

<b>Requesting Organization :</b>	World Vision South Sudan				
<b>Allocation Type :</b>	1st Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
HEALTH		100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of life saving essential primary healthcare services to IDPs and vulnerable populations in Gogrial West, Warrap state, South Sudan				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-17/H/102790	<b>Fund Project Code :</b>	SSD-17/HSS10/SA1/H/INGO/5079		
<b>Cluster :</b>	Health	<b>Project Budget in US\$ :</b>	204,500.01		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	Not Applicable		
<b>Planned Start Date :</b>	01/05/2017	<b>Planned End Date :</b>	31/10/2017		
<b>Actual Start Date:</b>	01/05/2017	<b>Actual End Date:</b>	31/10/2017		
<b>Project Summary :</b>	<p>WVSS seeks, through this SSHF project, to reach a total of 11,215 beneficiaries (9752 among the IDPs and 1463 in the host community) in Gogrial West with lifesaving primary health care services which will focus on the most vulnerable, especially women and children under 5. The health activities will be integrated with nutrition, health and GBV activities. Trained health workers in GBV will ensure that cases of gender based violence, including rape cases, are identified and referred to the health facilities for clinical and psychological support.</p> <p>Because of the increased GAM and SAM rates in Gogrial West, it is estimated that between 15- 30% will require inpatient management for SAM with medical complications. This project will ensure that all SAM cases with medical complications are referred to the stabilization centers for treatment.</p> <p>Emergency immunization targeting under 5 children will be conducted in the communities during outreaches to prevent measles and other vaccines preventable diseases that have contributed to morbidity and mortality in Gogrial West.</p> <p>Health workers will be trained in disease surveillance so that outbreaks are identifying early and reported within 72 hours. Prevention of outbreak through health education will be conducting; and public health measure will be set up to control disease outbreaks in G.W.</p> <p>The proposed project intends to contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving primary healthcare services to vulnerable population, especially internally displaced women, girls, men and boys and conflict-affected host communities through a flexible, responsive and synergistic approach.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	4,673	4,187	1,201	1,154	11,215
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	4,033	3,797	980	942	9,752
Other	640	390	221	212	1,463
<b>Indirect Beneficiaries :</b>					
The availability of improved primary health care services will benefit the entire population of Gogrial West. Through capacity building of health delivery system, the project will create inherent capacity within health care providers which will result in improved service deliver.					
<b>Catchment Population:</b>					
The project will be implemented in Gogrial West which has a population of 331990. This targeted population will benefit from strengthened health services across all health facilities in the County.					
<b>Link with allocation strategy :</b>					

1. During the implementation of the proposed project, WVSS will use innovative approaches such as outreaches to provide emergency lifesaving primary health care focusing on the major causes of mortality among Under 5 children (malaria, diarrhea, pneumonia), SAM with complications, basic emergency obstetric and neonatal care and referral/ clinical management of SGBV.
2. WVSS will ensure that surveillance system is intensified and minimal support to basic cold chain modalities is provided in order to reach under 5 children with emergency immunization activities. Health workers will ensure that there is integration of WASH,
3. Health and Nutrition activities which will contribute to the prevention, detection and response to epidemic / disease outbreaks focusing on cholera/malaria /measles and other diseases of public health concern (TB/HIV AIDS and wasting due to famine).
4. WVSS will ensure that WHO SAM kits and other SAM supplies are propositioned and available in health facilities and stabilization center for appropriate management of SAM cases with complications.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Perry Mansfield	National Director	perry_mansfield@wvi.org	+211-921-406-137
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**BACKGROUND**

**1. Humanitarian context analysis**

South Sudan - armed conflict has left one in four people uprooted. More than three million people have been forced to flee their homes since the conflict began in December 2013, including nearly 1.9 million people who have been internally displaced. Due to armed conflicts, access to health services, nutrition services, food and livelihood, clean drinking water, and sanitation is a big challenge to internally displaced and vulnerable populations. In 2015, the health cluster estimates that only 44% of the population had access to health services; because of the continued armed conflict coupled with damages and looting. More than 43% of health facilities in conflict affected states had been either damaged or looted. The economic situation has deteriorated; this factor has increased vulnerability of the population and contributed to increased diseases burden and death rate in the country.

