

Requesting Organization :	CARE International			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		100.00		
		100		
Project Title :	Strengthening Emergency Reproductive Health and Epidemic Diseases Preparedness and Response in Mayom and Rubkona Counties			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-17/H/103786	Fund Project Code :	SSD-17/HSS10/SA1/H/INGO/5263	
Cluster :	Health	Project Budget in US\$:	100,000.17	
Planned project duration :	6 months	Priority:	Not Applicable	
Planned Start Date :	01/04/2017	Planned End Date :	30/09/2017	
Actual Start Date:	01/04/2017	Actual End Date:	30/09/2017	
Project Summary :	<p>The overall objective of this project is reduce the prevalence and incidence of maternal and child morbidity and mortality by strengthening integration between Health and Nutrition and scaling up Essential lifesaving health care in Mayom and Rubkona Counties. This will be achieved through the following sub-objectives;</p> <p>Objective 1. Contribute to a reduction of diseases incidence and mortality in Rubkona county by promoting rapid detection of outbreak signals and clusters of epidemic-prone diseases. This shall be done through formation of Payam Epidemic Response Teams, County response teams, and State Response teams. Also, data management systems shall be established and/or strengthened at State, County and facility levels. Data management will be supported by improved communication networks within the county and State and establishment of county data management for prompt reporting of notifiable diseases. In addition, the project will ensure real time data on outbreaks through improved communication and i knowledge amongst all health workers of thresholds that would trigger immediate notification or action that will be central to improving capacities to manage disease epidemics. For efficiency, the project will support upgrading and operationally resuscitating Mankien Epidemic Diseases Centre laboratory in order to examine samples collected from the peripheral laboratories at the level of quality control; and link with other referral laboratories in Juba, Nairobi and/or Kampala for diagnostic confirmation. The project will ensure that surveillance data collection and reporting tools are available at each facility. All health personnel will be trained on the correct and consistent use of tools, such as in-patient registers, daily patient registers, weekly and monthly epidemiological summaries, tally sheets, line lists case bases reporting forms, laboratory forms and M&E monthly epidemiological forms, among others.</p> <p>Objective 2; Building capacity and resilience of CHDs and communities in Rubkona and Mayom to respond to disease outbreaks in health facilities; The project will support CHDs to conduct micro planning at 10 health facilities and train 20 community vaccinators as social mobilizers. Cold chain will be restored at health facilities in Rubkona by provision of solar fridges, cold boxes, solar panels and batteries for Bentiu hospital. EPI campaigns will be integrated into nutrition activities at static sites and during weekly health facility outreaches to hard-to-reach locations. HHPs will be facilitated to conduct community mobilization during NIDs campaigns and to conduct Mass MUAC screening during weekly EPI outreaches. In addition, growth monitoring and promotion will be conducted during EPI outreaches.</p> <p>Objective 3: Improved access to sexual and reproductive health services for vulnerable host community women and girls in Rubkona and Mayom. This project will provide comprehensive information on sex education and family planning methods to women and youth and further train local service providers on comprehensive SRH interventions. After mapping referral pathways for access to GBV services Nutrition Workers Community Nutrition Volunteers and HHPs will be trained to identify and refer victims. SRH kits will be obtained from UNFPA through Health cluster and distributed to women and health facilities. SRH awareness sessions for community members (women, men, boys and girls) and training of frontline service providers on Clinical Management of Rape (CMR) will be undertaken</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
1,324	1,493	549	650	4,016

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	748	650	0	0	1,398
People in Host Communities	576	543	0	0	1,119
Children under 5	0	0	549	650	1,199
Pregnant and Lactating Women	0	300	0	0	300

Indirect Beneficiaries :

100 Home Health Promoters) will be identified and trained to support and conduct EPI promotion activities in Bentiu POC and villages in Rubkona and Bentiu

Catchment Population:

Mayom is located to the west of Bentiu and is made up of 10 Payams. With an estimated population of 180,056, Mayom is a disaster-prone county exposed to a multitude of natural disasters including, floods, storms, droughts and armed conflict. The security situation in Mayom is currently relatively stable but there are a number of overlapping threats, including high GAM rates and possibility of disease outbreaks. Frontline fighting has led to hundreds of families displaced from Payams including Wangkei and Buoth. Many of them have settled with families in other Payams within Mayom County. There are three Primary Health Care Centers namely Mankien, Mayom and Wangkei) and 5 Primary Health Care Units namely Ruathnyibel, Pub, Riak, Bieh and Kueryiek. The Health facilities are run by CHD with support from World Relief while CARE runs nutrition and EPI components funded by UNICEF through both static and mobile clinics. CARE has been implementing health and nutrition intervention in Mayom for over ten years including a stabilization center at Mankien PHCC.

