

South Sudan
2014 CHF Standard Allocation Project Proposal
for CHF funding against CRP 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 CRP 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:**CRP 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 CRP 2014.

Cluster Priority Activities for this CHF Round

- a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
- b. Support to key hospitals for key surgical interventions to trauma
- c. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
- d. Communicable disease control and outbreak response including supplies
- e. Strengthen early warning surveillance and response system for outbreak-prone diseases
- f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- g. Maintain surge capacity to respond to any emergencies
- h. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies);
- i. Provision of Emergency mental health and psychosocial care
- j. Capacity building interventions will include
 - Emergency preparedness and communicable disease control and outbreak response
 - Emergency obstetrical care, and MISP (minimum initial service package-MISP)
 - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
 - Trauma management for key health staff
- k. Support to referral system for emergency health care including medevacs.
- l. Support to minor rehabilitation and repairs of health facilities
- m. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

Cluster Geographic Priorities for this CHF Round

1. **Jonglei – all counties**
2. **Upper Nile – all counties**
3. **Unity – all counties**
4. **Lakes – Awerial, Yiroi West, Yiroi East and Rumbek North**
5. **Central Equatoria – Juba (IDP camps)**
6. **Warrap - Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East**

SECTION II**Project details**

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

Requesting Organization

COSV – Coordinamento delle Organizzazioni per il Servizio Volontario

Project CRP Code

SSD-14/H/60382

CRP Gender Code

1

CRP Project Title (please write exact name as in the CRP)

Enhancing emergency primary health care services among the vulnerable communities of Ayod County (Jonglei State)

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)
JONGLEI	100%	Ayod County – Wau, Pagil, Mogok, Pajek

Funding requested from CHF for this project proposal	US\$ 135,000
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Are some activities in this project proposal co-funded (including in-kind)? Yes No (if yes, list the item and

Total Project Budget requested in the in South Sudan CRP	US\$ 705,423
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Total funding secured for the CRP project (to date)	US\$ 85,000
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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 CRP 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 CRP
Women:	3,900	41,412
Girls:	1,600	13,973
Men:	3,350	34,899
Boys:	1,600	18,222
Total:	10,450	108,506

Indirect Beneficiaries / Catchment Population (if applicable)

25,000 people reported as IDP

Targeted population:

Abyei 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)

Indicate number of months. 5

1 August - December 2014

Contact details Organization's Country Office

Organization's Address	Thong ping - Juba
Project Focal Person	<i>Peter claver Olore – Country coordinator</i> Cosv.ssudan.healthco@gmail.com 0927133847
Country Director	<i>Peter claver Olore – Country coordinator</i> Cosv.ssudan.healthco@gmail.com 0927133847
Finance Officer	<i>Cesare Squallente –Country Administrator</i> Cosv.countryadmi.juba@gmail.com 0923066139
Monitoring & Reporting focal person	<i>Wilfred Wanyanga – TB/KA Coordinator</i> cosvnyal@gmail.com 0921 296316

Contact details Organization's HQ

Organization's Address	COSV – Via Soperga 39 – Milano -Italy
Desk officer	<i>Claudia Cui – claudia.cui@cosv.org</i> +39 022822852
Finance Officer	<i>Elena Sironi – elena.sironi@cosv.org</i> +39 022822852

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 population¹

In Ayod county, fighting occurred within 27th and 28th April that destroyed COSV compound and other program assets (program vehicles, V-sat internet, staff houses, drug supplies, including some health facilities, etc). COSV eventually lost contact with COSV local field staffs and CHD who fled the violence for their safety, until May 13th when COSV went for IRNA in Jiech and confirmed the presence of some CHD and COSV staffs. The Community of Kuachdeng and Ayod payams were also reported to have relocated to Jiech, Mogok, Canal, and Gorwai which have been reported as the latest concentration points. As of today, Ayod County is still split into two authorities (SPLA and SPLA-IO), making access a delicate balance to reach the most needy children and women. COSV has managed to get approvals and resumed operations and deliveries of essential supplies in Northern Ayod (Jiech, Pagil and Menime) by flight, as the facilities are the only ones near a recently used airstrip that are accessible. However, Ayod county is still volatile and experiencing skirmishes in southern area near Duk and Uror.