Acute malnutrition remains a major public health emergency in South Sudan. By the end of 2016, SMART surveys found that out of 23 counties with recent data, 14 have Global Acute Malnutrition (GAM) rate at/or above 15%. Areas in the Greater Bahr el Ghazal show higher than usual levels of acute malnutrition expected for the post-harvest season, indicating a worsening situation. Insecurity, displacement, poor access to services, extremely poor diet (in terms of both quality and quantity), low coverage of sanitation facilities and deplorable hygiene practices are underlying the high levels of acute malnutrition. According the 2016 Humanitarian Need Overview, the findings of SMART survey in Gogrial West are as follow: GAM rate 32.5% and SAM rate at 8.2%, both are above the WHO emergency threshold.

Since June of 2016, South Sudan has been experiencing outbreaks of cholera in many counties of Western Equatoria, Jonglei, Unity state, Upper Nile, Central Equatoria, and Eastern Equatoria states. With the coming of the rainy season which is starting in April of this year, the risk of cholera spreading to other states remains high. For example, by December 31, 2016 there were 3,962 cases of Cholera morbidity, with 75 deaths (CFR 1.89%) and by 1 March 2017 the cumulative had risen to 5,398 cases including 127 deaths (CFR 2.35%). The total population of Warrap is at estimated 331,990. 9752 are IDP living in Kuajok town, Alek, Gogrial, Akoon, Jong and Panliet payams. According to WHO, Malaria morbidity stood at 19% among the IDPs and 26% in non-conflict affected population for 2016; and in 2017 malaria accounts for 30% consultations in non-conflict areas and 13% of consultations in the IDPs. All the counties in Warrap, including Gogrial West are, every year, affected during the rainy season and do experience an upsurge of malaria. Though 2016 annual report from the ministry of health (MoH) shows that Gogrial State had recorded a coverage of penta3= 89% and IPV=91%, this achievement can only be sustained if there is continued provision of emergency immunization and support to the cold chain. The importance for strengthening immunization and the cold chain cannot be overstated especially that Measles morbidity was 2294 cases in 2016 with 28 deaths (CFR 1.22%), 15 responses/49 alerts. In 2017 a total of 223 measles cases have been reported form Wau, Malakal, Gogrial East and Gogrial West, Aweil South and Yambio counties. Regarding the health information management system, completeness of weekly reporting stood at 45% and 69% in the IDSR and EWARS sites but this has declined to 39% and 68% in the IDSR and EWARS sites in 2017.

**2. Needs assessment**

More than half, (56%) of the population in South Sudan does not access public health facilities and the country faces an increased risk of epidemic prone, endemic, vaccine preventable and other diseases due to conflict and population displacement. The health sector is experiencing shortages of supplies, essential medicines and skilled human resources in key healthcare facilities and for outreach activities. Health facilities lack the required infrastructure and in some instances they have been damaged and closed and are unavailable to provide the much needed services of effective surveillance or serve as referral mechanisms, especially for maternal obstetric complications. Healthcare is extremely difficult to access in South Sudan, with an estimated 0.15 doctors per 10,000 patients and 0.2 midwives/nurses per 10,000 people . The impact on the population is devastating. According to the WHO South Sudan Country Cooperation Strategy, the maternal mortality ratio has stagnated at 2,054 per 100,000. Mortality rate for infants in 2012 was 75 per 1,000 and 104 per 1,000 for children under five years. Malaria, tuberculosis, global guinea-worm disease and other NTDs remain far too common. South Sudan also faces perpetual food insecurity which has led to prevalence of widespread acute malnutrition across the entire country particularly among children and women. The global acute malnutrition rate in the former Warrap state stands , and specifically in G.W stands above the WHO emergency threshold. There is need for emergency health response to prevent excess morbidity and mortality. In addition GW has low immunization coverage and it is prone to disease outbreak and epidemics such as high measles and malaria.

### **3. Description Of Beneficiaries**

The total population of Gogrial West is estimated at 331,990. However, this project will target 11,215 693 beneficiaries who are most in need of humanitarian assistance in Gogrial West. The severely affected vulnerable population targeted by this project consists of women, men, children, and people living with disability, the elderly population and other vulnerable groups. Because of the protracted armed conflicts in South Sudan, women and children have been significantly affected by armed conflict and continued displacement from their homes, resulting in limited access to health services, food and livelihood. This has resulted in increased morbidity and mortality, which could have been avoided with balanced food and access to health services, especially routine immunization to prevent vaccine preventable diseases, such as measles, among Under 5.

