South Sudan
2014 CHF Standard Allocation Project Proposal
for CHF funding against Consolidated Appeal 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

SECTION I:

CAP Cluster	Health

CHF Cluster Priorities for 2014 First Round Standard Allocation

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
CO1: Provide emergency primary health care services for vulnerable people with limited or no access to health services CO3: Respond to health related emergencies, including controlling the spread of communicable diseases, reproductive health care.	

SECTION II

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

Requesting Organization	
International Organization for Migration (IOM)	
Project CAP Code	**CAP Gender Code**
SSD-14/H/60554	2a

CAP Project Title *(please write exact name as in the CAP)*
Strengthening and Sustaining Life-saving Primary Health Care Services for Vulnerable IDPs, Returnees and Affected Host Communities in Upper Nile, Warrap, and Western Bahr el Ghazal States as well as in Abyei

Project Location(s) -

State	%	*County/ies (include payam when possible)*
Unity	100	*Rubkona (Bentiu)*

Total Project Budget requested in the in South Sudan CAP	US$ 2,448,410
Total funding secured for the CAP project *(to date)*	US$ 0

Funding requested from CHF for this project proposal	US$260,000

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

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	**4,885**	**93,443**
Girls:	1,221	23,360
Men:	4,509	86, 257
Boys:	1,127	21,564
Total:	**11,742**	**224,624**

Indirect Beneficiaries / Catchment Population (if applicable)

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)

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

Indicate number of months: 3 months
20 January – 20 April 2014

Contact details Organization's Country Office	
Organization's	IOM, Mission in South Sudan ial Area, Juba
	u Diad Bah, int +211 (0) 92 240 5717 ick_doerfinck@iom.int 240 6615
	son Mstenson@iom.int, 240 6613
Reporting focal person	ari, mhattori@iom.int +211 (0) 922407616

Contact details Organization's HQ	
Organization's Address	17 route des Morillons CP-71 CH-1211 Geneva 19, Switzerland
Desk officer	*Dr. Nenette Motus, nmotus@iom.int,* *+41 (02) 717 2355*
Finance Officer	Zita Ortega-Greco, zortega-greco@iom.int +41 (02) 717 2279

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 population[1]

Fighting between factions of the South Sudan armed forces started in the capital Juba on 15 December 2013 and rapidly spread throughout the country.

The crisis, has so far forced an estimated 189,000 people to flee their homes and 62,000 of whom have sought shelter and security on UN peacekeeping bases (as of 4 January 2014, OCHA). Although the volume of casualties is unknown, thousands of civilians have reportedly been killed, raped, and violently assaulted in streets and homes in Juba and elsewhere, and violent incidents continue to be reported. Healthcare service is identified as one of the highest priority in areas where displaced populations have gathered.

With less than 50% of the population accessing primary health care before the crisis, there are now reports that many government run and NGO supported health facilities are closed due to the displacement of health workers. Given the already weak health care system in South Sudan, the on-going crisis is worsening conditions as basic primary health care facilities struggle to remain responsive to the needs of the displaced populations with dwindling supplies and limited staff. The provision then of life-saving care through semi-static clinics in regions highly populated with vulnerable individuals (i.e. Internally Displaced Persons, stranded returnees and affected host communities) becomes even more paramount. South Sudan overall has some of the worst global health indicators with a Maternal Mortality Rate of 2,054/100,000 live births and an Infant Mortality Rate of 102/1000 live births. These rates can be partially attributed to the fact that only 46% of pregnant women attend at least one ante-natal care visit and immunisation coverage among children less than one year of age is low at 13.8%.

IOM's own health data from 2013 confirms that the major causes of morbidity and mortality are preventable and treatable illnesses such as Acute Respiratory Infections, Malaria and Diarrhea. Among vulnerable populations, health indicators are often more dire. Population displacement disrupts vital access to health services increasing vulnerability to ill health for individuals and families. In addition to disrupted health services, displaced populations are often exposed to other public health concerns such as a lack of access to proper sanitation, clean and safe drinking water and good hygiene practices, congested living conditions and inappropriate shelter.

