South Sudan
2013 CHF Standard Allocation Project Proposal
for CHF funding against Consolidated Appeal 2013

SECTION I:

CAP Cluster	**Multisector**

CHF Cluster Priorities for 2013SecondRound Standard Allocation

Cluster Priority Activities for this CHF Round	**Cluster Geographic Prioritiesfor this CHF Round**
i) Logistic assistance to stranded returnees- Transit and onward transport assistance (OTA); and ii) Tracking and monitoring of population movement (Returnees and/or IDPs) with specific emphasis in Jonglei, Warrap, Unity, NBeG for the IDPs and adding Upper Nile for the returnees. iii) Health, Nutrition, WASH in refugee camps of Upper Nile and Unity State, camp/site specific interventions iv) Physical access to and inside camps (basic infrastructure, flood mitigation measures)	1. Upper Nile, the Bahr el Ghazals and Unity for the OTA, 2. Country wide for the tracking and monitoring. 3. Upper Nile (Maban county) and Unity (Pariang)– refugee response

SECTION II

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

Requesting Organization	
INTERNATIONAL MEDICAL CORPS–UK (IMC-UK)[1]	
Project CAP Code	**CAP Gender Code**
SSD-13/MS/55795/R/13107	2a
CAP Project Title*(please write exact name as in the CAP)*	
Integrated mental health and psychosocial support and HIV response in Maban	

Project Location(s)-		
State	**%**	*County/ies (include payam when possible)*
Upper Nile State	100	Maban County

Total CAP Project Budget	US$ 425,073 @ mid-term
Total funding secured for the CAP project *(to date)*	US$99,469

Funding requested from CHF for this project proposal	US$281,425
Are some activities in this project proposal co-funded (including in-kind)?Yes☒ No ☐*(if yes, list the item and indicate the amount under column if 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)*

	CHF direct beneficiaries	**CAP direct beneficiaries**
Women:	7588	
Girls:	5683	
Men:	6813	
Boys:	5848	
Total:	25,932	21,800[2]

Indirect Beneficiaries

Catchment Population (if applicable)
16,500 refugees at Gendrassa camp and 4,000 host community
17,900 refugees at Kaya camp

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

CHF Project Duration
Indicate number of months: 4 months
1 November 2013 – 28 February 2014

[1]International Medical Corps UK (IMC-UK) is an independent affiliate of International Medical Corps (IMC), with which it shares the same name and charitable objectives and mission. IMC-UK and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. International Medical Corps will be performing services under any agreement under the supervision of IMC-UK.

[2] IMC's innervation significantly changed after the CAP, therefore the number of people targeted in this proposal are higher.

Contact details Organization's Country Office	
Organization's Address	Plot no. 246, Block 3K South Tongping Area Juba Central Equatoria South Sudan
Project Focal Person	*Kevin Raabe* *kraabe@internationalmedicalcorps.org*, *+211* 954 894 409
Country Director	*Golam Azam,* *gazam@internationalmedicalcorps.org*, *+211* 954 894 409
Finance Officer	*Hillary Olach* *holach@internationalmedicalcorps.org*, *+211-956-834-026*

Contact details Organization's HQ	
Organization's Address	1919 Santa MonicaBlvd. Suite 400 Santa Monica, CA 90404:
Desk officer	Mera Eftaiha meftaiha@InternationalMedicalCorps.org
Finance Officer	StankaBabic sbabic@InternationalMedicalCorps.org

A. Humanitarian Context Analysis

Briefly describe (in no more than300 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[3]

Conflict, indiscriminate aerial bombardment, and targeting of SPLM-N civilian supporters in South Kordofan and Blue Nile states in Sudan have displaced approximately 118, 000 refugees and returnees to Maban since 2012. OCHA's mid-year review expects 70,000 returnees in 2013. Although the pace of new arrivals slowed this year, several factors warrant continued presence and surge capacity for health response. According to International Crisis Group's recent conflict assessment, food security conditions in SPLM-N controlled areas will likely deteriorate during the rainy season from July to September, while Khartoum-imposed restrictions on humanitarian aid to border areas further contribute to forced cross-border migration. In March 2013, IMC was selected as the UNHCR health and nutrition partner for Kaya, where the population of Jammam (18,000) and all new arrivals (2000) were relocated. UNHCR is developing plans to relocate 10,000 from Doro camp to Kaya after the rainy season, which could bring the total camp population to 28,000. This dramatic population increase will require sufficient qualified staff and supplies.