### **4. Grant Request Justification**

WVSS seeks SSHFSA1 funding from the health cluster to carry out lifesaving health emergency interventions in line with the South Sudan MoH Basic Package of Health and Nutrition services and Boma Health Initiative guidelines. Due to increased disease burden, especially malaria, acute respiratory infections/pneumonia and diarrhea in Gogrial West; the fact that the result of SMART survey conducted recently in Gogrial West showed an increase of GAM and SAM rates above the WHO emergency threshold; the fact that among the under 5 diagnosed with severe acute malnutrition, 15- 30% will end up in health facilities or stabilization centers for management of SAM with medical complications; because of the high risk of measles outbreaks, the risk of epidemic of malaria and cholera outbreak requiring a strong surveillance system and outbreak prevention and control measures; there is justification for WVSS to scaled up emergency health interventions the country. This emergency health response will target 11,215 (out this number 9752 IDPs) beneficiaries, specifically women and children. In this project, WVSS will focus on the provision of primary health lifesaving services for hard to reach population and IDPs populations; on strengthening of emergency immunization and cold chain ;

Additionally, World Vision is currently implementing the Health Pooled Fund project in the target locations which compliments the proposed project. This proposed project will leverage on the existing HPF funding to maximize benefits to the targeted population. Synergies will be created between the 2 project which to share available resources in the form of training materials and project resources. The proposed project will consider gender mainstreaming as an important aspect, ensuring that there is gender equity, that boys, girls, men and women are fully involved in the health program, advocacy to include them in other project is key during implementation. Data collection will be segregated to allow analysis by gender to help inform better the trends, of malnutrition of different gender, hence been able to provide specific intervention to the more affected gender

### **5. Complementarity**

WV is currently implementing health project in three counties of Warrap state ( Twic, Tonj North, Gogrial West and Gogrial East) focusing on health system strengthening. This CHF project will complement the HPF Lot 9 project in Gogrial West. Through HPF Funding, WV is 4 PHCCs and 15 PHCUs which makes up 19 of the 20 Primary Health Centers in Gogrial West. WV is also supporting health service delivery in Kuajok Hospital which is now a major referral Hospital in Warrap. SSHF resources will be used to compliment the existing HPF project, covering specific interventions which are not being sufficiently covered by HPF.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

WVSS' interventions will address the immediate health needs of internally displaced persons and other vulnerable populations affected by conflict by improving access to life saving emergency services in 19 health (PHCC and PHCUs) and surrounding communities while supporting efforts to build local capacity and employing innovative mechanism to respond better in a protracted emergency situation. The intervention will specifically target vulnerable populations such as women, particularly of child bearing age, PLW, infant and young children, and children under five years. In addition, WVSS will address the health needs of vulnerable groups, including elders, disabled and isolated communities.

