

Requesting Organization :	Health Link South Sudan			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		100.00		
		100		
Project Title :	Increasing access to Quality life-saving emergency Primary Health, Mass trauma, and comprehensive emergency obstetric and neonatal Care, services to women, girls, boys and men in conflict affected and vulnerable communities in Jubek and Bor PoC.			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-17/H/103836	Fund Project Code :	SSD-17/HSS10/SA1/H/NGO/5098	
Cluster :	Health	Project Budget in US\$:	145,000.92	
Planned project duration :	4 months	Priority:		
Planned Start Date :	01/04/2017	Planned End Date :	31/07/2017	
Actual Start Date:	01/04/2017	Actual End Date:	31/07/2017	
Project Summary :	<p>The proposed project intends to contribute to the reduction of the excess morbidity and mortality from common communicable diseases and surgical injuries sustained from violent conflicts through increasing access to quality essential and life-saving emergency primary health care services to women, men, girls and boys in conflict affected and vulnerable communities of Juba and Lopa/Lafon Counties as well as Bor PoC. Health Link plans to conduct this through the provision of basic emergency lifesaving primary health care services at two (2) health care facilities in Juba and Bor South Counties distributed as follows; 1 health facility in Juba County and 1 Health Facility in Bor PoC. These facilities include; El-Sabbah Children Hospital and Bor PoC PHCC in Bor PoC. The model approach for the implementation process shall employ the BPHNS including integration and support to HIV/AIDS and TB clients to be continued as a means to comprehensive health care provision planned by Health Link. The response strategy that Health Link will focus is based on the sector objectives including the following;</p> <p>Cluster Objective 1 "Prevent, detect and response to epidemic prone disease outbreaks in conflict-affected and vulnerable population", HLSS plans to put in place adequate preparedness and response plan to epidemic prone disease outbreaks. This will be achieved through training of key project personnel in preparedness and response to disease outbreaks with focus on cholera and measles and the early prepositioning of cholera response supplies to the project sites. HLSS plans to provide support during NIDS program, conducting static immunizations, train health workers on diseases surveillance pre-positioning of other essential drugs and medical supplies to the project sites. Community Engagements will be ensured through established networks of HHPs and CBDs for health education and health promotion activities on common communicable diseases before/during/after outbreaks. This project also seeks to contribute to the Cluster Objective 2 of "Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable population" through the provision of essential and emergency health care, including addressing the major causes of morbidity and mortality among U5 (malaria, diarrhea and Pneumonia), emergency obstetrics and neonatal care services and SGBV services by contributing and ensuring increased access to quality essential and emergency lifesaving Primary Health Care Services to women, men, girls and boys in Juba and Bor South Counties. This will further be achieved through continuity of curative consultative care services in El-Sabbath Children Hospital and Bor PoC PHCC. Other activities will include but not limited to conducting clean, safe and hygienic deliveries by skilled birth attendants, minor surgeries, BEMONC including blood transfusion services, ANC to pregnant mothers including provision of HIV services (PMTCT option B-plus), IPT, LLINTS and micronutrient supplementation, growth monitoring and nutrition assessment to U5 males and females, support treatment of MAM/SAM.</p> <p>The proposal also addresses the Cluster Objective 3 "Improve access to Psychosocial Support and Mental Health Services for Vulnerable people. HLSS Plans to significantly contribute to the achievement of this objective through; training of frontline Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape (CMR) and strengthen support services.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
1,100	2,380	2,220	2,720	8,420

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Pregnant and Lactating Women	0	480	0	0	480
People in Host Communities	700	1,200	1,120	1,430	4,450
Internally Displaced People	400	700	500	690	2,290

Indirect Beneficiaries :

16,400

Catchment Population:

126,000

Link with allocation strategy :

The proposed project is linked with SO1 of "Save lives and alleviate the suffering of those most in need of assistance and protection". HLSS plans to put in place adequate preparedness and response plan to epidemic prone disease outbreaks. This will be achieved through training of key project personnel in preparedness and response to disease outbreaks with focus on cholera and measles and the early prepositioning of cholera response supplies to the project sites. HLSS plans to provide support during NIDS program, conducting static immunizations, train health workers on diseases surveillance pre-positioning of other essential drugs and medical supplies to the project sites. Community Engagements will be ensured through established networks of HHPs and CBDs for health education and health promotion activities on common communicable diseases before/during/after outbreaks.