From the IRNA report of 7-8th March 2014, IDPs situation was: Haat 125, Menime 350, Nyoat 280, Pakuem 170, Pakur 370, and others unaccounted for, as having integrated within Menime Boma. In Pagil, IDPs were reported from Malakal, with 1,569 arriving in January 2014 and 886 in February 2014 respectively. Following the April 27-28th fights, an IRNA assessment led by OCHA on 13-14th May indicated an estimate of 25,000 people displaced to Jiech alone. Population movement within this period of violence had been high with others being displaced twice or more times.

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.

As an effort to mitigating catastrophic emergency that is eminent, this CHF/CRP funding shall be critical in bridging the gap in resource, in augmenting emergency response in Ayod County and enhance COSV surge capacity. COSV has already applied for NCE of CHF-Round 1 up to July, and hence round 2 would bridge the gap of the remaining period of the year when rains season is at peak and Cholera and other emergencies are threatening in Jonglei.

Funding will strengthen international team deployment, reorganize means of communication for reporting and re-establish a field base (field coordination office) in IDP locations of Jiech. This fund shall also support a motivational stipend of Hardship allowance for technical team who will be in field locations (Jiech).

COSV shall also work with IMA for RRHP funding in strengthening the capacity of CHD on coordination of peripheral health facilities and reporting. With RRHP, COSV shall also support CHD establish a coordination base in Jiech, after their offices in Ayod was as well affected. UNICEF funding will also support immunization services with in-kind supplies, as cold chain equipments in central location of Ayod where all reportedly destroyed.

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.

This funding will be geared toward support of priority activities in improving responses to areas of dire need, as follows:

Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies:

This funding will help procure some equipment, drugs and other medical material so as to supplement the RRHP drugs. The medical materials may include dressing materials and lab supplies. Equipments needed shall be for mobile outreaches and facilities at IDP locations.

Communicable disease control and outbreak response including supplies

Funding will support delivery of emergency supplies, transportation of samples and response team.

Strengthen early warning surveillance and response system for outbreak-prone diseases

With loss of communication infrastructures, funding will also enable acquisition of satellite phones for field reporting

Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns:

In collaboration with UNICEF and MoH to acquire the vaccines, funding will support transportation and delivery of vaccines to the field team. Mobile team will also be supported with the same CHF funding.

Maintain surge capacity to respond to any emergencies:

This funding will be critical in increasing international staffs in field operations so as to strengthen coordination and resource management at the time when regional and national staffs may be at risk of any attack.

Capacity building interventions will on: - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues

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.

COSV shall procure soft WASH supplies (soap, chlorine tablets) for distribution in IDP areas. Funding will also support the outreach team reach remote locations.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP 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)

This project aims at re-starting basic primary health care in at least 7 functional health facilities of Ayod county of Jonglei state, in order to create resilience to health emergencies.

This objective is in line with CRP priority actions of response. Through support of basic health services, prepositioning of basic supplies, and capacity building, CHF funding will ensure: emergency primary health care services in critical locations of IDPs, speedy resilience from crisis; and communicable disease timely investigation. Interventions shall target host and the IDP communities. COSV shall integrate RH and Nutrition services at the primary health care facilities.

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).

Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies:

Proposed activities:

- Procure basic pediatric supplies and laboratory items for primary health care;
- Transportation of medical supply donations from WHO, MoH, UNICEF, UNFPA, etc
- Support provision of primary healthcare services in all 4 IDP locations in Ayod County.

The following indicators shall provide basis for achievement:

Number of outpatient consultations, curative for 5 years and Older: 2,550 (1,400 Women; 1,150 Men)

Number of outpatient consultations, curative for Children Under 5 years: 1,850 (900 Girls; 950 Boys)

Number of pregnant women receiving TT2 vaccination: 100

Communicable disease control and outbreak response including supplies

Proposed activities:

- Laboratory diagnostic services
- Support provision of primary healthcare services in all 4 IDP locations in Ayod County.