In addition, WV will build resilience through infrastructure support and building capacity of the health care providers to deliver quality primary healthcare services. Emphasis will be put on integration of health, WASH and nutrition interventions, and on strengthening epidemic preparedness and response, disease surveillance and early warning system as well as propositioning of life saving supplies. WVSS intends to reach the most hard to reach population of Gogrial through innovative means such as outreaches as a complement to fixed health facilities.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations		SO2: Protect the rights and uphold the dignity of the most vulnerable	40				
Improve access to essential health care for conflict-affected and vulnerable populations.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	30				
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	30				
<p><b>Contribution to Cluster/Sector Objectives :</b> The proposed interventions will contribute to the following cluster objectives through:</p> <ul style="list-style-type: none"> <li>• Improved access to lifesaving primary healthcare services for IDPs and populations;</li> <li>• Strengthened EWARN and IDSR; disease surveillance outbreak prevention and control;</li> <li>• Integrated health/ WASH and Nutrition programs; and prevention, management and referral of GBV cases;</li> <li>• Improved accountability to affected populations.</li> </ul>							
<b>Outcome 1</b>							
Improved access and scale up responsiveness to basic curative and preventive health care services for vulnerable internally displaced persons and conflict affected populations in targeted areas through provision emergency lifesaving health services, including management of GBV, HIV / TB and mental health services targeting the most vulnerable populations, especially women and under 5 children.							
<b>Output 1.1</b>							
<b>Description</b>							
At least 80% of IDPs and host community in Gogrial West have access to lifesaving primary healthcare services.							
<b>Assumptions &amp; Risks</b>							
Access to beneficiaries will remain and continue undisrupted Security situation remains favorable for provision of life saving emergency health services.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	3,566	3,479	923	961	8,929
<b>Means of Verification :</b> Weekly, Monthly, and quarterly report.							
Indicator 1.1.2	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			149	155	304
<b>Means of Verification :</b>							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Percentage of epidemic prone disease alerts verified and responded to within 72 hours (Target = At least 80%)							
<b>Activity 1.1.2</b>							
Train 45 health workers and CHWs on disease surveillance and data capturing							
<b>Activity 1.1.3</b>							
Train 40 health workers and CHWs on disease outbreaks and other diseases of public health importance ( TB, and HIV)							
<b>Activity 1.1.4</b>							
Train 20 health workers on CMAM with focus on SAM with complication							
<b>Activity 1.1.5</b>							
Conduct mass community mobilization, sensitization on public health issues, immunization and disease outbreaks ( target = 1 community mobilization per month per health facility)							
<b>Activity 1.1.6</b>							
Support NIDs (Training of HHPs, planning, monitoring) in Gogrial West							
<b>Activity 1.1.7</b>							
Conduct outreaches for emergency immunization of under 5 children (1 bi-weekly for 6 months in the 19 catchment areas of health facilities)							
<b>Outcome 2</b>							
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations (women and adolescent girls).							
<b>Output 2.1</b>							

<b>Description</b>							
IDPs and vulnerable populations in Gogrial West are provided dignified and including GBV services							
<b>Assumptions &amp; Risks</b>							
Access to beneficiaries will remain and continue uninterrupted Security situation remains favorable for provision of life saving emergency health services.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of sites that exceed Crude death rate threshold for at least one week					0
<b>Means of Verification</b> : Weekly, monthly and quarterly report							
Indicator 2.1.2	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			923	961	1,884
<b>Means of Verification</b> : Weekly, monthly, quarterly reports							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Train 20 health service providers in counseling and dignified treatment for GBV survivors, including CMR							
<b>Activity 2.1.2</b>							
Conduct weekly community awareness on GBV service at the health facilities and in the community. Target= 95 sessions (1*5*19)							
<b>Activity 2.1.3</b>							
Training of clinic staff on clinical management of rape survivor using WHO and UNFPA guidelines . Target= 19							
<b>Outcome 3</b>							
Improve access to psycho-social support and mental health services for vulnerable people.							
<b>Output 3.1</b>							
<b>Description</b>							
IDPs and vulnerable have timely access to psycho social supports.							
<b>Assumptions &amp; Risks</b>							
Access to beneficiaries will remain and continue uninterrupted Security situation remains favorable for provision of life saving emergency health services.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	[Frontline services] Number of health personnel trained on MHPSS in conflict affected states	15	15			30
<b>Means of Verification</b> : Weekly, monthly and quarterly report							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
Conduct bi- weekly community awareness on Mental health and GBV at the health facilities and in the communities							
<b>Activity 3.1.2</b>							
Train 20 health personnel on Mental health and psycho- social support.							
<b>Outcome 4</b>							
Accountability to affected population (AAP) and Monitoring and Evaluation							
<b>Output 4.1</b>							
<b>Description</b>							
Common understanding of AAP principles and expectations established targeting at least 80%							
<b>Assumptions &amp; Risks</b>							
Access to beneficiaries will remain and continue uninterrupted Security situation remains favorable for provision of life saving emergency health services.							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 4.1.1	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	20	20			40
<b>Means of Verification</b> : Weekly , monthly and quarterly report							
<b>Activities</b>							
<b>Activity 4.1.1</b>							
Established accountability mechanism in WV supported health facilities through setting up one suggestion box in each health facility.							
<b>Activity 4.1.2</b>							
Conduct quarterly Joint supervision (WV and MoH) to health facilities supported by WV under CHF.							
<b>Activity 4.1.3</b>							
Conduct monthly meetings with community health structures and community leaders to provide update on the provision of health services and get feedback.							
<b>Additional Targets :</b>							

## M & R

### Monitoring & Reporting plan

To ensure the successful implementation of SSHF SA1, the SMT will work closely with the field staff and provide to them the necessary technical, financial and logistical supports.