Rubkona lies on the northern bank of the Bahr el Ghazal River, connected by bridge to the state capital Bentiu. The region is swampy, and prone to flooding in the rainy season. Malaria, Kala Azar and Bilharzia are endemic. Most of the population are Nuer people. Following decades of civil war UNMISS has recently been conducting de-mining exercise in previously hard to reach payams including: Dorbor, Kaljak, Pakur/Ding ding. Even in payams where insecurity has not been a major hindrance like in Kaljak, the roads are impassable during the rainy seasons especially in Pakur/Ding ding. The estimated population in Rubkona is 208507 people. Rubkona currently hosts multitudes of displaced persons from southern unity as a result of armed conflict and has recently suffered its own share of internal displacement in Jazeera. CARE runs six static nutrition sites within Bentiu POC, Bentiu town and Rubkona town. As part of the Beyond Bentiu response, CARE maintains four additional mobile sites and two RRM sites. CARE recently established a stabilization center at Bentiu Hospital with funding from UNICEF.

Link with allocation strategy :

The proposed interventions will contribute to filling the following gaps as stated in the Health cluster strategy;

- Increasing access to primary vulnerable beneficiaries due to inadequate lifesaving essential Primary Health Care Services. Need to provide availability, functionality and to scale up.
- Strengthening early warning and alert reporting to contain outbreaks- disease burden and excess morbidity and mortality, due to vaccine preventable diseases. To intensify and strengthen Surveillance of blind spots and improve quality of detecting, preventing and responding to outbreaks
- Deliver integrated health/ Wash and Nutrition programs that leverage resources and enforce holistic support for comprehensive positive health and humanitarian outcomes. Need to mitigate verticality and address integrated emergency health related needs that cuts across the related programs (SAM with medical complications-NUTRITION, water and vector borne diseases-WASH, Protection and medical care: SGBV survivors-GBV.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
CARE International	International NGO	10,000.85
		10,000.85

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

Other Funding Source	Other Funding Amount
UNICEF Social Mobilization PCA	500,000.00
UNICEF Nutrition PCA	315,000.00
	815,000.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

With the humanitarian crisis in South Sudan deepening and spreading, the 2017 Humanitarian Needs Overview (HNO) estimates that some 7.5 million people, over 60% of the population, are in need of humanitarian assistance. Areas of the country previously seen as relatively stable, have been engulfed by conflict, violence and displacement. More than 3.4 million people have been displaced – 1.9 million internally displaced persons (IDPs) and 1.5 million refugees who have fled to neighboring countries. Health conditions have deteriorated, and food insecurity and malnutrition have skyrocketed. In February 2017, localized famine was declared in Leer and Mayendit, with Koch deemed at high risk of famine. An estimated 4.9 million people are currently severely food insecure and this figure is expected to rise to 5.5 million people at the height of the lean season in July. Inevitably, mortality has been exacerbated by recurrent disease outbreaks, including a malaria outbreak in 2016 that is similar in magnitude to the unprecedented 2015 season, and a cholera outbreak in 2016 for the third year in a row. Existing challenges, including weak governance, limited basic services and high rates of malnutrition, were further exacerbated by the deadly conflict. The civil war has forced families from their homes and caused some qualified health personnel to flee the country. The conflict has also caused significant damage to the country's health care system (both infrastructure and supplies) including the cold chain, which had improved in the years preceding the war.

