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

SECTION I:

CAP Cluster	**Health Cluster**

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	**Cluster Geographic Priorities for this CHF Round**
i) Maintain the existing safety net by providing basic health packages and emergency referral services. ii) Strengthen emergency preparedness including surgical interventions. iii) Respond to health related emergencies including controlling the spread of communicable diseases.	All locations except the Equatorias

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

Requesting Organization
International Organization for Migration
Project CAP Code
SSD-13/H/54887/298
CAP Project Title *(please write exact name as in the CAP)*
Sustaining Life-saving Primary Health Care Services for Vulnerable IDPs, Returnees and Affected Host Communities in Upper Nile, Warrap and Western Bahr el Ghazal States

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**
Upper Nile State	100	Renk County

Total Project Budget requested in the in South Sudan CAP	US$ 2,426,760.00
Total funding secured for the CAP project *(to date)*	US$ 57,000 in kind donation

Funding requested from CHF for this project proposal	US$ 359,370

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:	**6,779**	**21,659**
Girls:	2,260	7,345
Men:	6,258	11,300
Boys:	2,085	6,781
Total:	**17,382**	**47,085**

Indirect Beneficiaries

34,188 in Renk South Payam (according to 2008 National Census)
40,879 in Renk North Payam (according to 2008 National Census)

Catchment Population (if applicable)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)
None

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 12 months (1 March 2013 – 28 February 2014)

Contact details Organization's Country Office	
Organization's Address	IOM, Mission in South Sudan New Industrial Area, Juba
Project Focal Person	Dr. Mamadou Diao Bah, dbah@iom.int, +211 (0) 92 240 5717
Country Director	Vincent Houver, vhouver@iom.int, +211 (0) 92 240 6615
Finance Officer	Patrick Stenson, pstenson@iom.int, +211 (0) 92 240 6613

Contact details Organization's HQ	
Organization's Address	17 route des Morillons CP-71 CH-1211 Geneva 19, Switzerland
Desk officer	Dr. Nenette Motus, nmotus@iom.int, +41 (02) 717 2355
Finance Officer	Zita Ortega-Greco, zortega-greco@iom.int +41 (02) 717 2279

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]

With less than 20% of the population accessing primary health care in South Sudan, the provision of life-saving health care through mobile and semi-static clinics in regions highly populated with vulnerable individuals (i.e. returnees, IDPs and affected host communities) is vital. South Sudan overall has some of the worst health indicators in the world with a Maternal Mortality Ratio of 2,054/100,000 live births and an Infant Mortality Rate of 102/1000 live births. These rates can be partially attributed to the fact that only 46% of pregnant women attend at least one ante-natal care visit and the national immunization coverage among children less than one year of age is low at 13.8%.

Among vulnerable populations, health indicators are often more dire as the conditions surrounding migration and population displacement can have an enormous negative impact on the health of individuals and communities. In Upper Nile State, IOM's Tracking and Monitoring Unit in conjunction with the South Sudan Relief and Rehabilitation Commission conducted a verification exercise in November 2012 and estimated that there are currently 20,000 stranded returnees and IDPs in Renk. The long period spent stranded in Renk coupled with the withdrawal last year of some key humanitarian partners operating in Renk has tremendously increased the levels of vulnerability among returnees.

Moreover, the state of water and sanitation in Renk is a growing concern. The WASH facilities currently available are unable to meet minimum standards due to the very high demand. At one site, the ratio of latrines to persons is estimated to be 1:260, critically below SPHERE standards (1:20). During the rainy season these extremely poor WASH conditions can exacerbate levels of water-borne illnesses beyond emergency thresholds. Hepatitis E, Acute Jaundice Syndrome and Acute Watery Diarrhea presented major challenges to health partners last year and are expected to do so again in 2013. With less humanitarian partners acting in Renk in 2013, the provision of life-saving health services through IOM's mobile and semi-static clinics represents a critical lifeline for returnees and affected host communities.

While immunization coverage for children under five is considered a priority under basic safety net services, the Sudan Household Health Survey (2010) estimates that only 6.7% of children between 12-23 months are fully immunized in Upper Nile State. This coverage is even lower among children of returnees, IDPs and other vulnerable populations whose health status can be directly attributed to a lack of access to services due to chronic displacement. Combining low immunization coverage with the influx of thousands of returnees presents a scenario in which an outbreak of a communicable disease could spread rapidly if emergency preparedness programmes are not preemptively supported. Furthermore, the limited availability of resources (human resources and commodities) from the State Ministry of Health has hampered attempts by the County Health Department to improve referral systems for complicated cases such as the clinical management of rape, as well as to ensure the proper and timely functioning of the core-pipeline. In October, IOM was alerted that Renk County Hospital had not received any supplies of medicine in six months.