A. SMT involvement in the project. This team will have the following senior staff who will be involved in the project (Director of operation, the Program development and Q&A Director, the P&C Director, the Sector Team Leader/ Health and Nutrition Specialist, the Senior Program Officer, the Finance Director, Senior Finance Manager, Quality Assurance Manager and the Procurement / Supply Management). The SMT will be involved in the launch of the SSHF SA1 and will also monitor closely its implementation to ensure that all the activities are implemented and the targets achieved in line with the logical framework. The SMT, through the Director of Finance and Senior Finance Manager, will also support the team in the management of budget to ensure efficient and effective budget management and value for money. The director of operation will support the project in all areas related to operation, including procurement and supply. The Health and nutrition specialist will undertake a maximum of three supportive visits to the field to provide technical support and ensure that quality characterized the delivery of health services in Gogrial West. On monthly basis, the health and nutrition specialist will receive monthly project report, analyse them and provide feedback to the team to improve project implementation. The health and nutrition specialist will coordinate with the health cluster coordinators, the SSHF and participate in all the health cluster meetings. he will ensure that all monthly 5Ws and report are submitted timely.

B. Field Staff involvement in SSHF SA1. Under the direct supervision of the Zonal Program Manager, the team in the field will be directly involved in the day to day implementation of activities. As SSHF SA1 is integrated to HPF project, the HPF manager will be responsible for the overall implementation of the SSHF SA1 project in the state. At the county level, the health coordinator will ensure smooth implementation of the project and report to the HPF manager. The health coordinator will supervise all health staff in the county and provide regularly technical support to them. He will ensure that all activities are implemented as per the LGF and ensure timely submission of program's reports. While the health and nutrition will provide technical support three times to the field during the phase of the project implementation, the project coordinator will monthly visit health facilities to ensure that the implementation of SSHF is going on smoothly. In addition, there will be a joint WVSS/ CHD quarterly supportive supervision which will be conducted through Gogrial West health facilities to monitor the status of the project implementation and to provide the necessary technical supports. This project will contribute weekly with data for IDSR/EWARS. All the monthly programs report will be submitted internally to the senior programme officer and Health & nutrition specialist internally and to the health cluster externally. The end of project report will be shared with the cluster coordinator and the SSHF-TS.

C. Accountability. There will be monthly progress review meeting to which community leaders, CHD representative and WV will take place to look at the status of the project implementation and put in place all the corrective measures, if necessary.

### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Percentage of epidemic prone disease alerts verified and responded to within 72 hours (Target = At least 80%)	2017					X	X	X	X	X			
Activity 3.1.1: Conduct bi-weekly community awareness on Mental health and GBV at the health facilities and in the communities	2017					X							
Activity 3.1.2: Train 20 health personnel on Mental health and psycho-social support.	2017					X	X						
Activity 4.1.1: Established accountability mechanism in WV supported health facilities through setting up one suggestion box in each health facility.	2017					X	X						
Activity 4.1.2: Conduct quarterly Joint supervision (WV and MoH) to health facilities supported by WV under CHF.	2017						X			X			
Activity 4.1.3: Conduct monthly meetings with community health structures and community leaders to provide update on the provision of health services and get feedback.	2017												

### OTHER INFO

#### Accountability to Affected Populations

In line with the health cluster strategy, WVSS will maintain its commitment to engaging with affected communities at all phases of the program cycle through focus group discussions with women, men and youth on issues concerning their health. The use of WVSS's mother-to-mother groups, and youth activities in health promotion is one example of how WVSS engages the community in a sustainable and accountable manner to determine appropriate needs-based responses. WVSS' Quality and Assurance framework ensures that each project implemented is carried out effectively and continually reviewed in line with community needs and humanitarian frameworks.