The most vulnerable amongst the population in the three counties are women and children boys and girls (0-59 months). Pregnant and lactating women are particularly affected as they are not able to access health care to meet their health and nutritional needs due to insecurity and destruction of existing health facilities. Further, the burden of taking care of children (feeding, cooking, fetching water and firewood) is principally the duty of women who are severely affected when normal livelihood activities are completely or partially destroyed. Men on the other hand are on frontline providing security and key men roles like provision of food through casual work and pastoralist activities are highly affected. Inadequacy of food, inadequate nutrition treatment and prevention services, lack of immunization services and health services has led to high malnutrition burden especially to women and children boys and girls (0-59 months). This further affects breastfeeding activities, and overall health and nutrition care for children.

CARE has been providing support to polio program through the social mobilization program since the last one year under PCA. CARE will continue to implement its social mobilization activities in same counties of Rubkona and Mayom by training and supporting a network of 100 Community Nutrition Volunteers as social mobilizers who will work alongside the communities, conducting home visits to improve sensitivity of surveillance and mobilizing the communities during national immunization days. By having Community Nutrition volunteers conduct social mobilization for EPI, integration with nutrition and health activities will be realized. In the next 6 months CARE will maintain 10 social mobilizers per payam with a total of 100 for the project. In addition to the three macro plans at county level, CARE will support 11 health facilities to develop micro plans implement them and report on the outcomes. Following the declaration of the cVDPV2 in Unity State the Ministry of Health developed an outbreak response plan meant to interrupt any further cVDPV circulation in the three conflict affected states, stop further spread of the cVDPV to the rest of the country through enhanced population immunity and achieve high quality AFP surveillance to ensure that any chains of transmission are detected and responded to promptly.

2. Needs assessment

Huge gaps still exist within the health sector in the provision of health care services to displaced families in hard-to-reach areas, including Rubkona and Mayom in Northern Liech state. Health indicators greatly deteriorated as of July 2015 as only 6% of children under 1 year completed penta3 vaccination in Unity. The surveillance indicators had greatly fallen with 17/32 counties being silent (did not report any suspected case of Acute Flaccid Paralysis for the last 20 months of the conflict). Only 5/80 counties had coverage of 80% for measles and 400,000 children are still susceptible to the disease outbreak due to the conflicts. With Unity state reported sporadic cVDPV cases in September 2014, the concerns persisted regarding the circulation of VDPV in the three affected states as 33% of children remain under immunized against polio virus. Ministry of Health and partners launched Polio Outbreak response and implemented Short Interval Immunization Doses Campaign in Unity states from December 2014 to 2016 though some counties remained inaccessible due to the insecurity. Only 50% of children targeted in the age group of 0-15 years, could be reached with one dose of OPV in Jonglei and Unity states while 34% of children reached with two doses and 21% with three doses during SIAD campaign. The estimated <5 years who were not reached by any dose as of July 2016 are around 120,000 and unprotected children are 400,000. This generally poses a high risk to any importation of wild poliovirus to the country and very difficult to certainly declare that South Sudan is free of polio virus.

Rubkona county is characterized by low EPI coverage (below 20% in 2016) there is high chance of measles outbreak and other vaccine preventable diseases as fleeing communities congregate in crowded conditions. Reduced access and utilization of health services- Reduced service delivery to scale up population's access to essential OPD consultations and delayed referrals cases needing medical stabilization; Inadequate number of seasoned emergency responders to scale up; inadequate and unqualified human resource base at CHD offices for health to deliver on interventions- risk of lifesaving interventions not aligned to public health directives. Despite CARE's current nutrition interventions at static sites in Rubkona and Bentiu town, there is limited integration with lifesaving health interventions. In addition to the displacement, physical insecurity has been a major hindrance to delivering lifesaving health and nutrition interventions to many parts of the county including Dorbor, Jazera, Kaljak, Pakur/Ding ding, payams. There is need for surveillance and integrated responses to diseases of epidemic importance including yellow fever; whooping cough; measles; meningitis; and Acute Watery Diarrhoea (AWD), among others. CARE in collaboration with the State Ministry of Health (MoH) and with technical support from the World Health Organization (WHO) proposes to implement Integrated Disease Surveillance and Response measures in the state, putting epidemic surveillance mechanisms in place at all health facilities and at community level.

