South Sudan
2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

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 project 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 project proposal should explain and justify the activities for which CHF funding is requested and 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:

CAP Cluster	Health

CHF Cluster Priorities for 2013 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

Cluster Priority Activities for this CHF Round

- Maintain the existing safety net by providing basic health packages and emergency referral services
- Strengthen emergency preparedness including surgical interventions
- Respond to health related emergencies including controlling the spread of communicable diseases

(see CHF 2013 R1 health cluster priorities description document for more details on specific supported activities)

Cluster Geographic Priorities for this CHF Round

All states. Grossly underserved counties in the equatorial states (Western, Eastern and Central Equatorial)

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

Requesting Organization

The Health Support Organisation (THESO)

Project CAP Code

SSD-13/ H/55572/13035

CAP Project Title *(please write exact name as in the CAP)*

Maintaining existing safety nets with provision of emergency health services and controlling communicable and tropical neglected diseases.

Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)

State	%	County
Unity State	40%	Guit
Warrap State	60%	Gogrial East & Tonj North

Total Project Budget requested in the in South Sudan CAP	US$**1,079,340.00**
Total funding secured for the CAP project *(to date)*	US$ 00

Funding requested from CHF for this project proposal	US$ 300, 000

Are some activities in this project proposal co-funded?
Yes ☐ No ☐ *if yes, list the item and indicate the amount under column i of the budget sheet)*

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	10, 257	35774
Girls:	8, 822	37234

Indirect Beneficiaries

The indirect beneficiaries are estimated around 213421 people, corresponding to 75% of the total population of of Guit, Gogrial East (Pathuon West, Toch East, & West, Nyang Payams) and Tonj North (Warrap, Manloor, Pagol, and Awuul Payams) including returnees. Among indirect beneficiaries, particularly vulnerable categories are main project target, including 11, 972 pregnant women (4% of population); 62, 854 under -5 children (21% of population); and approximately 62, 854 women of reproductive age.

Men:	4014	33022
Boys:	7914	34370
Total:	31, 007	140,400

Catchment Population (if applicable)
299, 303 basing on the 2008 Sudan population census per Payam and County estimates although some of the areas have returnees whose numbers are not captured in the total population figures.

VERY IMPORTANT: The above listed beneficiaries do refer only to the project period April –September 2013 (6months). Since CHF Round 1 and 2 projects covers the period up-to March 2013, double counting is avoided. Anyway, CHF First round 2013 overall project period is planned for the period April – September 2013 to cope with the funding gap (Additional information are provided under the Grant Request Justification section)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 6months Starting date (mm/dd/yy): 1/04/13 End date (mm/dd/yy): 30/09/13 **VERY IMPORTANT:** CHF Round 1 & 2 2012 duration covers the period April 2012 to March 2013. Anyhow, according to THESO forecasts and level of expenditures, the already available secured funding will be exhausted by the end of February / March 2013. There will be no overlapping between CHF round 1 and CHF round 2 (2012) and CHF Round 1 2013, since THESO would start utilizing CHF 2013 First round resources (if availed) in April 2013 (further details in the Grant Request Justification).

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SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

In Guit County (Unity State), Gogrial East County and Tonj North County (Warrap State) live about 313, 774 people, of which over 51% girls/women and over 4% newborns (Projection of the Sudan Population Census, 2008). Real population widely exceeds this number, since the area is prone to massive flows of IDPs and returnees. For 2012, OCHA reported movements of 8,363 IDPs due to incidents only in Guit and Tonj North counties, counting 5 deaths. Over Q1 and Q2 2012, additional 5 incidents including flooding in Warrap State in 3Q increased the number of IDPs of 3,000 units (out of which 1,528 in Tonj North County), resulting in 5 deaths (OCHA). Even though the IDPs and flood affected populations have returned to their Bomas, still conditions for safe return are not in place and the area is at risk of resilience in violence due to the highly strategic position for both cattle raiding, and flooding. Guit, Gogrial East, Tonj North Counties returnees' population up to Q4 2012 counts 8,481 people out of which 47.7% not assisted by the Government (source: OCHA).

Such a massive increment in the population puts under pressure an already weak health system and hinders local capacities to timely respond to health emergencies and basic health needs. As main urban area, Lietnhom, Luanyaker, Guit, Warrap are highly congested and the PHCC+ catchment area expands even to neighboring counties and neighboring states.

Guit, Gogrial East, and Tonj North Counties are reported as highly prone to emergencies due to:

- *Geographical factors*: proximity to contested Abyei area, and oil fields; hostile weather conditions (frequent floods);
- *Socio-political factors*: high poverty levels, recurrent violence, huge number of IDPs and returnees, gender unbalances, poor institutional capacities, low access to basic services delivery;
- *Economic factors*: lack of infrastructures/communication and transport, prevalence of informal economy, dramatic inflation, high unemployment rate, alarming food insecurity levels.

Institutional EP&R measures are not fully functioning and fail in reducing the number of men/women, boys/girls exposed to violence refueling epidemic outbreaks, mass movement, IDPs' flows. MARPs include newborn and U5 (risk of health complications due to low EPI coverage and high malnutrition, especially among nomadic or seminomadic communities) and traumatized girls/children (GBV, high military presence, enforced community police control).

Concerning health indicators, these three counties are dramatic: under 5 mortality rate (135/1,000 births, Warrap and Unity States the 2nd and last worst State in South Sudan); infant mortality rate (102/1,000 births); maternal mortality rate (2,054/100,000 live births); EPI coverage (17%) and endemic child malnutrition (32,9%) (RSS, 2011). Furthermore, high incidence of endemic neglected diseases (malaria, water-transmitted diseases and ARI) affects the most vulnerable population' health conditions (source: SSCCSE, 2010). Particularly high is also the incidence of violence and traumas, due to the high military presence, recurrent tensions across borders, steady increment in both local and IDPs population.