#### Implementation Plan

Successful implementation in terms of management, coordination, and finance will be overseen by an experienced health and nutrition specialist. Project finance will be coordinated by the Senior finance managers, Zonal finance manager and overseen by WVSS' operations director. Financial oversight will be monitored at regional level also to ensure that accountability and effective use of resources, in line with project contracts, is maintained. Project coordination will be overseen by the project manager, in partnership with WV South Sudan's support, operation and GAM departments. The three departments assist with project administration, technical oversight, and project M+E. Reporting lines and distribution of labor will be overseen by the operation department, and the project manager will be charged with direct supervision.

To maximize efficiency, this project will be carried out in consultation with the South Sudan Health Cluster. This will ensure solid impact, avoid duplication, and promote sustainability where and when possible.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
Health cluster coordination	Coordination of all emergencies lifesaving health activities
WHO	WHO will support this project in the area of supplies of emergency health kits and provision of technical support
UNFPA	UNFPA will support this project in the area of supplies of the needed UNFPA supplies and provision of technical support such as training in CMR.
UNICEF	UNICEF will support this project in the area of supplies of emergency health kits, vaccines and support to the cold chain.

**Environment Marker Of The Project**

B+: Medium environmental impact with mitigation(sector guidance)

**Gender Marker Of The Project**

2a-The project is designed to contribute significantly to gender equality

**Justify Chosen Gender Marker Code**

WVSS' project will ensure that lifesaving health services are provided to vulnerable men, women and children in health facilities and during outreaches. Women and children will be particularly targeted because of their vulnerability. The protection of vulnerable groups (women, girls and boys) will be prioritized. Overall, the proposed project will ensure that beneficiaries are not put at risk (Do No Harm).

All WVSS' project activities from proposal design, assessments, implementation and monitoring of activities aim to mainstream gender sensitivities. For instance, during project design the health vulnerabilities for men, women, boys and girls are identified and analyzed in terms of how the project can appropriately and adequately address each set of needs.

The project will ensure that the reports and data shared related to SSHF SA1 activities are disaggregated (showing clearly the age and sex of the beneficiaries). For implementation, the gender breakdown of the staff hired by WVSS is also considered as an important component of gender mainstreaming. WVSS aims to have at least 50% of our clinical staff be female. Furthermore, gender dis-aggregation is critical in WVSS' standard operating procedures for best practice of collection and analysis of beneficiary health data.

**Protection Mainstreaming**

This project will cater to the latest lifesaving needs, in line with the aims and objectives of the Health Cluster. This SSHF supported intervention is consistent with the basic humanitarian principles of humanity, neutrality, and impartiality. The project will support the delivery of current essential lifesaving services to continue protecting the lives of the most vulnerable groups in the escalating conflict in South Sudan, particularly women, and children in the emergency situation. This project operates with the understanding that activities will take into account equity principles that promote the protection of women and girls. This health project also take into consideration cross-cutting issues, and at all stages of the project cycle, health practitioners work with experts from Nutrition, FSL, and WASH, among others, to ensure that programming is effective, targeted and making the most of key resources and staff for the benefit of IDPs. This multi-sector approach is only possible due to the emphasis WVSS places on working directly with partners to ensure effective communications. This reduces overlap and duplication and provides the most of resources where needed the most.

**Country Specific Information****Safety and Security**

Violent conflict remains a concern for project implementation in South Sudan, including fighting between non-state actors and SPLA as well as inter-communal violence. These factors present a constant threat to the security of staff, particularly in staff heavy projects such as emergency health responses. WVSS gives special attention to safety and security of staff as it is considered very important by the SLT/SMT. For this reason, WVSS has put in place security measures to ensure staff safety and security are assured through up to date guidance from an experience Safety and security manager who provide the necessary advice to the WVSS teams at the national and the state offices. In the field, the person responsible for the staff security and safety is the Zonal Program manager who has vast experience in staff security and safety. WVSS will also rely on other entities such as UNDSS and OCHA to get reliable security updates which will inform its programs in Warrap state.

