South Sudan
2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

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 2014 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 2014.

Cluster Geographic Priorities for this CHF Round

1. Jonglei (Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East)
2. Warrap (Twic, Gogrial East, Tonj North, Tonj South and Tonj East)
3. Northern Bahr El Ghazal (Aweil North, Aweil East, Aweil South and Aweil Central)
4. Western Bahr El Ghazal (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East)
6. Unity (Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang)

Upper Nile (Renk, Ulang, Nasir, and Maban, Longechuk, Baliet and Malakal)

Cluster Priority Activities for this CHF Round

- Maintain emergency primary health care services in targeted areas through provision of basic equipment, drugs, medical supplies, basic lab equipment and supplies
- Support to key hospitals for key surgical interventions to trauma
- Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
- Communicable disease control and outbreak response including supplies
- Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
  a. Emergency preparedness and communicable disease control and outbreak response
  b. Emergency obstetrical care, and MISP (minimum initial service package-MISP)
  c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
  d. Trauma management for key health staff
- Support to referral system for emergency health care including medivacs.
- Support to minor rehabilitation and repairs of health facilities
- HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.

SECTION II

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

Requesting Organization
International Rescue Committee

Project CAP Code	CAP Gender Code
SSD-14/H/60761	2a

CAP Project Title *(please write exact name as in the CAP)*
Basic and Emergency Primary Healthcare Services in Northern Bahr el Ghazal and Unity States

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

State	%	*County/ies (include payam when possible)*
Unity	100	Rubkona, Pariang, Panyijar

Total Project Budget requested in the in South Sudan CAP	US$ 6,634,895
Total funding secured for the CAP project ***(to date)***	US$ 142,539

Funding requested from CHF for this project proposal	US$ 250,000
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 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:	6,480	162,360
Girls:	9,990	194,438
Men:	7,050	168,854
Boys:	6,480	123,787

Indirect Beneficiaries / Catchment Population (if applicable)

The total number of indirect beneficiaries in Rubkona, Pariang and Panyijar counties is 262,696 (total population of the three counties, South Sudan Population and Housing Census 2008 with a 3% increase to reflect population growth since 2008)

Total:	**30,000**	**649,439**

Targeted population: Rubkona and Pariang conflict affected, IDPs, Returnees, Host communities, Refugees	**CHF Project Duration** (12 months max, earliest starting date will be Allocation approval date)
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) Not applicable	3 months (Feb – April)

Contact details Organization's Country Office	
Organization's Address	Hai Cinema, Juba, South Sudan
Project Focal Person	Jody Yasinowsky Email: Jody.Yasinowsky@Rescue.org Tel: +211 (0) 0954290147
Country Director	Wendy Taeuber Email: Wendy.Taeuber@Rescue.org Tel: +211 (0) 956438790
Finance Controller	Gabriel Munga Email: Gabriel.Munga@Rescue.org Tel: +211 (0) 959000668

Contact details Organization's HQ	
Organization's Address	122 East 42nd Street, New York, NY 10168-1289
Program Officer	Doreen Chi Email: Doreen.Chi@rescue.org Tel: +1 212 551 3073
Regional Controller	Getenet Kumssa Email: Getenet.Kumssa@Rescue.org Tel: +1 212 551 3073

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 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]

On December 16, 2013, heavy military exchanges occurred between rival Sudan People's Liberation Army (SPLA) factions in Juba. Fearful for their lives, civilians sought protection at the two nearby United Nations Mission in South Sudan (UNMISS) bases in Juba. Today it is estimated that around 30,000 IDPs have sought refuge in the UN bases in Juba. The fighting and violence quickly spread to other states in South Sudan, trapping thousands of civilians in Unity, Lakes, Upper Nile, and Jonglei States in UN bases or makeshift IDP settlements. As of January 1st, OCHA estimates that 194,000 people have been displaced across five states (Central Equatoria, Unity, Lakes, Upper Nile, and Jonglei), with some 57,500 people in UN bases across the country.

The UN peacekeeping bases have become displacement settlements but are inadequate to support the tens of thousands of people who are now seeking refuge there and are neither suitable nor safe for women and children. The situation in Bentiu remains tense, with military mobilized and sporadic fighting being reported. A reported 8,000 have sought refuge in the UN base in Bentiu and another 3,000 in the UN base in Pariang (OCHA, as of 26 Dec 2013). In addition to the IDPs at the UN bases, there are concentrations of IDPs in Koch, Leer and Mayendit counties. While no formal assessments have been conducted in Unity State, it has been reported that the water and sanitation and health conditions in the bases are precarious due to serious overcrowding, poor sanitation facilities and lack of medical services, risking outbreaks of cholera and other diarrheal diseases. So far, there are few to no health actors on the ground to respond to the health needs of IDPs. There is even less information on the condition of the IDPs outside the UN bases.