In Both Rubkona and Mayom, insecurity and displacement has left many women and girls without access to essential reproductive health care. Women are even less able to access health facilities; deliveries within the community are often seen as the only option. Many are cut off from a regular source of reproductive health services and contraceptives due to insecurity in Rubkona and long distances in Mayom. Most deliveries are done within the communities by Traditional Birthing Assistants (TBAs). This poses a significant threat to handling any obstetric emergencies and referrals, and to the lives of pregnant women and their newborns. There is a clear need to combine SRH and GBV response work to ensure the basics of the Minimum Initial Service Package (MISP) is implemented

3. Description Of Beneficiaries

A total of 4016 direct beneficiaries will be targeted through this project including 1199 children under five years through EPI, 2817 for SRH interventions on awareness messages and women for referral for skilled delivery. we have included the indicators to address regarding 2817 target beneficiaries under SRH. Indirect beneficiaries will include 30 health workers who will also benefit from the training under this project. In addition, 100 Home Health Promoters) will be identified and trained to support and conduct EPI promotion activities in Bentiu POC and villages in Rubkona and Bentiu. The community mobilizers and EPI promoters will be identified through proper consultation with community leaders and support from local authorities (such as the RRC) on the ground. Special attention will be given to inclusion of persons with disabilities among the nutrition workers within the communities.

4. Grant Request Justification

CARE is requesting for minimal funding to integrate disease surveillance in Rubkona as well as EPI and SRH services within the ongoing CMAM program in both Mayom and Rubkona so as to reduce missed opportunities. CARE will conduct trainings for surveillance assistants and surveillance officers and provide them with IDSR tools from MOH/WHO. The Laboratory at Bentiu Hospital will be renovated, staffed and equipped to collect and where possible conduct tests on samples drawn from peripheral facilities. Where further examination/confirmatory tests from out of south sudan are required, CARE will coordinate with WHO

CARE currently runs six static OTP/TSFP sites in Rubkona and 7 static sites including a total of 8 outreach sites to most hard to reach locations in Rubkona and Mayom, yet immunization coverage remains extremely low and disease surveillance and reporting erratic. The widespread internal displacement has increased vulnerability to epidemics for all the conflict affected populations in the two counties. The situation calls for immediate and continued integrated interventions targeting the most vulnerable (children under five and women). The proposed project will build on CARE's existing operational capacities and strong presence in Rubkona as well as existing projects and programs in both health and nutrition. CARE will train 200 community nutrition volunteers to integrate EPI sensitization and 20 community vaccinators to support immunization of children through outreaches and campaigns. The proposed strategy in both Mayom and Rubkona is to strengthen the cold chain at Bentiu and assign mobile nutrition teams to reach remote bomas in the interior of the counties and ensure that all malnourished children and PLWs are reached. The potential aggravating factors to malnutrition are common childhood infections poor hygiene and sanitation and limited access to health care. In addition, the deteriorating household food security as a consequence of displacement, as well as high food prices caused by hyper-inflation and depreciation of the local currency, are all further increasing the risk of acute malnutrition and exposure to disease and limited access to health care. The CHF funding will help CARE to integrate, minimal emergency health interventions in the existing nutrition activities to the hard to reach locations of Rubkona and Mayom.

Despite the needs identified with SRH in unity, most of the existing SRH services are provided through existing static health facilities. SRH services are hardly integrated into community level activities hence pregnant women have limited access to RH kits. This situation is worsened by the fact that majority of women are delivered by TBAs under unsanitary conditions. CARE will train interested Health and Nutrition Volunteers in SRH and support them to conduct sensitization, early identification of danger signs referral and follow up including distribution of RH kits. CARE will purchase two quad bikes and fabricate them for use as ambulances to enable 24/7 referral of complications to health facilities managed by World Relief in Mayom and by Cord-Aid in Rubkona

5. Complementarity

The proposed project will be complementary to the UNICEF EPI social mobilization PCA as well as WFP. CARE proposes to integrate selected life- saving interventions including integrated disease surveillance and response, EPI campaigns and Sexual and Reproductive health services into existing nutrition services in Mayom and Rubkona. Existing Community Nutrition volunteers will be trained in the respective modules and supported to deliver integrated interventions. This way, CARE will take advantage of its 20 nutrition sites in the two counties to leverage resources and create impact for health care.