In 2012 MARPs health conditions are further deteriorated by persistent food insecurity (OCHA sets Guit, Gogrial East and Tonj North counties as 'in emergency' and among the worst in all South Sudan) and floods incidence (a UN join assessment undertaken in Late August 2012 reported that Guit, Gogrial East, and Tonj North Counties are severely flooded.

The PHCCs of Guit, Nimeni, Manga, Kuach, Lietnhom, Luonyaker, and Warrap with a catchment area widely crossing the State borders, extending to Western Bar el Ghazal, Upper Nile and Jonglei surrounding, are the sole facilities offering to both local population and returnees 24/24 emergency health and minor surgical and obstetric care. In 2012, 40.017 patients benefitted from OPD (including 16.144 U5 and 293 traumatized/wounded), 3.298 from IPD, 2.197 from ANC services, 568 from safe delivery services and 191 from minor surgical treatment. Since January 2011, these PHCC+ and PHCCs avails also EPI and VCT/PMTCT services. THESO data for Q1 2013 data shows a clear increase in the caseload has been recorded in Q3 & Q4 2012, due to the dramatic incidence of malaria and water-born diseases, which spread dramatically across the most vulnerable (U5, P&LWs, nomadic communities, IDPs). Q2 2012 relevant data include: 7,070 OPD patients (out of which 2,946 U5 and 54 traumatized), 1251 IPD patients, 932 ANC clients, 390 deliveries (out of which 13 Episiotomy) and 52 minor surgeries out of which 28 emergency operations.

THESO is working closely in partnership with other primary health care service providers in Guit, Gogrial East, and Tonj North counties (MoH, and CCM) and the working relation is well established and effective. Anyhow, should these PHCC+ and PHCCs capacities reduce due to lack of funding, the referral system at county level and the capacities to provide timely response to health emergencies (including minor surgical and obstetric emergencies) may drop which will worsen the health status of the targeted populations.

B. Grant Request Justification

Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

THESO is an implementing partner of the Republic of South Sudan MoH that has been running these PHCC+ and PHCCs since 2010. The PHCC+ and PHCCs, recognized by the MoH as the main Referral Centres for the whole Counties, provides primary and minor secondary health care mainly targeting P&LWs, U1 and U5, victims of traumas/wounds, IDPs and returnees through the provision of 24/7 emergency health services (including minor surgical capacities and BEmONC), basic RH services, routine

[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.

immunization, post abortion care and family planning services. These PHCC+ and PHCCs are the only facilities in all the three counties consistently providing the abovementioned services. Most of these health facilities patients do come from far distances, including bordering States of Jonglei, Upper Nile for Guit County and Western Bahr El Gazal for facilities in Gogrial East and Tonj North Counties. These health facilities plays also an essential role in increasing information and creating awareness on HIV prevention, providing VCT and PMTCT services to ANC attendees and gender and sexuality awareness including ABC promotion. These PHCC+ and PHCCs are also identified by South Sudan National TB Programme and Warrap and Unity States MoH as most preferred facilities in the whole counties to provide TB management and control services of which THESO is implementing.

These PHCC+ and PHCCs functionality and effectiveness is currently hindered by multiple factors: (i), the steady increase in patients' influx due to the wider population (host communities, IDPs and returnees) and to the high demand of quality health services (including minor surgical/emergency capacities), (ii) the risk of congestion for the OPD, due to the dramatic scale up of epidemic outbreaks during the rainy season (malaria, AWD, ARIs, etc.), (iii) the lack of essential drugs, laboratory and medical equipment to answer patients' needs, (iv) the lack of qualified local health staff to ensure proper follow up and supervision in all the wards and community outreaches.

The combination of RSS Austerity Plan, CHF 2012 and OFDA funding completion and the high incidence of health outbreaks throughout the rainy season do strongly emphasize CHF 2013 role in sustaining these health facilities. CHF 2013 1st round allocation will be essential not to disrupt service deliveries, as the above mentioned factors have tightened up the available budget (both CHF and other THESO resources), which will be exhausted by March 2013. These facilities activities are not funded by any of the existing pooled funds meant at covering mostly primary health care services (i.e. HPF does not cover these facilities activities).

Lack of additional support and consequent THESO reduced capacities would seriously affect Guit, Gogrial East, and Tonj North counties health care system functionality and endanger local communities and Returnees populations relying on these health facilities for life-savings interventions. The request for enhanced CHF support is meant at:

i. Ensuring 24/7 emergency services (including surgical and obstetric emergencies) and management of health complications;
ii. Providing the minimum basic service package to MARPs in Guit, Gogrial East, and Tonj North counties (with particular emphasis to U1, U5, P&LWs, IDP/returnees);
iii. Expanding health services for emergency/nutrition referral, epidemiological surveillance, outbreak control to Guit, Gogrial East, and Tonj North neighboring Payams;
iv. Preserving the appointment of basic and advanced RH services (including VCT/PMTCT);
v. Strengthening the capacities of local health staff and Guiit, Gogrial East, and Tonj North CHD on early warning, first aid, prevention/control of outbreaks;

Close collaboration with these three CHD ensures the effective integration of health facilities services in the counties health system, the timely info sharing among partners, IDRS/HMIS reporting and coordination to tackle/control emergencies and to link up for an integrated management of frontline Health Care & Nutrition services.

Up to date, THESO have not secured any percent of the CAP requested resources.
The present proposal for CHF Round 1 2013 allocation is therefore meant at filling this financial gap and preventing disrupting emergency and safety net services in Guit, Gogrial East, and Tonj North counties up to September 2013. The project budget has been accordingly organized: all the direct personnel, activities, and running costs cover the whole project period (6 months).

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

The overall objective of the project is to reduce at least by 40% the vulnerability to health related emergencies of the most neglected and disadvantaged groups - including women, newborn, children, IDPs and returnees – in Guit County (Unity State) and Gogrial East and Tonj North Counties (Warrap State).

