Annual Work Plan

SUDAN

Annual Work Plan period:	1st April 2015 – 31st March 2016	
National SCH/STH coordinator	Name:	Mousab Siddig Elhag
	E-mail:	
	Phone:	
	Address:	Federal ministry of Health – Khartoum / SUDAN
National NTD coordinator (if different from above)	Name:	
	E-mail:	
	Phone:	
	Address:	
M&E Coordinator	Name:	During the last MoH reform the person who was responsible for the M&E has moved from this position and a new M&E unit for all C&NCD directorate has formed (a focal person for NTDs will be shared with you)
	E-mail:	
	Phone:	
	Address:	

Guidance

This workplan should be completed alongside the annual budget template. Please complete as fully as possible, providing all information where requested and ensuring all points in italics are addressed. Where not relevant, please state 'not relevant' with a brief explanation rather than leaving blank.

The workplan is divided into two sections:

Section 1: Country Programme Overview
This section allows for the inclusion of information relating to the structure and function of the national SCH/STH or NTD programme as appropriate, in addition to basic demographic information for the country. It should also include a summary of the strategic approach to completing core programme activities leading to the control and/or elimination of SCH and STH within the country.

Section 2: Key Activity Plan
This section details the planned activities for the designated workplan period (usually one financial year). Each subsection heading corresponds to a worksheet within the budget template and should not be changed. Each subsection should provide a narrative justifying the requested budget.

Activities summarised in this workplan must contribute to the overall objectives of the country's NTD Master Plan, and can include:

- Implementation support for SCH and STH control and elimination
- Improved M&E for SCH and STH control and elimination
- Increased evidence base for strategies to eliminate SCH and STH

All anticipated costs which SCI will support at country level should be incorporated, including all locally employed staff salaries (e.g. accountant, driver). Indirect costs should also be included in the country management section to account for any fees payable to local partners who are subcontracted to manage in-country financial transactions on SCI's behalf.

The workplan additionally includes three appendices which should also be completed:

- Appendix A is an activity Gantt chart. There should be a relationship between this timeline and the monthly breakdown on the budget template
- Appendix B provides a complete list of programme milestones and can be expanded as required
- Appendix C provides a complete list of programme deliverables and can be expanded as required

Please ensure that the workplan provides all relevant detail related to SCI's requested support for the country. The workplan will be used to communicate planned programme activity internally within SCI and externally to donors and any other stakeholders.

Section 1: Country Programme Overview

Demography

Indicator	
Total Population	37,034,899
<5 years	7406980
5-15 years	11,110,470
>15 years	18,517,449
Number of Schools	11986
School Enrolment	**70%**
Data Source: *e.g. National Census 2008* *(projection index has been used 2.8)*	

Administrative Structure

	Name (e.g. Region, district, health department)	Number
Administrative Level 1	STATE	18
Administrative Level 2	LOCALITY	184
Administrative Level 3	ADMINISTRATION UNIT	922
Administrative level used as implementation unit		**locality**

- *Provide a national programme overview, to include:*

  The SCH and STH programmes has been included in the newly formed COMMUNITY INTERVENTION DIVISION which is concern by the PC NTDs and other community interventions such as community case management and key population/at risk population. The division has 3 main units the biggest one is the survey and MDA unit which is responsible for all PC NTDs.

  The technical community of the programme include the Expert from the MoH, WHO and the different Partners; they only met upon request from the programme coordinator in the strategic planning and major change in the strategic direction.

  The SCH/STH strategic plan is in place for the period from 2012-2016.

  The NTDs master plan is under development for the period 2016-2020

Control and Elimination strategy

- The main strategies are: MDA, Health education/behavioral change and vector control (in some states), providing safe water supply,

Modes of drug distribution are both school-based, community-based distribution according to the target group

- *Distributors are selected from the communities by the local health authorities depending on those whom have health back ground (volunteers for vaccination, CHWs, first Aid Trainers,….) and school teachers*
- *All Distributors undergone training for distribution and side effect management for 3 days*
- *target aged are : SAC and Adult*
- *the supervision has 3 level: from the national level – from state level – local level (locality and direct supervision)*
- *Integration with LF MDA distribution will be piloted in 2015 for the first time in South Darfur state (Alradoom Locality)*
- *The next strategy is to include the bed net distribution with community praziquantel distribution, currently there is no joint action*
- *The SCH,STH partner: KOICA – Egyptian government, WHO*
- *leprosy: TLMI mission, GLRA, MSF, WHO*
- *Leishmaniasis: MSF, KALAcore, WHO*
- *ONCHO, TRACHOMA: Carter Centre, WHO*
- *LF,GW, Mycetoma: WHO*

Section 2: Key Activity Plan

Country Management

- *Provide a justification for the requested budget for key personnel and anticipated travel.*
- *Include ALL personnel who will be paid at country level on a salary basis (i.e. not per diem) who will be wholly or partly subsidised by SCI.*

- *Include any management fees payable to a local partner for the financial management of SCI expenditure*

Advocacy

State sensitization meeting before MDAs campaigns
Health messages distribution through poster/leaflet
Mobile messages through car microphone during the campaign days

Strategic Planning

- *state coordinator meeting to be held in Khartoum for the 18 coordinator with the partner (supported by SCI/ JUNE – 2015)*

Mapping

- *Summarise plans for mapping in the table below*

Total # of Administrative Units	# mapped	# to be mapped	Timeframe for further mapping (mm/yy)
184	122	62	July – OCT 2015

- *Provide details of any coordinated mapping for other diseases*

Drug Logistics

- *Attached is the annual work plan of the NTDs and the drug Application forms.*
- *drugs will be stored in the state central drug store and will be dispatched prior 3 days from the campaigns to the targeted areas and will stored locally(each locality has a Global Fund Store which is suitable for keeping the locality amount)*

Social Mobilisation

- State sensitization meeting before MDAs campaigns
- Health messages distribution through poster/leaflet
- Mobile messages through car microphone during the campaign days
- .

