

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 repositioning 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, 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 CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State	
Sudan Medical Care (SMC)		State	% <i>County/ies (include payam when possible)</i>
Project CRP Code	CRP Gender Code	Jonglei	60 <i>Bor county: Bor, Jalle, Anyidi, Makuach, Kolnyang and Baidit Payams.</i>
SSD-14/H/60962	1	Jonglei	40 <i>Duk County: Ageer, Payuel, Padiet, Panyang, Pagaak and Dongchak payams</i>

CRP Project Title (please write exact name as in the CRP)
 Improve Health Status of the communities in Bor and Duk counties. Provide effective and equitable healthcare that is accessible to the most vulnerable group of the rural communities.

Total Project Budget requested in the in South Sudan CRP	US\$ 650,000
Total funding secured for the CRP project (to date)	US\$ 431,000

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:	24,068	54,137
Girls:	1000	2,500
Men:	7,700	20,700
Boys:	1,500	3,500
Total:	34,268	81,837

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

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

Contact details Organization's Country Office

Organization's Address	Sudan Medical Care (SMC)
Project Focal Person	<i>Dr. Deng Mayom Deng</i> dengmayom@gmail.com sudanmedicalcare@yahoo.com 0955117468
Country Director	<i>Dr. Deng Mayom Deng</i> dengmayom@gmail.com 0955117468
Finance Officer	<i>Moses Kinyanjui</i> mosekinya@yahoo.com 0956036547
Monitoring & Reporting focal person	<i>Malual Abijok Deng</i> malualabijok@yahoo.com 0955425353

Funding requested from CHF for this project proposal	US\$ 160,000
Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	

Indirect Beneficiaries / Catchment Population (if applicable)

There also indirect beneficiaries, this will be all the IDPs which will eventually be coming back to the counties as well as the other groups and hostage communities, We are estimating 15,000 people for the project period.

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 10 months

Contact details Organization's HQ

Organization's Address	Plot 32A, Bor, Pakawu area, with satellite Office in Juba
Desk officer	<i>Dr. Deng Mayom Deng</i> dengmayom@gmail.com sudanmedicalcare@yahoo.com 0955117468
Finance Officer	<i>Moses Kinyanjui</i> mosekinya@yahoo.com 0956036547

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

The south Sudan Problems are many faceted, where every county, Payam and village/resettlement is asking for attention and the basic services. Peaked by the Increase tensions and the recent internal conflict which led to more the half million from the greater upper Nile state become IDPs around the country and at the regional levels. Bor and Duk counties are among the counties affected by the current conflict to the extent that Bor county was names to become ghost town earlier this year. Based on the assessment carried out the Number of IDPs is reflected to be 3,637 in Bor. Our current statistic based on the food distribution and health services deliveries shows that Bor county has a population of 31,001 people now, Jarweng with 1,640 people, 7000 are children under 5 years old with daily increase of new comer from others IDPs centers and the touch areas. We are estimating that the figures are below the current population, because Jalle, Baidit and part of Kolnyang payams have not been assessed yet. On Duk site, over 35,000 people are IDPs from Duk county, 6,000 being under-five years and where Infrastructure destruction was eminent and SMC is ready to reinstate and deliver health services if supported.

Sudan Medical Care as the leading agency in Both counties have assess the two counties health Infrastructure which are number as several health facilities burned to ashes, indiscriminate looting of medical supplies and asset as well as displacement of human resources from the hard to reach areas. We are looking forward to help our people return to their Normal lives through health service provision at their communities

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 recent conflict situation in South Sudan have affected greatly the greater Upper Niles states. Jonglei state is one this state where SMC do Operate in two counties. More the 250,000 people were displaced from our operational areas as a result of the current fighting between the rival in the current conflict. Bor and Duk counties are Inhabited by agro-pastoralist communities, before the conflict limited accessibility, poor Infrastructures and security situation where already a great concerns. The current conflict displaced the communities of the two counties, followed with destruction of the Infrastructure and looting with many lives lost and left with no hope to return. We believe that our intervention will give hope to the displaced people and will be a starting point for those who may decide to come back. SMC is a national NGO who has been operating the two counties for over 10 years, with huge experience in the geographical area, with his staff been sons and daughters of the targeted communities and been already the leading agency under developmental funding, we believe the current vacuum created by the conflict will eventually be filled by the CHF funding and SMC efforts will be towards returning health services to their previous status before the fighting begin.

A fully functional chain of health services in Bor and Duk counties, with the adequate Human resources and availability of the basic medical Equipment's at each level in order to reach the beneficiaries demands.