The project purpose is perfectly integrated within the Health Cluster strategy for 2013 and is in line with all the three revised key priorities (CAP 2013):

- Maintain the existing safety net by providing basic health packages and emergency referral services
- Strengthen emergency preparedness including surgical interventions
- Respond to health related emergencies including controlling the spread of communicable diseases

The project target facilities are PHCCs of Guit, Nimeni, Manga, Kuach, Lietnhom, Luonyaker, Warrap, and Pagol. Envisaged mobile outreaches – planned with CHD and SMoH to avoid overlapping – will target MARPs living in IDPs/returnees camps or in cattle camps.
THESO is the only MoH implementing partner in Guit, Gogrial East and the four Payams of Warrap, Awuul, Manloor and Pagol of Tonj North County running these PHC services deliveries offered at PHCC+, PHCCs and PHCU levels.

ii) Project Objective

State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

The specific objectives of the project are:

- To increase at least by 40% the access of local and stranded population (returnees and nomads) to continuous and effective frontline PHCC+ & PHCC health care in Guit County (Unity State) and Gogrial East & Tonj North Counties (Warrap State), with main focus to maternal, neonatal and new-born care;
- To ensure 24/7 comprehensive emergency services – with main focus on health emergency and obstetric emergency – at PHCC+ and PHCC level.

The achievement of the objective and of the expected results (see below) will be monitored through the utilization of a number of specific measurable indicators, selected among the Health Cluster output indicators and the MoH requirements for health reporting, since relevant to achieve the HSDP 2011 – 2015 targets, as well as health related MDGs.

The project timeframe is considered adequate to meet the project objectives, since it represents the natural continuation and enhancement of CHF I round and 2 2012 project and OFDA project. The requested additional resources would prevent the disrupt (or serious reduction) in frontline health service provision in Guit County (Unity State) and Gogrial East and Tonj North Counties and contribute to scale up THESO raising awareness and outreach capacities, in order to improve the epidemiological surveillance in the project catchment area.

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 (broken down by age and gender to the extent possible).

The project foresees to maintain and foster the provision of basic health and emergency package at the as well as to facilitate the effective referral system in the counties. The intervention will focus on three Counties: Guit, Gogrial East and Tonj North. The project objective will be achieved through the planning, implementation and monitoring of the following activities, grouped under the expected result they refer to.

1. Frontline basic health service available to local, and returnees population in the 7PHCCs are consolidated and expanded

- Expanded provision and prepositioning of medical and non medical supplies, to face the gaps stemming from the MoH Central medical stores completion;
- Expanded provision of Lab equipment and supplies to face the gaps stemming from the MoH central medical stores completion;
- Maintenance of Vaccine Cold Chains;
- Continuous inpatients and outpatients service provision (dedicated services for U5 and expectant mothers);
- Strengthening of the emergency and basic RH services (i.e., MCH, FP, ANC, safe and clean delivery, PNC, STI);
- Integration of EPI (also for new-born and pregnant women) with other under-5 health services (i.e., IMCI, nutrition screening);
- Strengthening of HIV/AIDS preventive and curative services (i.e., VCT, PMTCT);
- Continuous technical assistance and supervision to the PHCCs and PHCUs service delivery system, through on-the-job coaching/mentoring;

Activities will be implemented in the PHCCs of Guit, Nimeni, Manga, Kuach, Lietnhom, Luonyaker, and Warrap, beneficiaries for the period April – September 2013 will include the following:

- 3,618 adults (males and females) admitted and visited in outpatients service;
- 1,150 pregnant and delivering women, receiving ANC, PNC and PMTCT services and assisted during delivery;
- 4,800 under-5 children, receiving IMCI, EPI and other integrated services.

2. Continuous emergency service provision, including minor surgical treatment is ensured

- Continuous communicable disease epidemiological surveillance in the catchment areas;
- Infectious disease prevention and control in the catchment areas, including integrated emergency outreach campaigns targeting most vulnerable groups (i.e., U5, P&LWs, returnees);
- Provision of general and emergency 24/7 minor surgery service in all PHCC+;
- Strengthening of BEmONC service delivery in all targeted PHCC+ & PHCCs;
- Inter-cluster coordination for the organization and prompt implementation of comprehensive preparedness and early recovery campaigns in the 3 selected Counties (Health, Nutrition and WASH).

Activities will be implemented in the PHCCs of Guit, Nimeni, Manga, Kuach, Lietnhom, Luonyaker, and Warrap in the three selected Counties (Guit, Gogrial East and Tonj North). The beneficiaries for the period April – September 2013 will include the following:

- 2,400 people, including children and women targeted trough outreach campaigns;
- 50 people operated on in PHCC+, including emergency and elective minor interventions;
- At least 10 complicated deliveries managed through emergency obstetric care interventions.

3. Education, capacity building and coordination are strengthened to improve the EP&R and e-warning system in Guit, Gogrial East and Tonj North Counties

- Theoretic and on-the-job specific trainings (including refreshment and ToTs) for PHCC+, PHCCs health staff on: (i) responsive frontline health services delivery, (ii) health emergencies preparedness and management, (iii) BEmONC, (iv) minor surgical treatment preparation and follow up, (v) first aid.
- Targeted sensitization campaigns on RH, FP and HIV/AIDS (involving CBOs, women' groups, couples, community leaders, teachers);
- Targeted HIV awareness campaigns (e.g., schools, youth groups, girls' associations);
- CHD capacity development on: (i) assessing, managing and monitoring health facilities service provision, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care service at County level, (iv) data collection and reporting, (v) MoH medical and non medical supplies management;
- Organization of workshops at County levels for local institutions and PHCUs, PHCCs and PHCC+ managers to upgrade Guit, Gogrial East and Tonj North Counties emergency and ordinary health referral mechanism;
- Active participation in the health coordination mechanism at County and State levels (with main focus on improvement of inter-cluster coordination).