In line with the SO2 OF "Protect the rights and uphold the dignity of the most vulnerable" HLSS intends to ensure the provision of essential and emergency health care, including addressing the major causes of morbidity and mortality among U5 (malaria, diarrhea and Pneumonia), emergency obstetrics and neonatal care services and SGBV services by contributing and ensuring increased access to quality essential and emergency lifesaving Primary Health Care Services to women, men, girls and boys in Juba, Lopa/Lafon and Bor South Counties. This will further be achieved through continuity of curative consultative care services in El-Sabbath Children Hospital and Bor PoC PHCC. Other activities will include but not limited to conducting clean, safe and hygienic deliveries by skilled birth attendants, minor surgeries, BEMONC including blood transfusion services, ANC to pregnant mothers including provision of HIV services (PMTCT option B-plus), IPT, LLINTS and micronutrient supplementation, growth monitoring and nutrition assessment to U5 males and females, support treatment of MAM/SAM. Lastly and in line with SO3 of "Support at risk communities to sustain their capacity to cope with significant threats" HLSS proposes to significantly contribute to the achievement of SO3 through; training of frontline Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape (CMR) , provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC services, conduct training of MHPSS to frontline health workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid, provide treatment to mental disorders through procurement of emergency WHO Model of essential psychotropic medications, create community network through training Focal persons to promote access to informal support, self-help in the community as community mental health level supporters.

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
HFP - Juba Couty & Lopa Lafon	1.60
	1.60

Organization focal point :

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BACKGROUND**1. Humanitarian context analysis**

The humanitarian situation in the country is described as fragile with frequent outbursts of violent in and around Juba and former Eastern Equatoria State in particular, although similar trends in former Unity, Upper Nile, Jonglei, Lakes, and Western Equatoria States. The Wide spread sporadic and heavy violence continues to displace tens of thousands of people, majority being women, girls, boys, elderly people and people with disability from more than 6 former states across the Country with most hit location being Juba following the July 2016 violent. This event disintegrated the increasing hopes for peace following the return of sections of SPLA-IO to Juba in December 2015 and humanitarian needs continued to increase. In the conflict affected and highly vulnerable areas, the provision of basic life-saving primary health care services has remained a big challenge and a critical gap as a result of public health emergencies caused by the disruption of basic social services and infrastructures.

Overall, the current health status in Juba and Lopa/Lafon Counties is considered very poor with reported high morbidity and mortality from common communicable diseases (Malaria, AWD/Cholera, and RTI) in the general population. Malaria contributes to 39% of the total disease burden followed by AWD (24%), Malnutrition and Pneumonia each contributing to 6.8% of the total causes of morbidity (DHIS – 2016). In the recent IRNA assessment in Lopa/Lafon county in January 2017, it was evidenced that malnutrition is among the top causes of morbidity representing 3.0% of SAM and 19.7% GAM among pregnant and lactating mothers in the area (IRNA Assessment Jan 2017). Nonetheless, injuries from gunshots and other forms of trauma have also been reportedly widespread and among the top causes of morbidity and mortality in all the affected conflict areas.

Access to maternal and neonatal child health with focus on immunization and ANC services is absolutely low and practically not available in some cases, for example the remotest areas of Lafon at Upuo PHCU. In general, Penta 3 coverage in Lopa/Lafon County is well below 13.5% and similarly skilled birth attendance is below 10% (DHIS 2016).

There is an overall interruption of ART/TB services in the conflict affected states with more than 80% of patients previously on chronic care for HIV/AIDS and TB or co infected lost from follow up. This presents a huge danger to development of drug resistance to the current regimens for ARTs and TB Treatments. Besides, South Sudan is highly prone to epidemic of communicable diseases more especially Cholera given the poor state of hygiene and sanitation as witnessed by the recent Cholera outbreak which killed more than 46 people and affected 1,735 women, men girls and boys by the end of 2016 in the project areas. Health link therefore intends to contribute to the reduction of excess morbidity and mortality in Juba, Lopa/Lafon and Bor South Counties by scaling up the provision of essential and lifesaving emergency primary health services with fully integrated psychosocial support services for mental ill health.

2. Needs assessment

No needs assessment was conducted. The rationale for this project was based on our current presence and working at Bor PoC which has clear needs for support the health personnel and essential drugs and other medical supplies for continuity of provision of live-saving primary health care services. In El-Sabbah Children Hospital, the support from HPF2 is limited to strengthening the referral system systems through established of a call center and management of ambulances to ensure effective referrals. It is extended to include renovation of OPD and printing of HMIS tools without any additional incentives to the MoH staff at the Hospital. This project seeks to support payment of incentives to key essential personnel to ensure continuity of service delivery at the Children's Hospital.

3. Description Of Beneficiaries

This project proposal targets internally displaced populations (IDPs) in Bor PoC and other vulnerable host communities in Juba and Lopa/Lafon Counties that includes Women, girls, men and Boys along with the most vulnerable group such as the youth, elderly, persons with disability, pregnant and lactating mothers. A special focus will be paid to survivors of Sexual and Gender Based Violence survivors among young girls and women.