The activities shall be linked to the following indicators:

Number of Consultations, curative for 5 years and Older: 2,550 (1,400 Women; 1,150 Men)

Number of Consultations, curative for Children Under 5 years: 1,850 (900 Girls; 950 Boys)

Proportion of communicable diseases outbreaks detected and responded to within 48 hours: 65%

Strengthen early warning surveillance and response system for outbreak-prone diseases

Proposed activities:

- Procurement of mobile satellite communication equipments for remote health facilities
- Reporting (IDSR and Routine monthly)

Indicators to track the stated activities shall include:

Proportion of communicable diseases outbreaks detected and responded to within 48 hours: 65%

Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns:

Proposed activities:

- Carry out immunization (Mobile in IDP settlements and fixed 1 PHCU).
- Support supplementary campaigns

The following indicators shall be applied:

Number of < 5 children received measles vaccinations in emergency or returnee situation

% of pregnant women receiving at least 2nd dose of TT vaccination

Maintain surge capacity to respond to any emergencies:

Proposed activities:

- Meetings to maintain high humanitarian response coordination among stakeholders at field, state and national levels
- Support presence of technical team in field

The indicator for these activities include:

Number of management and technical staffs in field

Capacity building interventions will on: - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues

Proposed activities:

- Health awareness on major topics of; hygiene promotion, HIV/AIDS, RH, and other common disease conditions of public health importance.

Indicators for this activities shall include:

Number of people who benefited from Health promotion activities

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

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

-availability of basic life saving IMCI drugs in remote facilities
 -humanitarian responses at field level safely coordinated without violence to staffs
 -health emergencies are effectively controlled

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)
x	1.	Total # of outpatient consultations	4,400 (1400 Women, 900 Girls, 1150 men, 950 Boys)
x	2.	# of >5 outpatient consultations	2550 (1400 Women; 1,150 Men)
x	3.	# of <5 outpatient consultations	1,850 (900 Girls, 950 Boys)
x	4.	# of < 5 children received measles vaccinations in emergency or returnee situation	600 (300Girls, 300 Boys)
x	5.	Proportion of communicable diseases outbreaks detected and responded to within 48 hours	65%
x	6.	% of pregnant women receiving at least 2nd dose of TT vaccination	40%
x	7.	# of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	1950 (500 Women, 400 Girls, 700 Men, 350 Boys)
	8.	# of people attending Health promotion activities	3500 (2000 Women, 1500 men)

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

HIV- AIDS will be mainstreamed through awareness for the communities about HIV-AIDS and distribution of information, education and communication material. COSV shall ensure maintenance of safety precautions at work place to minimize health facility transmissions.
 Environmental protection: COSV shall ensure protection of trees at facilities and its compound, even for purpose of shade during project activities. Waste management shall be carried out in accordance with safe environmental procedures and ensure minimal carbon emissions.
 Gender is an essential aspect of our activities in reaching out to women as the most vulnerable people during the current crisis. COSV shall ensure privacy for women at all health facilities during RH service and other examinations required.

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.

Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies: Basic laboratory supplies and other essential paediatric drugs shall be procured following COSV internal procurement procedure. COSV as a partner for RRHP will also support distribution of RRHP supplies. Items shall be transported by air from Juba. COSV shall procure a temporal tent for a warehouse from where supplies shall be distributed to facilities thereof. COSV shall also collaborate with UNFPA, WHO, UNICEF and SMoH in sourcing basic medical kits, including vaccines in-kind.

Communicable disease control and outbreak response including supplies: Effective control shall depend on prompt case detection. Our strategy of implementation shall focus on routine diagnostic services at facilities. COSV shall work with CHD is supervision of PHCU functionality and supply levels. Diseases control will also be linked to surveillance activities.

Strengthen early warning surveillance and response system for outbreak-prone diseases
 Regular reporting of selected cases (weekly and monthly) shall be based on satellite phone messages. COSV shall procure satellite phones to facilitate all reporting and facility operational updates.

Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns: COSV and CHD shall work in collaboration to improve immunization services. With a total of 4 cold chain facility assets likely vandalised, cold chain capacity is seriously constrained and COSV hopes to rely on regular request from UNICEF Juba for short supplies. This may supply Jiech PHCU for routine and mobile activities.

