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| **South Sudan**Document: SS CHF.SA.01**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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.  |

**SECTION I:**

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| **CAP Cluster** |  |

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| **CHF Cluster Priorities for 2012 Second 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 Priorities**  |
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| **Project details**The sections from this point onwards are to be filled by the organization requesting for CHF. |
| **Requesting Organization Upper Nile Initiative and Development Organization (UNIDO South Sudan)** |  | **Project Location(s)** (list State, County and if possible Payam where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per state) |
|  |  | Unity State Mayendit County Payams1. Bhor Mayendit PHCC
2. Thaker Thaker PHCU
3. Luom Luom PHCU
4. Rupkuay Kuok PHCU
 |
| **Project CAP Code** |  |
| SSD-12/H/46388/R/14826 |  |
| **CAP Project Title** *(please write exact name as in the CAP)* |  |
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| **Total Project Budget in South Sudan CAP** |  | **Amount Requested from CHF**  | **Other Secured Funding**  |
| US$310,000 |  | US$ 79,000 | US$ |
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| **Direct Beneficiaries** *(scaled appropriately to CHF request )* |  | **Indirect Beneficiaries** *(scaled appropriately to the CHF)* |
| Women:  | 11,020  |  |  |
| Men: | 10,071  |  |
| Girls: | 11,022 |  | **Catchment Population (if applicable)** |
| Boys: | 10,174 |  |
| **Total:** | 42,287 |  |
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| **Implementing Partner/s** (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) |  | **CHF Project Duration** (max. of 12 months, starting date will be Allocation approval date) |
|  |  | Indicate number of months: 7 |
|  |  |  |
| **Address of Country Office** |  | **Address of HQ** |
| Project Focal Person  James Keah NinrewEmail & Tel:  +211955 008160 or/ +211 917 088006e-mail country director: **ed@unidosouthsudan.org****Kennedy Recha** e-mail finance officer: krecha3000@ yahoo.com Address: |  | e-mail desk officere-mail finance officerAddress: |

**SECTION II**

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| **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 population[[1]](#footnote-1)  |
| Mayendit county is one of the most affected county in Unity State by flooding, movement of community have been very much restricted, there are no vehicles travelling between Mayendit and Leer on to Bentiu , no commercial vehicles travel, UNIDO health workers in Mayendit have been reported many cases of diarrhea and snakes bites in which twelves people have reported to have been admitted in the PHCC and with challenges of lack of services two reported to have died as there is anti-venom medicines. UNIDO through ERF have been and continue supporting one (1)PHCC and three (3) PHCUs within the county of Mayendit. Therefore the aim of requesting this fund is to file the gap due to the health needs that are unmet in Mayendit .In Unity State, reports of flooding increased over the past two months. However, due to access constraints assessments have hard to undertake and was limited to few, with focus on community level interventions and flood monitoring. Accessible flood-affected areas in Unity State’s Mayendit and Leer counties were also assessed by inter-agency humanitarian teams during the month of August. Preliminary findings do not indicate any large humanitarian impacts of the flooding. Crops in several locations were damaged, and it is likely that if heavy rains continue there will be a negative impact on next year’s harvest. Full assessment findings by the assessment teams for Unity are due out shortly. It is however evident that going by past experiences there shall be greater impacts on health especially due to high costs of foodstuff which impact on general health and increased vulnerabilities’ to diseases.Due to flooding many patients are unable to reach to the main health facilities and UNIDO health teams have been affected by in accessible roads to undertake mobile clinics regularly. Many villages around of Mayendit are affected seriously and are unable to reach the main health facilities in Mayendit and therefore we proposed having a mobile health delivery will be a long lasting solution to reduced the high rate of morbidity and mortality in the county, which mostly affected mothers and children from zero to 7 years. |