Through this proposal, IOM aims to respond to the needs of displaced populations in Unity State, where large scale displacement has been observed, in coordination with the Health Cluster. UN OCHA estimates that there are approximately 8,000 IDPs in Bentiu as a result of violence, while it is anticipated that many more are displaced to areas which humanitarian actors do not currently have access due to the security conditions. In areas identified through close coordination with the Health Cluster, IOM will provide emergency primary health care services and referrals for vulnerable women, children, elderly, persons with disabilities as well as people with chronic medical conditions through the establishment of a semi-static clinic in Bentiu. As a result of the ongoing violence, males, females and children are falling victims of violence with varying severity of injuries. In addition, families, particularly female headed households with children, affected by displacement may be exposed to additional risks such as harsh conditions, Sexual and Gender-Based Violence (SGBV) and discrimination; this then may result in high morbidity and possibly high mortality rates, especially among children under five years of age.

While the needs are vast, the proposed action particularly strives to address the impact of gender on health care choices and to promote women and girls, boys and men's active participation. IOM will also contribute to the increase Reproductive Health services through the utilization of the Minimum Initial Service Package for Reproductive Health (MISP) in crisis situations. IOM makes efforts in recruiting equal number of female and male healthcare providers.

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.

Provision of health services for populations affected by the crisis is highlighted by the humanitarian community as a priority. Prior to the crisis access to essential primary health services was already limited and areas accommodating large displaced populations are not equipped to provide the needed life-saving health response. Furthermore, the displaced population is at high risk of contracting communicable diseases due to poor sanitation, shortage of clean and safe water, congested living conditions and poor immunity, with young children and pregnant women particularly vulnerable. Malaria, diarrheal and respiratory tract infections are already identified by health partners as prevalent among the displaced population. Additionally, there is urgent need to ensure that health partners are also addressing specific public health conditions that increase the risk of cholera and/or Hepatitis E (already prevalent in refugee camps in South Sudan) outbreaks. These conditions included those IDP sites identified as under severe environmental risk (i.e. flooding during the rainy season), IDP sites without access to health services (no site-based cholera response facilities) and those with deteriorating or non-existent WASH facilities.

Challenges facing the provision of humanitarian, life saving health care services are vast and include remote displacement camp locations, difficult terrain, low presence of other humanitarian actors, and the continuing insecurity. Currently, IOM has health activities in Upper Nile State and Warrap State. As one of the largest health actors providing primary health care services in returnee transit sites in Renk, Upper Nile State and Twic County, Warrap State, IOM is well placed to support humanitarian health interventions given the vast experience in providing emergency health care services in camp-like settings. Additionally, IOM will be supporting the transport of stranded returnees from Malakal to Juba in the coming week and therefore, health staff will be deployed

[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.

and operational at the same time.

With this proposal, IOM aims to utilize its sub –office in Bentiu as well as resources in Twic County, Warrap State to support the establishment of a semi-static clinic in Bentiu. IOM's existing health operations in Twic will allow for the rapid deployment of resources to scale up health response in Bentiu and address the urgent need for life-saving health services in areas that are hosting large IDP populations.
IOM with previous funding from CHF has operated mobile and semi-static clinics effectively demonstrating its capacity to provide primary health care and assistance in remote areas uncovered by the Ministry of Health and other partners. IOM began facilitating mobile and semi-static medical clinics in the Western Equatoria State among IDPs displaced by the Lord's Resistance Army (LRA) in 2008/2009 and since that time, IOM has responded to the health needs of crisis affected populations in Juba, Renk, Malakal, Wau, and Twic Counties. IOM's operations are focused on life-saving aspects, providing access to basic safety net services, ensuring proper pre-positioning of essential drugs, and conducing proper management and surveillance of communicable diseases among affected communities. Furthermore, IOM health staff do have the capacity to respond to minor injuries sustained as a result of violence and to provide referral services for those injuries requiring secondary care.