Activities will be implemented in the PHCC+, and PHCCs in the three selected Counties (Guit, Gogrial East and Tonj North). The beneficiaries for the period April - September 2013 will include the following:

- 84 local health staff at the selected health facilities;
- 1,000 community groups and individuals, including leaders youth and leaders, targeted through sensitization and awareness campaigns;
- At least 7 local authorities' staff and PHCC/U managers at county level.

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

The project activities have been designed taking into account the following cross-cutting issues:

Gender: Women and girls, including the most vulnerable ones (pregnant women, women head of households, women victims of violence and women living in cattle camps and IDP women), are part of the project main target and are direct beneficiaries of most activities. In order their needs to be adequately addressed, the project pursues the following gender-oriented approach

- Inclusion of men in health education sessions on RH, FP, nutrition/breast-feeding and STIs;
- Linking with community leaders to promote women's presence in VHCs and CBOs
- Enforcement of the partnership with community TBAs to promote early ANC and delivery in the facility
- Engagement of teachers in disseminating health related messages mainly focusing on STIs
- Utilization of peer-to-peer education at hospital and school level to fill cultural gaps
- Identification/dissemination of best practices /successful stories to stimulate behavioral changes
- Individual counseling to patients on health prevention according to the individual needs.

Finally, women's role is emphasized thanks to the key role played by the female health staff in the running of PHCC+, PHCCs and PHCUs services, outreaches and health education sessions. The project approach and the gender-sensitiveness in the staff recruitment process tend to valorize women's skills and capacities (i.e., mediation, knowledge of the context, pear-to-pear communication) in health promotion and sensitization. Gender mainstreaming is the rationale behind the project design and gender disaggregated data will be collected to monitor equal access to health services.

HIV/AIDS: The project intends to increase RH and HIV/AIDS awareness of local people and returnees through health education sessions given at both facility and outreach level. Luonyaker, Manga, Kuach, Warrap PHCC+ already offers VCT/PMTCT services to general public, with main focus on ANC attendees, and the action foresees to enhance this service, ensuring that all pregnant women and their partners are informed and educated on the risk of HIV transmission from mother to child. Anyhow, to further promote VCT services sensitization and awareness creation to counter traditional beliefs are still required. All the HIV/AIDS activities are perfectly integrated within the main project components, which closely focus on raising awareness/sensitization, counseling and community participation as preferred approach to reduce the risk of health related emergencies due to negligence or proliferation of unhealthy behavior.

Capacity Development: Theoretical and on the job trainings, workshops and coordination meetings involving both health personnel and institutional counterparts (Unity & Warrap SMoH and Guit, Gogrial East and Tonj North CHDs) have been included as main project activities to concretely foster the early warning and health emergency risk reduction in the county and ensure adequate sustainability to the project. The identified implementation modalities (see below) envisage and pursue full and active involvement of the institutional stakeholders in the project follow-up and consistent monitoring, as well as in the regular info and data sharing with other stakeholders to better coordinate emergency response and manage integrated resources. As far as health personnel are concerned, when availability of qualified health staff is limited, also the task shifting approach (endorsed by WHO), backed by continuous supportive supervision is pursued.

Environment: activities in this project are in no way contributing to ill environmental concerns or degradation. The action will rather contribute to the development of a clean and healthy environment, through the training and education of health staff on safe waste disposal and proper hazardous waste management.

v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

The project is aimed at achieving three main results, which are strictly linked to the overall and specific objectives of the project and which the above mentioned activities stem from:

1. Consolidation/expansion of frontline basic health service available to local, and returnees population in Guit, Gogrial East, and Tonj North Counties;
2. Ensuring continuous emergency service provision, including minor surgical treatment;
3. Education, capacity building and coordination.

The 5 main indicators which have been selected to monitor the progress towards achievement of the expected results are:

a. Number of under 5 consultations – boys and girls (Cluster);
b. Number of skilled assisted deliveries, including BEmONC
c. Antenatal client receiving IPT dose 2 (Cluster);
d. Percentage of key referral hospitals able to perform basic life-saving emergency care (Cluster);
e. Number of health workers trained in MISP/communicable diseases/outbreaks/IMCI/CMR.
f. Proportion of communicable diseases detected and responded to within 48 hours

(More indicators are included in the logframe).

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
x	1.	Number of under 5 consultations – boys and girls	At least 1,830 Girls: 930 and Boys per PHCC
x	2.	Number of skilled assisted deliveries, including	At least 75 (out of which 15% BEmONC) in each PHCC

		BEmONC	
x	3.	Antenatal client receiving IPT dose 2	At least 125 in each PHCC
	4.	Percentage of key referral PHCC+ able to perform basic life-saving emergency care	100%
x	5.	Number of health workers trained in MISP/communicable diseases/outbreaks/IMCI/CMR	At least 84
	6.	Proportion of communicable diseases detected and responded to within 48 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.

THESO (The Health Support Organisation) is a South Sudanese NGO, providing support to all the three Counties since 2010.

These PHCCs were built and started by government, which has asked THESO support for the ordinary management of all health facilities in the three counties and technical assistance in health service delivery. All these PHCCs are recognized by cent6ral and SMoH as counties main referral facilities and are taken as models of effective primary and secondary health facilities in all Unity and Warrap States for the quality of services provided. THESO is partner to both Unity and Warrap SMoH and all the three Counties CHD and this collaboration ensures the respect of all MoH guidelines/protocols in health care delivery, as well as the adherence to DHIS/IDRS reporting system and timeframes.

THESO core interventions include primary and secondary health care, with a special focus on reproductive, maternal and child health, especially for vulnerable groups in need for humanitarian assistance. Actions promoted and supported by THESO aimed at strengthening the local health system rather than duplicating efforts or establishing parallel health structures.