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| **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 |
| This project will be filling the gap of the CHF (ERF) activities in Mayendit county covering Mayendit PHCC and Thaker, Luom and Kuok PHCUs and conducting mobile clinics activities.The state health infrastructure in Mayendit County is still in poor shape with many health facilities lacking permanent structures this has left meant the health facilities such Mayendit PHCC the only one providing laboratory tests to ailments and acts as a referral facility to the other PHCUs in Mayendit county . There is still need to equip Mayendit PHCC laboratory with adequate equipment to enable provision of key basic services to the community. In the recent months there has been lack of reagents for the laboratory which are not also being found in the SMOH drug pipeline which necessitates the need to procure the same using the funds requested. The state ministry of health is currently unable to employ and pay health workers their emoluments leaving NGOs to fill in the gap by paying incentives to staff and hiring technical personnel where their services are required. Of key importance here is the need to continue to provide key technical staff to the PHCC in Mayendit whom the SMOH does not provide as per the guidelines, that is the Clinical Officer, the Midwife and the Laboratory technician as well as continue supporting the other SMOH staff with incentive pay as they are not paid by SMOH in the backdrop of reduced budgets from the national government due to the Sudan and South Sudan oil saga that has led to closure of oil exports. This occurs in a backdrop of state that has seen displacements during the year of 74,180 people in Unity State with Mayendit county being among the areas affected. UNIDO has managed to use funds gotten from CHF (ERF) to employ one Clinical officer , Midwife and Laboratory technician for Mayendit PHCC but is unable to adequately staff the Mobile Clinic activity which requires an extra clinical officer, Midwife , Lab assistant and a Nurse that the initial budget could not cover. UNIDO wished to have hired two midwives using Round One funds but due to the hardship conditions the salary was unattractive thus leading to hiring only one. The Clinical officer hired was also to undertake the Mobile clinics as well as reach out to the other PHCUs for routine supervision, this has created a gap requiring the employment of a second staff to enable meet the objectives and targets in the first round proposal. Using the first round funds UNIDO has purchased motorcycle to enable these staff reach out to the population with health services as well enable the PHCC supervisor partake supervision activities on the PHCUs. UNIDO targets to ensure more mothers receive ante natal care by sending out mobile clinic services to the community in conjunction with the CHD through the midwifes operating on the Mobile clinic outreach services. These services are currently at Pulual, Rupchier bordering Leer County, Dhornyak near Pulual both villages have a high population UNIDO has programmed to undertake at least two mobile activities per week and hence the need for extra staff to enable achieve set targets.The road network is still poor and has worsened in the august rainy season with some areas being in accessible this hampers greatly provision of health services. UNIDO through the CHF funding has purchased motor cycles that would assist transporting health personnel to clients in emergency situations. However this are still challenged due to the muddy roads thus require the use of Four wheel drive vehicles. The County department lacks these and therefore there is need to finance the fueling and maintenance of NGO vehicles currently used. The recent outbreak of kalaazar that has affected the neighboring Koch county entails that it is vital to maintain emergency preparedness and a stronger epidemiological surveillance and rapid response system to curb and confine outbreaks in Mayendit county. UNIDO therefore plans to undertake routine immunization outreach in the payams where the four health facilities are situated through training and utilizing volunteer EPI vaccinators.UNIDO also has in collaboration with the CHD mobilized the community to form village health committees which require the support to the CHD in ensuring they participate fully in the health education and health facilities maintenance through educating them of their crucial role. |

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| **C. Project Description (For CHF Component only)** |
| **i) Purpose of the grant**Briefly describe how CHF funding will be used to support core cluster priorities |
| The funds derived shall be used on;* Payment of Health workers salaries recruited by UNIDO to fill the gap of technical expertise left out by the SMOH, these are one second clinical officer, Laboratory assistant, Midwife and Nurse assistant for Mayendit PHCC, Mobile Clinic services which will reduced the morbidity and mortality in the villages not able to reached Mayendit PHCC and other three PHCUs we already have one PHCC and PHCUs running throught ERF support, therefore during the approval of the ERF one of our support PHCUs were omttied and this has caused a huges gap
* Payment of incentives for EPI vaccinators on routine and outreach immunizations in from the health facilities and surrounding communities as a preventative measure knowing the population mobilities’ of these two counties
* Logistical support in the provision of Drugs from the SMOH Stores in Bentiu to the Health Facilities.
* Rehabilitation of Health facility Buildings
* Procuring medical supplies such as reagents not currently supplied by the SMOH and laboratory equipment specifically (a microscope, centrifuge and a weighing scale).
* Provide continuous training for the SMOH staff including capacity building of the CHD in supervision and reporting