As stated in the section on the humanitarian context above, IOM is well placed to respond to the growing health needs in Unity State. IOM is also an active member of the WASH Cluster and presently acting as the WASH focal point in Malakal. This will allow IOM to closely coordinate between WASH and Health activities within the target locations to create synergies and to maximize outcomes. This is particularly important in the control of water-borne illnesses such as cholera and Hepatitis E.

Finally, the proposed action particularly strives to address the impact of gender on health care choices and promote women's active participation in community-level health committees. In an effort to provide equal access to health services by women and men, IOM aims to ensure that 50% of staff be female health care providers. IOM continues to increase the utilization of Reproductive Health services in emergencies by improving the quality of services and actively reaching out to women in our target communities. IOM 's heath team has been trained on the Minimum Initial Service Package for Reproductive Health (MISP) in crisis situations in July and August 2013, as part of the CHF 2013 allocation. It is hoped that the focus on women will also help to achieve better immunisation coverage rates among children during emergencies.

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.

The proposed project will respond directly to five of the seven health cluster priority areas identified for this CHF 2014 Round 1 allocation.

1. Strengthen or re-establish Primary Health Care Centres (PHCCs) and Primary Health Care Units (PHCUs) in the affected areas, including provision of basic equipment and related supplies to ensure essential basic curative services.
    - The semi-static clinics supported under this proposal aim to provide the basic package of primary health care services as defined by the cluster, which includes reproductive health, HIV and child survival packages as well as emergency referral services.
    - With a variety of supply chain challenges, this proposal will contribute to procuring essential drugs and medical supplies for IOM clinics as well as transport costs.

2. Maintain or strengthen medical referral services for emergency cases
    - All clinics supported under this proposal aim to provide emergency referral services

3. Support vaccination campaigns to vulnerable communities while maintaining the expanded programme on immunisation
    - This proposal includes participation and support to the WHO Expanded Programme on Immunisation (EPI) through both mass and routine vaccinations for boys and girls under five years of age and women of childbearing age in vulnerable communities.

4. Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff
    - This proposal addresses the management and surveillance of communicable diseases through health service delivery provided by IOM's semi-static clinics, health education on communicable diseases (such as water-borne illnesses like Cholera and Hepatitis E) and procurement, transport and pre-positioning of essential drugs and medical supplies.
    - The health team has already been trained on the management and surveillance of communicable diseases, Minimum Initial Service Package for Reproductive Health (MISP), first aid and emergency preparedness in 2013.

5. Conduct training on emergency preparedness and response at all levels
    - This proposal will address core pipeline challenges in Unity State, areas affected by limited transport options due to the continuing insecurity. IOM will pre-position essential drugs and equipment as needed to ensure access to supplies in an emergency.

ii) Project Objective
State the objective/s of this CHF project and how it links to your CAP 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)

To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving primary health care services to

vulnerable returnees, IDPs and affected host communities

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. Establish semi-static health facilities in areas with Internally Displaced Persons.
2. Delivery of reproductive and maternal health services, including MISP as well as pre and post natal care services.
3. Provide and support routine (Expanded Programme of Immunisation) and mass campaign immunisations, particularly for boys and girls under five and women of childbearing age.
4. Conduct rapid refresher trainings on communicable disease management, and MISP (priority given to female health workers).
5. Facilitate emergency referral system through transport support and coordination mechanisms between referring and receiving health facilities.
6. Recruit, train and deploy community health volunteers within the displaced population to conduct health awareness sessions on communicable disease prevention for illnesses such as cholera and Hepatitis E through the illustration of good hygiene and sanitation practices for men, women, girls and boys as well as sessions on malaria prevention, HIV/AIDS and Sexual and Gender based Violence (SGBV).
7. Pre-position essential medicines, medical supplies and medical equipment and logistical support.
8. Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response within 72 hours.

iv) Expected Result(s)/Outcome(s)
Briefly describe the results you expect to achieve at the end of the CHF grant period.