The project aims at ensuring continuation and preventing the disruption of the provision of basic service package and uninterrupted emergency services, including surgical interventions, at Luonyaker, Lietnhom, Warrap, Guit, Manga, Pagol, Niemni, and Kuach. The target population ranges from local communities (with particular focus on the MARPs, including newborn, U5, women head of households and victims of traumas/violence) to returnees. Activities have been designed to (i) strengthen RH services, including basic obstetric and neonatal care services; (ii) ensure health emergencies requiring surgeries properly treated/stabilized; (iii) guarantee that health complications are effectively recognized and treated. Theoretical workshops and on-the-job trainings will be conducted during the project time, to further enhance skills and competences of health staff. An appropriate referral system will be facilitated through enhanced partnership with CHDs, in line with RSS MoH referral guidelines and skilled personnel (medical team) will be available 24/7 to perform emergency minor surgical interventions and to promptly respond to any other minor surgical emergency.

Furthermore, the project foresees to scale-up the promotion of maternal and child health, through the organization of education and sensitization activities. The project will utilize the health staff, as well as the already functioning community mechanisms, to reach out and disseminate essential and key messages to the local populations, and returnees in a bid to change the health seeking behavior. Health education and sensitization activities will mainly focus on child health and the importance of immunization, personal and community hygiene, malaria prevention and treatment.

Finally, the project will also build the County Health Department capacities by training the personnel on strategic planning and involving them in the monitoring and supervision of activities being implemented. Village Health Committees (Home Health Promoters) will be trained in order to enhance the involvement of the community in the acknowledgment and ownership of the health services offered in the counties. With regard to data collection and analysis, the correct and timely utilization of DHIS and IDRS will ensure integration of the project data within the MoH reporting system and will contribute to the timely info sharing to prevent/control outbreaks.

The project design is based on the proactive and continuous collaboration between THESO and health institutions in Unity and Warrap States and the respective Counties of Guit, Gogrial East and Tonj North level. In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), a Management Committee (MC) will be purposely established and meet on regular basis to ensure achievement of expected results. The MC will be composed of CHD Managers, THESO Area Coordinators and representatives of three Counties Authorities, and will be responsible for: (i) defining/consolidating/readjusting the work plan, (ii) sharing information and data on the activities and services carried out and in pipeline, (iii) debating possible project implementation challenges and identifying the related way forward, (iv) providing technical assistance in the project supervision, (v) consolidating quarterly project reports.

vii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)[2].

[2] CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

The Management Committee of the project, including representatives from all partner associations, will be set up and meet on monthly basis to ensure effective monitoring of the project activities. In particular, it will look for shared solutions to the problems that may arise and redefine the strategy of intervention on the basis of the data acquired during the monitoring exercise.

THESO employs technical staff qualified and experienced in fieldwork and training roll-out, responsible for the provision of continuous TA and supportive supervision to undertake project activities. THESO staff includes also an M&E Officer based in Juba Head Office, who will pay periodic visits in the project areas, to check about indicators, targets and performances. Further, THESO Health Programme Officer and Health Coordinator will conduct at least one M&E mission, to provide further inputs on how to better tailor action to answer the assessed needs and achieve the project results.

An effective reporting system is envisaged and it will be integrated as much as possible with the already existing sectors monitoring systems:

All relevant project data and reports related to basic services provision will also be shared at State Level with Unity and Warrap MoH, other relevant Line Ministries and all main stakeholders, through proactive participation in the sector cluster coordination mechanism at State level. The same will be done at central level, through THESO Juba office.

The monitoring of the activities and the evaluation of the project progress will be ensured through the establishment of several control mechanisms. These are reported below:

- *Effective Reporting System*: (i) compilation of daily/weekly/monthly facility registers. Health staff will be trained, supervised and supported to ensure the regular compilation of registers and reports including the daily/weekly/monthly health facility registers (ii) compilation of outreach reports (iii) compilation of monthly and quarterly reports for Guit, Gogrial East, and Tonj North Counties authorities and Unity & Warrap State MoH; (iv) Quarterly progress reports and final report will also be compiled for the donor, using the facilities and activities data; (v) monthly and quarterly reports are regularly shared with HQ project department for revision;
- *Effective financial monitoring system*: (i) THESO accounting systems is based on the double-entry system records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of HQ administrative department (II) Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; III) compilation of financial report is elaborated by THESO country administration with the support of a Finance Officer and subsequently approved by HQ administrative department.
- *Employment and/or utilization of key human resources: (i)* Health professionals skilled in hospitals management and supervision, responsible for assisting and supporting the local health staff in the daily provision of service to local communities, and returnees*; (ii) M&E Officer*; (iii) *THESO HQ desk reviewers*,
- *Experience sharing*: THESO will share periodical information and data on project implementation with the Health cluster focal person both at Unity and Warrap States and central level, to share views and lessons learnt, and get additional inputs and comments. Moreover, coordination meetings will be organized with all CHDs and other stakeholders in the health sector, to monitor the emerging needs of the county population and ensure prompt reaction to emergency situations.

E. Total funding secured for the CAP project
Please add details of secured funds from other sources for the project in the CAP.

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

F. Budget Guideline
Each CHF project proposal must include a budget which details the costs to be funded by CHF. The budget should reflect activities described in the project narrative, and include sufficient detail to provide a transparent overview of how CHF funds will be spent. Budget lines should be itemized including quantity and unit prices of items to be procured whenever possible. **Use the annexed excel sheet to fill the budget** ensuring it strictly adheres to CHF budget guidelines hereafter. These guidelines provide guidance on budget category description (section i), type of budgetary information required (section ii) and guidance on Direct and Indirect costs (section iii)

