

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

Universal Intervention and Development Organization (UNIDO)

SSD-14/H/60158

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

Improving on the provision of primary health care services and outreach in emergencies for host community and vulnerable groups in Mayendit county of Unity state of South Sudan

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

State	%	County/ies (include payam when possible)
Unity	100%	Mayendit(Kuok, Luom,Thaker, Bhor, Rubkuay, Leah, Madol, Jaguar, Tharjiathbor)

Total Project Budget requested in the in South Sudan CRP US\$ 435,000

Total funding secured for the CRP project (to date) US\$ 369,444

Funding requested from CHF for this project proposal US\$ 250,000

Are some activities in this project proposal co-funded (including in-kind)? Yes No (if yes, list the item and

indicate the amount under column i of the budget sheet)

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the 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:	20,310	35,698
Girls:	13,480	7,480
Men:	20,026	26,043
Boys:	13,480	7,480
Total:	67,796	76,701

Indirect Beneficiaries / Catchment Population (if applicable)

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: 6
1 July – 31 December 2014

Contact details Organization's Country Office	
Organization's Address	Juba Nabari, Plot 256, block 4
Project Focal Person	<i>Faith Shiddy,</i> faithshiddy@yahoo.com , 0955074363
Country Director	<i>James Keah,</i> ed@unidosouthsudan.org , 0955008160
Finance Officer	<i>Kennedy Recha,</i> fm@unidosouthsudan.org , 0955432877
Monitoring & Reporting focal person	<i>Charles Okwany,</i> me@unidosouthsudan.org , 0954990650

Contact details Organization's HQ	
Organization's Address	
Desk officer	<i>Name, Email, telephone</i>
Finance Officer	<i>Name, Email, telephone</i>

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

According to the National Bureau of Statistics Mayendit has a population of 79,009 (2013). Unity State has one of the poorest intrapartum and very early neonatal death rate for health facilities at 24.9% it also shows that the percentage of institutional maternal deaths due to indirect causes among the health facilities was at 54%. It is a government declared flood prone area making it completely inaccessible during the wet season.

Due to the challenges of poor accessibility, the uptake for MCH services is very low; the discontinuation of TBAs at the health facilities and lack trained midwives has left a big gap since it's very difficult to get a qualified midwife hence leaving the pregnant women even more vulnerable in accessing safe delivery at the health facilities and antenatal care. Some of the health facilities are more than 5 km away from the population residences making it hard for mothers and children <5 both boys and girls to access health services.

The disease burden in Mayendit County is increasing especially on children boys and girls <5 (AWD, ABD and Malaria) and also on the PLW (Malaria). Since the beginning of the year Mayendit recorded high number of patients per week of not less than 1000. Destruction and looting of health facilities put the IDPs and host communities at a more vulnerable state in health service provision especially boys and girls <5 and PLW where services were being provided in the bush hence creating no privacy for the pregnant women and putting them at risk when it came to child birth. Measles suspected cases and deaths have been reported in Mayendit HQ and the CHD says that there are even more in the other payams. This has been caused by lack of vaccination in the county as the cold chains were vandalized and the solar panels and batteries taken away thus leaving no functioning cold chain.

Mayendit County is one of the counties that was gravely affected by the crisis that happened in South Sudan. HFs were destroyed and health staff killed during the crisis reducing further the already lean HR in the health institutions which also affected service delivery. According to OCHA, there are 32,765 IDPs in Mayendit County the second highest number of IDPs in the state. Majority of the IDPs are in not in the UNMISS protected area and they have mingled with the host community and taken refuge in neighbouring counties in the bush. For those who ran for their safety from Leer, Koch and Bentiu to Mayendit they have been reported to eating water lilies as a coping mechanism to curb hunger. Majority of the IDPs are women, children boys and girls and the elderly men and women. All Mayendit health facilities are running out of drugs due to the high population and the county still remains inaccessible either by air or by road hence making it a great challenge to transport any lifesaving items to the area. The most vulnerable groups that is the children boys and girls <5 and the P&LW are at high risk of disease outbreak since there are no private clinics in the county they solely depend on the health facilities run by UNIDO. One health facility in the county was burnt to the ground again increasing the gap of health service delivery to the community living in Madol Payam. Reproductive health kits are also quickly finishing due to the same reasons as the drugs. There is no referral institution in the State as Leer hospital was destroyed and Bentiu Hospital is still not fully functional hence medivacs will have to be used for the chronic cases.