To protect children against these preventable deadly diseases such as the kalaazaar, it is necessary to continue to strengthen routine vaccination activities utilizing both static and outreach sites, ensure uninterrupted supply of the vaccines and provide health education and maintenance of cold chain systems that will maintain the vaccine potency. To date, UNITY continued to receive high numbers of returnees from Sudan in the country many returnees have not been immunized against common diseases. UNIDO plans to respond to such crises as well as provide mobile clinics on a needs basis.  UNIDO has initiated village health committees (VHCs) in Mayendit PHCC and Thaker, Luom and Kouk PHCUs in conjunction with the CHD and shall do so for other facilities under her supervision. To increase participation in VHCs, members are to be elected by their community to promote community ownership and community members should be more involved in VHC activities, including campaigns and health promotion.  |
| **ii) Objective**State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART) |
| * To maintain existing health service delivery providing basic health packages through increased outreach and emergency referral services
* To strengthen the Four Health facilities ( Mayendit PHCC, Thaker, Luom and Kuok PHCUs ) staff capacity in emergency preparedness and trauma management
* To increase the capacity of the county health department in responding to health related emergencies, including control of the spread of communicable diseases, surveillance and reporting
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| **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.  |
| * Hire a second clinical cadre staff in Mayendit PHCC to serve on the mobile clinic and reach out to an estimated 10,000 beneficiaries located in Bhor and Pabuong Payams through mobile clinic services aimed at ensuring access to health facilities and greater care to expectant mothers receiving IPT 2 dose.
* UNIDO intention is to support outreach health services delivery (Mobile clinic services to reach unreached community as the goal is to provided health services to those in great needs of services even in the remote area of the county, in this regard we proposed to be carrying out a weekly mobile clinics services to Pulual,Dhornyak and Rupchier which will reduce the high attendance at Leer hospital
* Hire an extra laboratory assistant in Mayendit PHCC to serve an estimated 10,000 beneficiaries located in Bhor and Pabuong Payams
* Recruitment of a second skilled Midwife for Mayendit PHCC to operate on the mobile clinic centers at Pulual, Rupchier and Dhornyak and for outreach services to inaccessible areas and crisis affected populations.
* Recruitment of a qualified Nurse for Mayendit PHCC
* Purchase of medical supplies that enable the laboratory at Mayendit PHCC has adequate capacity to perform necessary tests on epidemics and equipment to ensure immediate response and reporting of emergencies.
* Conduct routine and outreach vaccination whereby the project will target to improve the coverage of all antigen to reach more than 80% of the under 5 children
* Continuous Monitoring population and health services data to detect emerging health problems that shall be reported to the state health clusters and the SMOH surveillance team.
* Involve the village health committees in pooling local resources to rehabilitate dilapidated health facilities and housing for health staff.
* Training of Village health committees on their roles in mobilising the community to undertake preventive health activities for under 5 and other vulnerable groups
* Refreshers training for EPI, CHWs on new protocols and ensure MOH guidelines are adhered to.
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| **iv). Cross Cutting Issues** Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS) |
| UNIDO programming strives to address the impact of gender on health care and related decision-making in all aspects service delivery and community outreach activities. Through work with Village Heath Committees and community members, UNIDO will continue to promote women's active participation in VHC leadership and management structures and work to ensure that women form half or more of the members in any VHC. Through community mobilization and dialogue efforts, UNIDO will also seek to work with men to increase male awareness of and involvement with women’s and children's health. Since the Mayendit PHCC is also having a CVT center the VHCs will be mobilized to increase awareness of the HIV risk and encourage community members to undertake VCT services that shall be integrated into the mobile clinic services.At the Mayendit PHCC, women seeking reproductive health (RH) services will be examined by female staff in a separate consultation room to increase their privacy.  |
