

2012 Common Humanitarian Fund for South Sudan

CHF Reserve Application Template

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat CHFsouthsudan@un.org

Note:

This application shall be submitted to the sector lead for the relevant sector with copy to the CHF Technical Unit.

If the request is approved a CHF allocation matrix shall be submitted to register the allocation in the CHF Database. If the project is not already in the Work Plan a project sheet must also be prepared and submitted, after which the project will be included.

CHF ER No.	
Date Received:	
WP Project	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Focal point:	

To be filled in by the CHF Technical Unit

CHF Reserve Grant Request Summary

Requesting Organisation:	THE HEALTH SUPPORT ORGANISATION (THESO)
Project Title:	Maintaining existing provision of Basic Package of Health Services controlling communicable diseases and strengthening Emergency response capacity of Counties Health Department in Unity, Warrap Upper Nile, Jonglei and Eastern Equatoria States.
CAP Project Code (if CAP project):	SSD-12/H/46391
CAP Sector/Cluster:	HEALTH
Geographic areas of implementation (list states):	Guit County – Unity State Gogrial East County – Warrap State
Total project budget:	US\$ 2,586, 964
Amount requested from CHF Reserve:	US \$ 397, 211
Total number of beneficiaries targeted by the Emergency Reserve grant request (disaggregated by sex/age):	Total: 48, 306 Men: 23, 697 Women: 24, 609
Implementing partners (include those that will benefit from CHF funding):	County Health Departments
Project Contact Details (Provide names, phone numbers, and emails of head of your organization, and the project focal person)	Executive Director: Dr. Okello Jeff Franz Moses Mobile Number: +211 955 065 096 Email Addresses: director@thesoworld.org / franznay@gmail.com Programme Director: Dr. Zeresenay Kusmu Habitamaria Mobile Number: +211 955 746 169 Email Address: programme@thesoworld.org

A. Humanitarian Context (Context Analysis)

- In approximately 1,000 words briefly describe the humanitarian situation in the specific region/area where CHF Reserve activities are planned for with reference to assessments and key data, including the number and type of the affected population¹
- Describe the humanitarian response plans/priorities and any gaps in the response and the reasons for the gaps (e.g. access, security, funding). Also explain relation to the work of other partners in the area.

The Health Support Organisation (THESO) is a legally registered National NGO in South Sudan that was formed in 2005, with the main aim of reaching the poorest and marginalized people who are desperately in need of health services. With government having limited capacity to provide health care services and no other humanitarian health partner in the areas THESO is the only health NGO providing basic package of health care services in these four counties of the three states of Unity, Warrap, and Eastern Equatoria which include; curative and preventive health care services, disease surveillance and emergency response, Maternal Child health care, EPI, Health systems guidance and Nutrition services. Health indicators in these areas are still not good with communicable diseases and epidemic diseases posing more threat than being contain as the situation is still fragile with high migration rate. Since the last quarter of 2010, there have been rebel activities in Unity and Jonglei states which affected Guit County in Unity state and Gogrial East County in Warrap State with internally displace persons camping in the County. Following the recent fighting in South Kodofan and Jau followed with the aerial bombardment of part of Pariang County, over 20,000 refugees flee to Yida payam of Pariang county with Samaritan Purse and Care International who were the main partners proving emergency health care pulled out of the County. Currently the average monthly OPD consultation per THESO operated PHCC is 1047 patients and the average monthly inpatient admission of 120 patients per PHCC. These current services are not yet meeting our aim of improving the health of the underserved people in these selected project areas above. Therefore there is also high need to scale up preventive and treatment services both through health facilities and community outreaches in these same communities to improve the health status of the population hence improvement in health indicators. With the formation of a new country (Republic of South Sudan) in July 2011, returnees from North, West Sudan and the Sudan's neighbouring countries have come back and also with humanitarian crisis in South Kodofan and Blue Nile state, there are overwhelming numbers of refugees in Paring county with limited health services targeting only refugees' camp and the consequences unsolved issues of the demarcation of North-South border regions in a near future. Therefore the first version of the proposed project is to put in place emergency health measures to cope with a high number of refugees, returnees and displaced people and host community affected by insecurity in Pariang County and continue provision of BPHS services to the marginalised communities of Guit Counties in UnityState, and Gogrial East County of Warrap State Excluding the facilities in the border Payams of Magwi county in Eastern Equatoria which is not a priority area of UN in 2012. A high number of people are already reported to have returned to the named counties, with 2612 in Guit County; 3099 in Pariang County; 405 in Gogrial East County; 606 in Magwi County in October 30th 2011 to January 31st 2012 (OCHA report).