Thus, there exists a continued need for external support from IOM's Emergency Health Unit in order to maintain access to basic safety net services, ensure proper pre-positioning of essential drugs, and conduct proper management and surveillance of communicable diseases among returnees, IDPs and affected host communities in Renk.

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.

Challenges facing the provision of a basic safety net of services for Upper Nile State include the perennial rainy season, remote village locations, difficult terrain, low presence of other humanitarian actors, and the continuing insecurity. Currently, Upper Nile State, which is significantly affected by the rainy season, is still the principle point of entry for South Sudanese returning from Sudan. While expected numbers for 2013 have been reduced to 125,000 individuals, IOM is still concerned that a significant return of vulnerable individuals will seriously compromise the already weakened health system in the region and cause further deterioration of the health status of returnees, IDPs and the host communities.

IOM with the support of CHF has previously received funding to operate mobile and semi-static clinics proving its capacity to provide life-saving primary health care and assistance in remote areas uncovered by the Ministry of Health and other partners. IOM began facilitating mobile and semi-static medical clinics in the Renk in 2011 and currently operates three clinics in each area supporting more than 94,380 IDPs, returnees and members of the host communities. IOM's operations overall provide access to basic safety net services, ensure proper pre-positioning of essential drugs, and conduct proper management and surveillance of communicable diseases among returnees, IDPs and affected host communities in Renk. Through partnership with AmeriCares, a US-based not for profit organisation, IOM has secured USD 57,000 worth of emergency medicines and medical supplies for use in Renk.

While the needs are vast, the proposed programming particularly strives to address the impact of gender on health care choices and promote women's active participation in community-level health committees. Over 46% of our target beneficiaries are women and it is estimated that 10% of female returnees aged 18-59 are pregnant or lactating women. In data collected from the Emergency Returns Sector, over 62% of the households surveyed were female headed. Given these statistics, IOM aims to ensure that 50% of staff be female health care providers. In 2012, IOM increased the utilization of Reproductive Health services in emergencies by improving the quality of services and actively reaching out to women in our target communities. IOM conducted a training for clinical staff, village midwives and health promoters on the Minimum Initial Service Package for Reproductive Health (MISP) in crisis situations in December 2012, as part of the previous CHF 2012 2nd round allocation. Refresher trainings for staff will continue at regular intervals and will focus on emergency triage, first aid, MISP, and management of communicable diseases. Finally, it is hoped that the focus on women will also help to achieve better immunization coverage rates among children during emergencies.

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 proposed project will respond directly to each of the three health cluster priority areas identified for this CHF Round 1 allocation. It must be noted that the Peer Review Team's recommended CHF allocation for this project (a 50% reduction from the original budget) has required IOM to decrease the number of direct beneficiaries in order to ensure that all three health cluster priority areas continue to be comprehensively covered.

1. Maintain the existing safety net by providing basic health packages and emergency referral services
   - All of the clinics supported under this proposal aim to provide the basic package of heath care services as defined by the cluster, which

[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.

includes reproductive health, HIV and child survival packages as well as emergency referral services (including transport) to Renk County Hospital
- Activities under this proposal will support the Abayok PHCU
- With a variety of supply chain challenges, this proposal will contribute to procuring essential drugs and medical supplies for IOM clinics in Renk as well as transport costs.

2. Strengthen emergency preparedness
   - This proposal will address core-pipeline challenges in Upper Nile State, an area affected by limited transport options due to the perennial rainy season and continuing insecurity. IOM will ensure the pre-positioning of essential drugs and equipment as needed to ensure access to supplies in an emergency.
   - Refresher training for staff on management and surveillance of communicable diseases, MISP, first aid and emergency preparedness will be conducted during the life of the project.
3. Respond to health related emergencies including controlling the spread of communicable diseases
   - This proposal addresses the management and surveillance of communicable diseases through the health service delivery provided by IOM's mobile and semi-static clinics, health education on communicable diseases and procurement, transport and pre-positioning of essential drugs and medical supplies.

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)

To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving primary health care and emergency referral services including the control of communicable diseases among vulnerable returnees, IDPs and affected host communities living in Renk over the course of six months.