With high fertility rates, stratified gender norms, and pregnancy and delivery practices strongly in favor of traditional over biomedical care, utilization of reproductive health services is minimal. The 2010 Sudan Household Health Survey indicates 7.6% contraceptive prevalence rate, 49.2% deliveries with skilled birth attendance, and 4% correct knowledge of HIV prevention. These figures may be even lower among the displaced fleeing bordering states. UNHCR's reproductive health and HIV/AIDS assessment of Maban identified PMTCT, family planning, and community level engagement as priority gaps. Although the Minimum Initial Service Package (MISP) was implemented during the initial emergency phase, as the context of Maban transitions to a stabilized protracted emergency, comprehensive sexual/reproductive health services must be integrated into primary health care.

B. Grant Request Justification

Briefly describe (in no more than300 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.

IMC has operated in South Sudan for 18 years, implementing comprehensive PHC programming including nutrition, WASH, and emergency health response. IMC currently provides essential emergency health and nutrition services to refugees, returnees, and host communities, functioning as the lead health agency at both Gendrassa and Kaya camps.

Maintaining qualified human resources is essential to continue quality service provision to the target population. As health and program team members ensure an uninterrupted and effective response, adequate staffing is paramount. Previous funding constraints necessitated considerable program cutbacks; health outposts, for instance, were constructed as temporary shelters, while reconstruction of Gendrassa clinic was cancelled. Rehabilitation and establishment of health posts and maternity wings will improve access to services and ensure durability of health center infrastructure to withstand the rainy season.

Reproductive health and STI/HIV/AIDS prevention and response represent significant gaps in the current service provision in Maban refugee camps and IMC is well-positioned to lead implementation, having delivered comprehensive HIV/AIDS and reproductive health services in South Sudan since 2007. IMC currently provides ANC/PNC and syndromic management of STIs, however, the expansion of integrated reproductive health services to include safe motherhood, family planning, and prevention of mother-to-child-transmission (PMTCT) services at each health facility is urgently needed. Although HIV prevalence rates are likely to be low, at no more than 1%, integrating PMTCT into ANC services will safeguard against mother-to-child transmission.

At the community level, overcoming misconceptions and stigma and generating demand for reproductive health services, particularly healthy timing and spacing of pregnancies, will require considerable groundwork. Building upon existing community outreach activities with further training and support to community health workers (CHWs)on critical reproductive health topics and communication for health, and strengthening community mobilization strategies, can effectively promote reproductive health among

[3] 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.

the target vulnerable population.

Project activities are co-financed by ECHO and UNHCR.

C. Project Description(For CHF Component only)

i) Contribution to Cluster Priorities

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

The project aims to provide sexual/reproductive health care services (including STI/HIV/AIDS) to displaced populations and reduce overall morbidity and mortality.

The proposed activities will contribute to the agreed health sector priorities by:

(1) Rehabilitating and strengthening health centers in the affected area, including through provision of basic equipment and related supplies to ensure essential basic curative services.
(2) Maintaining surge capacity for emergencies, including staffing
(3) Maintaining and strengthening referral services for emergencies

ii) Project Objective

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

(1) Scale up facility based reproductive health and STI/HIV/AIDS care to camp population at Gendrassa and Kaya
(2) Strengthen and maintain community health outreach activities promoting sexual/reproductive health

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).