1. Primary health care services provided semi-static health facilities particularly focused on ensuring access for women, girls, boys and men displaced by the ongoing crisis.
2. Reproductive and maternal health services provided (including MISP and pre and post natal services).
3. Vaccination efforts through routine (Expanded Programme of Immunisation) and mass campaigns carried out.
4. Heath workers receive rapid refresher training on communicable disease management and MISP (with priority given to female health workers).
5. Transport support provided and coordination mechanisms established between referring and receiving health facilities.
6. Community health volunteers from the displaced populations trained and implementing health awareness sessions on HIV/AIDS, SGBV, communicable disease outbreaks, specifically public health concerns such as cholera and Hepatitis E, and good hygiene and sanitation practices.
7. Emergency stock of medicines and medical supplies in place in strategic areas for rapid deployment during outbreak response.

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.	Number of consultations, 5 years or older (disaggregated by sex, male and female)	At least one consultation per beneficiary per year divided by four since the project runs for three months (at least 2,349 consultations: Women = 1,362; Men = 987)
x	2.	Number of <5 consultations (disaggregated by sex, male and female)	At least one consultation per beneficiary per year divided by four since the project runs for three months (at least 587 consultations; Girls = 305; Boys =282)
x	3.	Number of measles vaccinations given to under 5 in emergency or returnee situation (disaggregated by sex, male and female)	At least 493 unvaccinated boys and girls under five are vaccinated against measles.
x	4.	% of pregnant women receiving at least 2nd dose of Tetanus Toxoid (TT) vaccination	At least 80% (n=376) of the estimated 4% of pregnant women received the 2nd dose of TT vaccination (4% of total population expected to be pregnant, n= 470)
	5.	Number of volunteers from the community identified and trained on health promotion outreach strategies and activities	At least 10 male and 10 female volunteers from the community are identified and trained on health promotion outreach strategies and activities
	6.		

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

IOM requires all programming to implement human rights based approaches and target interventions using a gender based analysis. The gender-disaggregated profiles of the target populations are not available prior to the action however, once available such

information will be taken into consideration in the further action. Empowering women and girls to make decisions about their own health as well as promoting women's active participation in community-level health committees overall is a key objective of this proposal. To ensure gender equality and an increased level of trust among women beneficiaries, the project will make special emphasis on recruiting as many female staff as male (Target: 50%) and training opportunities will be extended equally to woman and men.

Health sensitization sessions will be organised at each clinic site in order to discuss important public health concerns such as prevention of water-borne illnesses such as cholera and Hepatitis E, HIV/AIDS, and SGBV. IOM will also provide referrals for HIV treatment, care and support as well as co-infections (e.g. TB) if possible. Finally, the provision of reproductive and maternal health, including pre and post natal care, at the clinics may assist in the reduction of HIV transmission from mother to child.

The environmental impact of this project will be neutral, as IOM has taken steps to ensure proper waste management systems at all clinic sites.

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.

IOM will directly implement this project. Human resources will be mainly from IOM and where appropriate some secondment from the Ministry of Health. IOM has an office Bentiu and has been operating there since 2012.

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].

IOM health staff is required to send weekly and monthly reports to IOM Juba giving statistics on the number of consultations conducted, types and scope of morbidities and vaccinations as well as details on health promotion activities. This consistent flow of information from the field allows project managers to closely monitor morbidity trends and outbreaks, as well as individual project activities and how they are contributing to the achievement of the project's expected results and overall objective. Weekly monitoring reports aggregated into monthly, quarterly and mid-year reports coupled with quarterly site visits allow managers to evaluate short, medium and long-term project progress and to address any challenges in a timely manner. Based on the WHO Health Cluster Morbidity report and the Infectious Disease Surveillance Reporting form, IOM developed an excel sheet in late 2012 to capture all data and which allows for easy sharing with relevant partners such as the WHO, the Ministry of Health at all level, county coordinating mechanism lead agencies and donors. It is expected that this same data collection tool will be used in 2014.

Furthermore, the health teams hold on-site evaluation meetings every week to discuss the needs, achievements and any adjustments at the field level. Additionally, at least two field visits from IOM Juba will be conducted in both Upper Nile and Unity states during the implementation of this project.

