

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
<ul style="list-style-type: none"> a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies b. Support to key hospitals for key surgical interventions to trauma c. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies) d. Communicable disease control and outbreak response including supplies e. Strengthen early warning surveillance and response system for outbreak-prone diseases f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns g. Maintain surge capacity to respond to any emergencies h. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies); i. Provision of Emergency mental health and psychosocial care j. Capacity building interventions will include <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 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 	<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 CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State		
World Relief	State	%	<i>County/ies (include payam when possible)</i>
Project CRP Code	CRP Gender Code	Unity	100% <i>Koch county(Boaw, Kuachlual, Jaak, Mirmir Pakur, Ngony payam)</i>
SSD-14/H/60500	1		
CRP Project Title (please write exact name as in the CRP)			
Integrated Primary Health Care Services and Capacity Building Project			
Total Project Budget requested in the in South Sudan CRP	US\$ 580,000.		
Funding requested from CHF for this project proposal	US\$ 200,000		

Total funding secured for the CRP project (to date)	US\$815,032
--	-------------

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)

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:	19212	19212
Girls:	6886	6886
Men:	14242	14242
Boys:	7460	7460
Total:	47800	47800

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: 12 months 1 July 2014 – 30 June 2015

Contact details Organization's Country Office	
Organization's Address	World Relief South Sudan, Hai Cinema, P.O. Box 41, Juba, South Sudan
Project Focal Person	Name, <i>Rose Ogwaro</i> Email, rogwaro@wr.org telephone, +211926776961
Country Director	Name, <i>Darren Harder</i> Email, DHarder@wr.org telephone +211954 634201
Finance Officer	Name, <i>Charles Lino</i> Email, Clino@wr.org Telephone +211955071119
Monitoring & Reporting focal person	Name, <i>Johnson Riri</i> Email RVunje@wr.org telephone: +211955794943

Contact details Organization's HQ	
Organization's Address	7 E Baltimore St, Baltimore, MD, 21202, USA
Project Focal Person	Diana Smith, dsmith@wr.org , 443-451-1970.
Country Director	<i>Shaena Korby</i> , skorby@wr.org , 443-451-1926.
Finance Officer	
Monitoring & Reporting focal person	

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 December 15 violence in Juba that spread to other locations in South Sudan resulted to mass displacement in many parts of the country, particularly Jonglei, Upper Nile and Unity state. The fighting came with massive destruction of housing; Health facilities including hospitals. Koch was not different from the rest of the states. All health facilities were looted leaving the communities with shortage of drugs and lack of lab equipments. However, the security situation remained relatively calm in most parts of the country including Koch, with reports of sporadic clashes in few areas. Early Warning and Disease Surveillance bulletin week 21 reported 16 deaths with 14 from Bentiu. Nine (56%) of the deaths were among children under five year of age. The causes of death include pneumonia (6), and malnutrition. Overcrowding remains a huge challenge in most IDP camps as well as host community. In Unity State, IDPs continue to trickle in to safety places such Koch. Poor sanitation and lack of health services in Koch remain a public health concern for the transmission of diseases. The current cholera outbreak in Juba town is a public health concern for all health actors in South Sudan. The risk of further spread to other areas is high given the high population movement. There has been no morbidity data from Koch County from January 2014 due to lack of access and net work problem, although Koch County health department staff were providing some small service to the community with the few drugs they managed to carry to deep inside village of Koch payam. Now that the situation has become relatively calm World Relief has gone back to the county to provide health service to the community. Anti malaria Drugs received from PSI and other drugs from SMOH were recently sent to Koch County.

