

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	Cluster Geographic Priorities for this CHF Round
<p>a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies</p> <p>b. Support to key hospitals for key surgical interventions to trauma</p> <p>c. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)</p> <p>d. Communicable disease control and outbreak response including supplies</p> <p>e. Strengthen early warning surveillance and response system for outbreak-prone diseases</p> <p>f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns</p> <p>g. Maintain surge capacity to respond to any emergencies</p> <p>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);</p> <p>i. Provision of Emergency mental health and psychosocial care</p> <p>j. Capacity building interventions will include</p> <ul style="list-style-type: none"> • 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 <p>k. Support to referral system for emergency health care including medevacs.</p> <p>l. Support to minor rehabilitation and repairs of health facilities</p> <p>m. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions</p>	<ol style="list-style-type: none"> 1. Jonglei – all counties 2. Upper Nile – all counties 3. Unity – all counties 4. Lakes – Awerial, Yirol West, Yirol 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		Project Location(s) - list State and County (payams when possible) where <u>CHF activities</u> will be implemented. If the project is covering more than one State please indicate percentage per State		
International Medical Corps -UK		State	%	<i>County/ies (include payam when possible)</i>
Project CRP Code	CRP Gender Code	Upper Nile	40	Malakal-POC and town
SSD-14/H/67346	1	Lakes	30	Awerial (Mingkaman, islands, yalacot)
CRP Project Title (please write exact name as in the CRP)		Central Equatoria	40	Juba
Emergency health assistance for conflict affected and displaced population in South Sudan				

Total Project Budget requested in the in South Sudan CRP	US\$2,700,000
Total funding secured for the	US\$ 1,389,142

Funding requested from CHF for this project proposal	US\$670,000
Are some activities in this project proposal co-funded	

CRP project (to date)

(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 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:	60,651	138528
Girls:	17,081	37,968
Men:	15747	35972
Boys:	3786	10,875
Total:	97,265	223,343

Indirect Beneficiaries / Catchment Population (if applicable)

Malakal town environs and wau shiluk- 66,000 (rough estimate)
Awerial county host community, 101,000

Targeted population:
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

idps, HOST COMMUNITY

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**

15 July – 15 December 2014

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	Kourtney Rusow krusow@internationalmedicalcorps.org +21192 713-9331
Country Director	Golam Azam, gazam@internationalmedicalcorps.org , +211 954 894 409
Finance Officer	Hillary Olach hiolach@internationalmedicalcorps.org +211-956-834-026
Monitoring & Reporting focal person	Amule Robert Elly Arobert@InternationalMedicalCorps.org

Contact details Organization's HQ

Organization's Address	1919 Santa Monica Blvd. Suite 400 Santa Monica, CA 90404:
Desk officer	Mera Eftaiha meftaiha@InternationalMedicalCorps.org
Finance Officer	Stanka Babic sbabic@InternationalMedicalCorps.org

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 Juba, there are approximately 30,000 people living inside UNMISS POC points. IMC assumed provision of primary health care services, reproductive health and community outreach to the population in Juba 3 on January 6th 2014. Referrals to inpatient care became increasingly hampered by the lack of a referral pathway, and low capacity at Juba Teaching Hospital to handle the extra caseload. International Medical Corps will provide needed secondary care to a 30 bed inpatient ward formerly run by MSF-Belgium, as they to transition out of the Juba PoC points. There are approximately 25 admissions weekly with 23 weekly discharges. There are normally about ten in-patients, however, as relocations continue, the case load is expected to increase. The main morbidities tend to be the following: 1. LRTI 2 .Trauma 3. AWD.

In Awerial, there exist emergency health needs of approximately 100,000 people, including primary health care, comprehensive reproductive health, and psychosocial support needs. Relocations in three new sites over the next two months will consolidate the large population, but leave out approximately 3,000 people living on islands in the river Nile, where IMC currently operates a mobile health unit. Across the county, access to comprehensive reproductive health is no longer possible due to the rains, where previous transfers to Bor and Yirol occurred.