The developmental funds will eventually continue to supports all the reinstate health services in both counties by providing salaries to the health personnel. We believe that returning home should be attractive and availing health services will always shows a great sign of peace dividend when peace comes. This is the Only chance SMC can reinforce and reestablish all the previous health services if the current gaps are funded. The HCF funding will eventually cover the medical Equipment's and supplies, training of the personnel in many areas such as emergency response and use of national treatment guidelines, Minor rehabilitation of 3 PHCCs and provision of SMC office and communication Equipment's. Others commodities such as Medicines, vaccines and Nutritional supplies will be supplied by WHO, IMA and UNICEF to our Operational areas.

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 funds will be used to address the current Infrastructures gaps in both counties, supporting Immunization activities in hard to reach areas, training of health cadres as well as the provision of basic medical equipment and supplies

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 kick start/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

1. To improve health Service deliveries by Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies.
2. To Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns.
3. To undertake Capacity building interventions with focus on Emergency preparedness and communicable disease control and outbreak response, Emergency obstetrical care, and MISP (minimum initial service package-MISP)
4. To conduct Community based interventions including awareness raising, hygiene promotion, education and participation in
5. Support to minor rehabilitation and repairs of health 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).

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.

SMC has a field presence in both counties, as the World Bank link for support to the county health teams, currently helping to get back the most need services at the community levels. We are clear of the current realities in term of infrastructure, security and population needs in the area of health service deliveries. This additional funds will help Us jumpstart Jump of activities aimed to bring hope to many of the areas where communities have reach and need health services desperately. Our main activities, which are to be delivered through available health services or through Outreach services. With special focus on primary health care services to hard to reach areas in both counties on the areas of Immunization, maternal health, health Education, including Hygiene and sanitation and capacity building of the health personnel among others.

as the World Bank link for support to the county health teams, of an initial quantity of essential Medical supplies, including basic medical Equipment's, to replace those looted or destroyed and for support to supporting County health departments on skills for epidemic preparedness, disease surveillance, HMIS system, and case management. Until other funding for the rest of 2014 is confirmed. In addition, SMC plans to provide training over the next ten months to health staff from all PHCC and PHCU on case management, MNCH, nutrition screening and emergency response, and vaccination, especially for the new pentavalent vaccine. SMC as a national NGO has the capacity to deliver such services and bring back the lost hope to the beneficiaries through health service deliveries at their homes.

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

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

- ✓ Maintain existing health programing activities at Operational levels for 24 health facilities in Bor and Duk counties.
- ✓ Returns and resident host communities have access to better quality of health services
- ✓ Improved Infrastructures for service deliveries in both counties, with 2 PHCCs constructed and 4 PHCUs rehabilitated.
- ✓ Health workers and CHD staff trained have improved on the services deliveries and reporting.

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 <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(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)</small>
xx	1.	# of Functional health facilities who have received basic Equipment's, drugs , medical supplies , lab Equipment's and supplies	75 % of the Functional health facilities received Equipment's, drugs, medical supplies and Lab Equipment's.
	2.	Total # of outpatient consultations # of >5 outpatient consultations # of <5 outpatient consultations	Total 34, 268 of outpatient consultations 31,768 >5 outpatient consultations (Females 24,768 and Males 7,700) 2,500 of <5 outpatient consultations ((1000 girls and 1500 boys)
	3.	# Of Women who received ANC services.	13,701 ANC visit during the Project duration
	4.	% DPT3 coverage in children under 1	90 % of the targeted children Under 1 year to be fully Immunize
	5.	# Of < children 6 months to 15yrs received measles vaccinations in emergency or returnee situation.	2500 children received Measles vaccines in emergency or returnee situation
	6.	# of (SMC & CHD)health staff trained to Improved diagnosis and case management during the Project period	98 health personnel trained during the project (33 females and 65 Males)
	7.	# of health workers trained in emergency preparedness and response with focus on communicable diseases and case management. # of health worker s trained on ANC services	24 health personnel trained (5 clinical officers, 10 nurses and 10 community health workers (20 Man and 4 Females) 24 trained on ANC services (5 midwives and 14 Mother child Health workers/traditional Birth Attendance) (24 Females)
	8.	# of Vaccinators, Cold chain managers and cold registrars managers trained	30 EPI personnel trained (10 vaccinators, 10 Cold Chain managers and 10 social mobilizers (5 Females and 25 Males)
	9.	# of health facility (PHCCs) rehabilitated in Bor and Duk Counties	2 PHCCs in Bor 1 PHCC in Duk

vi). Cross Cutting Issues

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

SMC Health service deliveries have comprehensive approach and all cross cutting issues are taken care of. As part of our health Education, we are focusing on addressing all the commonest diseases with special focus on HIV/AIDS, Environment and gender Sensitivity. We have a clear policies of no segregation and Equal Opportunity to all as part of our gender focus, SMC human resources is having 47 % as females, who will be included in our training for staff. We are cooperating with other partners from different clusters, for the cross-cutting issues and refer victims of Sexual violence to Bor state Hospital. Pregnant women are provided PMTCT counseling and testing and VCT is offered at Pariak PHCC. Health institution create huge Environmental waste, our institution in order to mitigate such hazards, we have constructed incinerators and waste pits at facilities for burning process of the potential hazards from the medical facilities.