Maintain surge capacity to respond to any emergencies:
 COSV plans to increase human resource capacities and enhance coordination at field level to provided safe environment for humanitarian workers and ensure proper coordination of any emergencies.

Capacity building interventions will include: This shall be mainly on community based interventions. Activities shall include awareness raising, hygiene promotion, education and participation in health-related issues. Health awareness shall also remain a core activity at health facilities and other service points (outreaches) in disseminating key messages in health. In minimizing out breaks, COSV shall also support distribution of chlorine tablets and Soap.

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 frame of reference for monitoring the project is represented by the five criteria defined within the ambit of the PCM approach: relevance, efficiency, effectiveness, impact and sustainability. The **monitoring system** will be based on 3 sets of indicators: **efficiency indicators**, touching the respect of time, expenditures, human resources and outputs; such indicators are settled every 6 months; **effectiveness indicators**, measuring the usefulness of the project activities, quantifying the short and long term impacts in terms of benefits produced by the project and enjoyed by the beneficiaries, and the achievement of intermediate and final objectives; such indicators are settled once at the beginning of the project; **context indicators**, analyzing risk factors and project assumptions in order to keep track of sustainability from the beginning; such indicators are established at the starting of the project and revised midterm.

In ensuring all these, the human resource team shall be organized that the project shall have an expatriate technical project manager, based in the field (Jiech) who leads the emergency response team. The Project officer shall supervise health and Nutrition team, and work in collaboration with PHCU in-charges, laboratory and maternity staffs. A "Hardship allowance" shall be calculated for expatriate staffs on weekly basis to motivate staffs and attract retention.

Other project team will include TB/KA Coordinator, Laboratory Technologist and a Midwife. An expatriate logistic field coordinator shall also be based in field to provide administrative and logistic support in setting up a new coordination centre.

D. Total funding secured for the CRP project

Please add details of secured funds from other sources for the project in the CRP.

Source/donor and date (month, year)	Amount (USD)
CHF2014 Round 1	85,000
Pledges for the CRP 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:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		
CHF ref./CRP Code: SSD 14/H/60382	Project title: Enhancing emergency primary health care services among the vulnerable communities of Ayod County (Jonglei State)	Organisation: <u>COSV</u>

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>Goal/Impact (cluster priorities)</p> <ul style="list-style-type: none"> • Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment 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 • Capacity building interventions 	<ul style="list-style-type: none"> • Total Number of consultations (OPD and Maternity) • Proportion of IDSR Reporting • Number of < 5 children receiving measles vaccinations in emergency or returnee situation • Number of people attending health promotion sessions 	<p>Narrative report (COSV format)</p> <p>HMIS Reports (Morbidity, RH, and EPI reports) through DHIS format</p> <p>Health awareness reports</p>	
<p>CHF project Objective</p> <p>Re-starting basic primary health care in at least 7 functional health facilities of Ayod county of Jonglei state</p>	<ul style="list-style-type: none"> • Number of Consultations, curative for Children Under 5 years • Number of Consultations, curative for 5 years and Older 	<p>Monthly PHCC/PHCU HMIS Reports (DHIS)</p>	<ul style="list-style-type: none"> • Security situation remains stable • Project locations remain accessible through most period of implementation, with no floods • Partners respect CHF implementation processes