B. Grant Request Justification

- In approximately 1,000 words describe why CHF Reserve funding is sought for this project, and why this particular activity is important. Explain why the activity is time critical and need rapid funding through the CHF Reserve.
- Please include information about the relationship to Work Plan indicators/priorities, as well as regional agreed priorities where possible.
- Confirm that agency internal reserves or other donor funds are not immediately available and/or appropriate to fund the proposed activities. Please provide information on which donors or what other funding sources have been approached.

THESO is currently supporting MoH by implementing Basic Package of Health Services in three counties of Guit -Unity State and Gogrial East-Warrap State ensuring provision of emergency health care, maintenance of existing safety net and management of communicable diseases. Guit and Gogrial East counties are marginalised and underserved areas and THESO is the only NGO supporting the implementation of basic package of health services and control of communicable diseases in the supported Counties/Payams. THESO is building capacity of the county health departments with main focus on health information management system, District health information system, and emergency health interventions. THESO is supporting the SMOH to assess and respond to any health emergency within the project locations promptly. There are over twenty thousand refugees, forty seven thousands (47 000) returnees in the target areas which are unstable and no other NGO supporting health care.

i) Justification For Accessing the CHF Reserve

Describe why this activity was not funded through the CHF standard allocation process, and what has changed since that process was

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.

completed to make this project emerge as a priority.

Guit and Gogrial East counties are marginalised and underserved areas and THESO is the only NGO supporting the implementation of basic package of health services and control of communicable diseases in the supported Counties/Payams. Since 2010, THESO has been the sole provider of health care services with skilled staff hired by the organisation to the targeted communities as the county health department does not yet have capacity to directly provide services to its masses and there is no other health NGO in the areas. In 2011, the organisation was only awarded 400,000\$ for the whole year and it was not enough for the whole year as since October 2011, THESO was in a serious financial crisis to continue provision of health care services delivery through the six PHCCs it was supporting last year. THESO is building capacity of the county health departments with main focus on health information management system, District health information system, and emergency health interventions. THESO is supporting the SMOH to assess and respond to any health emergency within the project locations promptly. There are over twenty thousand refugees (20,000), forty seven thousands (47 000) returnees in the target areas which are unstable and no other NGO supporting health care. THESO has been awarded 75, 000\$ by RRF (IOM/OFDA) to help bridge the funding the gap in February 2012 only as THESO has been appealing for funding for the months from October 2011 to March 2012. THESO has no other source of fund to support this project except the health pool fund to start in 2013.

C. Project Summary (*Description of CHF Reserve Component of the Project*)

In approximately 1,000 words briefly describe how CHF Emergency Reserve funding will be used to support core humanitarian activities.

THESO will use the CHF fund to provide emergency health services, continue providing basic package of health services to the refugees' returnees and host communities through health facilities and mobile clinics services. THESO is working closely in partnership with Ministry of Health centrally and at state level alongside the County Health Departments and health facility staff in order to plan, implement, and monitor various activities that will promote growth with the three expected results. Within this strategy, THESO will have a strong monitoring and evaluation (M&E) component that will focus on conducting supervisory visits to all facilities, tracking drug, Antenatal care (ANC), expanded programme on immunisation (EPI), Integrated Disease Surveillance Response (IDSR), and medical supplies, providing reporting and communications to key stakeholders, and supporting county health department and facility staff on improvements to facility and operations management.

i) Objective

The objective should be specific, measurable, achievable, relevant and time-bound.

The main objective is to provide emergency health services, maintain existing provision of Basic Package of Health Services controlling communicable diseases and strengthening Emergency response capacity of County Health Department in Unity and Warrap States.

ii) Cross Cutting Issues

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

THESO is helping MoH in reversing the high maternal and infant mortality rates through improving maternal child health services by skilled staff. HIV/AIDS and Gender Based Violence being part of reproductive health shall be managed at health facilities level. PMTCT and PEP services shall be provided at outpatient department level. Environmental health shall be promoted as an integral part of THESO water and environmental sanitation programme component to be implemented at both health facility and community level.

iii) Proposed Activities

List the main activities to be implemented with CHF Reserve funding. Exact location of the operation (provide map if relevant). Total number of direct beneficiaries as per the planned activities.