Objective 1: Deliver integrated reproductive health services (family planning; safe motherhood; ANC/PNC; STI/HIV/AIDS)Direct beneficiaries: 5056 women of childbearing age at Gendrassa and Kaya, including 481 pregnant women; 4166men; 11 IMC health staff

- Establish maternity wings at central health facilities, as semi-permanent rather than emergency temporary structures
- Ensure availability of basic equipment and essential supplies for reproductive health services (kits and drugs sourced from UNFPA, UNHCR, WHO if available)
- Ensure materials are in place for adequate practice of universal precautions
- Build the technical skills of 11 IMC health providers within-class and on-job training and mentoring on a range of key reproductive health topics, including MISP, child spacing, couples counselling, focused ANC, safe delivery, active management of third stage of labor (AMTSL), PNC, infection prevention, syndromic management of STI, HIV/AIDS testing and counselling, PMTCT, clinical management of rape.
- Institute use of checklists and job aids at health centers for FANC, safe childbirth and newborn care, PMTCT
- Provide clean delivery kits and new mother kits at health centers
- Maintain and strengthen referral system of emergency obstetric cases for secondary care
- Develop and implement family planning strategy focusing on healthy timing and spacing of pregnancies
- Integrate PMTCT into existing maternal and child health services
- Establish referral system for ARV treatment and follow up care
- Secure supply of ARVs from Malakal and CDC
- Maintain surge capacity, including uninterrupted adequate staffing, drugs, and medical supplies
- Strengthen facility-based reproductive health education sessions with locally appropriate IEC and BCC materials

Objective 2:Strengthen community health outreach activities with a greater emphasis on sexual/reproductive health promotion, awareness raising, and STI/HIV/AIDS prevention
Direct beneficiaries: 7588women and 6813 men; 5683girls and 5848 boys; 156 community health workers (CHWs);40 TBAs; 40 community reproductive health promoters; 40 Peer Educators at Gendrassa and Kaya camps

- Provide training and support to community reproductive health promoters (CRHPs) and peer educators (PEs) on community mobilization, BCC, couples counselling, referrals, and key SRH topics such as safe motherhood and child spacing. Establish referral mechanism for CRHPs to link beneficiary population with facility-based reproductive health care services, including household visits for pregnant and postnatal women and newborns
- Employ a range of group education and PLA methods including dialogue facilitation (Community Conversations), didactic lessons, participatory methods such as role-playing, and cultivation of local leaders and model couples.
- Organize community mobilization and sensitization on key occasions (health days, campaigns etc.) to raise awareness, encourage participation, and promote safe sexual behaviour
- Train TBAs on safe motherhood, recognizing danger signs of complicated pregnancy and delivery, and referrals for ANC, delivery, and PNC
- Engage men and community leaders/sheikhs on reproductive health in the context of family welfare

iv). Cross Cutting Issues

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

Gender: Project design incorporates gender sensitivity into planned activities as much as possible, including gender disaggregated data collection, reporting, and analysis. IMC advocates for greater female participation at all levels of programming, and strives to achieve a gender balanced health workforce, particularly among the community outreach workers. The unique needs of men, women, and youth are assessed continuously in order to develop and maintain gender responsive services and communication. Providing services at the community level will promote equitable access and bring care where it is needed most, particularly for women and girls. Community outreach caters messages according to both gender and age, to ensure all sectors of the population are reached. Similarly, reproductive health promotion engages and mobilizes men and women as equal and active participants in improving the health and wellbeing of their households.

Environment: The project is not expected to have any long-term negative environmental impact in the target areas. Instead, the project will undertake activities to strengthen environmental protection where possible. The project is not expected to generate any significant amounts of wastes during implementation. It will also not be engaged in any unconstructive earth movement for the sole purpose of infrastructural reconstruction/rehabilitation of health center sites.

v) Expected Result/s

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHFgrant period.

The project expects to enhance access to essential preventative, curative, and promotive sexual/reproductive health services, thereby improving the sexual/reproductive and overall health status of refugees at Gendrassa and Kaya camps.

List below the output indicators you will use to measure the progress and achievement of your projectresults. At leastthree 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)
	1.	Number ANC first visits	481
X	2.	# of refugees who participating in PHC awareness workshops	40 (TBAs)
X	3.	# of UN/NGOs staff trained on PHC issues	11
X	4.	# of existing temporary health facilities rehabilitated and/or equipped	2 Target: 1 maternity wing, 1 drug storage space)
	5.	Number tested for HIV (disaggregated by M/F)	818 (337 M 481 F)
X	6.	# of HIV+ pregnant women receiving ARV prophylaxis to reduce the risk of MTCT	10
X	7.	Number births attended by skilled birth attendants	72 (based on 15% of ANC)
X	8.	# of Community Health Workers/Volunteers trained on PHC issues	40 (20 M, 20 F)
X	9.	# of workshops on PHC issues organized	10 (7 for clinical staff, 3 for CHVs)
	10.	# of refugees who have access to integrated RH and STI/HIV services	7588 women and 6813 men
X	11.	# of new cases of particular diseases/illnesses reported at the health facility during project period	216 STIs (93 male/123 female)

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.