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).

1. Maintain existing semi-static health facilities.
2. Delivery of reproductive and maternal health services, including MISP as well as pre and post natal care services.
3. Provide and support routine (Expanded Programme of Immunisation) and mass campaign immunisations, particularly for boys and girls under five and women of childbearing age.
4. Conduct basic and refresher capacity building trainings on communicable disease management and MISP (priority given to female health workers).
5. Facilitate emergency referral system through transport support and coordination mechanisms between referring and receiving health facilities.
6. Recruit, train and deploy community health volunteers conducting health awareness sessions on HIV/AIDS, Sexual and Gender based Violence, communicable diseases and good hygiene and sanitation practices for men, women, boys and girls.
7. Train midwives on MISP and safe pregnancy, delivery and new born care practices.
8. Pre-position essential medicines, medical supplies and medical equipment and logistical support.
9. Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response within 48 hours.

iv). Cross Cutting Issues

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

IOM requires all programming to implement human rights based approaches and target interventions using a gender based analysis. Among the returnees, IDPs and affected host communities in Renk, IOM Emergency Returns Sector collected data showing that over 62% of the households surveyed were female headed households. Add that to the fact that approximately 46% of Renk beneficiaries are women means that gender as a cross cutting issue is extremely important to the success of this project. Thus, programming aimed at empowering women and girls to make decisions about their own health as well as promoting women's active participation in community-level health committees overall is a key objective of this proposal. To ensure gender equality and an increased level of trust among women beneficiaries, the project will ensure that 50% of staff is female health care providers and all trainings will include an equal number of men and women participants.

Health sensitization sessions will be organised at each clinic site in order to discuss issues on HIV/AIDS, Sexual and Gender Based Violence (SGBV), communicable diseases and hygiene. IOM will also provide referrals for HIV treatment, care and support as well as co-infections (e.g. TB). Finally, the provision of reproductive and maternal health, including pre and post natal care, at the clinics may assist in the reduction of HIV transmission from mother to child.

The environmental impact of this project will be neutral, as IOM has taken steps to ensure proper waste management systems at all three clinic sites.

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.

1. Primary health care services provided through mobile teams and semi-static health facilities particularly focused on ensuring access for women, girls, boys and men.
2. Reproductive and maternal health services provided (including MISP and pre and post natal services).
3. Vaccination efforts through routine (Expanded Programme of Immunisation) and mass campaigns carried out.
4. Heath workers trained on communicable disease management and MISP (with priority given to female health workers).
5. Transport support provided and coordination mechanisms established between referring and receiving health facilities.
6. Community health volunteers trained and implementing health awareness sessions on HIV/AIDS, SGBV, communicable disease outbreaks and good hygiene and sanitation practices.
7. Village midwives trained in MISP and providing safe pregnancy delivery and new born care services.
8. Emergency stock of medicines and medical supplies in place in strategic areas for rapid deployment during outbreak response.

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 consultations, 5 years or older (by sex)	At least one consultation per beneficiary per year (at least 13,037 consultations: Women = 6,779; Men = 6,258)
X	2.	Number of consultations, less than 5 years of age (by sex)	At least one consultation per beneficiary per year (at least 4,345 consultations; Girls = 2,260; Boys = 2,085)

X	3.	Number of measles and polio vaccinations given to children under 5 in emergency or returnee situation	At least 3,476 unvaccinated boys and girls under five are vaccinated against measles and polio.
X	4.	Number of antenatal care clients receiving IPT 2nd dose	At least 695 women received IPT 2nd dose (4% of beneficiary population)
X	5.	Number of health facilities providing components of BPHS	At least three (Mina, Abayok and Payuer)
	6.	Number of volunteers from the community identified and trained on health promotion outreach strategies and activities	At least 10 male and 10 female volunteers from the community are identified and trained on health promotion outreach strategies and activities
	7.	Number of individuals that can potentially benefit from emergency stockpile of medicine and medical supplies in Renk	Essential Stockpile of medicine and medical supplies prepositioned in Renk for the benefit of at least 10,000 individuals.

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.

IOM will directly implement this project. Human resources will be mainly from IOM and some secondment from the Ministry of Health. IOM has an office in Renk and has been operating there since 2011.

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].