In Malakal, there are 17,000 people inside the UNMISS base, however, after one month of calm, there is now a growing population returning to town, where no health care is provided. The provision of mobile primary health care, mobile ANC, and case finding and

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.

referrals for GBV survivors is greatly needed outside of the PoC point in the coming months, as no other actor is present in town. In addition, there are approximately 65,000 displaced in Wau Shiluk, where MSF is the only health actor, providing nutrition. Surge support, when logistically possible, is desperately needed to this location.

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.

International Medical Corps has been operating in all three locations since January 2014, where it operates primary health care, reproductive health, GBV (clinical management and case management), immunizations, and community outreach. IMC is intending to fill the gap in provision of services to the inpatient ward in Juba 3 (where MSF intends to close on June 30th), making IMC the lead agency in the camp, for streamlined services. In Malakal, IMC is the lead primary health, GBV and reproductive health actor inside the PoC, and aims to provide mobile medical services outside the PoC at this time. The current situation in Awerial, where IMC will be the lead health agency in 2 of 3 'new sites', in addition to maintaining CEMONC as long as services are not available, in addition to the much needed mobile medical services to the islands via boat (which it is currently already doing). All three locations will integrate psychosocial support and mental health into the current PHC programs, upon the arrival of an MH specialist funded under ECHO.

IMC has secured funding from ECHO and OFDA for 7 months to support primary health care activities in Awerial, Juba, and Malakal POC. As the funding supports the PHC services, the enhanced provision of mental health, and mobile medical units, is not supported under any of these projects. Additionally, there is no secured funding to support the IPD in Juba 3, or the CEMONC services in Awerial. Any funds received by CHF will assist International Medical Corps in enhancing current programs, and filling the gaps mentioned above, as well as providing the additional support to surge into areas with mobile medical units (such as Wau Shiluk).

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.

International Medical Corps will contribute to the following cluster priorities through the provision of staff, essential medicines, supplies, logistic support over a 6 month period:

- 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 displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- 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);
- Provision of Emergency mental health and psychosocial care

IMC aims to strengthen current primary health service provision not only to reach out to underserved populations, but also by integrating mental health and psychosocial care into current programs. Additional focus will be put on strengthening the MISP and CEMONC services available at these sites.

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)

Overall CRP objective- *Provision of emergency health assistance to IDPs and conflict affected persons in South Sudan*

In Juba:

- To provide quality inpatient adult and pediatric care at Juba 3 IDP camp

In Awerial:

- Increase primary health care service, outreach and immunization provision to underserved populations (such as islands) through mobile medical units

In Malakal:

- Provide primary health care, ANC outreach, and referrals for survivors of GBV through mobile medical units in Malakal town
- Increase health services to identified areas of highest need, such as wau shiluk

Across Malakal and Awerial locations:

- Integrate basic mental health care and psychosocial support services into current primary care activities, as a complement to ECHO funded activities
- Continue to conduct clinical management of rape to survivors of sexual assault and strengthen referral pathways

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).

International Medical Corps intends to provide integrated and mobile primary health, reproductive health (specifically CEMONC) and mental health services through the following activities:

Juba:

- recruit additional expat staff (one paediatric Dr. and two nurse) for MSF transition of IPD in the first month
- assume services of IPD within 30 days of project approval
- secure 2 months donation supply of drugs and all GIK equipment from MSF
- transition all current MSF national staff to IMC contracts
- procure additional drug supply for 4 month IPD operations
- conduct on the job supervision and refresher trainings to enhance national staff capacity
- refer cases to Cambodian Level 2, or Juba Teaching Hospital when needed

Awerial:

- Rent one boat for mobile health services per week to **most needed outreach areas (Yalacot, islands, etc)**-reaching app. 3,000 people
- Strengthen community outreach team to support health seeking behavior and reproductive health services
- Conduct initial and refresher trainings of mobile medical team staff on MISP, danger signs of pregnancy and SGBV
- Procure additional essential medicines, vaccines, and supplies to support mobile medical team
- Recruit additional MMU staff (clinical officer, nurse, vaccinator)
- Train TBAs on identification of complications for referrals and proper hygiene during birth
- Conduct follow up mental health assessment
- Train all health staff on psychosocial support and trauma
- Identify referral pathway for MH support in health cluster
- Purchase some psychotropic medications for management and counseling
- Strengthen referral pathway to MSF or IMC psychologist
- Procure needed IEC material for MH