IMC will directly implement the project. The package of health services includes curative and preventative reproductive health care, and community outreach. IMC currently operates five decentralized health facilities at the two camps. The main clinic in Gendrassa and two decentralized outposts located at Blocks 17 and 36, currently offer outpatient consultations, EPI, and ANC/PNC. MSF provides comprehensive maternity services at their main hospital; referral pathways to these services have been strengthened. Health service components have been clearly delineated between IMC and MSF-Holland to maximize health coverage while minimizing duplication of efforts and resources. Kaya camp was established with the same partners as Gendrassa. The main clinic and first health outpost at Block F, recently opened in July 2013, provide outpatient consultations, EPI, and reproductive health services. Once trained staff and essential equipment and related supplies are in place, the expanded package of reproductive health services will be provided at both camps.

Integrated reproductive health services will include identification of pregnant women, ANC/PNC, healthy timing/spacing of pregnancies, maternal and neonatal care, counseling on optimal breastfeeding practices, and safe delivery by trained birth attendants. Community reproductive health promoters and peer educators will operate in each camp, raising awareness about sexual/reproductive health issues, including family planning and STI/HIV/AIDS prevention. PMTCT services will be integrated into ANC at each IMC health facility in Gendrassa and Kaya, including testing (for both HIV and syphilis), provision of ARV prophylaxis for HIV positive mothers according to national protocol, provision of AZT to newborns, counselling mothers on infant feeding options, and partner testing. Roll-out of PMTCT services is contingent on drug supply from relevant partners (UNDP, WHO, MoH, etc). Prior to procurement of PEP kits and other essential reproductive health drugs, IMC will attempt to obtain these kits and drugs as gifts-in-kind from UNFPA, UNHCR, and WHO, and only procure through project funds if in-kind donations are unavailable.

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 workplan (Section III)[4].

Standardized M&E tools will be used for data gathering of project outcome, output and activity indicators. IMC implements project monitoring on three levels: objectives and results monitoring to assess objectives and strategies developed are relevant to the changing situation on the ground; context monitoring to track changes in critical assumptions and/or risks, or other areas that may affect the capacity of the program to respond; and institutional monitoring to assess physical implementation of the program. Monitoring and evaluation technical support is provided by a Monitoring and Evaluation Officer and National staff M&E Assistant. The M&E Officer and M&E Assistant develop and maintain databases, feedback mechanisms, and M&E tools that are tailored to the context of the emergency. In addition, they provide support for training for key program staff to ensure information flow is successfully integrated and communicated at the country level.

Through active program monitoring, IMC uses performance indicators in addition to a monitoring and evaluation framework to track and measure progress. The UNHCR HMIS system records all health services provided in the emergency health facility in targeted refugee and/returnee sites. All information is consolidated on International Medical Corps' Maban Emergency Response Database adapted by the M&E Officer to collate quantitative data used for program monitoring.

Results-based monitoring of health and nutrition programs is conducted daily by monitoring quantitative and qualitative data and is reported in weekly activity reports. The M&E Officer actively monitors information flow to assess trends in health data and coordinates with the Team Leader, nutritionists, and primary health care advisors to ensure qualitative information is captured from project activities. The project will also maintain communication mechanisms for communities to provide feedback and promote accountability. The M&E Officer conducts active disease surveillance by assessing trends in morbidity and mortality data gathered from the health facility and health posts.

International Medical Corps will comply with CHF reporting schedule, and provide quarterly progress reports, with particular focus on progress related to output indicators and activities, contextual developments and corrective actions. At the end of the project, International Medical Corps will prepare a final narrative and financial report both for the donor and for internal purposes

D. 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)
ECHO	99,469
Pledges for the CAP project	

[4]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 theoutputs indicators listed in this project proposal.