Note i) Description of Budget Categories

1. RELIEF ITEMS and TRANSPORTATION	NOTES
• Direct operational input including the procurement of consumable supplies for project implementation (e.g. drugs, food, NFIs, seeds, tools, etc.); and related costs of transportation and handling.	• Breakdown by line item and indicate unit/ quantity/ cost per unit • Provide itemized description for those without quantity/cost per unit • If relief items are received from pipeline or other sources please list the items and indicate the amount under column i "Other funding to this project including in kind". • Cost for supplies should be presented separately from cost of transport in the budget sheet.
2. PERSONNEL	
• Organization staff costs and entitlements involved in the implementation of the project (programme and support staff)	• Provide detailed description of Responsibility/title, post location, quantity and the percentage of full time equivalent (FTE) dedicated to the CHF project • Indicate the percentage dedicated to the CHF project. • Do not include consultancies with firms or agreements with implementing partners (which go under Category 5 Contracts)
3. STAFF TRAVEL	
• Costs incurred for the travel of staff members	• Provide detailed description of staff members (title, post location) • Provide breakdown of all costs (frequency, amount and number of staff)
4. TRAINING WORKSHOPS/SEMINARS/CAMPAIGNS	
• Only training directly related to implementation of the project to be included (counterparts and staff members)	• Describe type of training, number of participants, location, duration, unit cost • Provide breakdown of costs incurred during each of the training
5. CONTRACTS	
• Specialized services provided to the project by an outside contractor including groups, firms, companies, and NGOs (e.g. printing press, consultancy firms, construction companies)	• Depending on type of contract and services provided- the budget line should be itemized • Give itemized breakdown of pass-through funding for each Implementing Partner
7. VEHICLE OPERATING AND MAINTENANCE COSTS	
• This budget line includes the purchase/rental of vehicles directly serving the implementation of the project	• Rental of vehicles and maintenance could be a paid on a monthly basis (Lump Sum) or $/kilometer • Provide breakdown by item/activity, location, quantity, unit cost
8. OFFICE EQUIPMENT AND COMMUNICATION	
• Procurement of non-consumables (telecom equipment, IT equipment, office supplies, etc.) • Office rent and fuel for the generators, utilities (telephone, water, electricity etc)can be included in this budget line	• Provide breakdown by item/activity, location, quantity, unit cost • Other office supplies that cannot be itemized can be indicated as lump sum (LS)
9. OTHER ADMINISTRATIVE COSTS	
• Other costs related to the project not covered by the above such as bank transfer charges, courier charges,. etc	• Provide itemized description of costs if not possible to breakdown by unit/quantity/cost per unit
OVERHEAD/PROGRAMME SUPPORT COSTS (PSC)	
• To cover PSC at HQ/regional and country level.	• PSC not to exceed 7% **of subtotal** project costs
AUDIT Costs	
• NGOs are required to budget at least 1% of total project cost for audit, UNDP/TS will contract external audit	
11. GRAND TOTAL COSTS	
• The total of project costs	• The Sum of subtotal project costs, PSC and Audit.

Note ii) type of budgetary information required

(a) Items Description: Provide a brief description of items required to implement the project.
(b) Location: The place where the cost is incurred. This column is key to determine the Direct and Indirect nature of the budget line in column c.
(c) Cost Type (I or D): Indicate if a budget line is D (direct) or I (indirect). See Notes iii) below for guidance on how to determine the cost type.
(d) Unit of measurement: indicate the unit used to measure the budget line. e.g months, tonnage, pieces etc
(e) Percentage/full-time-equivalent (FTE): indicate the percentage or FTE that CHF will cover.
(f) Quantity: the amount in relation to the unit of measurement, such as number of people, number of months etc
(g) Unit Cost: the cost of one item.
(h) Total CHF Cost: the sheet automatically calculates once column e, f and g are filled in
(i) Other funding to this project including in kind: indicate if there is any other funding or resources (cash or in-kind) received toward activities of this project. e.g supplies received from the pipelines.

Note iii) Guidance on Direct and Indirect Costs

1. RELIEF ITEMS and TRANSPORTATION

- If relevant to the project all cost fall under **direct** cost
- Cost for supplies should be presented separately from cost of transport in the budget sheet

2. PERSONNEL

Direct costs:

- All Staff costs, including entitlements, of personnel **directly** involved in the implementation of the project and based at project location. *(Remember to provide in the budget a detailed description of staff members title & post location.)*

Indirect costs:

- All Staff costs and entitlements of personnel not directly involved in the implementation of the project (Juba/other state capital headquarters staff). (*For Juba/ other state capital HQs staff, charged to the project please provide in the budget a detailed description of staff members title, location and percentage of time devoted to the project and equivalent dollar amount. For example for an M&E officer at Juba level, devoting 10% of his/her time for six months, the row will be filled as follows:*

Item Description	Location	Cost type (Direct or Indirect)	Unit of measurement	Percentage/ FTE	Quantity	Unit Cost	**Total**
One M&E officer	Juba	I	months	10%	6	1,200	**720**

Please note, the budget sheet will automatically calculate the total cost.

3. STAFF TRAVEL

Direct costs:

- Travel cost of staff **directly** involved in the implementation of the project (staff based at project area) are direct. Please specify in the budget line where from and where to is travel intended.

Indirect costs:

- Travel cost for support staff not directly involved in the implementation of the project (e.g. headquarters staff travelling on mission to the project location).

4. TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS

Direct costs:

- All costs of training, workshop, seminars and campaigns if they are directly related to the outcome of the project (e.g. mobilization campaign to promote hygiene and sanitation; training of nurses on safe delivery). *(Remember to describe in the budget the type of training, the number of participants, location and duration of the training).*

5. CONTRACTS

- All costs under contracts fall under **direct.** Please remember to provide a description of the services provided.

6. VEHICLE OPERATING & MAINTENANCE COSTS

Direct costs: if related to vehicles used at the project implementation area

Indirect costs: if related to vehicles outside project areas (e.g. vehicle cost in Juba for a project being implemented in Bor)

7. OFFICE EQUIPMENT & COMMUNICATIONS

Direct costs:

- If items/service is used at the project implementation area

Indirect costs:

- If items/service is used outside of the project implementation area (e.g. Cost of services in Juba Country Office for a project being implemented in Bor).

8. OTHER COSTS (bank charges, …)

Direct costs:

- If items/service is used at the project implementation area costs

Indirect costs:

- If items/service is used outside of the project implementation.
- Visibility is considered Indirect cost.