HIV/AIDS is among our priorities, where Health Education and training to the community will be conducted with special focus on disease prevention through the dissemination of prevention messages at the level of our health facilities in Both counties. This areas with the goal to reach as many as possible our targeted community and give them the basic messages on their protection as well as to make the referral those in need of treatment

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.

SMC will be the implementing this Project in the current facilities supported through the RRHP funding and in partnership with CHDs in both counties, WHO and UNICEF institutions in charge of provision and preposition of core pipelines (Drugs kits, RH Kits, vaccines and supplies). SMC has the Human resources already supported through RRHP funding and this funding will be used to address the current gaps of medical Equipment's and supplies, Minor rehabilitation of health facilities, training of SMC health personnel as well as the Operational cost.

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 work plan (Section III)².

This funding is mainly to fill gaps and help our institution to reopen all services previously provided before the current conflict. Some of the basic needs and essential Equipment's where looted during the conflict in order to have basic services delivered in our targeted counties. Provision of staff salaries working at the facilities will be provided through RRHP funding for the Six months of July to December 2014. Only fraction of the management, salaries provided to 7 management staff at SMC for the period, which will be verified through monthly timesheets and payroll, with each staff signing receipt of payment. Staff at each health facility will collect data on diagnosis and treatment of patients for common illnesses through facility ledgers. Health education activities will be tracked by the number of community members receiving messages on topics such as HIV/AIDS, malaria prevention, hygiene and sanitation, vaccination promotion, etc. Medical supplies and commodities will be tracked by the number of medical supplies and consumables distributed to each facility. **It is important to highlight that SMC health facilities are using the following reports forms as part of their routine reporting: DHIS/Weekly and Monthly reports forms, IDSR and Referral forms.** This information will be compiled in monthly reports by health facility staff and collected by SMC's County Field Supervisors. Monthly reports will be submitted to SMC and the County Health Departments, and progress on indicators will be compiled into quarterly reports and submitted to donor and SMOH, depending on access to the health facilities.

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)
IMA/OFDA FUNDS April-December 2014 Supporting Mobiles clinics in Minkaman and Bor County, specifically for IPDs people	\$ 431,000
Pledges for the CRP project	
Amount to requested	\$160,000

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/60962	Project title: Improve Health Status of the communities in Bor, Duk and Pochalla counties. Provide effective and equitable healthcare that is accessible to the most vulnerable group of the rural communities.		Organisation: SMC
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	<i>Improved health status in communities of return in Bor and Duk Counties</i>	<i>PHCC/PHCU periodic reports, Quarterly reports</i>	Host communities members will return and will access health facilities for basic package of health services
CHF project Objective	<i>Maintain emergency health care services in our operational area through the provision of basic Equipment's, drugs, medical supplies, basic lab Equipment's and supplies</i>	<i># of Functional health facilities who have received basic Equipment's, drugs, medical supplies, lab Equipment's and supplies</i>	<i>Reports of the health facilities fully functional in Bor and Duk counties</i>
Outcome 1	<i>Maintain the Existing health programming activities at Operational levels for 24 facilities in Bor and Duk Counties</i>	Total # of outpatient consultations # of >5 outpatient consultations # of <5 outpatient consultations	<i>PHCC/PHCU monthly reports, Quarterly Reports(IDSR/DHIS reports)</i>
Output 1.1	<i>Returnees and residents host communities have access to better Quality health services in Both Counties</i>	<i># Of Women who received ANC services.</i> <i>% DPT3 coverage in children under 1</i> <i># of community members who accessed BHPS</i>	<i>PHCC/PHCU health services records</i> <i>SMC monthly/Quarterly reports</i> <i>CHD statistical report</i> <i>Periodic PHCU/PHCC EPI reports (IDSR/DHIS reports)</i> <i>SMC site visit</i>
Activity 1.1.1	<i>Provide compressive health care services with special focus on Mother child health activities such as (ANC, EPI etc.)</i>		
Activity 1.1.2	<i>Provision of basic health services at the facilities with all the basic Equipment's and adequate Human resources</i>		
Activity 1.1.3	<i>Conducting EPI services against the six killers diseases to children under five Years in both counties.</i>		
Activity 1.1.4	<i>Support the County health Department (CHD) and build the capacity of their Officers on in the areas of HMIS, Diseases surveillance and case managements.</i>		
Activity 1.1.5	<i>Strengthening diagnosis and treatment of common illness by the health care providers at the PHCCs/PHCUs in Duk and Bor Counties</i>		
Activity 1.1.6	<i>Provide Refresher training and mentoring to CHD, clinical officers, nurses, midwives and community health workers on specific health topics such as Safety Immunization, safe delivery and complication related to pregnancy, health promotion messages reporting and recording of the data at the facilities levels</i>		