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 effect of violence in the country resulted to mass movement to areas of safety. Currently Koch County is hosting IDPs from three counties namely Leer, Mayendit and Panyijar. With these the need for health service has increase to more than expected. While fighting was ongoing in Bentiu and other parts of Unity state many IDPs fled to Koch, Koch County Health department (KCHD) had to open two additional health facilities in Koch County to cater for both IDPs and host community. This was at the time World Relief purchase and send in medical supplies. These are all now drained up. Assessments conducted by World Relief and KCHD found a documented 7,302 conflict affected HH residing within the host community in Koch. The health program has significantly increased since the onset of insecurity in the county. World Relief South Sudan has been awarded the contract to support the Koch County Health Department to provide primary health care services for the whole of Koch County, with increase in population(World Relief and Koch County health department assessment, found over seven thousand house registered in different parts of Koch County)..CHF funding is to supplement funding received from HPF to fill some of the gap for services in Koch County, specifically procurement of essential drugs, medical and none medical supplies to bring facilities up to the minimum standard since all drugs and medical equipment were looted during the conflict and training for county health facility staff

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.

CHF funding will support maintenance of 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

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

The funding will support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns

The funding will contribute to 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);

CHF funding will provide opportunity for capacity building interventions that 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

The funding will also support referral system for emergency health care, HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

CHF funding will support minor rehabilitation and repairs of health facilities

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)

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.

Objective - Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies, training and awareness raising.

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).

The activities to be under taken are:

- Rehabilitate, repair and equip 7 health facilities as per BHNS requirement
- Supply 4 PHCC and 3 PHCU with essential drugs and medical supplies, lab reagents, vaccines and basic hygiene materials
- Train health care providers
- Refresher training to 20 facilities staffs provided.
- 6 CHD and 7 facility staffs trained on early warning, and disease surveillance, detection and reporting and other diseases
- Health and hygiene training to 28 community volunteers (15 female and 13 male) provided.
- Family planning services, contraceptives and education to patients with an emphasis on reaching women.
- Routine and accelerated immunization activities for children under five and P&LW in 4 PHCC static clinics and mobile outreach in 3 PHCU provided.
- Ante natal and post natal care provided in a culturally appropriate way in 4 PHCC and awareness on ANC in 3 PHCU.
- Mobile outreach service to communities which reside too far from the existing 7 static clinics.
- Mobile and static VCT services targeting the general communities in 4 PHCC provided to prevent HIV transmission in health care setting and access to good quality condom, managed STIs as well as HIV related referrals to comprehensive health center provided.
- Mother to child transmission(PMTCT component 1&2 ONLY) prevented
- PEP for occupational and non-occupational exposure like SGBV provided
- Establish a health related system for identifying and responding to disease outbreak
- Mass public health campaigns in 7 health facilities to over 20,000 community members (male and female) health and nutrition disease prevention and treatment.
- Mass education campaign including HIV/AIDS and related topics in all 7 health facilities provide.

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

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

Outcome 1 - Improved health facilities in Koch County.

Outcome 2 - Increased knowledge of CHD and MOH staff in Koch County.

Outcome 3 - Increased access by residents in Koch County to life saving medical interventions.

Outcome 4 – Residents of Koch County have increased awareness of health and nutrition disease prevention.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	Total number of outpatient consulted	Number of beneficiaries: 47,800 Women: 19212, Girls: 6886, Boys: 7460, Men: 14242
X	2.	Number of >5 outpatients consulted	Men:14242, Women: 19212
	3.	Number of <5 outpatients consulted	Boys:7460, Girls"6886
X	4.	Number of children <5 years receiving measles vaccination	Boys:1899, Girls:1752
X	5.	Number of children aged 6 months to 15 years receiving measles vaccination in IDP or returnees setting	Boys:342, Girls:315
X	6.	Number of births attended by skilled birth attendants	96 live birth
X	7.	Proportion of communicable disease detected and responded to within 48 hours	100%
X	8.	Number of diseases out break detected and responded to within 72 hours	2 outbreak
X	9.	% of pregnant women receive at least 2 nd dose TT vaccination	56%
X	10.	% of DPT3 coverage in children under 1	56%
X	11.	Number of survivors of SGBV receiving clinical management of rape treatment	10
X	12.	Number of health workers trained in emergency preparedness response	20

X	13.	Number of CHC trained	28
	14.	Number of health and nutrition awareness campaign conducted	8
	15.	Number of health facilities supported with drugs	7
	16.	Number of CHW trained	10
	17.	Number of CHD staff trained	6
	18.	Number of health facility staff trained	20
	19.	Number of health facilities rehabilitated	7
	20.	Number of patients effectively treated for different types of diseases	47,800

vi). Cross Cutting Issues

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

World Relief (WR) has a mandate to serve the most vulnerable people around the world. In doing this, it incorporates protection issues into the design, implementation, and evaluation of assistance programs whenever possible and appropriate. This is done in order to assist IDPs, returnees and other vulnerable populations to reduce or
The project will continue to build on current HIV/AIDS awareness activities under the health and nutrition projects both female and male.