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 proposed project activities will maintain the existing emergency health sector safety net in Mayendit county by providing basic health packages and emergency referral services in the targeted 7 health facilities (Mayendit PHCC, Thaker, Kuok, Dablual, Tutnyang, Pabuong and Luom PHCUs and surrounding communities. Through a focus on maternal and child health (MCH) - especially obstetric care, integrated management of childhood illnesses (IMCI) protocols, and EPI, UNIDO intends to ensure the promotion of mother and child survival in its supported healthcare facilities whilst continuing to provide services in line with the Basic Package of Health Services (BPHS). Special focus will be in place to boost the coverage for measles vaccination through enhanced outreach activities and regular cyclic vaccination campaigns. UNIDO has initiated the use of community health committees to intensify community education and social mobilization for the utilization of services at the community level. UNIDO plans to use community health committees to conduct health promotion on common illnesses, MCH, nutrition, healthcare seeking behavior, and information on available services in the health facilities, HIV/AIDS since one of the facilities Mayendit PHCC has a VCT.

UNIDO shall procure and distribute essential drugs, kits (including trauma kits), medical supplies, basic medical equipment, and laboratory supplies through direct supply and the MoH's supply chain from the State to facility level. UNIDO shall continue with partnerships with UNFPA and UNICEF to ensure the timely procurement and distribution of essential RH and EPI commodities, and ensure proper functioning of the cold chains installed in Mayendit PHCC and Kuok PHCU. UNIDO shall continue improving the diagnostic capacity of laboratory services at Mayendit PHCC and Jokow PHCC to ensure rapid and accurate diagnoses to support timely treatment of communicable diseases and reporting on the HMIS.

The SMOH still lacks capacity in HR hence UNIDO shall conduct on-the-job, refresher training for facility and community-based health workers on safe motherhood, child health, community health, common morbidities, IDSR/HIS, and emergency surgical and obstetric interventions. UNIDO shall ensure IDSR reports are submitted weekly in all health facilities.

UNIDO was chosen by the health cluster under the reserve fund to scale up health activities in Leer county's two PHCCs Adok and Thornyor. These activities (Leer) will not affect UNIDO's ongoing health activities in Mayendit county.

C. Project Description (For CHF Component only)

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.

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.

Through CHF funding the below will be achieved in line with cluster priorities:

- Maintain the existing safety net by providing basic health packages and emergency referral services through provision of minimal PHCU/PHCC staff with essential skills to ensure mothers and children are attended to through MCH.
- Strengthen the existing referral mechanism from primary to secondary health facilities.
- Maintain emergency primary health care services through provision of basic equipment, drugs, medical supplies, basic lab equipment and supplies
- Strengthen emergency preparedness including surgical interventions; UNIDO shall ensure CHD staff have been trained on emergency preparedness and requisition of essential drugs to respond to emergencies and hire a qualified medical doctor to conduct surgical interventions.
- Provision and repositioning of drug kits, RH kits and vaccines
- Support immunizations through static and mobile health clinics targeting the vulnerable groups and host community
- Create HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.
- Respond to health related emergencies including controlling the spread of communicable diseases.

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)

Increase access to and improve quality of comprehensive emergency primary healthcare services through health facility and community-based service provision in Mayendit county by December 2014

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.