Description of activities

- Operate integrated curative care and preventive services 6 days a week in 4 health facilities (4 PHCCs, 2 PHCCs per county in Gogrial East and Guit) line with the Basic Package of Health Services with laboratory services in all the PHCCs and emergency referral services in place
- Ensure the provision and timely distribution of medicines, equipment and other essential supplies to all PHCCs.
- Conduct formal and on-job training every Friday for all health staff every community health workers and community volunteers on topics that aims to address key causes of poor health in communities (IMCI/IECHC, emergency preparedness and response, Reproductive Health, Malaria and TB Control, EPI, Neglected Tropical Diseases
- Conduct routine EPI services in all health facilities including EPI outreaches in hard to reach areas and EPI

defaulter tracing as well as supporting MOH vaccination campaigns and ensuring provision of vitamin A and de-worming tablets; children completing their post natal check up vaccination (DPT 3) doses will be awarded Long lasting Insecticides treated Nets (LLITN)

- Provide routine Anti Natal Care Services to pregnant mothers including Prevention of Mother to Child Transmission of HIV services at all health facilities; Conduct regular outreaches and support community TBAs and health workers in mobilization, sensitization, and encouraging women to attend clinics and deliver from health facilities.
- Provide 5days refresher trainings of health workers on Integrated Disease Surveillance and Response, District health information system, and have in place EWARN/emergency plans in conjunction with the SMOH and County Health Department in order to strengthen emergency response capacity of health staff; ensure the repositioning of EWARN supplies to all supported health facilities through WHO.
- Conduct weekly health promotion with locally available appropriate IEC materials in health facilities and in community addressing priority diseases including reorganization and referral for diarrhoea, malaria and ARIs, key health behaviours promoted including the use of LLITNs particularly among pregnant women and children under five, clean hand washing, breastfeeding and health seeking behaviour.
- Conduct quarterly diagnosis, treatment, and Prescription supervision in all health facilities in order to improve the quality of the service delivery and collect, collate, and analyze health management information system data monthly for ongoing monitoring of population health

iv) Expected Outcomes

Explain the results you expect to have at the end of the CHF grant period, and provide no more than three indicators you will use to measure the extent to which those results will have been achieved

Expected Deliverables Outcomes

1. Health Facility Operations for 4 PHCCs in line with Basic Package of Health Services: (2PHCCs per county in Gogrial East and Guit)

- a. Patients responded to at 4 Operational Health Facilities in the two Counties of two states
- b. Expanded Programme on immunisation (EPI) services at both health facilities and community outreaches-- provided to 2,083 under age 1: 4, 393 under age 5; and 2,319 women of child-bearing age
- c. DPT3 coverage increased to 80% in the project locations
- d. ANC services at health facilities – provided to 2472 women attend at least one visit
- e. Facility-based child birth services to families at all facilities –500 women provided with child birth services by Trained Health Worker
- f. Post-natal care services at facilities – 1307 women assisted
- g. 24 supervisory visits to health facilities conducted
- h. Drugs, equipments, and other essential supplies distributed in time

2. Training

- a. Provide training to 90 health workers for five days on delivery of high-impact health services
- b. Ensure refresher training of 30 health staff on rational drug use for five days
- c. Conduct refresher training of 30 health staff on IMCI and Essentials of public health in emergencies
- d. Train 30 health staff on Integrated Disease Surveillance Response (IDSR) and District health information system (DHIS) in conjunction with States SMoH, and County Health Department for five days
- e. Train four village health committees as village health teams on conducting sensitization and health education in the Payams of Niemni, Guit, Luanyaker, and Pathuon West.

3. Campaigns/Special Events

- a. 15,600 LLINs distributed through facilities and communities mass distributions in the four Payams of Niemni, Guit, Luanyaker, and Pathuon West.

	Indicator	Target
1	Number of health facilities providing Basic Package of Health Services 6 days a week	4
2	Number of measles vaccinations given to under five children in emergency situation	4, 393
3	Number of births attended by skilled birth attendants	3614
4	Number of health workers trained in MISP/Communicable diseases,/Outbreaks/IMCI/CMR	120
5	Number of communicable diseases outbreaks detected and responded to within 72 hours	All

v) Implementation Plan

Explain planned mechanisms for implementation. Specifically, report planned grants to implementing partners, including NGOs, government actors, etc., monitoring and evaluation plan/system, etc. Please indicate implementation timeline below.

Implementation mechanisms

THESO will continue to work in partnership with Ministry of Health centrally and at state level alongside the County Health Departments, community leaders, and health facility staff in order to plan, implements, and monitor various activities that will promote growth with the three expected results. Within this strategy, THESO will have a strong monitoring and evaluation (M&E) component that will focus on conducting supervisory visits to all facilities, tracking drug, EPI, ANC, and other medical supplies, providing reporting and communications to key stakeholders, and supporting facility staff on improvements to facility and operations management.