B. Grant Request Justification

Briefly describe (in no more than 300 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.

The IRC is requesting CHF funding in order to respond to the critical health needs of conflict-affected populations in Rubkona and Pariang Counties and to provide life-saving medivacs in Panyijar County. At the moment, there are few to no health actors operational in Rubkona or Pariang except for MSF. CARE, which is the HPF implementing partner for Rubkona and Pariang Counties, has mentioned that they will be overstretched and would need additional health actors to come in to assist with the response. The IRC's emergency response will consist of the establishment of a system of mobile health clinics to reach IDPs or conflict-affected communities who are cut off from and/or reduce the pressure on existing health facilities as well as through the provision of primary health care services for IDPs within the UN bases.

The IRC used to implement an emergency health response through mobile clinics in Rubkona and Mayom Counties up to 2012 targeting returnees and host communities, in close collaboration with the State Ministry of Health. At this moment, the IRC implements a WASH and GVB program in Rubkona and Pariang Counties with OFDA and CHF funding respectively and will activate the health crisis modifier to respond to the crisis. The funding requested from CHF would complement and reinforce IRC's health response considering the huge health needs that exist on the ground and the small amount of money available under the crisis modifier.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

Maintain emergency primary healthcare services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies to conflict-affected populations

To meet the basic and life-saving health needs of the conflict-affected populations, the IRC will provide services through a mobile clinic in Pariang and Rubkona counties. Primary health care and safe motherhood activities will be supported in the mobile clinic and in the health facility at the UN bases, through the provision of supplementary reproductive health (RH) supplies. The State Ministry of Health (SMoH) should be in a position to provide emergency health kits but extra drugs and basic medical equipment for the mobile clinic will be purchased with CHF funds in case there is a stock-out a shortages.

Communicable disease control and outbreak response including supplies

Hygiene promotion and awareness raising on relevant topics affecting the communities will be conducted at the mobile clinic sites and at the UN bases. The IRC will participate in mass vaccination campaigns or establish oral rehydration treatment corners when required. The IRC will also ensure the implementation of the minimum initial services package (MISP) for reproductive health during any acute emergency.

Support immunizations via fixed and mobile health clinics targeting conflict-affected populations

The IRC will organize vaccination sessions for conflict-affected populations or will join vaccination campaigns organized by other actors to ensure greater coverage within the

Support to referral system for emergency healthcare including medivacs in Panyijar County

The IRC will also use funds to support the provision of boat ambulance services in Payinjar County, Unity State, by paying the salaries of the boat ambulance captain and guard. In 2013, CHF funds supported the IRC's emergency health efforts in Panyijar County and the purchase of the boat ambulance, and in 2014, the IRC hopes to continue to provide lifesaving ambulance services for referrals to Leer County Hospital in Panyiajr County.

[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.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

Objective 1. Maintain access to quality primary health care as well as maternal and child healthcare services for conflict-affected populations through April 2014.

Objective 2. Respond to public health emergencies (AWD, measles, meningitis, malaria) among conflict-affected populations in a timely manner through April 2014.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it).** There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.
List the main activities and results 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: Access to quality primary health care and maternal and child health care services for conflict-affected populations is maintained through April 2014

- Provide access to primary health care (treatment of common diseases such as malaria, diarrhea and pneumonia) to conflict-affected populations that do not have access to health facilities and those sheltering in the UN bases, reaching 12,000 beneficiaries
- Support maternal and child healthcare services at the mobile clinic and in the UN bases, reaching 3,510 beneficiaries through vaccinations, deliveries, ante and post-natal consultations, and family planning services
- Provide equipment and supplies for maternal healthcare for use in the mobile clinic and in the UN bases
- Conduct health education and hygiene promotion sessions for conflict-affected populations at community level and in the UN bases, reaching approximately 5,000 people
- Support referral of patients from among conflict-affected populations to health facilities
- Support the payment of the boat ambulance captain and guard salaries in Panyijar County

Objective 2: Public health emergencies (AWD, measles, meningitis, malaria) among conflict-affected populations are responded to in a timely manner through April 2014

- Participate in joint needs assessments and suspected outbreak investigations
- Coordinate the emergency response with relevant actors and the State Ministry of Health
- Respond to health emergencies according to identified needs, for example:
    - In the event of acute watery diarrhea/cholera outbreak, establish cholera treatment centers (CTCs) in areas with most cases to contain the spread of disease and procure drugs
    - In the event of malaria outbreak, set up malaria tents at UN Bases for patient screening through rapid diagnostic tests, preposition anti-malarial drugs
- Support the provision of boat ambulance services to provide lifesaving ambulance services for referrals to Leer County Hospital