List the main activities and results to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

- Hire a medical coordinator to oversee all health facilities
- Maintain the existing provision of basic health packages and emergency referral services in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs
- Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMNCI protocol for <5 girls and boys in Mayendit and PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs
- Provide laboratory services with improved diagnostic capacity in Mayendit PHCC
- Provide maternal healthcare (routine ANC/PNC checkup, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, BemONC; FP services and referral in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs
- Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs and the areas without access to health care
- Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation in Mayendit, Kuok, Luom and Thaker, Tutnyang, Dablual and Pabuong HFs
- Conduct on the job and formal/refresher training for health workers, health promoters, community based health workers, community midwives on MISP, safe motherhood, child health, community health, common morbidities, HMIS
- Procure and distribute emergency essential drugs, medical supplies, basic medical equipment and laboratory supply/equipment to all supported health facilities.
- Strengthening of facility staff 6 female health workers, 12 male health workers, 12 female (health promoters) community members on health/disease surveillance, reporting and analysis (HF based surveillance/IDSR, community surveillance and epidemic/outbreak investigation and response); case finding, treatment and health awareness raising for the prevention of common infectious diseases e.g. cholera, meningitis, malaria, HIV/AIDS and other communicable diseases and basic SGBV
- Training of health workers in EP&R for disease outbreaks, laboratory and clinical management of malaria, TB and casualty incidents from conflicts and other causes.
- Repositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, PEP) in the said health facilities, laboratory diagnostic capacity and coordination mechanisms with other humanitarian actors in the county and at the clusters in Bentiu and Juba.
- Close coordination with CHDs in strengthening the community health committees, information sharing and facilitate monthly CHD and UNIDO joint team supervision visits to the health facilities with the reports being sent to the SMOH and the clusters.

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

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

Increase integrated quality primary health care services in 1 PHCC and 6 PHCUs to the IDPs, pastoralists, host community and other vulnerable groups in Mayendit county.

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 >5 outpatient consultations	10,000 men, 10,000 women
X	2.	# of <5 outpatient consultations	6000 boys, 6000 girls
X	3.	# of < 5 children received measles vaccinations in emergency or returnee situation	480 boys, 480 girls
X	4.	# of measles vaccinations given to > 5 and 15 years in emergency or	1000 boys, 1000 girls
X	5.	# of births attended by skilled birth attendants	500
X	6.	Proportion of communicable diseases outbreaks detected and responded to within 48 hours	100%
X	7.	% DPT3 coverage in children under 1	100% (of 1000 boys, 1000 girls)
X	8.	# survivors of SGBV receiving clinical care	300
X	9.	# of health workers trained in emergency preparedness and response	26 male, 10 female
X	10.		

vi). Cross Cutting Issues

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

UNIDO will establish an awareness and community support team through the various group associations and disseminate existing messages and materials using appropriate channels for HIV/AIDS. UNIDO will also provide SFP and OTP services and nutrition education in PMTCT and availability of drugs for HIV+ mothers including IYCF for HIV+ mothers and nutrition counseling to PLWH (People Living with HIV/AIDS). In environment UNIDO will maintain it by correct disposal of plastic paper bags, grading of waste such as hazardous, non hazardous, and sharps all put in separate containers and ensure availability of incinerators; also have dustbins strategically put in various places in the HFs in order to encourage a clean environment. UNIDO will continue with demonstration farms as a way of protecting the soil form erosion

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.

This health and nutrition project will be directly implemented by UNIDO personnel. Monitoring and evaluation of the project progress will be central to the success of the project and will be carried out to ensure the quality, effectiveness and service delivery performance. Monthly management reports in line with project targets, the state of financial resources, and summary of expenditures, shall be compiled. These will result to quarterly programmatic and financial reports detailing progress made in accordance with the project activity implementation requirements. The health and nutrition manager and finance manager will ensure that all necessary reports are prepared, compiled and submitted at the end of each quarter. Various tools e.g. observation, review of documentation, key informants techniques will be used to capture and document the project performance. Project stakeholders and beneficiaries feedback will play a vital role in assessing the extent of project success. This will help in restructuring the project implementation course (if needful) in order to maximally deliver the project objectives

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.