LOGICAL FRAMEWORK

Overall project objective

To reduce the prevalence and incidence of maternal and child morbidity and mortality by strengthening integration between Health and Nutrition and scaling up Essential lifesaving health care in Mayom and Rubkona 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			100		
Contribution to Cluster/Sector Objectives : This project will help to save lives of malnourished children under five and other vulnerable segments of the population in Rubkona and Mayom. Provision of integrated Health and nutrition services will enable malnourished children and PLW to access EPI and SRH services respectively within their locality which will protect them from threats of outbreaks. Nutrition sensitive health interventions and micronutrient supplementation will help break the vicious cycle between infection and malnutrition in the two counties. Capacity building of the CHD to conduct disease surveillance will improve early detection and sustainability of nutrition initiatives in the targeted counties.							
Outcome 1							
Increased access to emergency reproductive health care and strengthened Epidemic Diseases Preparedness and Response in Mayom and Rubkona Counties.							
Output 1.1							
Description							
Output 1.1 Promote rapid detection of outbreak signals and clusters of epidemic-prone diseases and contribute to a reduction of diseases incidence and mortality in Rubkona county							
Assumptions & Risks							
Risk: Non functionality of laboratories in some health facilities might pose constraints Assumption: Close collaboration between CARE, Cord-aid, the CHD and community Nutrition Volunteers/social mobilizers							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	5	5			10
Means of Verification : Frontline # Number of sites that exceed Crude death rate threshold for at least one week							
Indicator 1.1.2	HEALTH	[Frontline services] Number of sites that exceed Crude death rate threshold for at least one week					10
Means of Verification : Activity reports							
Indicator 1.1.3	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					5
Means of Verification : Tally sheets							
Indicator 1.1.4	HEALTH	[Frontline services] Number of health workers trained on safe deliveries	15	15			30
Means of Verification : Project Reports							
Indicator 1.1.5	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	15	15			30
Means of Verification : complaints registers							
Activities							
Activity 1.1.1							
Conduct refresher training of 10 health staff from (Bentiu Hospital, Rubkona Hospital, Pakur, Dingding, and Kaljak) on emergency preparedness, surveillance and case management.							
Activity 1.1.2							
Procure and provide essential supplies to prepare and respond to outbreaks, including test reagents; antigen and antibody kits; medical supplies and vaccines to five Health facilities							
Activity 1.1.3							
Disseminate IDSR tools to five peripheral health facilities in Rubkona and train all health workers on their correct and consistent use							
Activity 1.1.4							
Conduct weekly surveillance of diseases causing epidemics including severe malnutrition							
Activity 1.1.5							
Conduct monitoring and supportive supervisory visits to all surveillance/nutrition sites							
Activity 1.1.6							
Support data processing, storage and analysis for epidemic prediction at facility and County levels							
Activity 1.1.7							
Conduct planning meetings at State and County levels quarterly							
Output 1.2							
Description							
Output 1.2 Build capacity and resilience of CHD and communities in Rubkona and Mayom to respond to outbreaks in health facilities							