4. Grant Request Justification

Health Link South Sudan is currently a County Health Partner for Juba, Lopa/Lafon and Ikwoto Counties under the current HPF2 project supporting the Ministry of Health in the provision of Primary and Secondary Health and Nutrition Services in these Counties. This makes Health Link South Sudan best positioned to deliver integrated live saving emergency health care and nutrition services to the most in need population in Juba, Lopa/Lafon and Bor South Counties. Given the current gaps in HPF2 funding, which in is limited to basic provision of health and nutrition services, Health Link seeks for additional funding support from the CHF to complement HPF2 with focus on the provision of live saving emergency health and nutrition services in the selected Counties. This request seeks funding to meet the most critical health personnel cost and basic operation cost to ensure quality delivery of live saving emergency health and nutrition services with psychosocial support services for mental ill health well integrated. Health Link has over 3 years' experience in delivery of live saving emergency primary health care and secondary level care for more than 150,000 displaced populations in Mingkaman IDP, Wau Shilluk IDP in Malakal, Melijo IDP in Nimule and UNMISS protection site of Bor PoC between 2013 – 2016 with well demonstrated achievements.

According to HIMS reports, HLSS has conducted more than 124,127 consultations through two facilities in Mingkaman, Bor PoC and Community treatment of malaria, pneumonia and diarrhoea through Community Based Distributors, CBDs. (weekly Health Cluster data 2014 to 2015 and 2016 for Mingkaman IDP and Bor PoC-HLSS). To date, HLSS has remained the only partner providing Quality Emergency Primary and Secondary Health Care Services in Bor PoC with integrated Community Case Management of Malaria, Pneumonia and Diarrheal diseases well rooted at community levels. HLSS has also mainstreamed HIV/AIDS, TB, and Gender Based Violence Services in the routine health care services provision at Bor PoC as well as in the health facilities in Juba and Lopa/Lafon Counties.

Over the past few months of work in Juba and Lopa Lafon Counties, HLSS has established a functional network of community volunteers in the capacity of Community Based Drug Distributors (CBDs) and Home Health Promoters (HHPs) who are engaged in community health promotion such as EPI, HIV/AIDS, TB DOTS, GBV service delivery. Other than primary health care services, HLSS is the only partner currently providing emergency surgical services to the IDPs in Bor PoC including emergency blood transfusion.

The current humanitarian situation in Juba and Lopa/Lafon Counties as well as in Bor PoC is described as dire with low coverage of basic services. According to HMIS and IDSR data collected by health partners, Malaria, acute respiratory tract infections, acute watery diarrhea, intestinal worms, malnutrition and anemia are among the top causes of morbidity and mortality. Nonetheless, injuries from gunshots and other forms of trauma have also been reportedly widespread and among the top causes of morbidity and mortality in the propose project locations. With basic service delivery systems and infrastructure already disrupted especially for Lopa/Lafon County morbidity and mortality in the target areas might exceed the epidemic threshold.

5. Complementarity

This project with support the continuity of live-saving primary health care services at Bor PoC. It will also complement the HPF2 support for Jubek County in El-Sabbah Children Hospital through provision of incentives to essential staffs and ensuring availability of essential medical supplies including drugs.