SECTION III:

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/MS/55795/131o7.	**Project title:Integrated reproductive health (RH) and STI/HIV/AIDS response in Gendrassa and Kaya camps**	**Organisation: International Medical Corps UK**

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** • Improved access to reproductive health services among displaced populations in Maban.	**Indicators of progress:**	**How indicators will be measured:**	
Purpose	**CHF Project Objective:** • Deliver integrated RH and STI/HIV services to displaced population	**Indicators of progress:**	**How indicators will be measured:**	**Assumptions & risks:** • Security will continue to permit programs to operate. • Access continues to permit beneficiaries to be reached and for supplies to be delivered
Results	**Results - Outcomes (intangible):** • Increased availability and utilization of integrated RH and STI/HIV services • Improved community awareness, knowledge, and practices surrounding sexual/reproductive health	**Indicators of progress:** • # of refugees who have access to integrated RH and STI/HIV services (Target: 7588 women and 6813) • # of refugees participating in PHC awareness workshops (Target: 40 TBAs)	**How indicators will be measured:** • Clinical HIS data • Facility records • Daily surveillance • CRHP reports and community outreach supervisor records	**Assumptions & risks:** • Security will continue to permit programs to operate. • Access continues to permit beneficiaries to be reached and for supplies to be delivered. • Qualified community volunteers available and willing to participate in training and outreach activities.
	Immediate-Results - Outputs (tangible): • Infrastructure to provide integrated RH and STI/HIV services established • Essential staffing for integrated RH and STI/HIV response in place • IMC clinical staff gain new knowledge on RH response, including FP counseling, HCT, ANC/PNC, PMTCT • PLW and men and women of reproductive age receive RH services • CRHPs and PEs gain new knowledge on key SRH topics and effective social and behavior change • Beneficiaries gain new knowledge and improve behaviors surrounding sexual/reproductive health	**Indicators of progress:** • # of existing temporary health facilities rehabilitated and/or equipped (Target: 1 maternity wing, 1 drug storage space) • # of UN/NGOs staff trained on PHC issues (Target:11) • # of workshops on PHC issues organized (Target: 10 for clinical staff, 3 for community health volunteers) • # ANC first visits (Target: 481) • # of deliveries attended by trained health workers (Target: 72) • # tested for HIV (Target: 337 M 481	**How indicators will be measured:** • Program records • Program and HR records • Clinical HIS data • Facility records • Daily surveillance • CRHP reports and community outreach supervisor records • Focus group discussions with beneficiaries	**Assumptions & risks:** • Construction materials available and delivered in a timely manner. • Adequate qualified staff available • Adequate qualified staff available • Security will continue to permit programs to operate. • Access continues to permit beneficiaries to be reached and for supplies to be delivered. • Qualified community volunteers available and willing to participate in training and outreach activities.