Women will be involved in the entire process of the program- assessment, implementation, monitoring and evaluation. Out of the project selected beneficiaries, at least 50% will be women as well as project community committees. Ante-natal and post-natal care clinics address reproductive health issues in a culturally appropriate way, provide GBV services, and maintain the privacy of their patients. Family planning services, contraceptives and education is provided to clinic patients, with an emphasis on reaching women. Mass education campaigns also include HIV/AIDS and related topics. The sector collaborates with nutrition in on referral and treatment of beneficiaries as well as health and nutrition education.

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.

Four key WRSS staff will work in partnership with KCHD management staff as an integrated team to implement this project. The project will begin with a team visit to each health facility for a detailed assessment. The assessment process will provide an understanding of the gaps at each location and what is required to bring each facility up to the minimum standard as outlined by the MoH. A remediation plan will be developed for each location together with key facility staff.

Based on the remediation plans, WRSS will assist the KCHD to develop a procurement plan with specifications for each item to be procured. WRSS logistics support staff in Juba will facilitate the procurement of medical equipment and arrange for delivery of the equipment and materials to the county locations.

The WRSS and KCHD logisticians will supervise the delivery and installation of medical equipment.

WRSS and KCHD staff in Koch will maintain a central warehouse for receipt and distribution of drugs and medical supply kits provided by the MoH. The kits will be opened and stocked at the warehouse and distributed to facilities based on confirmed usage at each facility. Items that are inadequately supplied by the MoH will be procured by logistics support staff in Juba approximately quarterly and delivered to the county warehouse for redistribution to health facilities as required.

WRSS health program staff will organize and facilitate the KCHD staff trainings as proposed.

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.

World Relief will use DHIS hard copies forms to collect data from the field and enter the data in to DHIS soft ware which will be send to SMOH and other partners , the data will also be analyzed to inform program in decision making

M&E program has been built into the design of the HPF program for Koch County with a goal for the WRSS and KCHD monitoring and evaluation team to visit each health facility approximately once every two weeks. The M&E team will develop an evaluation tool that will be used to assess work at each facility including the indicators in the CHF project. A corrective action plan will be made together with health facility staff when progress is not being made towards achieving project targets. Once each quarter, the M&E team will evaluate each facility using the MoH Quarterly Supervisor Checklist.

The report of the WRSS/KCHD M&E team will form the basis of analyzing and reporting on the project achievements.

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.

Supplementary records will include WRSS procurement documents and finance records, routine weekly and monthly health facility reports and on-site facility records such as registration ledgers and warehouse stock records.

Narrative and financial reports will be submitted as required in the CHF contract.

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)
HPF	815,032
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		
CHF ref./CRP Code: SSD-14/H/605000	Project title: Integrated Primary Health Care Services and Capacity Building Project	Organisation: World Relief (WR)

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	<p>1-Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies</p> <p>2-Communicable disease control and outbreak response including supplies</p> <p>3-Capacity building interventions</p>	<ul style="list-style-type: none"> • Number of functioning health facilities • Number of patients effectively treated for different types of diseases • Number of community members who have received target health education messages • Number of health staffs trained on HMIS 	<ul style="list-style-type: none"> • Daily/weekly/monthly health facilities data • Disease outbreak report 	<ul style="list-style-type: none"> • Local communities and authorities are supportive, active and cooperative in implementation of project activities. • National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. • Localized security incidents will not adversely affect the project or project personnel. • Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
CHF project Objective	Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies, training and awareness raising.	<ul style="list-style-type: none"> • Number of functioning health facilities • Number of patients effectively treated for different types of diseases • Number of community members who have received target health education messages • Number of health staffs trained on HMIS 	<ul style="list-style-type: none"> • Daily/weekly/monthly clinic data record • EPI campaign data • Training report • Awareness campaign data 	<ul style="list-style-type: none"> • Local communities and authorities are supportive, active and cooperative in implementation of project activities. • National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. • Localized security incidents will not