Drug Distribution Training

- *Summarise training of new personnel required for drug distribution and refresher training for those previously trained. Add/delete rows as required.*

Training Group	SCH/STH or integrated	No. to be Trained	No. Training Days	Location of the Training
MOH at central level	14	14	7	Khartoum
Trainers	10x18+14	194	7	Targeted states
Supervisors	36+6	42	7	Targeted states
Drug distributors	18x200	3600	7	Targeted states
Health Agents	4x18	72	7	Targeted states
Teachers	2000x18	36000	10	Targeted states
Data entry clerks	36+3	39	7	Targeted states

Drug Distribution Registration

- *printing of 3 types for drug registration:*
  From local campaigns to the locality
  From the locality to the state
  From the state to federal level
  Compiled nationally and generate the country report
  Training for drug register for 1 day
  Training on the different reporting format for the national level
  Generalize the data base electronic forms for all ststes

Drug Distribution

Treatment Numbers

- *Treatment distribution information will be contained in the Country PCT Plan. Please populate table below by copying from totals in the PCT plan.*

Target Population for MDA for the forthcoming year

# districts to be treated	Target Population				
	LF+STH	SCH + STH	SCH only	STH only	Total
29	145,900	2,800,000	2,000,000	3,400,000	8,345,900

Supervision

- *national team will visit each state during the Campaigns and attend a random local distribution events in selected areas/ the state supervision team will be available for each locality to supervise the daily activity and to report on the daily working activity/ the local supervisor will look for the distribution process at schools and communities and correct, report for any SAE/distribution difficulties/ emerging needs/ drugs used and storage condition.*
- *Reports from campaigns to locality then to state and to the federal level through designed format for each level. Then information will be shared with different partners and stakeholders*

Management of Severe Adverse Effects (SAE)

- *each campaign is linked to the nearby health facility which will be provided with needed lifesaving drug to refer the patient with SAE to them*

M&E

- *M&E typically has 4 data collection components:*
  1. *Coverage survey to validate reported coverage; provide information on population treated such as age range, gender, enroled and non-enroled children etc; and highlight areas of improvement for future MDAs e.g. improved methods of communication: this will be done through the national supervision to validate the report from the states*
  2. *Sentinel site surveys in 3 states for 50 students in each prior to the campaign and will be re-examined prior to the next campaign (same cohort)*
  3. *Knowledge Attitudes and Practices study to determine improvements in population awareness, not planned in this year*
  4. *DQA survey to monitor process indicators : this planned to be done by independent institute but not in 2015*

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Cost-efficiencies

1- ***all available previous distributors will be assigned to this campaigns also***
2- ***Re-using previously developed IEC and social mobilization materials or dose poles***
3- ***integration with LF ONCHO programmes in Triple therapy Pilot***
4- ***increase the government support to be 600000 USD/ year***
5- ***expand KOICA project to 7 localities rather than just 3***

Opportunities for integration and coordination

- *Outline any financial and in-kind support from the local government, NGOs and international organizations. Populate the table below with any cost-share of activities.*

Cost share contribution	Source	Amount
Logistics/ operational cost	local Government	£ 350,000
Training/ drugs	Egyptian Government	£ 167,000
Mapping/ drugs	KOICA	£ 1,000,000

Appendix A. Activity Timeline

Activities	Responsible	Q1			Q2			Q3			Q4		
		A	M	J	J	A	S	O	N	D	J	F	M
Annual planning and review	MoH			■									
Annual planning meeting	MoH			■									
National stakeholders meeting	MoH			■									
Training	MoH		■	■									
Training of drug distributors	MoH		■										
Social mobilization	MoH	■	■	■	■	■			■	■	■		
Drug logistics	MoH/WHO	■				■	■						
Drug request	MoH					■							
Drug repackaging	MoH	■											
Drug transportation to districts	MoH	■								■			
Drug distribution	MoH/ federal-statr		■	■	■						■		

Appendix B. Work plan Deliverables

Appendix B has been populated to include all required deliverables for ICOSA. Based on activities outlined in Appendix A, please also include technical reports expected. Dates for expected completion of deliverables are also provided below.

Deliverables	Expected submission timeframe	Q1	Q2	Q3	Q4
Programmatic deliverables					
Work plan and budget	Latest 11th February 2014				
Semi-annual report	30th September				
Annual Report	31st March				
Mapping report and associated data	45 days after completion				
M&E sentinel site report and associated data	60 days after completion				
Post MDA coverage report	60 days after completion				
Post MDA coverage survey report and associated data	30 days after completion				
Financial and Administrative					
Asset register	Annually				
Expenditure forecast	Quarterly				
Financial expenditure report	Quarterly				
Updated cash book	Monthly				
Bank statement	Monthly				
Expenditure supporting documents and receipts	Monthly				

Appendix C. Anticipated Requests for STTA

Requests for short term technical assistance (STTA) will be considered by the ICOSA management team and approved on a case-by-case basis to ensure that scopes of work are complete and reflect priority needs.

Short-Term Technical Assistance Needed	Anticipated Duration and dates
M&E strategic plan for 5 years	To be agreed upon
Participation in the state coordinators meeting	June 2015