IOM health staff is required to send weekly and monthly reports to IOM Juba office giving statistics on the number of consultations conducted, types and scope of morbidities and vaccinations as well as details on health promotion activities. This consistent flow of information from the field allows the project manager to closely monitor morbidity trends, outbreaks, and project progress and to address any challenges in a timely manner. Based on the WHO Health Cluster Morbidity report and the Infectious Disease Surveillance Reporting form, IOM has developed an excel sheet that captures the combined data and allows for easy sharing with relevant partners such as the WHO, the Ministry of Health at all level and donors. Furthermore, the health team holds on site evaluation meetings every week to discuss the needs, achievements and adjustments.

The regular evaluation reports and that will allow for adjustments when necessary will ensure that the objectives are met. Additionally, field visits from IOM's Juba office will be conducted to ensure effectiveness and quality.

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)
AmeriCares (November 2012)	57,000 (in kind donation of medicines)

[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.

SECTION III:

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/54887/298	**Project title:** Sustaining Life-saving Primary Health Care Services for Vulerable IDPs, Returnees and Affected Host Communities in Upper Nile, Warrap and Western Bahr el Ghazal States.	**Organisation:** International Organization for Migration (IOM)

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:** *What are the key indicators related to the achievement of the CAP project objective?* • Number of consultations provided (disaggregated by sex and age)	**How indicators will be measured:** *What are the sources of information on these indicators?* • IOM Clinic reports, curative consultation registers and findings during monitoring and evaluation visits	
Purpose	**CHF Project Objective:** • To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving primary health care and emergency referral services including the control of communicable diseases among vulnerable returnees, IDPs and affected host communities living in Renk.	**Indicators of progress:** *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* • Number of consultations provided (disaggregated by sex and age) • Number of health facilities maintained and providing components of BPHS	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • IOM Clinic reports, curative consultation registers and findings during monitoring and evaluation visits	**Assumptions & risks:** • No natural or man-made hazards impede access to the project areas and beneficiaries for a protracted period of time. • GORSS supports the objectives and activities proposed by this project. • Little or no staff turnover • Adequate funding is received
Results	**Results - Outcomes (intangible):** *State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*. 1. Improved access to adequate primary health care services for conflict affected IDPs, returnees and vulnerable host communities with special emphasis on women, children < 5 years of age, the elderly, and persons with disabilities and special needs. 2. Improved access to reproductive health care services for women of child bearing age. 3. Increased immunization coverage through routine (EPI) and mass vaccination campaigns.	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • Number of health facilities providing components of BPHS • Number of women of child bearing age receiving TT vaccination • Number of vaccinations provided to children under five years of age	**How indicators will be measured:** *What are the sources of information on these indicators?* • IOM Clinic reports, curative consultation registers and findings during monitoring and evaluation visits • ANC reports and registers • Training sign in sheets • Stock out reports	**Assumptions & risks:** • Security of the project area remains at a level that will allow staff to access the site. • Natural hazards (e.g. heavy rains or flooding) do not cut off access to project areas. • GORSS through the ministry of Health, allow the project team to carry out planned activities. • Medicine and other items are available within the project's planned budget. • Ministry of health provides vaccines for vaccination campaigns • Community members, health service providers and beneficiaries are willing to participate in the planned project activities.
	Immediate-Results - Outputs (tangible): *List the products, goods and services **(grouped per areas of work)** that will result from the implementation of project activities. Ensure*	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the*	**How indicators will be measured:** *What are the sources of*	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the*