Assumptions & Risks							
Risk: Security situation deteriorates, posing access challenges							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	[Frontline services] Number of children with 3 doses of pentavalent vaccine			549	650	1,199
Means of Verification : Tally sheets							
Indicator 1.2.2	HEALTH	[Frontline services] Number of children (under - 5) supplemented with Vitamin A			549	650	1,199
Means of Verification : Activity reports							
Activities							
Activity 1.2.1							
Train 20 community vaccinators social mobilizers							
Activity 1.2.2							
Conduct micro planning at 10 health facilities and two CHDs							
Activity 1.2.3							
Deliver solar fridges, cold boxes, solar panels and batteries for Bentiu							
Activity 1.2.4							
Support HHPs to conduct community mobilization during NIDs campaigns							
Activity 1.2.5							
Conduct Mass MUAC screening during weekly EPI outreaches and referral of severely malnourished children with medical complication to the Bentiu Hospital stabilization center.							
Activity 1.2.6							
Conduct growth monitoring and promotion during EPI outreaches							
Activity 1.2.7							
Provide incentives for CHD surveillance officer							
Output 1.3							
Description							
Improved access to sexual and reproductive health services for vulnerable host community women and girls in Rubkona and Mayom							
Assumptions & Risks							
Risk: access constraints due to conflict or security issues; Assumption: the security situation allows for safe access to communities							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	[Frontline services] Number of health workers trained on safe deliveries	15	15			30
Means of Verification : Project Reports							
Indicator 1.3.2	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	15	15			30
Means of Verification : Project reports							
Indicator 1.3.3	HEALTH	[Frontline services] Number of people reached by health education /promotion	1,324	1,193	0	0	2,517
Means of Verification : Project reports							
Indicator 1.3.4	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					300
Means of Verification : register book and referral tally sheet							
Activities							
Activity 1.3.1							
Obtain SRH kits from UNFPA and distribute to women and health facilities							
Activity 1.3.2							
Undertake SRH awareness session for community members (women, men, boys and girls)							
Activity 1.3.3							
Train frontline service providers on Clinical Management of Rape (CMR)							
Activity 1.3.4							
Map referral pathways for access to GBV services and orient Nutrition workers							

Activity 1.3.5

Provide refresher training for Community Nutrition Volunteers and HHPs on SRH services and SAM management with Medical complication

Activity 1.3.6

Refresher training to local service providers on BEMOC and comprehensive SRH interventions

Activity 1.3.7

Provide comprehensive information, sex education and family planning methods to women and youth

Activity 1.3.8

Monitor the progress made by the Health team in ensuring QAAP, and involvement of the community in QAAP

Additional Targets :

M & R

Monitoring & Reporting plan

Three key levels of the project M&E will be put in place to ensure that the project achieves its intended impact. First, at community level by staff members through their Epidemic Response Teams at Payam levels will be capable of reporting the epidemic incidences in their communities to the health workers, then to County surveillance officers or the County Health Department and eventually to the project officers. Through these networks, the project will be capable of investigating and reporting the epidemic.

The second level of monitoring will be through the use of the already existing simple reporting tools to report notifiable diseases trends on malaria; cholera; acute flaccid paralysis; Acute Watery Diarrhoea; and acute jaundice, among others. These reports, compiled by the health worker of each health facility, will be collected on a weekly basis and will be submitted to the County. Data will be compiled, stored, processed, and analyzed to trace disease trends. Data collected from health facilities will be compiled into a County report and transmitted to the MoH and the WHO (epidemiological unit). An integrated diseases surveillance network of professional staff at State and national levels will be developed and linked to group emails for quick and prompt responses; technical assistance; supply and logistical support; and epidemic investigation.

Thirdly, the programmatic monitoring will entail using the CARE's MEAL team for reviewing project progress and performances based on the timeline and targets. Project reviews will be undertaken in collaboration with the project stakeholders at State and County levels; the State Ministry of Health, County Health Department (CHD), Non-Governmental Organizations (NGOs), WHO and other United Nations (UN) agencies in Bentiu are the key stakeholders for the programmatic review of the project activities and performances. Joint supportive supervision of the project will be carried out with the stakeholders. Such reviews will be based on information emanating from the monitoring process. The process will ensure that the project is on the right track and activities are implemented in accordance with the work plan