| **v) Expected Result/s**Briefly describe (in no more than 300 words) the results you expect to have at the end of the CHF grant period. |
| The project envisages the following results;1. Increased number of consultations per clinician, per day.
2. Laboratory that has capability to perform microscopy and other diagnostics for patients from the county.
3. Renovation of dilapidated health care facilities including establishment of housing for healthcare providers
4. Increased use of a mobile clinic outreaches from Mayendit PHCC that will respond promptly to reach out to emergency situations, immunization services have been scaled up, specifically targeting the needs of children, through static and outreach sites to improve coverage of DPT, OPV, measles and Vitamin A. This will contribute to a reduction of childhood mortality from immunizable diseases.
5. Increased knowledge by health workers through capacity building to deliver health services
6. Increased access by the population living within 5 km of a health facility that meets minimum standards
7. Increased number of births assisted by a skilled attendant
8. Women, men, boys and girls from the collective returnee, host, and crisis-affected communities in Mayendit County have access to appropriate and quality health care at the four UNIDO-supported health facilities.
9. The provision of antenatal, delivery, postnatal and FP services has contributed to a reduction in the number of maternal deaths/deaths of pregnant women.
10. UNIDO will promote women's active participation in community-level representation and efforts to ensure that women form half or more of the members on any VHC. This will promote local ownership of the health services and ensure most of the community’s needs are addressed.
11. The knowledge and awareness of men and their involvement in women’s and children’s health is increased through Village Health Committees meetings with leaders and a couple oriented approached to RH care
 |
| List below 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 (annexed). |
|  | **Indicator** | **Target (indicate numbers or percentages)** |
| 1 | Number of births attended by skilled birth attendants  | 70% |
| 2 | Number of under 5 consultations  | 2,000 |
| 3 | Number of measles vaccinations given to under 5 in emergency or returnee situation  | 95% |
| 4 | Number of antenatal clients receiving IPT2 second dose  | 4,408 expected pregnant  target 60% to receive second dose of IPT2 |
| 5 | Communicable disease outbreaks detected and responded to within 72 hours  | 100% |
|  |
| **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. |
| UNIDO shall implement the project in conjunction with the County Health department and where there are activities for construction and renovation these shall be given to outside contractors.In training UNIDO targets to work closely with Juba University in the provision of training materials and instructors where possible to ensure that the MOH guidelines are met.The County Health Department shall be involved at every implementation stage as a means of building their capacity and ensuring success and sustainability of the programs |
| **vii) Monitoring Plan**Describe how you will monitor progress and achievements of the project. |
| UNIDO will use the RoSS’ MoH data tools and supplement them with an internal project monitoring framework to ensure weekly analysis of data and sharing with the CHD and Cluster partners in Bentiu. The data collected will be fed into the MoH surveillance system to support surveillance, health planning and program management. IDSR data will be compiled weekly and submitted to the Mayendit CHD and the SMoH. The data on morbidity, maternal and child health and immunization will be compiled monthly and entered into DHIS with a copy submitted to the SMoH. Quarterly data quality audits will be undertaken by a joint team of the CHD and UNIDO senior staff to ensure integrity and credibility of the routine data reported. The analysis of the data on a monthly basis will inform program decision making as it pertains to progress made in the implementation process. Analysis on a quarterly basis will inform decision making on program strategies in terms of best practice and review of lessons learned in the course of implementation. Routine monitoring visits done monthly by the program staff and the CHD, will be conducted at the health facilities to ensure that services are in line with national treatment protocols, quality standards are upheld and a proper application of the skills and concepts covered during in service trainings is conducted. UNIDO will use its supervision checklist for the monthly visits and the MoH quarterly supervision checklist for the quarterly supervision visits. Through joint supervision and formal trainings, UNIDO will build the CHDs’ monitoring and evaluation skills  |

