kala- Azar outbreak.</p>	<ul style="list-style-type: none"> • Drugs • Technical competent personnel • LLITNs • Testing kits 	<ul style="list-style-type: none"> • <i>Way bill</i> • <i>Distribution list</i> • <i>Technical support supervision report</i> 	<ul style="list-style-type: none"> • No drug stock out • Facilities remain accessible

PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The work plan 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. SCiSS and partners health staff has demonstrated capacity to deliver uninterrupted BPHS and respond to emergencies															
Activity (1.1): Train SCiSS, CHD and implementing partner's health team at PHCC and PHCU level on reproductive health in emergencies, including safe delivery and basic health care for men, women and children under five. (14 health services providers will be trained)					X	X									
Activity (1.2): Health and hygiene promotion to prevent diseases out break and increase health seeking behavior through continued health awareness rising (148000 persons will be reached).			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.3): Regular health services provision at all SCiSS supported facilities			X	X	X	X	X	X	X	X	X	X	X	X	X
Result 2. Increased capacity of SCiSS, local partners, CHDs, and health facility staff in integrated diseases surveillance and response in all SCiSS-supported health facilities.															
Activity (2.1): Train local implementing partner, CHD, and SCiSS staff on Health Management Information System to ensure each county is feeding into the MoH DHIS/HMIS (14 service provider will be trained).							X	X							
Activity (2.2): Train SCiSS, CHD and implementing partner health staff on Integrated Disease Surveillance and Response. (14 service provider will be trained).					X										
Result 3. Increased capacity of local implementing partners to manage Kala-Azar cases; including diagnoses, treatment and referral linkage in Longechuk County.															
Activity (3.1): Training of health staff in Longechuk County on identification and case management of Kala -Azar (14 persons will be trained).						X									
Activity (3.2): Regular support to local partner to strengthen surveillance and case management of Kala -Azar in Longechuk County			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (3.3): Training of Village Health Committees and community mobilizers (including men, women, girls and boys) to provide health education about Kala -Azar prevention, signs and symptoms, and referral networking for treatment. (10 VHC members will be trained)				X											
Activity (3.4): Technical and material support such as stocks of essential supplies including medical supplies (testing kits, pharmaceuticals, LLITNs, etc) for responding to Kala- Azar outbreak			X	X	X	X	X	X	X	X	X	X	X	X	X

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