LOGICAL FRAMEWORK

Overall project objective

To reduce excess morbidity and mortality from common communicable diseases and traumatic injuries sustained from violent among conflict affected vulnerable boys, girls, women, men, elderly people and people with disability by increasing access and scale-up of responsiveness to quality essential life-saving emergency primary & secondary health Care inclusive of preparedness and response to epidemic prone disease outbreaks in Juba, Lopa/Lafon and Bor South Counties.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
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				
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				
<p>Contribution to Cluster/Sector Objectives : The planned project responds to the Cluster Objectives 1 , 2 and 3 in a more modest way to save lives and alleviate suffering, protect the rights and uphold the dignity of the most in need population and support at risk communities to sustain their capacity to cope with significant threats. Under the Cluster Objective 1 “Prevent, detect and response to epidemic prone disease outbreaks in conflict-affected and vulnerable population”, HLSS plans to put in place adequate preparedness and response plan to epidemic prone disease outbreaks. This will be achieved through training of key project personnel in preparedness and response to disease outbreaks with focus on cholera and measles and the early prepositioning of cholera response supplies to the project sites. HLSS plans to provide support during NIDS program, conducting static immunizations, train health workers on diseases surveillance pre-positioning of other essential drugs and medical supplies to the project sites. Community Engagements will be ensured through established networks of HHPs and CBDs for health education and health promotion activities on common communicable diseases before/during/after outbreaks. This project also seeks to contribute to the Cluster Objective 2 of “Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable population” through the provision of essential and emergency health care, including addressing the major causes of morbidity and mortality among U5 (malaria, diarrhea and Pneumonia), emergency obstetrics and neonatal care services and SGBV services by contributing and ensuring increased access to quality essential and emergency lifesaving Primary Health Care Services to women, men, girls and boys in Juba, Lopa/Lafon and Bor South Counties. This will further be achieved through continuity of curative consultative care services in El-Sabbath Children Hospital and Bor PoC PHCC. Other activities will include but not limited to conducting clean, safe and hygienic deliveries by skilled birth attendants, minor surgeries, BEMONC including blood transfusion services, ANC to pregnant mothers including provision of HIV services (PMTCT option B-plus), IPT, LLINTS and micronutrient supplementation, growth monitoring and nutrition assessment to U5 males and females, support treatment of MAM/SAM through provision of nutritional supplies or strengthen referral mechanism for MAM/SAM cases, train MCHW/SBA on counseling pregnant mothers, promoting IYCF practices in health facilities during ANC health education, provide essential drugs and other pharmaceutical supplies for the management of adult and childhood illness such as Malaria, ARI, Measles, Worms as they predispose children to malnutrition. The proposal also addresses the Cluster Objective 3 “Improve access to Psychosocial Support and Mental Health Services for Vulnerable people. HLSS Plans to significantly contribute to the achievement of this objective through; training of frontline Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape (CMR) , provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC services, conduct training of MHPSS to frontline health workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid, provide treatment to mental disorders through procurement of emergency WHO Model of essential psychotropic medications, create community network through training Focal persons to promote access to informal support, self-help in the community as community mental health level supporters.</p>							
Outcome 1							
Improved Epidemic prone disease surveillance and EWARN system with strengthened capacity for outbreaks prevention and rapid response outbreaks in conflict affected and vulnerable in Juba and Bor South Counties							
Output 1.1							
Description							
Vulnerable Populations in Juba and Bor PoC are protected from epidemic prone diseases and disease outbreaks							
Assumptions & Risks							
Population remain accessible and IDSR/EWARN system remain active							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					2
Means of Verification : IDSR/EWARNS Report							
Indicator 1.1.2	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					1
Means of Verification : IDSR/EWARNS Report							
Indicator 1.1.3	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	14	10			24
Means of Verification : Training Reports							
Indicator 1.1.4	HEALTH	Frontline # of health care workers trained in Comprehensive approach to the Management of Cholera during Outbreaks					32
Means of Verification : Training Reports							

Activities
Activity 1.1.1
Collect, analyse and submit daily, Weekly and monthly IDSR/EWARNS reports
Activity 1.1.2
Conduct daily surveillance and monitoring of outbreak prone diseases including investigation, of all rumors, and prompt response
Activity 1.1.3
Conduct integrated training of 24 health workers in EWARN/IDSR and overall reporting on epidemic prone diseases with focus on cholera and measles
Activity 1.1.4
Conduct Refresher Training to 32 Health Care Workers in the Provision of Comprehensive Management of Cholera including Case Management, Distribution of WASH Supplies and Social Mobilization in Juba and Lopa/Lafon

Outcome 2
Improved access to essential and emergency clinical health services, including emergency obstetric care services, HIV/AIDS/TB and SAM with medical complications.

Output 2.1
Description
Conflict-affected and vulnerable population in Juba, Lopa/Lafon and Bor PoC are provided with quality and integrated emergency primary health care services including emergency obstetric care.
Assumptions & Risks
Security remains relatively stable, access to project locations remain possible and Timely funding

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	1,100	2,380	2,220	2,720	8,420
Means of Verification : Weekly, Monthly Reports, OPD Registers (>5 years and 5 years and above)							
Indicator 2.1.2	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			180	200	380
Means of Verification : Weekly and Month EPI Reports, Mass Vaccination Reports if any							
Indicator 2.1.3	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					120
Means of Verification : weekly and monthly ANC and Maternity delivery reports, Delivery Registers							
Indicator 2.1.4	HEALTH	[Frontline services] Number of facilities providing BEmONC services					1
Means of Verification : Health Facilities reporting BEmONC Services from Liria, Lafon and Imehejek and Bor PoC							
Indicator 2.1.5	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			100	120	220
Means of Verification : TSC - Register - El-Sabbah Children Hospital							
Indicator 2.1.6	HEALTH	[Frontline services] Number of children with 3 doses of pentavalent vaccine			160	280	440
Means of Verification : EPI Register (El-Sabbah Children Hospital, Liria PHCC, Imehejek PHCC+ and Lafon PHCC)							
Indicator 2.1.7	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in conflict states					1
Means of Verification : On Site Verification during support supervision (Imehejek PHCC+ and Lafon PHCC)							

Activities
Activity 2.1.1
Provision of essential clinical curative consultative care services in El-Sabbah Children Hospital and Upuo PHCU for Children U5yr and above 5yrs for common morbidity.
Activity 2.1.2
Provide ANC care to pregnant mothers including provision of PMTCT option B-plus, IPT, LLINTS and micro-nutrient supplementation, BCC and health promotion and Conduct clean, safe and hygienic deliveries through skilled birth attendants
Activity 2.1.3
Conduct routine and mobile vaccination services against the eight killer diseases and as well as emergency vaccinations with focus to 3 doses of penta-valent vaccines in conflict-affected and vulnerable population.