**Access**

Humanitarian access is currently possible to all areas targeted by this project. In order to address sporadic incidents of insecurity, a comprehensive and flexible security strategy is in place and provides for a tailored response to insecure conditions.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Health and nutrition specialist	D	1	8,775.00	6	25.00	13,162.50
	<i>This position will ensure overall technical support to the team based in the field and will contribute to the successful implementation of the project. The post holder will be the point</i>						
1.2	Health Technical Associate	D	1	3,754.00	6	25.00	5,631.00
	<i>Provides technical support to the project teams. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing</i>						

1.3	Nurse - GW	D	7	1,581.00	5	100.00	55,335.00
<i>This cost is for Nurses involved in outreaches and HFs based provision of emergency health services</i>							
1.4	Programme Officer @Warrap	D	1	8,775.00	6	5.00	2,632.50
<i>Donor liaison and reporting (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>							
1.5	Quality assurance Coordinator ( M&E)@ Gogrial West	D	1	8,775.00	6	5.00	2,632.50
<i>Monitoring, evaluation and quality assurance. (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>							
1.6	Zonal Finance manager @ Gogrial West	D	1	8,775.00	6	5.00	2,632.50
<i>Financial and grant financial reporting-(The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>							
1.7	Zonal Programme manager@ Gogrial West	D	1	8,775.00	6	5.00	2,632.50
<i>Provides oversight of the project implementation on timeliness, scope and budget. (The salary charged consists of basic salary, hardship allowance and goods and services,</i>							
1.8	National Office National support staff- based in Juba and charged 5 % to CHF	S	6	1,500.00	6	5.00	2,700.00
<i>P &amp; C/ HR Officer, Logistics Officer, Financial accountant ,booking officer</i>							
1.9	National Office Support( International) based in Juba and Charged 5%	S	3	7,400.00	6	5.00	6,660.00
<i>Facilities and Security Director, Operations Director, Resource Acquisition Director, National Director, and Finance Director</i>							
1.10	Incentives for CHWS and HHPs working in HFs	D	30	40.00	6	100.00	7,200.00
<i>The project will pay CNVs and HHPs incentives of approximately \$50/person/month for the days they work in communities conducting screening and other related activities</i>							
1.11	Local accommodation costs for staff during filed supportive supervision	D	4	100.00	6	100.00	2,400.00
<i>Estimate/Cost towards lodging of teams while on mission. Cost of USD 100 estimated for at least 5 staff in a mission in a month .</i>							
<b>Section Total</b>							<b>103,618.50</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Train 45 health workers and CHWs on disease surveillance and data capturing	D	45	60.00	2	100.00	5,400.00
<i>The training will be for health workers and CWHS; and the costs will be for transport, accommodation and meals for participants</i>							
2.2	Train 40 health workers and CHWs on disease outbreaks and other diseases of public health importance	D	45	60.00	1	100.00	2,700.00
<i>The training will be for health workers and CWHS; and the costs will be for transport, accommodation and meals for participants</i>							
2.3	Train 20 health workers on CMAM with focus on SAM with complication	D	25	60.00	1	100.00	1,500.00
<i>The training will be for health workers; and the costs will be for transport, accommodation and meals for participants</i>							
2.4	Conduct mass community mobilization, sensitization on public health issues, immunization and disease outbreaks	D	19	50.00	6	100.00	5,700.00
<i>The costs are for hire of public address systems, waters and lunch for health staff involves in the activities</i>							
2.5	Support NIDs (Training of HHPs, planning, monitoring) in Gogrial West	D	1	2,000.00	1	100.00	2,000.00
<i>Costs will be for logistics support, monitoring and training of personnel to participate in the NIDs</i>							
2.6	Conduct outreaches for emergency immunization of under 5 children	D	19	50.00	12	100.00	11,400.00
<i>Costs will be for logistics/ supplies for personnel during outreaches.</i>							
2.7	County quarterly Health project review meetings in Gogrial West	D	1	300.00	2	100.00	600.00
<i>Costs being for venue hire and refreshments during the meeting</i>							
2.8	Monthly coordination meetings between local leadership, CHD and health actors	D	19	50.00	6	100.00	5,700.00
<i>Costs being for venue hire and refreshments during the meeting</i>							