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 1	Availability of basic life saving IMCI drugs in remote functional facilities	At least 7 functional health facilities	Monthly HMIS report	<ul style="list-style-type: none"> Population remains stable, no massive shift (displacements) Project locations remain accessible through most period of implementation, with no floods
Output 1.1	<ul style="list-style-type: none"> Basic supplies (drugs, vaccines & other materials) and laboratory items for primary health care 	Total number of outpatient consultations; 4,400 (1400 Women, 900 Girls, 1150 men, 950 Boys); N# of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits) - 1950 (500 Women, 400 Girls, 700 Men, 350 Boys)	Monthly HMIS (morbidity & EPI) reports; Laboratory reports; Dug Delivery/ distribution reports (way-bills)	<ul style="list-style-type: none"> Suppliers for pipeline kits (WHO, UNFPA, UNICEF, etc) respond timely to requests; No vandalism to Health supplies
Activity 1.1.1	Procure basic paediatric supplies and laboratory items for primary health care			
Activity 1.1.2	Transportation of medical supply donations from WHO, MoH, UNICEF, UNFPA, etc			
Activity 1.1.3	Support provision of primary healthcare services in all 4 IDP locations in Ayod County			
Outcome 2	humanitarian responses at field level safely coordinated without violence to staffs			
Output 2.1	Maintain surge capacity to respond to any emergencies:	Number of management and technical staffs in field; at least 3	Field reports (COSV internal report)	No restriction on expat staff movement due to on-going conflict Local community willing to collaborate with expat staffs
Activity 2.1.1	Meetings to maintain high humanitarian response coordination among stakeholders at field, state and national levels			
Activity 2.1.2	Support presence of technical team in field			
Output 2.2	Capacity building interventions will on: - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues	N# of people attending Health promotion activities 3500 (2000 Women, 1500 men)	COSV internal activity narrative report	Community willing to participate in voluntary activities and sessions.
Activity 2.2.1	Conduct Health awareness on major topics of; hygiene promotion, HIV/AIDS, RH, and other common disease conditions of public health importance.			
Outcome 3	Health emergencies are effectively controlled			
Output 3.1	Promptly detect and manage patients	# of >5 outpatient consultations; 2550 (1400 Women, 1,150 Men) # of <5 outpatient consultations; 1,850 (900 Girls, 950 Boys)	Monthly HMIS (morbidity & EPI) reports; Laboratory reports;	<ul style="list-style-type: none"> Timely reporting of cases done
Activity 3.1.1	Laboratory diagnostic services			
Activity 3.1.2	Support provision of primary healthcare services in all 4 IDP locations in Ayod County.			
Output 3.2	Strengthen early warning surveillance and response system for outbreak-prone diseases	Proportion of communicable diseases outbreaks detected and responded to within 48 hours; 65%	Weekly IDSR and Monthly HMIS reports	Timely reporting of activity done

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 3.2.1	<i>Procurement of mobile satellite communication equipments for remote health facilities</i>		
Activity 3.2.2	<i>Reporting (IDSR and Routine monthly)</i>		
Output 3.3	<i>Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns</i>	<i># of < 5 children received measles vaccinations in emergency or returnee situation; 600 (300Girls, 300 Boys) % of pregnant women receiving at least 2nd dose of TT vaccination; 40%</i>	
Activity 3.3.1	<i>Carry out immunization (Mobile in IDP settlements and fixed 1 PHCU).</i>		
Activity 3.3.2	<i>Support supplementary campaigns</i>		

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:	1 August 2014	Project end date:	31 December 2014
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Activities	Q2		Q3/2014		Q4/2014			Q1/2015			Q2/2015	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1: <i>Procure basic pediatric supplies and laboratory items for primary health care</i>			X	X	X							
Activity 2: <i>Transportation of medical supply donations from WHO, MoH, UNICEF, UNFPA, etc</i>			X	X	X	X	X					
Activity 3: <i>Support provision of primary healthcare services in all 4 IDP locations in Ayod County</i>			X	X	X	X	X					
Activity 4: <i>Meetings to maintain high humanitarian response coordination among stakeholders at field, state and national levels</i>			X	X	X	X	X					
Activity 5: <i>Support presence of technical team in field</i>			X	X	X	X	X					
Activity 6: <i>Conduct Health awareness on major topics of; hygiene promotion, HIV/AIDS, RH, and other common disease conditions of public health importance.</i>			X	X	X	X	X					
Activity 7: <i>Laboratory diagnostic services</i>			X	X	X	X	X					
Activity 8: <i>Procurement of mobile satellite communication equipments for remote health facilities</i>			X	X								
Activity 9: <i>Reporting (IDSR and Routine monthly)</i>			X	X								
Activity 10: <i>Carry out immunization (Mobile in IDP settlements and fixed 1 PHCU).</i>			X	X	X	X	X					
Activity 11: <i>Support supplementary Immunization campaigns</i>			To liaise with MoH, WHO, UNICEF, IMA for dates									

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