Activity 2.1.4							
Conduct minor surgery, BEMONC including blood transfusion services in Bor PoC in Bor South County							
Activity 2.1.5							
Conduct growth monitoring, nutritional assessment to children U5 males and females through anthropometric measurements and treat those with medical complications in SAM at EL-Sabbah Children Hospital							
Activity 2.1.6							
Provide/support treatment of SAM through provision of nutritional supplies and treatment of any medical complication of SAM at EI - Sabbah Children Hospital.							
Activity 2.1.7							
Promote IYCF practices in health facilities during ANC health education and promotion sessions at all health facilities.							
Activity 2.1.8							
Procure and provide essential drugs and other pharmaceutical supplies geared towards management of adult and childhood illness such as Malaria, ARI, Measles, Worms etc as they predispose children to malnutrition. This will be done with the support of HPF to the selected facilities							
Activity 2.1.9							
with the support from HPF funding, HLSS will Conduct training to front-line healthcare workers in management of common morbidity such as Malaria, Pneumonia and Diarrhoeal diseases in children under 5 years and BEMONC							
Activity 2.1.10							
Provide education, counseling and appropriate referral of HIV/AIDS, TB patients to ART centers or TB treatment centers for proper treatment. Support follow up of patients on ART or TB treatment using the network of Treatment supporters.							
Outcome 3							
Improved Access to Psychosocial Support and Mental health Services for Vulnerable People							
Output 3.1							
Description							
Integrated quality Psychosocial Support, SGBV and Mental health Services are made accessible and provided to Vulnerable Population in Juba and Bor South Counties							
Assumptions & Risks							
Population remains stable and accessible							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	[Frontline services] Number of health facilities providing SGBV services					8
Means of Verification : Weekly and Monthly GBVIMS							
Indicator 3.1.2	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	6	6			12
Means of Verification : Training Reports							
Activities							
Activity 3.1.1							
Provide CCSAS services to rape survivors including Clinical management of rape							
Activity 3.1.2							
Training of 20 Focal persons/HHPs to promote access to informal support, self-help in the community as community mental health level supporters							
Activity 3.1.3							
On site training of health care workers in identification and appropriate referrals of SGBV survivors to CMR centers							
Additional Targets :							

M & R

Monitoring & Reporting plan

The M&E plan will concentrate on two levels: the first level being the project implementation targets, and second being the overall goals of this project. Monthly monitoring activities to the project sites will be conducted by the health program coordinator and the monitoring and evaluation manager with assistance from senior management of Health Link South Sudan.

Health Link south Sudan is well aware of the challenges involved in Health data collections, analysis, interpretation and dissemination not only at the Payam, county, state level but for the entire southern Sudan. The distances to the health facilities and communities, inconsistent recording of row data and the lack of feedback are absolute threats to ensuring quality health information processing.

While availability of tools is critical, Health Link will adopt national standard tools provided by the national ministry of health and the health cluster among other national frameworks for Monitoring and evaluation that will include OPD/IPD/Maternity/Child health registers, Patient referral registers, medical examination and consent forms, monthly reporting forms, Laboratory forms and other related forms. Besides HLSS utilize health facility monitoring tools designed to incorporate the key project activities and results as well as Quantified Supervisory Checklist (QSC).

Reports will be collected on daily by facility staffs (Nurses, medical doctor), weekly and monthly basis by HLSS M & E department. Boma and Payam based reports will be collected daily, submitted as they occur using IDSR and EWEAR systems to the central information/data base at state and Health Link's HQ. The health Links' (HQ) will submit weekly epidemiological and monthly incidence reports to the health cluster, MoH and other relevant stakeholders for further actions.

Accuracy of information collection will be ensured through on job training/Mentoring and continuing support supervision by Health Links HQ, the health officers and nurses and clinical staff during the entire scope of this project. The health link's officers (HQ) including health program coordinator and the monitoring and evaluation manager will prepare quarterly performance report to be submitted to UNDP/FMU team within 1 month after completion of the project.