2.9	Visibility (Banners, T-shirts, Hats and Humanitarian vests)	D	1	3,000.00	1	100.00	3,000.00
	<i>This is to ensure that the team are visible and easily identified by the beneficiaries and other partners to promote accountability.</i>						
2.10	Training in GBV,CMR and MHPSS	D	1	8,400.00	1	100.00	8,400.00
	<i>The training will be for health workers; and the costs will be for transport, accommodation and meals for participants</i>						
2.11	Local Transportation of medical supplies to and withing G.W	D	3	1,000.00	1	100.00	3,000.00
	<i>Transportation of medical supplies from Juba to GW; and from GW to HfS</i>						
2.12	Essential materials and supplies for health facilities	D	1	3,000.00	1	100.00	3,000.00
	<i>The costs will be for detergents for cleaning, and hygiene supplies e.g soaps for the health facilities.</i>						
	<b>Section Total</b>						<b>52,400.00</b>
<b>Travel</b>							
5.1	Staff travel (local transport, flights-round trip,) Juba to Field locations-Teams to be booked via UNHAS	D	3	550.00	2	100.00	3,300.00
	<i>These are costs of project staff to travel to and from field locations to Juba</i>						
5.2	Monthly supportive supervision visits	D	1	200.00	6	100.00	1,200.00
	<i>The costs will be for Travel, subsistence and perdiems of project supervisor and CHD staff participating in support supervision visits</i>						
5.3	Quarterly monitoring / technical support visits by Juba based Nutrition advisory meeting	D	2	400.00	2	100.00	1,600.00
	<i>The costs will be for travel and subsistence and perdiems of Juba based technical advisory staff</i>						
5.4	Contribution to filed and Juba staff' s R&R and leave	S	4	1,270.00	1	50.00	2,540.00
	<i>This cost is a contribution to Rand R and leave for staff involved in health SSHF projects</i>						
	<b>Section Total</b>						<b>8,640.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Field office Fuel (contribution)	D	1	2,000.00	6	10.00	1,200.00
	<i>This is the cost for office fuel in Gogrial West and Kuajok Zonal office for running office generators.</i>						
7.2	Vehicle running costs - National Office	D	1	6,000.00	6	5.00	1,800.00
	<i>to support vehicle operating costs at National and zonal office To facilitate Nutrition teams during donor engagements and coordination meeting</i>						
7.3	Communication Costs	D	1	150.00	6	100.00	900.00
	<i>This costs of airtime for both thuraya and mobile phones for the staff for coordination and communication with the field team @USD30 per staff and USD 100 for Thuraya while on field mission</i>						
7.4	Stationery/ catriges for Gogrial West nutrition project	D	1	1,323.00	1	100.00	1,323.00
	<i>Cost of stationery for Gogrial West</i>						
7.5	VSAT (Internet) charges	S	1	3,000.00	6	5.00	900.00
	<i>Being contribution to internet charges in Gogrial West and Kuajok Zonal office. Shared costs towards maintaining VSAT subscriptions to enable the teams manage to email the reports.</i>						
7.6	World Vision South Sudan Juba Office rental costs	S	1	20,000.00	6	5.00	6,000.00
	<i>Being contribution to office space utilized by the Nutrition team in Juba office</i>						
7.7	Juba Office supplies	S	1	3,000.00	6	5.00	900.00
	<i>Being contribution to office utilities used by the Nutrition team in Juba office</i>						
7.8	Bank charges	S	1	3,000.00	6	5.00	900.00
	<i>Costs related to bank transactions</i>						

7.9	Generator - Maintenance, Repair and Fuel	S	3	800.00	6	10.00	1,440.00
<i>Cost related to office generators and staff guesthouse generator</i>							
7.10	Zonal Camp Management and supplies	D	1	3,500.00	6	10.00	2,100.00
<i>These are costs related to management of staff camps in the filed locations</i>							
7.11	Vehicle fuel and maintenance costs/hire SSHF field activities in G.W	D	1	1,500.00	6	100.00	9,000.00
<i>These are costs of vehicle hire for SSHF project activities in HF and communities</i>							
<b>Section Total</b>							<b>26,463.00</b>
<b>SubTotal</b>			259.00				<b>191,121.50</b>
Direct							169,081.50
Support							22,040.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							13,378.51
<b>Total Cost</b>							<b>204,500.01</b>

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Warrap -> Gogrial West	100	4,673	4,187	1,201	1,154	11,215	Activity 1.1.1 : Percentage of epidemic prone disease alerts verified and responded to within 72 hours (Target = At least 80%) Activity 3.1.1 : Conduct bi- weekly community awareness on Mental health and GBV at the health facilities and in the communities Activity 3.1.2 : Train 20 health personnel on Mental health and psycho- social support.

Documents	
Category Name	Document Description