UNIDO shall monitor the project through the health and nutrition manager supported by the M&E officer who will support field teams to establish a detailed monitoring plan which will be used to guide teams in collecting appropriate and timely data. Monitoring tools will include the MoH reporting tools for gathering and analysis of fixed and outreach on health service delivery reports which will feed into the Health Management Information System (HMIS) and the DHIS (District Health Information System) as part of the monitoring components throughout the life of the program. The tools will allow routine health monitoring data to be collated and analyzed in one place and allow for easy disaggregation across time and geographic location. There will also be quarterly joint supervisory visits together with the CHD using the QSC tool in order to see the HFs compliance as per the HSS pillars. The databases and additional monitoring tools such as supervisory checklists, staff appraisals, training reports and post-distribution monitoring reports will feed into an Indicator Performance Tracking Table (IPTT). The IPTT will allow the program to track progress towards results and indicators on a monthly basis throughout the project period.

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.

Internal monthly and quarterly reports will provide information to management on the progress of activities and the impact they are having on the communities. Donor reports will also be submitted as per the time line. Activities will be continuously monitored by the project team and will be formally monitored on a routine basis by the Health and Nutrition Project Manager.

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)
UNFPA (in kind RH kits)	
HPF July to June 2013/14	369,444
Pledges for the CRP project	

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		
CRP Code: SSD-14/H/60158	Project title: Improving on the provision of primary health care services and outreach in emergencies for host community and vulnerable groups in Mayendit county of Unity state of South Sudan	Organisation: UNIDO

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	<p><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i></p> <ul style="list-style-type: none"> Maintain the existing safety net by providing basic health packages and emergency referral services through provision of minimal PHCU/PHCC staff with essential skills to ensure mothers and children are attended to through MCH. Strengthen the existing referral mechanism from primary to secondary health facilities. Maintain emergency primary health care services through provision of basic equipment, drugs, medical supplies, basic lab equipment and supplies Strengthen emergency preparedness including surgical interventions; UNIDO shall ensure CHD staff has been trained on emergency preparedness and requisition of essential drugs to respond to emergencies and hire a qualified medical doctor to conduct surgical interventions. Provision and repositioning of drug kits, RH kits and vaccines Support immunizations through static and mobile health clinics targeting the vulnerable groups and host community 	<ul style="list-style-type: none"> Proportion of facilities that are delivering services as per the BPHS. Proportion of communicable diseases detected and responded to within 48 hours 	HMIS/DHIS, UNIDO reports, HF reports	<ul style="list-style-type: none"> Security remains stable Funds disbursed on time Weather is conducive
CHF project Objective	Increase access to and improve quality of comprehensive emergency primary healthcare services through health facility and community-based service provision	<ul style="list-style-type: none"> Patient satisfaction rate (Male/ Female) Total curative consultation rate 	UNIDO reports, cluster reports	<ul style="list-style-type: none"> Security remains stable Funds disbursed on time Weather is conducive