Malakal:

- Conduct additional security analysis of Malakal town with UNDSS
- Select working hours and days for mobile medical unit
- Confirm with MoH selected mobile clinic site or sites
- Recruit additional national staff (clinical officer, registrar, vaccinator) for mobile services
- Rent additional vehicle for MMU
- Conduct MH follow up assessment
- Establish referral pathway between mobile medical unit and IDP camp for inpatient, RH, GBV and mental health services
- Conduct ANC outreach and TBA mapping in the communities outside of the POC
- Procure supplies and essential medicines for primary health care activities
- Identify health service provision options for areas of greatest need near Malakal, where IMC can provide mobile services, and start up these services using current staff
- Train clinical staff on mental health and trauma support and referral pathway
- Procure needed IEC material for MH

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

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

1. Referral pathways for reproductive health, ANC, and PNC are strengthened
2. Accessible primary health care for underserved populations in Malakal town and Awerial county
3. A full service paediatric and adult IPD in Juba 3
4. At a minimum, basic mental health support is available to all beneficiaries, accessed through the current primary health care programs in Awerial and Malakal
5. One priority area outside of Malakal town and POC are identified and served with mobile medical services

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.	# of health workers trained in emergency preparedness and response specifically in management of communicable diseases and IMCI	43
	2.	# of pediatric and adult patients admitted, treated and discharged from the IPD	425
X	3.	Total # of outpatient consultations	27,440 (10142 women, 8,126 girls, 4,900, boys, 4272 men)
x	4.	# of births attended by skilled birth attendants	460

x	5.	# survivors of SGBV receiving clinical care	100%
	6.	# of staff trained in psychosocial support	28
	7.	Percentage of clinical staff trained in psychological first aid	95%
	8.	# of mobile medical units functional	2

vi). Cross Cutting Issues

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

IMC will ensure that waste management measures are adhered to in the OPDs and at the PHCC level, health care waste segregation is performed properly to minimize the volume of contaminated waste. The final waste disposal process is performed through an incinerator, which is located at appropriate distance from service delivery areas, and ash from incinerated material is buried/ treated as general waste per waste management guidelines. While the project pays specific attention to women of reproductive age with a view to improving the health status of women, in-patient, OPD and emergency service provision is need-based and gender-blind.

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.

International Medical Corps will implement the proposed intervention directly, through close coordination with the County Health Department, State Ministry of Health, CCM (who supports PHC/PHCU activities in the county), MSF-Swiss who provides in patient care, and the clusters at the field level, as well as the other NGOs working with the IDP population.

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.

IMC's monitoring plan aims to achieve three objectives: 1) assess progress of project activities; 2) identify the gaps and weaknesses during project implementation; and 3) provide targeted and relevant monitoring data that allows IMC and relevant partners to develop recommendations for changes, allowing for adjustments and improvements throughout the life of the project. IMC employs a dedicated M&E team, who will maintain responsibility for supervising all M&E activities during the project. The M&E team will work jointly with the project staff on all monitoring activities, including analysis of data for informed decision-making. The M&E team will be responsible for ensuring that data and results are obtained and reported timely, using SMOH standards, supervision checklists, registers and reporting forms. The M&E team will perform the following core functions

- (1) Conduct routine monitoring, including analysis of project data;
- (2) Prepare interim and final reports to CHF;
- (3) Supportive supervision and feedback: An M&E focal person will visit the county on a quarterly basis, to assess the performance of the project. Based on the gaps identified, a plan of action will be developed to improve the project.
- (4) Coordinate with CHF or UNDP staff for on-site monitoring visits as requested.