All cases dealt with will be documented for reference and the community given feedback on the outcome of the discussions of the complaint either at the community level (payam, health facility) , at the field office or Juba office depending on where the complaint is being directed.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct refresher training of 10 health staff from (Bentiu Hospital, Rubkona Hospital, Pakur, Dingding, and Kaljak) on emergency preparedness, surveillance and case management.	2017				X								
Activity 1.1.2: Procure and provide essential supplies to prepare and respond to outbreaks, including test reagents; antigen and antibody kits; medical supplies and vaccines to five Health facilities	2017				X								
Activity 1.1.3: Disseminate IDSR tools to five peripheral health facilities in Rubkona and train all health workers on their correct and consistent use	2017				X								
Activity 1.1.4: Conduct weekly surveillance of diseases causing epidemics including severe malnutrition	2017				X	X	X	X	X	X			
Activity 1.1.5: Conduct monitoring and supportive supervisory visits to all surveillance/nutrition sites	2017				X	X	X	X	X	X			
Activity 1.1.6: Support data processing, storage and analysis for epidemic prediction at facility and County levels	2017				X	X	X	X	X	X			
Activity 1.1.7: Conduct planning meetings at State and County levels quarterly	2017				X			X					
Activity 1.2.1: Train 20 community vaccinators social mobilizers	2017				X								
Activity 1.2.2: Conduct micro planning at 10 health facilities and two CHDs	2017				X					X			
Activity 1.2.3: Deliver solar fridges, cold boxes, solar panels and batteries for Bentiu	2017					X							
Activity 1.2.4: Support HHPs to conduct community mobilization during NIDs campaigns	2017				X	X				X			
Activity 1.2.5: Conduct Mass MUAC screening during weekly EPI outreaches and referral of severely malnourished children with medical complication to the Bentiu Hospital stabilization center.	2017				X	X	X	X	X	X			
Activity 1.2.6: Conduct growth monitoring and promotion during EPI outreaches	2017				X	X	X	X	X	X			
Activity 1.2.7: Provide incentives for CHD surveillance officer	2017				X	X	X	X	X	X			
Activity 1.3.1: Obtain SRH kits from UNFPA and distribute to women and health facilities	2017				X	X							
Activity 1.3.2: Undertake SRH awareness session for community members (women, men, boys and girls)	2017				X	X	X	X	X				
Activity 1.3.3: Train frontline service providers on Clinical Management of Rape (CMR)	2017					X							
Activity 1.3.4: Map referral pathways for access to GBV services and orient Nutrition workers	2017					X							
Activity 1.3.5: Provide refresher training for Community Nutrition Volunteers and HHPs on SRH services and SAM management with Medical complication	2017					X							
Activity 1.3.6: Refresher training to local service providers on BEMOC and comprehensive SRH interventions	2017					X							

Activity 1.3.7: Provide comprehensive information, sex education and family planning methods to women and youth	2017				X	X	X	X	X	X			
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OTHER INFO

Accountability to Affected Populations

CARE has ongoing project accountability mechanism to beneficiaries. In the current project, at inception the community was involved through their leaders, selection of community nutrition volunteers is done through RRC and CHD. During project implementation period communities are always updated on the progress. Communities in Rubkona and Mayom Counties will be informed about surveillance teams that will be visiting them on specific dates and services they will be expecting before the services commence.

CARE has feedback mechanism already in place, any complain or suggestion by Community or beneficiaries is lodged and discussed at community level, field office level or at Juba level and solution provided. In case of poor performance of our staff, negligence and abuse of the mandate of CARE in provision of humanitarian nutrition services the remedial actions involves discussion at community level, proper action taken even dismissal of staff, all in view to ensure our clients/beneficiaries receive the highest quality services. In addition, CARE uses humanitarian code of conduct and child protection policies that defines behaviours of staff.

Implementation Plan

Health workers and the County Health Department in collaboration with CARE staff will be primarily responsible for collecting, summarizing and reporting performances on weekly basis. CARE will use community based monitoring and evaluation approaches to ensure that the target communities are part of the learning processes and that institutions within the community are able to keep and pass on the knowledge. The health volunteers and mobilizers will share their performances during the monthly review meetings. CARE will provide onsite support for the health workers to review and summarize the weekly and monthly reports.

This project will be integrated in ongoing nutrition projects in Rubkona and Mayom County managed by CARE. Periodic visits by Nutrition and health coordinator from Juba will be done on monthly basis. At Bentiu level, CARE is an active cluster member of the sub cluster and attends meetings on weekly basis, and will ensure the activities are implemented in coordinated manner. CARE intends to work with other Health partners operating in Rubkona (Cordaid) and Myom (World Relief) to implement this project through the existing HPF supported health facilities. Partners will be invited to participate in training, planning and monitoring of project activities in collaboration with the MoH. The measure is aimed at avoiding duplication of efforts.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	UNICEF funding for EPI social mobilization activities will provide complementarity with disease surveillance while the nutrition outreaches will be used to conduct SRH activities
WFP	EPI and SRH activities will be integrated within nutrition activities funded by WFP

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

CARE promotes gender mainstreaming throughout its programs as a priority as well as core cross-cutting theme. Women are socially considered the primary caregivers for children in South Sudan hence this project targets them directly; however, CARE will employ strategies to ensure involvement of men and male caregivers in health as well. Gender mainstreaming is an important component for achieving equal access during the social mobilization activities. Through this PCA gender specific activities and affirmative action will be implemented especially wherever women and children are in disadvantaged positions, in particular.