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

By April 2014, the IRC expects that:

1. Immunization coverage for DPT3 is improved to 50% through the mobile clinic and health facility at the UN bases.
2. Utilization rates for outpatient services are equal or above to 0.4 consultations per year.
3. Women have improved access to safe motherhood services through accessing the mobile clinic and health facility at the UN bases.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard 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	1.	Total direct beneficiaries, disaggregated by age and sex	12,000 (1,680 men; 2,520 women; 4,680 girls; and 3,120 boys)
2	2.	Number of consultations, 5 years or older	996 (339 men; 597 women)
3	3.	Number of <5 consultations (male and female)	204 (102 girls; 102 boys)
8	4.	Percentage DPT3 coverage in children under 1	50%
6	5.	Proportion of communicable diseases detected and responded to within 72 hours	95%

vi). Cross Cutting Issues

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

Although recorded HIV prevalence is low in the target counties (<1%), HIV awareness is also low (40-64%; OCHA 2009). Condoms will be distributed during patient consultations and at the ANC clinics after counseling.
The IRC will ensure that all data collected from the mobile clinics and from community-based activities will be disaggregated by sex, in order to identify any **gender** disparities that may indicate vulnerability, particularly of women and girls. The IRC will also ensure the implementation of MISP and provision of the basic reproductive health care package in the health facilities at the UN bases.

vii) 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.

The IRC will directly implement the proposed activities in the targeted counties in coordination with the Unity State Ministry of Health and other relevant stakeholders present in the target areas.

viii) 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[2].

The IRC will use the MoH data tools, and supplement them with the IRC's own tools, when there are no existing tools, to record health events. The IRC will report data to the MoH surveillance system to support epidemic surveillance, health planning and program management. IDSR data will be compiled weekly and submitted to the relevant CHDs and the Unity SMoH. Data on morbidity, maternal and child health and immunization will be compiled monthly and entered into the district health information system (DHIS) with a copy submitted to the SMoH. The monthly data analysis will inform program decision-making as it pertains to progress made in the implementation process. Quarterly data analysis will inform decision making on program strategies in terms of best practices and review lessons learned in the course of implementation.

The IRC will ensure to provide close supervision of the program activities to ensure that services are in line with national treatment protocols, quality standards are upheld and skills and concepts covered during in-service trainings are being correctly applied. The IRC will use its supervision checklist during monitoring visits.

The IRC is an active participant in the Health Cluster at both state and national levels and will share assessment findings with cluster members, as well as updates on the operating context for health interventions in the target area and impact of the proposed project. The IRC is the host agency for the NGO Health Forum Coordinator and Health Forum Assistant, playing a key role in basic and emergency health care coordination across agencies in South Sudan. The IRC is also a member of the Health Forum Advisory Team, providing a leadership role in NGO health coordination.

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)
European Commission Office of Humanitarian Affairs (ECHO) (May 2013)	142,539
Pledges for the CAP project	

[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:

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-14/H/60761	**Project title**: Basic and Emergency Primary Healthcare Services in Northern Bahr el Ghazal and Unity States	**Organization:** International Rescue Comittee

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	*What are the Cluster Priority activities for this CHF funding round this project is contributing to?* • Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies to conflict-affected-affected populations Communicable disease control and outbreak response including supplies • Support immunizations via fixed and mobile health clinics targeting conflict-affected populations • Support to referral system for emergency health care including medivacs in Paynijar County.	*What are the key indicators related to the achievement of* • Utilization rate maintained at or above 0.4 • Proportion of public health emergencies investigated within 72 hours (95%) •	*What are the sources of information on these indicators?* • Patient registration books at mobile clinics • Weekly IDSR reports, rapid assessment reports	
CHF project Objectives	*What is the result the project will contribute to by the end of this CHF funded project?* 1) Access to quality primary health care and maternal and child healthcare services among conflict-affected populations is maintained through April 2014. 2) Public health emergencies (AWD, measles, meningitis, malaria) among conflict-affected populations are responded to in a timely manner through April 2014.	*What indicators will be used to measure whether the CHF Project Objective are achieved?* • Utilization rate maintained at or above 0.4 • Case fatality rates of communicable diseases which have caused outbreaks are within WHO standards	*What sources of information will be collected/already exist to measure this indicator?* • Patient registers, population census 2008 data • Line-listing reports, IDSR weekly reports, patient registers	*What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • The project area remains accessible during the project period (security, roads passable) • Inflation remains stable