D. Total funding secured for the CAP project
Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	**Amount** (USD)
Pledges for the CAP project	

[2] CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:
This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.
The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.
Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-14/H/60554	**Project title:** Strengthening and Sustaining Life-saving Primary Health Care Services for Vulnerable IDPs, Returnees and Affected Host Communities in Upper Nile, Warrap, and Western Bahr el Ghazal States as well as in Abyei	**Organisation:** IOM

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	CO1: Provide emergency primary health care services for vulnerable people with limited or no access to health services CO3: Respond to health related emergencies, including controlling the spread of communicable diseases, reproductive health care	*Target population access primary healthcare services and reproductive health care* *Communicable disease controlled at target sites*	***Health Cluster report***	*Security conditions allow access to the target population* *Government of South Sudan supports IOM and project activities* *Beneficiaries are willing to access services in IDP sites*
CHF project Objective	To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving primary health care services to vulnerable returnees, IDPs and affected host communities	*Number of population with access to primary healthcare services*	*Health Cluster report*	*Security conditions allow access to the target population*
Outcome 1	*Access to emergency primary health services improved for vulnerable populations living in IDP sites in Unity state,*	*11,742 individuals provided with emergency primary health care services*	*IOM clinic report, Health Cluster state focal point report*	*Security conditions allow access to the target population* *Beneficiaries are willing to access services in IDP sties*

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.1	*Primary health care services provided semi-static health facilities in IDP sites in Upper Nile and Unity states.*	Number of consultations, 5 years or older (disaggregated by sex, male and female): at least 2,349 consultations: Women = 1,362; Men = 987 Number of <5 consultations (disaggregated by sex, male and female): at least 587 consultations; Girls = 305; Boys =282	Clinic reports, curative consultation registers and findings during monitoring and evaluation visits	*Security situation allows for project staff to carry out project activities.* *Beneficiaries are willing to access services in IDP sites.*
Activity 1.1.1	Establish semi-static health facilities in IDP sites.			
Output 1.2	Vaccination provided through (Expanded Programme of Immunisation) and mass campaigns.	Number of measles vaccinations given to under 5 in emergency or returnee situation (disaggregated by sex, male and female): At least 493 unvaccinated under five (boys 237 and girls 256) are vaccinated against measles	EPI reports	*Security situation allows for project staff to carry out project activities.* *Beneficiaries are willing to access services in IDP sites.*
Activity 1.2.1	Provide and support routine (Expanded Programme of Immunisation) and mass campaign immunisations, particularly for boys and girls under five and women of childbearing age			
Outcome 2	Rapid-response to health-related emergencies improved in IDP sites in Upper Nile and Unity specifically focusing on controlling communicable diseases, reproductive health care and medical services to survivors of GBV	Communicable diseases contained	Health cluster reports and IOM clinic reports	*Security situation allows for project staff to carry out project activities.* *Beneficiaries are willing to access services in IDP sites.*
Output 2.1	Reproductive and maternal health services provided (including MISP and pre and post natal services)	% of pregnant women receiving at least 2nd dose of Tetanus Toxoid (TT) vaccination: At least 80% (n=376) of the estimated 4% of pregnant women received the 2nd dose of TT vaccination (4% of total population expected to be pregnant, n= 470)	ANC reports and registers	*Security situation allows for project staff to carry out project activities.* *Beneficiaries are willing to access services in IDP sites.*
Activity 2.1.1	Deliver reproductive and maternal health services, including MISP as well as pre and post natal care services.			
Output 2.2	Health workers trained on communicable disease management and MISP	Number of health workers trained on communicable disease management and MISP: at least 5 males and 5 females are trained on MISP	Health workers training attendance sheets	*Security situation allows for project staff to carry out project activities.* *Health workers are willing to participate in training*
Activity 2.2.1	Heath workers receive rapid refresher training on communicable disease management and MISP.			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 2.3	Transport support provided and coordination mechanisms established between referring and receiving health facilities.	Number of vulnerable IDPs provided with transport from referring to receiving health facilities: all patient in need of emergency secondary health care are transported to Bentiu hospital	Reference and contra reference reports	*Security situation allows for project staff to carry out project activities.* *Beneficiaries are willing to avail of transport assistance.*
Activity 2.3.1	Facilitate emergency referral system through transport support and coordination mechanisms between referring and receiving health facilities.			
Output 2.4	Community health volunteers from the displaced populations trained and implementing health awareness sessions on HIV/AIDS, SGBV, communicable disease outbreaks, specifically public health concerns such as cholera and Hepatitis E, and good hygiene and sanitation practices.	Number of volunteers from the community identified and trained on health promotion outreach strategies and activities: At least 10 male and 10 female volunteers from the community are identified and trained on health promotion outreach strategies and activities	Health Volunteers Attendance Sheets	*Security situation allows for project staff to carry out project activities.* *IDP volunteers are willing to participate and engage in health awareness activities.*
Activity 2.4.1	Recruit, train and deploy community health volunteers within the displaced population to conduct health awareness sessions on communicable disease prevention for illnesses such as cholera and Hepatitis E through the illustration of good hygiene and sanitation practices for men, women, girls and boys as well as sessions on malaria prevention, HIV/AIDS and Sexual and Gender based Violence (SGBV).			
Output 2.5	Emergency stock of medicines and medical supplies in place in strategic areas for rapid deployment during outbreak response.	Number of stockpiles established with medicines and supplies for rapid deployment.	Stockpile report	*Security situation allows for project staff to carry out project activities and for medicines and supplies to be delivered to project areas.* *Medicines and supplies are available for procurement and delivery.*
Activity 2.5.1	Pre-position essential medicines, medical supplies and medical equipment and logistical support.			
Activity 2.5.2	Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response within 72 hours.			