One of the key components of a monitoring strategy is a set of monitoring indicators that measure outcome of the project activities. These indicators have been identified and the intended targets set. This project will also encourage donor review missions to the project areas any time to monitor the overall results framework; Meetings with the community/beneficiaries will be conducted on a quarterly basis during which project performance and report both narrative and financial will be shared and challenges discussed.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Collect, analyse and submit daily, Weekly and monthly IDSR/EWARNS reports	2017				X	X	X						
Activity 1.1.2: Conduct daily surveillance and monitoring of outbreak prone diseases including investigation, of all rumors, and prompt response	2017				X	X	X						
Activity 1.1.3: Conduct integrated training of 24 health workers in EWARN/IDSR and overall reporting on epidemic prone diseases with focus on cholera and measles	2017					X							
Activity 1.1.4: Conduct Refresher Training to 32 Health Care Workers in the Provision of Comprehensive Management of Cholera including Case Management, Distribution of WASH Supplies and Social Mobilization in Juba and Lopa/Lafon	2017					X							
Activity 2.1.1: Provision of essential clinical curative consultative care services in El-Sabbah Children Hospital and Upuo PHCU for Children U5yr and above 5yrs for common morbidity.	2017				X	X	X						
Activity 2.1.10: Provide education, counseling and appropriate referral of HIV/AIDS, TB patients to ART centers or TB treatment centers for proper treatment. Support follow up of patients on ART or TB treatment using the network of Treatment supporters.	2017				X	X	X						
Activity 2.1.2: Provide ANC care to pregnant mothers including provision of PMTCT option B-plus, IPT, LLINTS and micro-nutrient supplementation, BCC and health promotion and Conduct clean, safe and hygienic deliveries through skilled birth attendants	2017				X	X	X						
Activity 2.1.3: Conduct routine and mobile vaccination services against the eight killer diseases and as well as emergency vaccinations with focus to 3 doses of penta-valent vaccines in conflict-affected and vulnerable population.	2017				X	X	X						
Activity 2.1.4: Conduct minor surgery, BEMONC including blood transfusion services in Bor PoC in Bor South County	2017				X	X	X						
Activity 2.1.5: Conduct growth monitoring, nutritional assessment to children U5 males and females through anthropometric measurements and treat those with medical complications in SAM at EL-Sabbah Children Hospital	2017				X	X	X						
Activity 2.1.6: Provide/support treatment of SAM through provision of nutritional supplies and treatment of any medical complication of SAM at El - Sabbah Children Hospital.	2017				X	X	X						
Activity 2.1.7: Promote IYCF practices in health facilities during ANC health education and promotion sessions at all health facilities.	2017				X	X	X						
Activity 2.1.8: Procure and provide essential drugs and other pharmaceutical supplies geared towards management of adult and childhood illness such as Malaria, ARI, Measles, Worms etc as they predispose children to malnutrition. This will be done with the support of HPF to the selected facilities	2017				X	X	X						
Activity 2.1.9: with the support from HPF funding, HLSS will Conduct training to front-line healthcare workers in management of common morbidity such as Malaria, Pneumonia and Diarrhoeal diseases in children under 5 years and BEMONC	2017				X	X							
Activity 3.1.1: Provide CCSAS services to rape survivors including Clinical management of rape	2017				X	X	X						

Activity 3.1.2: Training of 20 Focal persons/HHPs to promote access to informal support, self-help in the community as community mental health level supporters	2017				X									
Activity 3.1.3: On site training of health care workers in identification and appropriate referrals of SGBV survivors to CMR centers	2017				X	X	X							

OTHER INFO

Accountability to Affected Populations

The design of this project involved full participation of all actors' right from the time of need assessment, prioritization and project planning. The implementation methodology also provides a platform for full participation for women; girls, boys and men as well as people with disability in the project area by ensuring their participation in local community leadership structures such as community based protection volunteers, health management committees and governance structures as well as being trained as home health promoters. Through FDGs, communities would be able to provide feedbacks on priority issues. During the implementation of this project, HLSS will also conduct focused group discussions and community meetings as well as health management committee meetings that will be 50% attended by women and girls as well as boys and men in the project area. During these meetings, feedback on quality of service delivery and other concerns will be addressed and incorporated in the implementation of the project.

Implementation Plan

Health Link will deploy key personnel consisting of health programme manager, Medical officers, Hospital administrator and other medical cadres who will directly provide services to patients at Site 1 hospital. The key health link staff will work with the CHD at county level who will help in information collection and reporting and referral of cases for emergency care and management. Health workers (Doctors, Nurses) will provide patient care and training to health workers at MoH and Partner health facilities to ensure early responses and further investigation of diseases. Health Link will provide smart phone for quick reporting and improved information collection, management while ensuring data quality and confidentiality of all information received and being transmitted. Appropriate software will be provided to improve data transmission and storage.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

This project is tailored to contribute to gender equity by increasing availability, access to and demands for Psycho-social support services, GBV and mental health targeting highly vulnerable people. The planned activities meant to achieve this objective include; provision of emergency medical services to GBV survivors including PEP, training front-line Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), Psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape , provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC services, conduct training of MHPSS to front-line health workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid, provide treatment to mental disorders through procurement of emergency WHO Model of essential psychotropic medications, promote gender and age dis-aggregated health information systems that cover essential mental health data, create community network through training Focal persons to promote access to informal support, self-help in the community as community mental health level supporters. These activities will directly advance gender equity and promote improvements in the quality of lives of women, girls, boys, men and elderly people in the project locations.