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 1	*What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*? Mobile clinic and health facility in UN bases provide primary healthcare services in line with the Basic Package of Health Services (BPHS), as well as promptly detect and refer any obstetric and neonatal emergencies	*What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?* • Percentage of DPT 3 coverage in children under 1 (target 50%) • Percentage of ANC1 visits among expected pregnancies (target 80% in 3 months)	*What are the sources of information collected for these indicators?* • EPI reports • ANC registers	*What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • The project area remains accessible during the project period (security, roads passable) • MoH protocol for EPI remains in place • Continuous vaccines and drugs supplied by MoH • Staff levels are maintained • The applied population data and its composition are realistic
Output 1.1	*List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.* The mobile clinic and health facility at the UN bases provide primary healthcare 50% DPT3 coverage in children under 1 years of age 996 consultations for people 5 years of age or older 204 consultations for children under 5 years of age	*What are the indicator(s) to measure whether and to what extent the project achieves the output?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* • Total direct beneficiaries • Number of consultations, 5 years or older • Number of <5 consultations (male and female) • Number of DPT3 vaccinations	*What are the sources of information on these indicators?* • Patient register • Immunization register	*What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • The project area remains accessible during the project period (security, roads passable) • Staff levels are maintained
Activity 1.1.1	Support maternal and child healthcare services at the mobile clinic and in the UN bases, reaching 750 beneficiaries through vaccinations			
Activity 1.1.2	Provide access to primary health care (with treatment of common diseases such as malaria, diarrhea and pneumonia) to conflict-affected populations that do not have access to health facilities and in the UN bases, reaching 10,000 beneficiaries			
Activity 1.1.3	Provide equipment and supplies for maternal healthcare for use in the mobile clinic and in the UN bases			
Activity 1.1.4	Conduct health education and hygiene promotion sessions for conflict-affected populations in communities and in the UN bases, reaching approximately 5,000 people			
Activity 1.1.5	Support referral of patients from among conflict-affected populations to health facilities			
Activity 1.1.6	Support the boat payment of the ambulance captain and guard salaries in Panyijar County			
Outcome 2	*What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*? Outbreaks are geographically contained and the response is timely, limiting excess morbidity and mortality	*What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?* Proportion of communicable diseases detected and responded to within 72 hours (target 95%)	*What are the sources of information collected for these indicators?* Rapid assessment reports, IDSR reports, emergency response reports	*What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • Security situation remains stable throughout intervention period • Access to affected areas is not restricted by insecurity

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 2.1	*List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.* 95% of suspected outbreaks are responded to within 72 hours of notification	*What are the indicator(s) to measure whether and to what extent the project achieves the output?* Number of measles vaccinations given to under 5 in case of emergency or returnee situation Proportion of communicable diseases detected and responded to within 72 hours	*What are the sources of information on these indicators?* • Village listing, immunization campaign report, post-campaign evaluation report • Rapid assessment reports, IDSR reports, emergency response reports	*What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Situation remains stable throughout intervention period • Access to affected areas is not restricted by insecurity.
Activity 2.2.1	Participate in joint needs assessments and suspected outbreak investigations			
Activity 2.2.2	Coordinate the emergency response with relevant actors and the State Ministry of Health			
Activity 2.2.3	Respond to health emergencies according to identified needs			
Activity 2.2.4	Support the provision of boat ambulance services to provide lifesaving ambulance services for referrals to Leer County Hospital			

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	**February 1, 2014**	**Project end date:**	**April 31, 2014**

Activities	**Q1/2014**			**Q2/2014**			**Q3/2014**			**Q4/2014**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Support maternal and child healthcare services at the mobile clinic and in the UN bases		X	X	X								
Provide access to primary health care (with treatment of common diseases such as malaria, diarrhea and pneumonia) to conflict-affected populations that do not have access to health facilities and in the UN bases		X	X	X								
Provide equipment and supplies for maternal healthcare for use in the mobile clinic and in the UN bases		X	X									
Conduct health education and hygiene promotion sessions for conflict-affected populations in communities and in the UN bases,		X	X	X								
Support referral of patients among conflict-affected populations to health facilities		X	X	X								
Support the payment of the boat ambulance captain and guard salaries in Paynijar County		X	X	X								
Coordinate the emergency response with relevant actors and the State Ministry of Health		X	X	X								
Respond to health emergencies according to identified needs		X	X	X								
Support the provision of boat ambulance services to provide lifesaving ambulance services for referrals to Leer County Hospital				X								

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