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| **E. Committed funding** Please add details of committed funds for the project from other sources including in-kind supports in monetary terms. |
| **Source/donor and date (month, year)** | **Amount** (USD) |
| CHF ERF June 2012 – April 2013 | 190,280 |
| Healthnet TPO Feb 2012 - June 2012 | 86,887 |

**Please refer to CHF guidance note (annexed) to calculate Direct versus Indirect cost in the budget sheet**

**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**  |  |  |
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|  **CHF ref. Code: SSD-12/ H/46388** | **Project title: Emergency Primary health care in Mayendit County in Unity State**  | **Organisation: UNIDO**  |
| **Overall Objective:***What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.***Increase by 50% in the Provision of basic health services to vulnerable communities in Mayendit county** | **Indicators of progress:***What are the key indicators related to the overall objective?** Increase in number of people with access to a basic package of health services
* Percentage of facilities that meet basic standards for staffing, equipment, amenities, drugs and supplies
 | **How indicators will be measured:***What are the sources of information on these indicators?** Monthly reports to the county health department – (Epidemiological, EPI, Reproductive health etc)
* Facility assessment reports
 |  |
| **Specific Project Objective/s:****1.** **Increase the capacity of Mayendit PHCC, Kuok PHCU, Luom PHCU and Thaker PHCU in the provision of quality healthcare and emergency referral services** **2. Increase the Health system coverage in the provision BPHS to the community by 50% and participation at community level.** | **Indicators of progress:*** Number of health workers recruited to primary health Care centers compared to MOH requirements
* Number of health workers trained under project activities
* Number of under 5 year-old children immunized against measles
* % of people with access to a basic package of health services
 | **How indicators will be measured:*** Signup sheets
* Staff contracts
* EPI reports
* Assessment reports on facilities per population
* Monthly reports to the county health department – (Epidemiological, EPI, Reproductive health etc)
* Facility assessment reports
 | **Assumptions & risks:*** Staff shall be willing to work in insecurity prone areas
* There shall be adequate funds to pay the technical staff since the SMOH cannot currently recruit.
* It is assumed that communities shall be able to resolve conflicts without destruction of the health infrastructure in place.
* Risk of not attaining this objective is the insecurity experienced in the area that leads to health staff relocating to safer places and communities being displaced
 |
| **Results - Outputs (tangible) and Outcomes (intangible):*** 1. Increased number of consultations per clinician, per day.
	2. Laboratory that has capability to perform microscopy and other diagnostics for patients from the county.
	3. Increased knowledge by health workers through capacity building trainings
	4. Increased access by the population living within 5 km of a health facility that meets minimum standards
	5. Increased number of births assisted by a skilled attendant
 | **Indicators of progress:***1.* % of communicable diseases detected and responded to within 72 hrs2. Number survivors of SGBV receive clinical management of rape treatment3. Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR4. Percentage of population living within 5 km of a health facility that meets minimum standards5. % reduction in case fatality rate for specific diseases (e.g. Measles, diarrhea), and for deliveries6. Number and % of Women attended at least one and four times for antenatal care during pregnancy receiving IPT2 second dose | **How indicators will be measured:*** Early warning reports
* Laboratory test reports
* Training reports
 | **Assumptions & risks:*** The project shall be able to hire and remunerate a Laboratory technician and clinical officers that are not currently hired by the SMOH.
* The county health department and local administration shall support the village health committees activities.
 |
| **Activities:**1. Hire a second clinical cadre staff in Mayendit PHCC to serve on the mobile clinic
2. Recruitment of a second skilled Midwife for Mayendit PHCC to operate on the mobile clinic centers
3. Purchase of medical supplies and equipment for Mayendit PHCC laboratory
4. outreach health services delivery via mobile clinics
5. Hire an extra laboratory assistant in Mayendit PHCC
6. Mobilize Village health committees in renovating semi permanent buildings to be used as housing for health providers
7. Continuous refresher training of Health workers in the community
8. Recruitment of A skilled Nurse
9. Targeting vulnerable groups for preventive health services such as children under five, pregnant women Conduct routine and outreach vaccination
10. Monitoring population and health services data to detect emerging health problems
11. Training of village health committees
 | **Inputs:*** Cash to pay a clinical officer, Nurse, Midwife and a laboratory technician
* Hire of Vehicle for Mobile Clinic activities.
* Materials for rehabilitation health facility buildings.
* Training Manuals
* Provide logistical support to the acquisition of TBA delivery kits from the MOH
* Funds for incentive payments to EPI volunteers
 |  | **Assumptions, risks and pre-conditions:*** The current flooding shall subside to allow easier movement of health teams
* The Village health committees shall be able to mobilize local resources for rehabilitation of health buildings
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| **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. |
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| **Activities** | **Q3/2012** | **Q4/2012** | **Q1/2013** | **Q2/2013** | **Q3/2013** |
|  |  | Sep | Oct  | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| Activity 1 Hire a second clinical cadre staff in Mayendit PHCC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 2 Recruitment of a second skilled Midwife |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 3 Purchase of medical supplies and equipment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 4 outreach health services delivery via mobile clinics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 5 Hire an extra laboratory assistant in Mayendit PHCC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 6 Mobilize Village health committees to undertake health facility maintenance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 7 Continuous refresher training of Health workers (CHWs and EPI vaccinators ) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 8 Recruitment of a skilled Nurse for Mayendit PHCC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 9 Conduct routine and outreach vaccination |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 10 Monitoring population and health services data to detect emerging health problems |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity 11 Training of Village health committees on their roles |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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. [↑](#footnote-ref-1)