9. **Programme Support costs** (Indirect cost)

10. **AUDIT COSTS for NGO implemented projects** (Indirect Cost)

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.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.
Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/ H/55572	**Project title:** Maintaining existing provision of basic health care with emergency health services, control of communicable and tropical neglected diseases while strengthening counties health department emergency response Capacity	**Organisation:** **THESO**

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** • Maintain the existing safety net by providing basic health packages and emergency referral services • Strengthen emergency preparedness including surgical interventions • Respond to health related emergencies including controlling the spread of communicable diseases	**Indicators of progress:** 7 PHCCs in Guit, Gogrial East and Tonj North Counties functional 6days a week providing BPHNS including emergency health responses	**How indicators will be measured:** ➢ Patients register books ➢ IDSR weekly reports ➢ Health facility monthly reports ➢ THESO monthly reports CHD and SMoH reports	
Purpose	**CHF Project Objective:** Free quality and accessible basic package of health services provided to 31, 007 direct beneficiaries from the counties of Guit, Gogrial East, and Tonj North	**Indicators of progress:** Over 31, 007 individuals benefits from the BPHS project -85% of under five children with fever managed within 24hrs of disease onset as a result of the CHF project -Number of children vaccinated against measles and immunized against DPT3 -75% of deliveries conducted by skilled health staff in the project areas -Number of obstetric cases managed and or referred for further management -Number of disease outbreaks responded to within 24 to 72 hours	**How indicators will be measured:** ➢ Patients register books ➢ IDSR weekly reports ➢ Health Facility monthly reports ➢ THESO monthly reports ➢ CHD and SMoH Reports	**Assumptions & risks:** D.O. to THESO Goal Budget allocation for BPHS provision will be in line with THESO targets Policies are adhered to and Donors remain committed to health care reforms in RSS
Results	**Result 1 - Outcomes (intangible):** Existing safety net by providing basic health packages and emergency referral services maintained	**Indicators of progress:** -Number of patients clerk and managed -Number of emergency cases managed -Number of referrals in and out of PHCCs -Number of children immunized and vaccinated	**How indicators will be measured:** ➢ Patients register books ➢ IDSR weekly reports ➢ Health facility monthly reports ➢ Immunization register books ➢ ANC register books ➢ THESO monthly reports	**Assumptions & risks:** Political will assurance -Financial assurance from donor -Availability of drugs and EPI supplies

		-Number of women of reproductive age immunized	➢ THESO final report	
	Result 2 - Outcomes (intangible): Strengthen emergency preparedness including surgical interventions	number of mothers delivered by skilled health workers -number of complicated pregnancy cases referred to hospital for further management -number of women provided ANC services -number of referrals followed up	➢ ANC register books ➢ Referral register books ➢ Health facility monthly reports ➢ THESO monthly reports ➢ THESO annual report	All PHCCs equipped to manage BEmNOC services -Financial assurance from donor -Road network improved after raining season
	Result 3 - Outcomes (intangible): Respond to health related emergencies including controlling the spread of communicable diseases	-Number of health facilities with EWARN supplies -number of outbreaks responded to within 72hrs -number of health emergencies managed -number of communicable diseases cases managed	➢ ISDR weekly reports ➢ HMIS monthly reports ➢ Health facilities monthly report ➢ THESO monthly reports ➢ CHD monthly reports ➢ SMoH monthly reports	-Emergency supplies provided by WHO -Road networks become more accessible -Financial assurance from donor
	Immediate-Results - Outputs (tangible): Personnel: ➢ SMoH & CHD staff ➢ Community Health Workers ➢ THESO medical staff Materials: ➢ MoH drugs and consumable supplies ➢ EPI and Cold chain supplies ➢ EWARN Supplies ➢ MIS package supplies ➢ Training tools and supplies ➢ IEC & BCC materials for health, hygiene and sanitation educations Monitoring: ➢ Transport (car, fuel and maintainance) ➢ Accommodation ➢ Stationaries and printings Overhead: ➢ Based camp management and supplies ➢ Office rent ➢ Fuel for generators / electricity Internet and communication cost	**Indicators of progress:** Personnel: ➢ SMoH & CHD staff ➢ Community Health Workers ➢ THESO medical staff Materials: ➢ Drugs procurement and distributions ➢ MoH drugs and consumable supplies ➢ EPI and Cold chain supplies ➢ EWARN Supplies ➢ MIS package supplies ➢ Training tools and supplies ➢ IEC & BCC materials for health, hygiene and sanitation educations Monitoring: ➢ Transport (car, fuel and maintainance) ➢ Accommodation ➢ Stationaries and printings Overhead: ➢ Based camp management and supplies	**How indicators will be measured:** ➢ Patients register books ➢ Referral register books ➢ IDSR weekly reports ➢ HMIS monthly reports ➢ ANC register books ➢ Immunization register books ➢ Health facility monthly reports ➢ THESO monthly reports ➢ CHD monthly reports ➢ SMoH monthly reports ➢ THESO annual report	**Assumptions & risks:** -Ownership and community participation and involvement in project implementation -Finance are made available in time -Market prices remain stable -Continues political stability prevails -Roads remain accessible through out the project period