		F) • # of HIV+ pregnant women receiving ARV prophylaxis to reduce the risk of MTCT (Target: 10) • # of Community Health Workers/Volunteers trained on PHC issues (Target: 40 CRHPS, 40 Peer Educators) • # of new cases of particular diseases/illnesses reported at the health facility during project period (Target: 216 STIs (93 male/123 female))		
	Activities: **1.** Establish maternity wing at Gendrassa central clinic **2.** Establish ANC/PNC ward at Kaya **3.** Establish drug storage space at Kaya **4.** Ensure availability of basic equipment and essential supplies for reproductive health services **5.** Recruit RH clinical staff (midwives and STI/HIV/AIDS project officers) **6.** Build technical skills of IMC health providers with in-class and on-job training and mentoring on key RH topics, including MISP, healthy child spacing and couples counseling, focused ANC, safe delivery, active management of third stage of labor (AMTSL), PNC, infection prevention, syndromic management of STI, HIV/AIDS testing and counselling, PMTCT, clinical management of rape. **7.** Manage normal deliveries by skilled births attendants and identify and refer high-risk labour and referrals to higher level care **8.** Offer family planning counselling and commodities including modern short and long term contraceptives **9.** Offer screening and syndromic management of STIs; HIV/AIDS testing,	**Inputs:** • Maternity wings infrastructure • Construction of infrastructure • Construction of infrastructure • Essential RH equipment, drugs and supplies • Transportation • Human resources • Training materials for clinical staff • Program staff time • Clinical staff time • Equipment for maternity wings • RH drugs and supplies • Transportation • Clinical staff time • RH drugs and supplies • Clinical staff time • RH drugs and supplies • Testing kits • Clinical staff time • RH drugs and supplies • Clinical staff time • RH drugs and supplies including PEP kits • Community Health Supervisor time	• Maternity wings infrastructure • ($7,880 CHF) • Construction of infrastructure ($15,000 CHF) • Construction of infrastructure ($5,000 CHF) • Drugs and consumable: ($15,000 CHF, ECHO, UNHCR) • Medical equipment and supplies ($80,082 CHF) • Charter flights to transport supplies ($13,000 CHF) • National staff ($16,802 CHF) • Training materials for clinical staff • Program staff time ($12,000 CHF) • Safe delivery and new mother kits $20,000 CHF are sourced as gifts-in-kind, will be removed from CHF budget. • Drugs and consumable: $15,000 CHF, ECHO, UNHCR • ARV prophylaxis from Malakal/CDC • AZT and ARV prophylaxis from Malakal/CDC • Drugs and consumable: $15,000 CHF, ECHO, UNHCR	**Assumptions, risks and pre-conditions:** • Construction materials available and delivered in a timely manner. • Uninterrupted and sufficient supply of drugs and other medical products available • Qualified staff available and recruited in a timely manner • Security will continue to permit programs to operate. • Access continues to permit beneficiaries to be reached and for supplies to be delivered. • Drug and commodity supply available and sufficient in quantity to meet beneficiary needs. • Qualified community volunteers available and willing to participate in training and outreach activities. • Access and security continues to permit beneficiaries to be reached and community level actions to be carried out.

	counseling, and treatment **10.** Offer ANC/PNC, including tetanus toxoid vaccination, iron and folic acid supplements, intermittent preventive therapy, integrated PMTCT **11.** Provide clinical management of GBV cases including rape **12.** Identify, train, and support CRHPs and PEs on community mobilization, BCC, couples counseling, referrals, and key SRH topics such as safe motherhood and child spacing. **13.** Strengthen facility-based sexual/reproductive health education sessions with locally appropriate IEC and BCC materials. **14.** Train TBAs on safe motherhood, recognizing danger signs of complicated pregnancy and delivery, and referrals for ANC, delivery, and PNC **15.** Mobilize communities through PLA methods including group education, dialogue facilitation (Community Conversations), cultivation of local leaders, and health campaigns/days	• CRHP and PE training materials • CRHP and PE time • Community Health Supervisor and CRHP time • Program staff time • Incentives for TBA participation • Community Health Supervisor time CRHP and PE time		

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.

Project start date:	**November 1, 2013**	**Project end date:**	**February 28, 2014**

Activities	**Q3/2013**			**Q4/2013**			**Q1/2014**			**Q2/2014**			**Q3/2014**		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Activity 1Establish maternity wings, ANC/PNC ward, and drug storage					X	X									
Activity 2Ensure availability of essential equipment, drugs, and supplies for RH and STI/HIV response					X	X	X								
Activity 3 Identify and recruit RH clinical staff					X										
Activity 4 Provide in-class and on-job training to clinical staff on key RH topics					X	X	X								
Activity 5 Manage normal deliveries and refer high-risk cases to appropriate level of care					X	X	X								
Activity 6 Offer family planning counseling and modern short and long term contraceptives					X	X	X								
Activity 7 Offer screening and syndromic management of STIs; HCT; and ARV treatment or referral					X	X	X								
Activity 8 Provide focused ANC/PNC					X	X	X								
Activity 9 Provide clinical management of rape					X	X	X								
Activity 10 Identify, train, and support CRHPs and PEs on key SRH topics					X	X	X								
Activity 11Strengthen facility-based sexual/reproductive health education sessions					X	X	X								
Activity 12Train TBAs on safe motherhood, recognizing danger signs, and referrals					X	X	X								
Activity 13Mobilize communities through PLA methods					X	X	X								
Finalize outstanding activities and preparation of report								X							

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