Protection Mainstreaming

The project has mainstreamed general concerns of women, girls and boys by undertaking key activities addressing SGBV. This includes provision of emergency medical services PEP, emergency contraceptives Hepatitis B vaccination, and psycho-social support for survivors of SGBV. General RH activities will also be implemented to reinforce gender equity and inclusion in this project. Health link health officers will also ensure a joint activity planning with the SGBV section, attend SGBV sub-cluster meetings to reinforce concerns of women, girls, boys and men in health. A checklist of minimum safety and privacy standards for women will be adopted and used at all health facilities This project will integrate both HIV/AIDS prevention measures and measures that would ensure environmental sustainability. Health link will;

- Conduct peace building campaign and initiate dialogue with communities in conflict areas in order to promote and sustain peaceful environment.
- Sensitize and engage communities to participate in environment resource management, waters, pasture land, forests, and game reserves e.t.c. Which are often leading triggers of violence? Women will be sensitized and disposal of sanitary pads to ensure environmental safety.
- Provision of emergency treatment including HIV Post Exposure Prophylaxis (PEP) and STI/STD to survivors of GBV
- Provision of ART and HIV/AIDS treatment and monitoring support
- HIV/AIDS risk sensitization and awareness to the general public and women.

Country Specific Information

Safety and Security

HLSS has security policy framework that provides a modest mechanism for accessing level of personal security risks to its personnel. All HLSS field locations have emergency communication equipment such as Thuraya, VHF radio, Mobile telephones and VSAT systems all designed to improve security monitoring and reporting. Above all, all HLSS personnel undergo basic security training before being deployed on ground. These precautionary measures are designed to provide for better management and assessment security concerns while in the field. HLSS is also working with Security working group under NGO forums. Additional support is also received from UNDSS.

Access

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Medical Doctors	D	1	2,500.00	4	100.00	10,000.00
	<i>1 Medical doctors to provide Technical expertise and consultations and emergency Obstetric care surgery hired at 2500 USD per month 100% based in Bor PoC .This cost cover monthly salaries, taxes and social insurance.</i>						
1.2	Medical Clinical Officers	D	2	1,200.00	4	100.00	9,600.00
	<i>2 Medical clinical officer to provide patient management hired at USD 1200 per month 100%. 2 based in Bor PoC. This cost cover monthly salaries, taxes and social insurance</i>						
1.3	Registered Nurses	D	1	1,200.00	4	100.00	4,800.00
	<i>1 Registered Nurses hired at 1200 USD per month 100% to provide ANC, Safe Deliveries and Supporting overall patient management, 1 based in in Bor PoC. This cost covers salaries, taxes and social insurance fund.</i>						
1.4	Registered Midwives	D	1	1,200.00	4	100.00	4,800.00
	<i>1 Registered Midwives hired at 1200 USD per month 100% to provide ANC, Safe Deliveries and Supporting overall patient management, 1 based in Bor PoC. This cost covers salaries, taxes and social insurance fund.</i>						
1.5	Enrolled Nurses	D	2	700.00	4	100.00	5,600.00
	<i>2 Enrolled Nurses hired at USD 700 per month 100% to support the overall management of patients including admission, treatment, monitoring and general patient care; 2 based in Bor PoC. The cost covers salaries, taxes and social insurance fund.</i>						
1.6	Enrolled Midwives	D	2	700.00	4	100.00	5,600.00
	<i>2 Enrolled Nurses hired at USD 700 per month 100% to support the overall management of patients including admission, treatment, monitoring, general patient care, ANC, and Safe Deliveries; 2 in Bor PoC. The cost covers salaries, taxes and social insurance fund.</i>						
1.7	Certificated Nurses	D	2	700.00	4	100.00	5,600.00
	<i>2 Certified Nurses hired at USD 700 per month 100% to support the overall management of patients including admission, treatment, monitoring and general patient care; 2 in Bor PoC. The cost covers salaries, taxes and social insurance fund.</i>						
1.8	MCH Worker -TBA	D	2	300.00	4	100.00	2,400.00
	<i>2 MCH TBAs worker hired at 300 USD per month 100% to support the overall management of patients including admission, treatment, monitoring, general patient care, ANC, and Safe Deliveries; 2 in Bor PoC. The cost covers salaries, taxes and social insurance fund.</i>						
1.9	Community Health Workers	D	2	150.00	4	100.00	1,200.00
	<i>2 Community Health workers hired at USD 150 per month 100%, 2 in Bor PoC.</i>						
1.10	Finance Manager	S	1	4,896.00	4	30.00	5,875.20
	<i>1 Finance Manager hired at USD 4,896 per month and 30% time allocated based in Juba. The finance manager is responsible for the overall finance management and reporting. Cost is inclusive of salaries, taxes and social insurance</i>						
1.11	Project Accountant	S	1	2,000.00	4	25.00	2,000.00
	<i>1 Project Accountant hired at USD 2000 per month inclusive of salaries, taxes and social insurance for 6 months 100% and based in Juba with frequent field travels to for payments</i>						
1.12	Operations Manager	S	1	6,500.00	4	25.00	6,500.00
	<i>Cost allocation for Operations Manager of 25% LoE USD 6,500 inclusive of salaries, taxes and social insurance. Operations Manager provides oversight management of the project</i>						
1.13	Chief Executive Director	S	1	8,000.00	4	25.00	8,000.00
	<i>Cost allocation for Chief Executive Director of 25% LoE USD 8,000 inclusive of salaries, taxes and social insurance. The director provides the overall oversights of the project management and ensuring quality service delivery</i>						