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
				<p>adversely affect the project or project personnel.</p> <ul style="list-style-type: none"> Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Outcome 1	<i>Improved health facilities in Koch County.</i>	<ul style="list-style-type: none"> Number of health facilities rehabilitated 	<ul style="list-style-type: none"> Daily/weekly/monthly clinic data record EPI campaign data Training report Awareness campaign data 	<ul style="list-style-type: none"> Local communities and authorities are supportive, active and cooperative in implementation of project activities. National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. Localized security incidents will not adversely affect the project or project personnel. Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Output 1.1	7 health facilities (4 PHCC, 3 PHCU) functioning and providing services to the communities. Activities	<ul style="list-style-type: none"> Number of health facilities operational Number of health facilities supported with drugs 	<ul style="list-style-type: none"> Daily/weekly/monthly clinic data record EPI campaign data Training report Awareness campaign data Supervisory visits 	<ul style="list-style-type: none"> Local communities and authorities are supportive, active and cooperative in implementation of project activities. National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. Localized security incidents will not adversely affect the project or project personnel. Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Activity 1.1.1	Rehabilitate, repair and equip 7 health facilities as per BHNS requirement			
Activity 1.1.2	Supply 4 PHCC and 3 PHCU with essential drugs and medical supplies, lab reagents, vaccines and basic hygiene materials			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 2	Increased knowledge of CHD and MOH staff in Koch County.	<ul style="list-style-type: none"> • % of CHD and MOH staff trained 	<ul style="list-style-type: none"> • Daily/weekly/monthly clinic data record • EPI campaign data • Training report • Awareness campaign data 	<ul style="list-style-type: none"> • Local communities and authorities are supportive, active and cooperative in implementation of project activities. • National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. • Localized security incidents will not adversely affect the project or project personnel. • Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Output 2.1	36 health care providers and CHD staff trained	<ul style="list-style-type: none"> • Number of health facility staff trained 	<ul style="list-style-type: none"> • Daily/weekly/monthly clinic data record • EPI campaign data • Training report • Awareness campaign data • Supervisory visits 	<ul style="list-style-type: none"> • Local communities and authorities are supportive, active and cooperative in implementation of project activities. • National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. • Localized security incidents will not adversely affect the project or project personnel. • Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Activity 2.1.1	Train health care providers			
Activity 2.1.2	Refresher training to 20 facilities staffs provided.			
Activity 2.1.3	6 CHD and facility staffs trained on early warning, and disease surveillance, detection and reporting.			
Output 2.2	28 community workers trained on health hygiene	<ul style="list-style-type: none"> • Number of CHW trained on health hygiene 	<ul style="list-style-type: none"> • Daily/weekly/monthly clinic data record • EPI campaign data • Training report • Awareness campaign data • Supervisory visits 	<ul style="list-style-type: none"> • Local communities and authorities are supportive, active and cooperative in implementation of project activities. • National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. • Localized security incidents will not