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.2	Provide primary health care services as well as ante-natal care for pregnant mothers, Immunization for children of both counties. Senior project personnel receive fraction of the their salaries	% of pregnant women receiving at least 2nd dose of TT vaccination # Of < children 6 months to 15yrs received measles vaccinations in emergency or returnee situation. % DPT3 coverage in children under 1 # of births attended by skilled birth attendants # of health facility personnel paid	PHCC/PHCU health services records SMC monthly/Quarterly reports (IDSR/DHIS reports) CHD statistical report Periodic PHCU/PHCC EPI reports SMC site visit PHCC/PHCU facility Assessment check list. (DHIS) Staff timesheet and payrolls for the designated months	Funds will be avails to support Health facilities. Staff will report to duty
Activity 1.2.1	Reopen all the closed Health facilities where community have returned with focus on PHCC in both Counties of Bor and Duk			
Activity 1.2.2	Returnees and residents Host communities have access to better Quality of health services			
Activity 1.2.3	Payment of fraction of senior management salaries based at the health Office and the field supervisors.			
Output 1.3	Conduct health Education and treatment of commonest illness through outreach and at the health facility based schedules for both male and female	# of SMC and CHD staff trained during the Project period	Training reports	Availability of funds Security improved in both counties
Activity 1.3.1	Identification of the trainees and key messages to be disseminated on commonest pathologies.			
Activity 1.3.2	Purchase of the training materials , venue Identification and transportation of the Staff to the training sites			
Activity 1.3.3	Community meetings with leaders and Village health committees to discuss health issues and adopt best practices with in the communities			
Outcome 2	Improved health services deliveries through capacity building of the health personnel and CHD staff in both Counties	# of health workers trained in emergency preparedness and response. Proportion of communicable diseases outbreaks detected and responded to within 48 hours	Training Report Facility reports	Availability of the Funds Security improved in both counties Staff has sufficient Operational capacity to continue with Implementation
Output 2.1	Provide Refresher training and mentoring to CHD, clinical officers, nurses, midwives and community health workers on specific health topics such as Safety Immunization, safe delivery and complication related to pregnancy, health promotion messages reporting and recording of the data at the facilities levels	# of health workers trained in emergency preparedness and response with focus on communicable diseases and case management and ANC services	Training reports	Availability of funds Security improved in both counties
Activity 2.1.1	Procurement of training materials.			
Activity 2.1.2	Identification and selection of trainees			
Activity 2.1.3	Hiring of the tutors o facilitator to conduct the training			
Activity 2.1.4	Rental of the training facilities			
Activity 2.1.5	Training of health SMC staff and their CHD counter parts			
Output 2.2	Provision of basic medical Equipment's and supplies to 5 PHCCs I Bor and Duk Counties	# of health facility (PHCCs) who have received basic medical Equipment's and supplies for better service deliveries	Facility visit reports (DHIS)	Availability of Funds Security improved in both counties
Activity 2.2.1	Procurement of Medical Equipment's and supplies			
Activity 2.2.2	transportation of the basic Equipment's and Medical supplies to SMC head office in Bor .the health facilities in both counties (Pariak, & Panwel in Bor and Padiet Health facility in Duk County Respectively)			
	Distribution of the commodities to the health facilities in both counties (Pariak, & Panwel in Bor and Padiet Health facility in Duk County Respectively)			

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:	August 1st 2014	Project end date:	May 31st 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 Improve physical Infrastructure in Duk and Bor Counties by rehabilitating 3 health facilities in Duk and Bor Counties.			X	X	X	X	X	X	X	X	X	X
Activity 2 Provision of Primary health care services with all the basic packages at the 24 health facilities in Both counties, with special focus on ANC and EPI			X	X	X	X	X	X	X	X	X	X
Activity 3 Procurement and supply of Essential medical supplies and Equipment's for the 24 health services in both counties of Duk and Bor			X	X	X	X	X	X	X	X	X	X
Activity 4 Provision of essential drugs, basic Equipment's to all the functional health facilities in Duk and Bor counties			X	X	X	X	X	X	X	X	X	X
Activity 5 Capacity Building of SMC and CHD on the management of commonest diseases as well as surveillance and case management			X	X	X	X	X	X	X	X	X	X
Activity 6 Conduct Health Education through Outreach and health facility based schedules for all the communities in Bor and Duk counties			X	X	X	X	X	X	X	X	X	X
Activity 7 Community awareness and sensitization on HIV/AIDS prevention and Hygiene and sanitation measures			X	X	X	X	X	X	X	X	X	X
Activity 8 provision of the management staff fraction of their salaries			X	X	X	X	X	X	X	X	X	X

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