1.14	Health Programme Coordinator	S	1	4,896.00	4	25.00	4,896.00
	<i>Cost allocation for Health Program Coordinator of LoE 30% USD 4,896 inclusive of salaries, taxes and social insurance. The program coordinator over see the project implementation, Day to Day Monitoring of the project activities and Reporting</i>						
1.15	Monitoring and Evaluation Manager	S	1	4,896.00	4	25.00	4,896.00
	<i>Cost allocation for Monitoring and Evaluation Manager of LoE 30% USD 4,896 inclusive of salaries, taxes and social insurance. The M&E manager supports the project monitoring and compilation of project reports.</i>						
1.16	Support Staff	S	4	100.00	4	100.00	1,600.00
	<i>12 Support staff - 4 Compound Cleaners, 4 ward Cleaners, 4 Guards to be hired at 100\$ each inclusive incentives without taxes and social insurance</i>						
	Section Total						83,367.20
Supplies, Commodities, Materials							
2.1	Procurement of Hospital Linens	D	600	15.00	1	100.00	9,000.00
	<i>Purchase of hospital bed Linens for 600 pcs each at \$15, estimated at 400 pieces for 1 Hospital and 200 for Bor PoC</i>						
2.2	Printing Medical Patient Treatment Forms and Booklets	D	3000	0.50	1	100.00	1,500.00
	<i>Printing of Medical Patient Treatment Forms assorted (1000) Treatment charts, 500 referral forms and 2000 patient treatment booklets) for Bor PoC and eL-Sabbah</i>						
2.3	Fuel for Project vehicles	D	3000	1.60	1	100.00	4,800.00
	<i>3000 Liters of Diesel for generator operation and 3000 liters for vehicle running, Support allocated for generator operation in El-Sabbah Children Hospital and Bor PoC and operational cost for vehicles. Cost is based on the Market rate</i>						
2.4	Hire of Toyota Landcruiser for monitoring and supervision	D	40	100.00	3	100.00	12,000.00
	<i>1 Toyota Land cruiser to be hired to support the distribution of supplies, monitoring of activities and collection of weekly and monthly reports. Each car will be hired for 10 days in a month at \$100 per day without cost of fuel for a total duration of 3 months.</i>						
	Section Total						27,300.00
Contractual Services							
4.1	Training of Health Care Workers	D	50	150.00	1	50.00	3,750.00
	<i>Training of 56 Health Care Workers, 32 in epidemic preparedness and response, 24 in disease surveillance and EWARN/IDSR reporting.</i>						
4.2	Transportation of Medical Supplies to Bor PoC	D	1	3,000.00	1	100.00	3,000.00
	<i>Transportation of medical supplies to Bor PoC, Once a quarter. Cost is based on current market rates</i>						
	Section Total						6,750.00
Travel							
5.1	Local field flights	D	6	575.00	1	100.00	3,450.00
	<i>12 staff flights on UNHAS 1 flights per staff in 6 months at USD 575 each to and fro. Cost is estimated at current UNHAS rate</i>						
5.2	DSA HQ management Support Supervision visit	D	6	100.00	6	100.00	3,600.00
	<i>2 HQ staff support Supervision visits lasting 2 days, 1 visit every month to both Bor PoC and Lopa/ Lafon</i>						
	Section Total						7,050.00
General Operating and Other Direct Costs							
7.1	Office stationary	S	1	4,400.00	1	25.00	1,100.00
	<i>25% allocation of shared cost for 2 deliveries of Assorted Stationary supplies for HQ office and Field Offices at \$4,400</i>						
7.2	Office Rent	S	1	5,000.00	4	20.00	4,000.00
	<i>20% allocation of shared costs for 1 Office space rented at Juba at USD 5000 per month for 6 months</i>						
7.3	Communication and Internet	S	4	452.40	4	20.00	1,447.68
	<i>20% Monthly contribution for Internet Subscription for 4 sites at \$ 452.4</i>						

7.4	Guest House Rent	S	3	1,500 .00	4	25.00	4,500.00
25% allocation to a shared costs of 3 Guest Houses for Expatriate Staff field & HQ Based @ USD 1,500 every month for 6 months.							
Section Total							11,047.68
SubTotal			6,737.00				135,514.88
Direct							90,700.00
Support							44,814.88
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							9,486.04
Total Cost							145,000.92

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Bor South	40	400	700	500	690	2,290	
Central Equatoria -> Juba	60	700	1,680	1,720	2,030	6,130	

Documents

Category Name	Document Description