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:	20 January 2014	Project end date:	20 April 2014

Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1 Establish semi-static health facilities in areas with Internally Displaced Persons.	X	X	X	X								
Activity 2 Delivery of reproductive and maternal health services, including MISP as well as pre and post natal care services.	X	X	X	X								
Activity 3: Provide and support routine (Expanded Programme of Immunisation) and mass campaign immunisations, particularly for boys and girls under five and women of childbearing age.	X	X	X	X								
Activity 4: Conduct rapid refresher trainings on communicable disease management, and MISP (priority given to female health workers).	X	X	X	X								
Activity 5: Facilitate emergency referral system through transport support and coordination mechanisms between referring and receiving health facilities.	X	X	X	X								
Activity 6: Recruit, train and deploy community health volunteers within the displaced population to conduct health awareness sessions on communicable disease prevention for illnesses such as cholera and Hepatitis E through the illustration of good hygiene and sanitation practices for men, women, girls and boys as well as sessions on malaria prevention, HIV/AIDS and Sexual and Gender based Violence (SGBV).	X	X	X	X								
Activity 7: Pre-position essential medicines, medical supplies and medical equipment and logistical support.	X	X	X	X								
Activity 8: Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response within 72 hours.	X	X	X	X								

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

CAP Project code:	
Project title:	**Strengthening and Sustaining Life-saving Primary Health Care Services for Vulnerable IDPs, Returnees a Warrap, and Western Bahr el Ghazal States as well as in Abyei**
Organization:	**International Organization for Migration (IOM)**

Total Estimated Budget USD	**260,000**

***Other funding:** please indicate if there is any other funding or resources (cash or in-kind) received toward activities of this project

****Cost Type:** please indicate cost type against each budget line to indicate whether cost is direct (D) or indirect (I)