Strategy 1: Expanded access/availability of high impact services and practices

THESO will continue to provide support to improve access and availability to services and supplies at all facilities, through logistics, human resources, and training. THESO intends to continue and improve comprehensive PHC services with a priority given to EPI, ANC, safe delivery, PNC, and treatment of common illnesses including malaria, acute respiratory infections, and diarrhea, among others. This will be implemented through:

- Outpatient department and Inpatient department services provision
- collaborative monitoring of facilities with CHD and health care providers;
- outreach activities including EPI;
- growth monitoring;
- vitamin A supplementation;
- ANC including intermittent presumptive treatment (IPT), LLITN and Iron/folate; and
- Treatment of malaria, diarrhea and pneumonia.

THESO has integrated WASH, Nutrition, NTDs, and communicable services in all the PHCCs and communities within the implementation areas to provide specialized services including provision of safe water, leprosy and tuberculosis services, Nutrition and Expanded Programme on Immunization targeting all immunizable diseases.

Strategy 2: Increased County Health Department capacity to deliver and manage services

A major challenge to improving and allowing a sustainable healthcare system to continue is the capacity county health department and health facility staff to plan, delivers, and manage effective services. Through focused trainings and meetings involving all stakeholders, the lines of management, communication, and operations will be clearly defined and understood with CHD taking the lead role in coordination. While the CHD does not currently possess the needed staffing to directly implement all aspects of managing the local health care system, THESO will second some of its staff to provide technical assistant and build capacity of existing CHD staff. Key issues to be addressed will include strategic planning, contingency/emergency planning and response, diseases surveillance and reporting, stock management, human resources, reporting and record keeping, and quality service delivery.

Along with intensive dialogue focusing on the county management strategies, each facility needs to be adequately equipped and staffed according to the recent revised basic package of health service (BPHS) guidelines handed out by Republic of South Sudan Ministry of Health. Staff, depending on their roles, will undergo topical trainings intended to improve their ability to assess, treat, or refer patients as needed. Through supervisory visits, all facilities will be monitored with suggestions for improvement discussed.

THESO will engage communities to increase their participation in problem identification, planning, for both managing the facilities through the effective use of Village Health Teams (VHTs) and demand that their neighbours seek preventative, promotive, and curative services available through continued behaviour change communication (BCC) trainings and VHCs.

Strategy 3: Increased knowledge of and demand for services and healthy practices

To maximize services that are available, health workers need to not only act as healthcare providers, but also assist patients to increase their knowledge and adopt healthy lifestyle practices surrounding sanitation, hygiene, communicable diseases such as Tuberculosis, and HIV/AIDS. THESO Behaviour Change Intervention (BCI) strategy will be use to present key messages on approaches communities can take to avoid preventable illnesses. Along with a BCI strategy, health care staff and VHT members will be

responsible for mobilizing community members to start and maintain water points and maintain health facility structures through increased participation of women and youth. THESO deploys the services of seventy eight medical team across its operation area in the three states it is operating consisting of seventy two professional staff comprises of two (2) medical doctors, eight (8) clinical officers, eight (8) midwives, eight (8) nurses, eight (8) laboratory technicians, eight (8) pharmacist assistants, and they work closely with eighteen (18) Maternal Child Health Workers and eighteen (18) community health workers. All these are salaried staff of THESO as full time employees. THESO has been training some of county health departments staff and community health workers on EPI management, Integrated Management of Childhood Illness at community level, Integrated Disease Response and Surveillance so that they are able to identify diseases and do prompt reporting, danger signs and conduct referral of serious cases and also educate the lactating mothers. Continues medical education has been ongoing for the health staff every Friday evening updating them on the current medical issues as per WHO updates and any other updates from other sources.