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 1	Increased access to integrated quality primary health care services in 1 PHCC and 6 PHCUs to the IDPs, pastoralists, host community and other vulnerable groups in Mayendit county	<ul style="list-style-type: none"> Under 5 curative consultation rate. Vaccination coverage rate –measles and DPT3. Proportion of targeted community members reached with health promotion messages. 	UNIDO reports, cluster reports	<ul style="list-style-type: none"> Security remains stable Funds disbursed on time Weather is conducive
Output 1.1	1 PHCC and 6 PHCUs are strengthened to deliver quality primary health services to pastoralists, host communities and other vulnerable groups.	<ul style="list-style-type: none"> Number of consultations, 5 years or older. Number of <5 consultations (male and female). # of births attended by skilled birth attendants 	UNIDO reports, cluster reports, QSC reports	<ul style="list-style-type: none"> Security remains stable Funds disbursed on time Weather is conducive
Activity 1.1.1	Hire a medical coordinator to oversee all health facilities			
Activity 1.1.2	Maintain the existing provision of basic health packages and emergency referral services in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs			
Activity 1.1.3	Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMNCI protocol for <5 girls and boys in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs			
Activity 1.1.4	Provide laboratory services with improved diagnostic capacity in Mayendit PHCC			
Activity 1.1.5	Provide maternal healthcare (routine ANC/PNC checkup, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, Bemonc; FP services and referral in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs			
Activity 1.1.6	Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs			
Activity 1.1.7	Conduct on the job and formal/refresher training for health workers, health promoters, community based health workers, community midwives on MISP, safe motherhood, child health, community health, common morbidities, HMIS			
Activity 1.1.8	Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supply/equipment to all supported health facilities			
Output 1.2	Strengthened EPI and vaccination campaign services that reach to vulnerable communities.	<ul style="list-style-type: none"> # of measles vaccinations given to < 5 in emergency or returnee situation # of measles vaccinations given to > 5 and 15 years in emergency or returnee situation % DPT3 coverage in children under 1 	<ul style="list-style-type: none"> DHIS reports EPI reports. 	Inter-tribal conflicts will not escalate to the extent of hindering community participation in the delivery of health services.
Activity 1.2.1	Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs and the areas without access to health care			
Output 1.3	Increased capacity of health facilities in communicable disease control, prevention and emergency response.	<ul style="list-style-type: none"> Communicable disease outbreaks detected and responded to within 48 hours. # of health workers trained in emergency preparedness and response 	<ul style="list-style-type: none"> HF disease surveillance reports. DHIS reports 	UNIDO receives stakeholder support for the project.
Activity 1.3.1	Strengthening of facility staff health workers, health promoters, community midwives on health/disease surveillance, reporting and analysis (HF based surveillance/IDSR, community surveillance and epidemic/outbreak investigation and response); case finding, treatment and health awareness raising for the prevention of common infectious diseases e.g. cholera, meningitis, malaria, HIV/AIDS and other communicable diseases			
Activity 1.3.2	Training of health workers in EP&R for disease outbreaks, laboratory and clinical management of malaria, TB and casualty incidents from conflicts and other causes.			
Activity 1.3.3	Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, PEP) in the said health facilities, laboratory diagnostic capacity and coordination mechanisms with other humanitarian actors in the county and at the clusters in Bentiu and Juba.			
Activity 1.3.4	Close coordination with CHDs in strengthening the community health committees, information sharing and facilitate monthly			

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 July 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
Hire a medical coordinator to oversee all health facilities		X										
Maintain the existing provision of basic health packages and emergency referral services in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs		X	X	X	X	X	X					
Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMNCI protocol for <5 girls and boys in Mayenditand PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs		X	X	X	X	X	X					
Provide laboratory services with improved diagnostic capacity in Mayendit PHCC		X	X	X	X	X	X					
Provide maternal healthcare (routine ANC/PNC checkup, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, BemONC; FP services and referral in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs		X	X	X	X	X	X					
Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs and the areas without access to health care		X	X	X	X	X	X					
Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation in Mayendit, Kuok, Luom, Thaker, Tutnyang, Dablual HFs		X	X	X	X	X	X					
Conduct on the job and formal/refresher training for health workers, health promoters, community based health workers, community midwives on MISIP, safe motherhood, child health, community health, common morbidities, HMIS			X									
Procure and distribute emergency essential drugs, medical supplies, basic medical equipment and laboratory supply/equipment to all supported health facilities.		X										
Strengthening of facility staff health workers, health promoters, community members on health/disease surveillance, reporting and analysis (HF based surveillance/IDSR, community surveillance and epidemic/outbreak investigation and response); case finding, treatment and health awareness raising for the prevention of common infectious diseases e.g. cholera, meningitis, malaria, HIV/AIDS and other communicable diseases and basic SGBV			X									
Training of health workers in EP&R for disease outbreaks, laboratory and clinical management of malaria, TB and casualty incidents from conflicts and other causes.			X									
Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, PEP) in the said health facilities, laboratory diagnostic capacity and coordination mechanisms with other humanitarian actors in the county and at the clusters in Bentiu and Juba.		X										
Close coordination with CHDs in strengthening the community health committees, information sharing and facilitate monthly CHD and UNIDO joint team supervision visits to the health facilities with the reports being sent to the SMOH and the clusters.		X	X	X	X	X	X					

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