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
			<p>adversely affect the project or project personnel.</p> <ul style="list-style-type: none"> Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Activity 2.2.1	Health and hygiene training to 28 community volunteers (15 female and 13 male) provided.		
Outcome 3	<p>Increased access by residents in Koch County to life saving medical interventions.</p>	<ul style="list-style-type: none"> % of pregnant women receive at least 2nd dose TT vaccination % of DPT3 coverage in children under 1 % of population accessing health care 	<ul style="list-style-type: none"> Daily/weekly/monthly clinic data record EPI campaign data Training report Awareness campaign data <ul style="list-style-type: none"> What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives? Local communities and authorities are supportive, active and cooperative in implementation of project activities. National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. Localized security incidents will not adversely affect the project or project personnel. Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Output 3.1	<p>Emergency and routine clinical service in 4 PHCC and 3 PHCU including diagnostic and laboratory services, provided for all patients.</p>	<ul style="list-style-type: none"> Total number of outpatient consulted Number of >5 outpatients consulted Number of <5 outpatients consulted Number of children <5 years receiving measles vaccination Number of children aged 6 months to 15 years receiving measles vaccination in IDP or returnees setting Number of births attended by skilled birth attendants Proportion of communicable disease detected and responded to within 48 hours Number of diseases out break detected and responded to within 72 hours 	<ul style="list-style-type: none"> Daily/weekly/monthly clinic data record EPI campaign data Training report Awareness campaign data Supervisory visits <ul style="list-style-type: none"> Local communities and authorities are supportive, active and cooperative in implementation of project activities. National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. Localized security incidents will not adversely affect the project or project personnel. Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Activity 3.1.1	Family planning services, contraceptives and education to patients with an emphasis on reaching women.		

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Activity 3.1.2	Routine and accelerated immunization activities for children under five and P&LW in 4 PHCC static clinics and mobile outreach in 3 PHCU provided.			
Activity 3.1.3	Ante natal and post natal care provided in a culturally appropriate way in 4 PHCC and awareness on ANC in 3 PHCU.			
Activity 3.1.4	Mobile outreach service to communities which reside too far from the existing 7 static clinics.			
Activity 3.1.5	Mobile and static VCT services targeting the general communities in 4 PHCC provided to prevent HIV transmission in health care setting and access to good quality condom, managed STIs as well as HIV related referrals to comprehensive health center provided.			
Activity 3.1.6	Mother to child transmission(PMTCT component 1&2 ONLY) prevented			
Activity 3.1.7	Establish a health related system for identifying and responding to disease outbreak			
Output 3.2	SGBV in 7 health facilities integrated to ensure prevention and response to SGBV.	<ul style="list-style-type: none"> • Number of survivors of SGBV receiving clinical management of rape treatment • Number of health workers trained in emergency preparedness response 	<ul style="list-style-type: none"> • Daily/weekly/monthly clinic data record • EPI campaign data • Training report • Awareness campaign data • Supervisory visits 	<ul style="list-style-type: none"> • Local communities and authorities are supportive, active and cooperative in implementation of project activities. • National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. • Localized security incidents will not adversely affect the project or project personnel. • Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Activity 3.2.1	PEP for occupational and non occupational exposure like SGBV provided			
Activity 3.2.2				
Outcome 4	Residents of Koch County have increased awareness of health and nutrition disease prevention.	<ul style="list-style-type: none"> • Number of health and nutrition awareness campaign conducted 	<ul style="list-style-type: none"> • Daily/weekly/monthly clinic data record • EPI campaign data • Training report • Awareness campaign data 	<ul style="list-style-type: none"> • Local communities and authorities are supportive, active and cooperative in implementation of project activities. • National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. • Localized security incidents will not adversely affect the project or project personnel. • Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Output 4.1	5000 men and women received health and hygiene education	<ul style="list-style-type: none"> • Number of health and nutrition awareness campaign conducted 	<ul style="list-style-type: none"> • Daily/weekly/monthly clinic data record • EPI campaign data • Training report 	<ul style="list-style-type: none"> • Local communities and authorities are supportive, active and cooperative in implementation of project activities. • National, state and local authorities