		➢ Office rent ➢ Fuel for generators / electricity Internet and communication cost		
	Activities: <u>1. Frontline basic health service available to local, and returnees population in the 7PHCCs are consolidated and expanded</u> - Expanded provision and prepositioning of medical and non medical supplies, to face the gaps stemming from the MoH Central medical stores completion; - Expanded provision of Lab equipment and supplies to face the gaps stemming from the MoH central medical stores completion; - Maintenance of Vaccine Cold Chains; - Continuous inpatients and outpatients service provision (dedicated services for U5 and expectant mothers); - Strengthening of the emergency and basic RH services (i.e., MCH, FP, ANC, safe and clean delivery, PNC, STI); - Integration of EPI (also for new-born and pregnant women) with other under-5 health services (i.e., IMCI, nutrition screening); - Strengthening of HIV/AIDS preventive and curative services (i.e., VCT, PMTCT); - Continuous technical assistance and supervision to the PHCCs and PHCUs service delivery system, through on-the-job coaching/mentoring; Activities will be implemented in the PHCCs of Guit, Nimeni, Manga, Kuach, Lietnhom, Luonyaker, and Warrap, beneficiaries for the period April – September 2013 will include the following: - 3,618 adults (males and females) admitted and visited in outpatients service; - 1,150 pregnant and delivering women, receiving ANC, PNC and PMTCT services and assisted during delivery; - 4,800 under-5 children, receiving IMCI, EPI and other integrated services.	**Inputs:** - 100% Staff time spent on project implementation - 2cars to support the project the implementation - Stationaries and printings - Based camps management and supplies - Fuel for generators / electricity - Internet and communication cost for one site	- Patients register books - Referral register books - IDSR weekly reports - HMIS monthly reports - ANC register books - Immunization register books - Health facility monthly reports - THESO monthly reports - CHD monthly reports - SMoH monthly reports - THESO annual report	**Assumptions, risks and pre-conditions:** -Ownership and community participation and involvement in project implementation -Finance are made available in time -Market prices remain stable -Continues political stability prevails -Roads remain accessible through out the project period

	2. Continuous emergency service provision, including minor surgical treatment is ensured - Continuous communicable disease epidemiological surveillance in the catchment areas; - Infectious disease prevention and control in the catchment areas, including integrated emergency outreach campaigns targeting most vulnerable groups (i.e., U5, P&LWs, returnees); - Provision of general and emergency 24/7 minor surgery service in all PHCC+; - Strengthening of BEmONC service delivery in all targeted PHCC+ & PHCCs; - Inter-cluster coordination for the organization and prompt implementation of comprehensive preparedness and early recovery campaigns in the 3 selected Counties (Health, Nutrition and WASH). Activities will be implemented in the PHCCs of Guit, Nimeni, Manga, Kuach, Lietnhom, Luonyaker, and Warrap in the three selected Counties (Guit, Gogrial East and Tonj North). The beneficiaries for the period April – September 2013 will include the following: - 2,400 people, including children and women targeted trough outreach campaigns; - 50 people operated on in PHCC+, including emergency and elective minor interventions; - At least 10 complicated deliveries managed through emergency obstetric care interventions. 3. Education, capacity building and coordination are strengthened to improve the EP&R and e-warning system in Guit, Gogrial East and Tonj North Counties - Theoretic and on-the-job specific trainings (including refreshment and ToTs) for PHCC+, PHCCs health staff on: (i) responsive frontline health services delivery, (ii) health emergencies preparedness and			

	management, (iii) BEmONC, (iv) minor surgical treatment preparation and follow up, (v) first aid. - Targeted sensitization campaigns on RH, FP and HIV/AIDS (involving CBOs, women' groups, couples, community leaders, teachers); - Targeted HIV awareness campaigns (e.g., schools, youth groups, girls' associations); - CHD capacity development on: (i) assessing, managing and monitoring health facilities service provision, (ii) early warning system and RRP measures, (iii) integration of primary and secondary health care service at County level, (iv) data collection and reporting, (v) MoH medical and non medical supplies management; - Organization of workshops at County levels for local institutions and PHCUs, PHCCs and PHCC+ managers to upgrade Guit, Gogrial East and Tonj North Counties emergency and ordinary health referral mechanism; - Active participation in the health coordination mechanism at County and State levels (with main focus on improvement of inter-cluster coordination). Activities will be implemented in the PHCC+, and PHCCs in the three selected Counties (Guit, Gogrial East and Tonj North). The beneficiaries for the period April - September 2013 will include the following: - 84 local health staff at the selected health facilities; - 1,000 community groups and individuals, including leaders youth and leaders, targeted through sensitization and awareness campaigns; - At least 7 local authorities' staff and PHCC/U managers at county level.			

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.

Activities	**Q1/2013**			**Q2/2013**			**Q3/2013**			**Q4/2013**			**Q1/2014**		
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Activity 1 Expanded provision and prepositioning of medical and non medical supplies, to face the gaps stemming from the MoH Central medical stores completion;				X	X	X	X	X	X						
Activity 2 Expanded provision of Lab equipment and supplies to face the gaps stemming from the MoH central medical stores completion;				X	X	X	X	X	X						
Activity 3 Continuous inpatients and outpatients service provision (dedicated services for U5 and expectant mothers);				X	X	X	X	X	X						
Activity 4 Strengthening of the emergency and basic RH services (i.e., MCH, FP, ANC, safe and clean delivery, PNC, STI);				X	X	X	X	X	X						
Activity 5 Integration of EPI (also for new-born and pregnant women) with other under-5 health services (i.e., IMCI, nutrition screening);				X	X	X	X	X	X						
Activity 6 Strengthening of HIV/AIDS preventive and curative services (i.e., VCT, PMTCT); Continuous technical assistance and supervision to the PHCCs and PHCUs service delivery system, through on-the-job coaching/mentoring;				X	X	X	X	X	X						
Activity 7 Continuous communicable disease epidemiological surveillance in the catchment areas;				X	X	X	X	X	X						
Activity 8 Infectious disease prevention and control in the catchment areas, including integrated emergency outreach campaigns targeting most vulnerable groups (i.e., U5, P&LWs, returnees);				X	X	X	X	X	X						
Activity 9 Theoretic and on-the-job specific trainings (including refreshment and ToTs) for PHCC+, PHCCs health staff on: (i) responsive frontline health services delivery, (ii) health emergencies preparedness and management, (iii) BEmONC, (iv) minor surgical treatment preparation and follow up, (v) first aid.				X	X	X	X	X	X						
Activity 10 Targeted sensitization campaigns on RH, FP and HIV/AIDS (involving CBOs, women' groups, couples, community leaders, teachers);				X	X	X	X	X	X						

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