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)
Malaki/Awerial ECHO April 1	1,000,000
Awerial- May 1, OFDA	500,000
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/67346	Project title: Emergency health assistance for conflict affected and displaced population in South Sudan	Organisation: IMC-UK

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 displaced people, and other vulnerable groups including emergency mass vaccination campaigns • 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); • Provision of Emergency mental health and psychosocial care 	<ul style="list-style-type: none"> • # of health workers trained in emergency preparedness and response specifically in management of communicable diseases and IMCI • Total # of outpatient consultations • # of births attended by skilled birth attendants • # survivors of SGBV receiving clinical care 	<ul style="list-style-type: none"> • Clinic records • Community outreach sheets • HMIS • Facility registers 	<ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	Provision of emergency health assistance to IDPs and conflict affected persons in South Sudan	<ul style="list-style-type: none"> • Number of health workers trained in emergency preparedness and response specifically in management of communicable diseases and IMCI • Number of pediatric and adult patients admitted, treated and discharged from the IPD • Total # of outpatient consultations • Number of births attended by skilled birth attendants • Number of survivors of SGBV receiving clinical care • Number of staff trained in psychosocial support • % of clinical staff trained in psychosocial support and trauma • Number of functional mobile medical units 	<ul style="list-style-type: none"> • Weekly IDSR • HMIS • Clinic records 	<ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program
Outcome 1	Referral pathways for reproductive health, ANC, and PNC are strengthened in Awerial and Malakal	<ul style="list-style-type: none"> • Number of ANC and PNC visits • Number of births attended by skilled birth attendants • Increase in knowledge of 6 signal functions by health workers 	<ul style="list-style-type: none"> • Birth registers • ANC/PNC cards and registers • Training sheets 	<ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program
Output 1.1 Output 1.2	Provide primary health care, ANC outreach, and referrals for survivors of GBV through mobile medical units in Malakal town Continue to conduct clinical management of rape to survivors of sexual assault and strengthen referral pathways in Malakal and Awerial	<ul style="list-style-type: none"> • # of births attended by a skilled birth attendant (460) • # of survivors of SGBV receiving clinical care (100%) • Total # of outpatient consultations (27,440 including 10142 women) 	<ul style="list-style-type: none"> • Birth registers • ANC/PNC cards and registers • Training sheets • Facility registers • Community outreach reports 	<ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program
Activity 1.1.1	Strengthen community outreach team to support health seeking behavior and reproductive health services			

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.2.1	Conduct initial and refresher trainings of mobile medical team staff on MISP, danger signs of pregnancy and SGBV		
Activity 1.1.3	Rent one boat for mobile health services		
Activity 1.1.4	Train TBAs on identification of complications for referrals and proper hygiene during birth		
Activity 1.1.5	Conduct ANC outreach and TBA mapping in the communities outside of the POC (in Malakal)		
Activity 1.1.6	<i>Recruit midwife or MCHW</i>		
Outcome 2	Accessible primary health care for underserved populations in Malakal town and Awerial county	<ul style="list-style-type: none"> • Number of outpatient consultations • Increase in health worker outreach on IMCI and management of communicable diseases • Number of mobile medical services made available 	<ul style="list-style-type: none"> • Facility registers/clinic records • Trainings sheets • Vehicle and outreach reports <ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program
Output 2.1	Increase primary health care service, outreach and immunization provision to underserved populations through mobile medical units near Malakal and Mingkaman	<ul style="list-style-type: none"> • Number of functional mobile units (2 including boat and vehicles) • Number of outpatient consultations (27,440 (10142 women, 8,126 girls, 4,900, boys, 4,272 men). • Number of health workers trained on IMCI, Emergency Response and communicable diseases (43) 	<ul style="list-style-type: none"> • Training sign in sheets • Facility registers • Community outreach and referral reports • HMIS <ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program ▪ MMUs continue to run in the rainy season (by boat if needed)
Activity 2.1.1	Rent one boat for mobile health services 2x per week to		
Activity 2.1.2	Recruit additional MMU staff (clinical officers, nurses, vaccinator) for mobile services		
Activity 2.1.3	Procure additional supplies and essential medicines for primary health care activities		
Activity 2.1.4	Identify health service provision options for areas of greatest need near Malakal		
Activity 2.1.5	Rent MMU vehicle- select working hours of MMUs/MMU schedule		
Activity 2.1.6	Conduct additional security analysis of proposed areas		
Outcome 3	A full service paediatric and adult IPD is operational in Juba	<ul style="list-style-type: none"> • Number of inpatient pediatric and adult care at Juba 3 IDP camp maintained 	<ul style="list-style-type: none"> • Facility registers <ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program
Output 3.1	Increased access to in-patient services after successful MSF handover	<ul style="list-style-type: none"> • Number of pediatric and adult patients admitted, treated and discharged from the IPD (425). 	<ul style="list-style-type: none"> • Facility registers • HMIS <ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program ▪ Access and referrals to in-patient is maintained, and may increase after Tonping relocation
Activity 3.1.1	Recruit additional expat staff (one paediatric Dr. and two nurse) for MSF transition of IPD in the first month		