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
			<ul style="list-style-type: none"> • Awareness campaign data • Supervisory visits 	<p>continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention.</p> <ul style="list-style-type: none"> • Localized security incidents will not adversely affect the project or project personnel. • Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Activity 4.1.1	<ul style="list-style-type: none"> • Mass public health campaigns in 7 health facilities to over 20,000 community members (male and female) health and nutrition disease prevention and treatment. 			
Output 4.2	10 community health workers trained on HIV/AIDS to raise HIV awareness to community on the disease trained.	<ul style="list-style-type: none"> • Number of Community Health Workers trained on HIV/AIDS 	<ul style="list-style-type: none"> • Daily/weekly/monthly clinic data record • EPI campaign data • Training report • Awareness campaign data • Supervisory visits 	<ul style="list-style-type: none"> • Local communities and authorities are supportive, active and cooperative in implementation of project activities. • National, state and local authorities continue to support and facilitate program implementation. World Relief will maintain high levels of involvement from communities and local authorities in every aspect of intervention. • Localized security incidents will not adversely affect the project or project personnel. • Natural disasters such as flooding or drought do not unduly restrict movement in the project location/s or force mass population displacement.
Activity 4.2.1	Mass education campaign including HIV/AIDS and related topics in all 7 health facilities provide.			

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:	30 June 2015
----------------------------	--------------------	--------------------------	---------------------

Activities	Q2	Q3/2014			Q4/2014		Q1/2015			Q2/2015		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Activity 1: Rehabilitate, repair and equip 7 health facilities as per BHS requirement.					x	x						
Activity 2: Provide routine clinical to 4 PHCC and 3 PHCU diagnostic and laboratory services for all patients.	x	x	x	x	x	x	x	x	x	x	x	x
Activity 3: Supply 4 PHCC and 3 PHCU with essential drugs and medical supplies, lab reagents, vaccines and basic hygiene materials	x	x	x	x	x	x	x	x	x	x	x	x
Activity 4: Provide routine and accelerated immunization activities for children under five and P&LW in 4 PHCC static clinics and mobile outreach in 3 PHCU	x	x	x	x	x	x	x	x	x	x	x	x
Activity 5: Integrate measures to ensure prevention and response to SGBV in 7 health facilities	x	x	x	x	x	x	x	x	x	x	x	x
Activity 6: Regular M&E visits to health 7 health facilities	x	x	x	x	x	x	x	x	x	x	x	X
Activity 7: Create awareness to Koch communities on health and nutrition disease prevention and treatment in 7 health facilities and the surrounding villages emphasis on women attendance	x	x	x	x	x	x	x	x	x	x	x	X
Activity 8: Prepare project reports, monthly and quarterly as required	x	x	x	x	x	x	x	x	x	x	x	X
Activity 9: Provide health and hygiene training to 28 community volunteers(15 female and 13 male)			x					X				
Activity 10: Provide family planning services, contraceptives and education to clinic patients with an emphasis on reaching women, Mass education campaign including HIV/AIDS and related topics in all 7 health facilities	x	x	x	x	x	x	x	x	x	x	x	X
Activity 11: Conduct Ante-natal and post -natal care clinics in culturally appropriate way in 4 PHCC and awareness on ANC in 3 PHCU addressing reproductive health	x	x	x	x	x	x	x	x	x	x	x	X
Activity 12: Provide weekly morbidity and mortality rates to SMOH and WHO for all 7 health facilities.	x	x	x	x	x	x	x	x	x	x	x	X
Activity 13: Conduct mass public health campaigns in 7 health facilities to over 20,000 communities members (male and female) health and nutrition disease prevention and treatment	x	x	x	x	x	x	x	x	x	x	x	X
Activity 13: Conduct mobile outreach to expand service to communities which reside too far from the existing 7 static clinic	x	x	x	x	x	x	x	x	x	x	x	X
Activity 15: Provide refresher training to 20 facilities staffs on HIMS and DHIS		x					X					
Activity 16: Train 6 CHD staffs on various topics including HIMS and DHIS			X									
Activity 17: Provide mobile and static VCT services targeting the general communities in 4 PHCC provided to prevent HIV transmission in health care setting and access to good quality condom, managed STIs as well as HIV related referrals to comprehensive health center provided	x	x	x	x	x	x	x	x	x	x	x	X
Activity 18: Train 10 community health workers on HIV/AIDS to raise HIV awareness to community on the disease					X							
Activity 19: Prevent mother- to- child transmission (PMTCT- component 1&2 ONLY)	x	x	x	x	x	x	x	x	x	x	x	X
Activity 20: Provide PEP for occupational and non-occupational exposure like SGBV	x	x	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%