	that the outputs are worded in a manner that describes their contribution to the outcomes. 1. Primary health care services provided through mobile teams and semi-static health facilities particularly focused on ensuring access for women, girls, boys and men. 2. Reproductive and maternal health services provided (including MISP and pre and post natal services). 3. Vaccination efforts through routine (Expanded Programme of Immunisation) and mass campaigns carried out. 4. Heath workers trained on communicable disease management and MISP (with priority given to female health workers). 5. Emergency referral system facilitated through transport support and coordination mechanisms between referring and receiving health facilities. 6. Community health volunteers trained and carrying out health awareness sessions on HIV/AIDS, SGBV, communicable disease outbreaks and good hygiene and sanitation practices. 7. Village midwives trained in MISP and providing safe pregnancy, delivery and new born care services. 8. Emergency stock of medicines and medical supplies in place in strategic areas for rapid deployment during outbreak response.	*envisaged outputs? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* • Number of health facilities providing components of BPHS • Number of consultations (five years and older disaggregated by sex) • Number of consultations (under five years disaggregated by sex) • Number of antenatal care clients receiving IPT 2nd dose • Number of measles and polio vaccinations given to children under 5 years in emergency / returnee situation. • Number of volunteers from the community identified and trained on health promotion outreach strategies and activities • Number of individulas that will benefit from emergency stockpiles of medicines and medical supplies.	*information on these indicators?* • IOM Clinic reports, curative consultation registers and findings during monitoring and evaluation visits • Training sign in sheets	*expected outcomes? What factors may get in the way of achieving these objectives?* • Security of the project area remains at a level that will allow staff to access the site. • Natural hazards (e.g. heavy rains or flooding) do not cut off access to project areas. • GORSS through the ministry of Health, allow the project team to carry out planned activities. • Medicine and other items are available within the project's planned budget. • Ministry of Health provide vaccines for routine and mass vaccination campaigns • Community members, health service providers and beneficiaries are willing to participate in the planned project activities.
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* 1. Maintain existing semi static health facilities. 2. Delivery of reproductive and maternal health services, including MISP as well as pre and post natal care services. 3. Provide and support routine (Expanded Programme of Immunization) and mass campaign immunisations, particularly for boys and girls under five and women of childbearing age. 4. Conduct basic and refresher capacity building trainings on communicable disease management and MISP (priority given to female health workers). 5. Facilitate emergency referral system through transport support and coordination mechanisms between referring and receiving health facilities. 6. Recruit, train and deploy community health volunteers conducting health awareness sessions on HIV/AIDS, SGBV, communicable disease outbreaks and good hygiene and sanitation practices for men, women, boys and girls. 7. Training of midwives on MISP and safe pregnancy, delivery and new born care practices. 8. Pre-position essential medicines, medical supplies and medical equipment and logistical support. 9. Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response within 48 hours.	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* • Qualified staff and transport in place to carry out the activity. • Qualified staff and transport in place to carry out the activity. • Qualified staff and transport in place to carry out the activity. • Qualified staff, transport and training materials in place to carry out the activity. • Selection of Community Health Promoters to participate in trainings. • Qualified staff and transport in place to carry out the activity. • Strengthened relationship with Renk County Hospital • Qualified staff, transport and training materials in place to carry out the activity. • Qualified staff, transport and training materials in place to carry out the activity. • Selection of midwives to participate in training. • Qualified staff, transport, storage facility and medical items in place to carry out the activity. • Qualified staff and resources in place to carry out the activity		**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* • Security of the project area remains at a level that will allow staff to access the site. • Natural hazards (e.g. heavy rains or flooding) do not cut off access to project areas. • • GORSS through the Ministry of Health, allow the project team to carry out planned activities. • Medicine and other items are available within the project's planned budget. • Ministry of Health provides vaccines for routine and mass vaccination campaigns • Community members, health service providers and beneficiaries are willing to participate in the planned project activities.

PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The work plan must be outlined with reference to the quarters of the calendar year.

Activities	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014		
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
1. Maintain existing semi static health facilities.			X	X	X	X	X	X	X	X	X	X	X	X	
2. Delivery of reproductive and maternal health services, including MISP as well as pre and post natal care services.			X	X	X	X	X	X	X	X	X	X	X	X	
3. Provide and support routine (Expanded Programme of Immunisation) and mass vaccination campaigns particularly for boys and girls under five and women of childbearing age.			X	X	X	X	X	X	X	X	X	X	X	X	
4. Conduct basic and refresher capacity building trainings on communicable disease management and MISP (priority given to female health workers).			X	X	X	X	X	X	X	X	X	X	X	X	
5. Facilitate emergency referral system through transport support and coordination mechanisms between referring and receiving health facilities			X	X	X	X	X	X	X	X	X	X	X	X	
6. Recruit, train and deploy community health volunteers conducting health awareness sessions on HIV/AIDS, SGBV, communicable disease outbreaks and good hygiene and sanitation practices for men, women, boys and girls.			X	X	X	X	X	X	X	X	X	X	X	X	
7. Train village midwives on MISP and safe pregnancy, delivery and new born care practices.			X	X	X	X	X	X	X	X	X	X	X	X	
8. Pre-position essential medicines, medical supplies and medical equipment and logistical support.			X	X	X	X	X	X	X	X	X	X	X	X	
9. Participate in the disease surveillance/early warning system to identify potential outbreaks for quick			X	X	X	X	X	X	X	X	X	X	X	X	
10. Monitoring and evaluation of project activities			X	X	X	X	X	X	X	X	X	X	X	X	

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