Implementation Timeline	Start Date	End Date
Overall Project	June 23 rd 2010	Dec 31 st 2017
CHF Reserve supported activities	April 1 st 2012	Dec 31 st 2012

D. Secured funding

Please add details of secured funds for the project from other sources

Source/donor	Amount (USD)
RRF (IOM/OFDA)	75,000

SECTION III:

LOGFRAME			
CHF ref. Code: SSD-12/H/46391	Project title: Maintaining existing provision of Basic Package of Health Services controlling communicable diseases and strengthening Emergency response capacity of Counties Health Department in Unity, Warrap, Upper Nile, Jonglei, and Eastern Equatoria States.	Organisation: THESO	
Overall Objective: The main objective is to provide emergency health services, maintain existing provision of Basic Package of Health Services controlling communicable diseases and strengthening Emergency response capacity of County Health Department in Unity, and Warrap States.	Indicators of progress: <ul style="list-style-type: none"> 4 PHCCs functional 6 days a week in two counties of Gogrial East and Guit Counties providing BPHS services including emergency response 	How indicators will be measured: <ul style="list-style-type: none"> -Patient register books -Health Facility monthly report -THESO monthly reports -SmoH Reports 	
Specific Project Objective/s: Free quality and accessible basic package of health services provided to over 48, 306 population from the two counties of Gogrial East and Guit	Indicators of progress: <ul style="list-style-type: none"> -Health coverage increased from 50% to 70% as a result of CHF project in the target counties -80% of under five children with fever managed within 24hours of disease onset as a result of the CHF project -90% of DPT3 coverage achieved during the project period -Number of children immunised against Measles -60% of delivery conducted by skill health workers in the project catchment areas -Number of obstetric cases managed and or referred for further management 	How indicators will be measured: <ul style="list-style-type: none"> Patient register books -Health Facility monthly report -THESO monthly reports -SmoH Reports 	Assumptions & risks: D.O. to THESO Goal Budget allocation for provision of health services will be allotted in line with THESO targets Policies are adhered to and major stakeholders remain committed to health care reforms in Republic of South Sudan
Results 1: Emergency Health Services prioritising vulnerable populations including basic package of health services, routine & mobile immunisation services, and community based approaches, and emergency referral services provided	Indicators of progress: <ul style="list-style-type: none"> -number of patients clerked and treated -number of emergency cases managed -number of referrals made and managed at PHCC level -number of children immunized -number of children who have completed DPT3 -number of women of reproductive age immunized 	How indicators will be measured: <ul style="list-style-type: none"> -Patient register book -Health Facility monthly report -Immunization register book -ANC register book -Health Facility monthly report -THESO monthly reports -THESO final report 	Assumptions & risks: <ul style="list-style-type: none"> - Political will assurance -Financial assurance from donor -Prompt and efficient drugs and medical supplies -EPI vaccines and supplies are delivered in time -Accessibility of hard to reach areas during raining season
Result 2: Interventions contributing to reduction of child mortality and maternal mortality focusing on safe motherhood implemented	<ul style="list-style-type: none"> -number of mothers delivered by skill health workers -Number of safe livebirths -number of complicated pregnancy cases referred to hospitals for further management -Number of Women provided ANC services number of referral services conducted -number of referral followed up 	<ul style="list-style-type: none"> -ANC register book -Patient register book -Referral register book -Health Facility monthly report -Health Facility monthly report -THESO monthly reports 	<ul style="list-style-type: none"> -Delivery services improved and all PHCCs fully equipped to handle BEmNOC -Financial Assurance from donor -Road network improved making accessibility to hard to reach areas for easy referral