PART I

	(a) Items Description (Insert more budget line rows as needed)	(b) Location	(c) ** Cost Type D or I	(d) Unit of measurement	(e) Percentage/ FTE	(f) Quantity	(g) Unit Cost	(h) Total CHF Cost	(i) *Other funding to this project including in-kind
1	**RELIEF ITEMS and TRANSPORTATION (please seprate relief items and transportation budget lines)**								
1.1	Transportation of drugs to the field	Bentiu	D	Trip	100%	1	20,000	20,000	
1.2	Procurement of tents	Bentiu	D	Piece	100%	4	3,000	12,000	
Sub-total								**32,000**	-
2	**PERSONNEL (provide detailed information on responsibility/title, post location and the percentage dedicated to the CHF project)**								
2.1	Head of Office	Bentiu	I	month	25%	3	15,000	11,250	
2.2	Health Coordinator	Juba	D	month	100%	3	12,000	36,000	
2.3	International Health Physician	Bentiu	D	month	100%	3	12,000	36,000	
2.4	National Medical Assistants (4)	Bentiu	D	month	100%	3	9,200	27,600	
2.5	National Nurses (2)	Bentiu	D	month	100%	3	3,700	11,100	
2.6	National Midwives (2)	Bentiu	D	month	100%	3	3,700	11,100	
2.7	National Vaccinator (2)	Bentiu	D	month	100%	3	1,800	5,400	
2.8	Guards (2)	Bentiu	D	month	100%	3	2,000	6,000	
2.9	Cleaners and water carriers (2)	Bentiu	D	month	100%	3	2,600	7,800	
2.10	National Admin+Finance Assistant (1)	Bentiu	D	month	50%	3	2,300	3,450	
2.11	National Logistics Assistant (1)	Bentiu	D	month	50%	3	2,300	3,450	
2.12	Driver (1)	Bentiu	D	month	100%	3	2,000	6,000	
Sub-total								**165,150**	-
3	**STAFF TRAVEL (Flights, DSA, Perdium, Terminals - Describe the nature of the travel and staff members responsibility/title)**								
3.2	Travel for supervision + M&E (1 staff)	Bentiu	D	Trip	100%	3	800	2,400	
3.4	DSA during supervision + M&E (1 staff)	Bentiu	D	Days	100%	45	84	3,780	
Sub-total								**6,180**	-
4	**TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS - (Describe type of training, number of participants, duration)**								
4.2	MISP and communicable diseases for 10 clinicians	Bentiu	D	Training	100%	1	545	545	
Sub-total								**545**	-
5	**CONTRACTS/SUB GRANTS (Specialized services for the project provided by outside contractors or partners/NGOs)**								
5.1								-	
Sub-total								**-**	-
6	**VEHICLE OPERATING & MAINTENANCE COSTS (provide detailed information on item/activity)**								
6.1	Mobile Medical Clinic/Referrals to Hospital: Vehicle Operating Costs, R	Bentiu	D	month	100%	3	2,800	8,400	
6.2	Cold Storage & Generator Running Costs	Bentiu	D	month	100%	3	3,000	9,000	
Sub-total VEHICLE OPERATING & MAINTENANCE COSTS								**17,400**	-
7	**OFFICE EQUIPMENT & COMMUNICATIONS (provide detailed information on item/activity)**								
7.2	Communications, Thuraya, Internet	Bentiu	D	month	50%	3	1,300	1,950	
7.4	Office and IT Supplies & Materials	Bentiu	D	month	50%	3	800	1,200	
7.6	Building Rental	Bentiu	D	month	50%	3	4,377	6,566	
7.8	Security & Radio Room	Bentiu	D	month	100%	3	4,000	12,000	
Sub-total								**21,716**	-
8	**OTHER COSTS (e.g. bank charges) - provide itemized description of costs.**								
8.1								-	
Sub-total								-	-
(i) SUBTOTAL Project Costs								**242,991**	-
(ii) Programme Support Costs NOT TO EXCEED 7% of Project Costs(i)			I		% PSC rate>>		7%	17,009	
(iii) AUDIT COSTS for NGO implemented projects NOT LESS THAN 1% of the Project Costs(i) and PSC(ii)			I		% NGO Audit costs rate>>			-	
GRAND TOTAL (i+ii+iii)								**260,000**	-

****Total Direct (D) Cost**	**231,741**	89%
****Total Indirect (I) Cost**	28,259	11%