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Activity 3.1.2	Assume services of IPD within 30 days of project approval			
Activity 3.1.3	Secure 2 months donation supply of drugs and all GIK equipment from MSF			
Activity 3.1.4	Transition all current MSF national staff to IMC contracts			
Activity 3.1.5	Procure additional drug supply for 4 month IPD operations			
Activity 3.1.6	Conduct on the job supervision and refresher trainings to enhance national staff capacity			
Activity 3.1.7	Refer cases to Cambodian Level 2, or Juba Teaching Hospital when needed			
Outcome 4	At a minimum, basic mental health support is available to all beneficiaries, accessed through the current primary health care programs in Awerial and Malakal	<ul style="list-style-type: none"> • Number of staff trained on mental health and trauma support and referral pathway • Number of referral pathway to MSF or IMC psychologists established • Number of staff able to conduct psychological first aid 	<ul style="list-style-type: none"> • Facility referral cards • Training sheets and pre/post tests 	<ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program
Output 4.1	Integrated basic mental health care and psychosocial support services into current primary care activities, as a complement to ECHO funded activities	<ul style="list-style-type: none"> • % of staff trained on psychological first aid (95%). • Number of staff trained in psychosocial support (28) 	<ul style="list-style-type: none"> • Training sheets (pre and post-test) 	<ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program
Activity 4.1.1	Train clinical staff on mental health and trauma support and referral pathway			
Activity 4.1.2	Conduct MH follow up assessment			
Activity 4.1.3	Strengthen referral pathway to MSF or IMC psychologists			
Activity 4.1.4	Identify referral pathway for MH support in health cluster			

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:	15 July 2014	Project end date:	15 December 2014
----------------------------	---------------------	--------------------------	-------------------------

Activities	Q2	Q3/2014			Q4/2014		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Strengthen community outreach team to support health seeking behaviour and reproductive health services		X	X	X	X		
Conduct initial and refresher trainings of mobile medical team staff on MISP, danger signs of pregnancy and SGBV			X				
Rent one boat for mobile health services			X	X	X	X	X
Train TBAs on identification of complications for referrals and proper hygiene during birth			X	X			
Conduct ANC outreach and TBA mapping in the communities outside of the POC (in Malakal)			X	X			
Recruit additional MMU staff (clinical officers, nurses, vaccinator) for mobile services			X				
Procure additional supplies and essential medicines for primary health care activities			X	X			
Identify health service provision options for areas of greatest need near Malakal		X	X				
Rent MMU vehicle- select working hours of MMUs/MMU schedule			X				
Conduct additional security analysis of proposed areas		X	X				
Recruit additional expat staff (one paediatric Dr. and two nurse) for MSF transition of IPD in the first month		X					
Assume services of IPD within 30 days of project approval		X					
Secure 2 months donation supply of drugs and all GIK equipment from MSF		X					
Transition all current MSF national staff to IMC contracts		X	X				
Procure additional drug supply for 4 month IPD operations			X	X			
Conduct on the job supervision and refresher trainings to enhance national staff capacity			X	X	X	X	X
Refer cases to Cambodian Level 2, or Juba Teaching Hospital when needed		X	X	X	X	X	X
Train clinical staff on mental health and trauma support and referral pathway			X	X			
Conduct MH follow up assessment			X				X
Strengthen referral pathway to MSF or IMC psychologists			X				
Identify referral pathway for MH support in health cluster			X				

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