<p>Result 3: EWARN supplies to all supported health facilities prepositioned and communicable diseases and epidemic diseases controlled and managed</p>	<p>-number of PHCCs with EWARN supplies -Number outbreaks responded to within 72 hours -Number of health emergency managed Number of communicable diseases cases managed</p>	<p>-HMIS Reports -IDSR Reports -Health Facility monthly report -THESO monthly report -CHD monthly report -SMoH monthly report</p>	<p>-Emergency supplies in place -Guit and Gogrial East Counties road remains accessible -Financial assurance from donor</p>
<p>Activities:</p> <ul style="list-style-type: none"> Operate integrated curative care and preventive services 6 days a week in 4 health facilities (4 PHCCs) in line with the Basic Package of Health Services with laboratory services in all the PHCCs and emergency referral services in place Ensure the provision and timely distribution of medicines, equipment and other essential supplies. Conduct formal and on-job training for all health staff, community health workers and community volunteers on topics that aims to address key causes of poor health in communities (IMCI/IECHC, emergency preparedness and response, Reproductive Health, Malaria and TB Control, EPI, Neglected Tropical Diseases Conduct routine EPI services in all health facilities including EPI outreaches in hard to reach areas and EPI defaulter tracing as well as supporting MOH vaccination campaigns and ensuring provision of vitamin A and de-worming tablets; children completing their DPT 3 doses will be awarded LLITN Provide routine ANC Services to pregnant mothers including PMTCT services at all health facilities; Conduct regular outreaches and support community TBAs And health workers in mobilization, sensitization, and encouraging women to attend clinics and deliver from health facilities. Train health workers on Integrated Disease Surveillance and Response, District health information system, and have in place EWARN/emergency plans in conjunction with the SMOH and County Health Department in order to strengthen emergency response capacity of health staff; ensure the prepositioning of EWARN supplies to all supported health facilities through WHO. Conduct health promotion with locally available appropriate IEC materials in health facilities and in community addressing priority diseases including reorganization and referral for diarrhoea, malaria and ARIs, key health behaviours promoted including the use of LLITNs particularly among pregnant women and children under five, clean hand washing, breastfeeding and health seeking behaviour. Conduct quarterly diagnosis, treatment, and Prescription supervision in all health facilities in order to improve the quality of the service delivery and collect, collate, and analyze health management information system data monthly for ongoing monitoring of population health 	<p>Inputs:</p> <p>Personnel:</p> <ul style="list-style-type: none"> SMoH and CHD staff Community Health Workers THESO staff (M&E officer and medical staff at the PHCCs) <p>Material:</p> <ul style="list-style-type: none"> Drugs and medical equipments supplies MIS package Supplies EPI and cold chain supplies EWARN Supplies Training Tools and supplies Information, education and communication (IEC) materials for hygiene and health education <p>Monitoring:</p> <ul style="list-style-type: none"> Transport (fuel, car maintenance) Accommodation <p>Overhead:</p> <ul style="list-style-type: none"> Stationary Based Camp management and supplies Office rent Fuel for generator / electricity <p>Internet and airtime</p>	<p>-Patient register book Referral Register book -HMIS Reports -IDSR Reports ANC Register book -Immunisation Register book -Health Facility monthly report -THESO report -CHD report -SMoH report</p>	<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> Ownership and agreement of the community leaders on the project is guaranteed. Beneficiary communities cooperate with THESO on project activities. Finances are made available in time. Prices for materials and supplies remain stable. Political stability prevails. Road access to Guit and Gogrial East is possible.

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															
Activity 1.1 to 1.3															
Operate integrated curative care and preventive services 6 days a week in 4 health facilities (4 PHCCs) in line with the Basic Package of Health Services with laboratory services in all the PHCCs and emergency referral services in place				X	X	X	X	X	X	X	X	X			
• Ensure the provision and timely distribution of medicines, equipment and other essential supplies.															
• Conduct formal and on-job training for all health staff, community health workers and community volunteers on topics that aims to address key causes of poor health in communities (IMCI/IECHC, emergency preparedness and response, Reproductive Health, Malaria and TB Control, EPI, Neglected Tropical Diseases)				X	X	X	X	X	X	X	X	X			
• Conduct routine EPI services in all health facilities including EPI outreaches in hard to reach areas and EPI defaulter tracing as well as supporting MOH vaccination campaigns and ensuring provision of vitamin A and de-worming tablets; children completing their DPT 3 doses will be awarded LLITN				X	X	X	X	X	X	X	X	X			
Result 2															
Activity (2.1)															
Provide routine ANC Services to pregnant mothers including PMTCT services at all health facilities; Conduct regular outreaches and support community TBAs And health workers in mobilization, sensitization, and encouraging women to attend clinics and deliver from health facilities.				X	X	X	X	X	X	X	X	X			
Result 3															
Activity (3.1 to 3.3)															
-Provide 5days training of health workers on Integrated Disease Surveillance and Response, District health information system, and have in place EWARN/emergency plans in conjunction with the SMOH and County Health Department in order to strengthen emergency response capacity of health staff; ensure the prepositioning of EWARN supplies to all supported health facilities through WHO.				X	X	X	X	X	X	X	X	X			
-Conduct health promotion with locally available appropriate IEC materials in health facilities and in community addressing priority diseases including reorganization and referral for diarrhoea, malaria and ARIs, key health behaviours promoted including the use of LLITNs particularly among pregnant women and children under five, clean hand washing, breastfeeding and health seeking behaviour.															
• Conduct quarterly diagnosis, treatment, and Prescription supervision in all health facilities in order to improve the quality of the service delivery and collect, collate, and analyze health management information system data monthly for ongoing monitoring of population health						X			X			X			

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

CHF Reserve Grant Request Review Section – Internal

Reviewer		Justification/clarification/recommendations
Function/Title:	Central Sector Lead	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:	Regional Sector Lead	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:		
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:		
Name:		
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Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:		
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	