The project will ensure equal recruitment opportunities for men and women as social mobilizers, surveillance officers of SRH promoters. The project will continue to use women groups to actively participate in implementation through women group meetings and discussions. CARE will continue to work with men as before so as to increase awareness and acceptability of the programme as well as to ensure gender balance. Gender sensitive messages will be developed as one of the aspects of the behaviour change and communication strategy. All program materials will be prepared considering the gender sensitiveness and will have a gender lens. Local cultures, norms and belief shall always be given special attention throughout the implementation period of this project.

Protection Mainstreaming

As the proposed project will be implemented in an emergency context, CARE mainstreams protection principles into project activities. The Do no Harm principle will be maintained to ensure that project activities do not expose communities to further harm. Rather than having caregivers walk long distances and expose themselves to possible violence including rape for women, CARE will use the mobile outreaches to deliver health care to hard-to-reach locations. In locations where security is a major concern, CARE will collaborate with the UN to deliver emergency health interventions

Country Specific Information

Safety and Security

CARE maintains a Security team at country office whose responsibility is to conduct security risk assessments before project roll out and during implementation. CARE will obtain security clearance before traveling to the proposed project locations especially where there is armed conflict. At the same time, CARE transport important project records for archiving in Juba on a regular basis as a risk mitigation measure. This project will be implemented in collaboration with government ministry of Health and also with full consent of commissioner of each of the counties where the project will be implemented. In case of any impending insecurity we shall keep our beneficiaries informed in any programming changes

Access

Access in Rubkona particularly Bentiu POC is likely not to be interrupted during implementation period since steps have been made by IOM to ensure road network is improved within the POC. However, access to peripheral Health facilities within Rubkona such as Pakur, Dinding, Dobar, Kaljak Bentiu town will be via road depending on security situation. In Mayom, access roads to the beneficiaries is expected to be reliable until the onset of rains in early June 2017. During wet period access to mobile sites will be supported by Quad bikes. There is no major concern regarding the access to the beneficiaries apart from unforeseen insecurity incidences.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health and Nutrition Coordinator	D	1	10,375.00	6	5.00	3,112.50
	<i>Health and Nutrition Coordinator(Juba Based -International staff)salary will be charged at this project Basic salary+Benefits of \$7,975 + Housing - \$2,400. She will be involved in technical support and management of the project, provision of training to project staff, representation of the project at Cluster level, supporting in quarterly reporting, supportive supervision at field level. She will spend 25% of her time in managing this project</i>						
1.2	SSHF project Manager	D	1	6,480.00	6	25.00	9,720.00
	<i>he SSHF Project Manager (Field Based -International staffs)salary will be charged at this project Basic salary \$4500 plus 44% benefits=\$6480 They will be involved in management of the project at field level ,provision of training to project staff, representation of the project at County Cluster level, quarterly reporting, supervision at field level. they will spent 80% of their time in managing this project. She/He will be roving One will be based to manage Mayom and Rubkona counties</i>						
1.3	Surveillance Officers	D	1	2,165.00	6	100.00	12,990.00
	<i>Collects alert information and reports through the quickest means possible for verification and for outbreak investigation. (field Based -National staff)salary will be charged at this project - 2 staff Basic salary \$1,700 plus 45% benefits =\$2,465. They will be involved in support supervision, onjob taining, and response planning. They will spend 100% of their time on this project</i>						
1.4	SRH Assistants	D	2	745.00	6	100.00	8,940.00
	<i>2 SHR Assiatants (field Based -National staff)salary will be charged at this project Basic salary \$514 plus 45% benefits =\$745 They will be involved in the implementation of the project at health facility levels and at outreach sites. There will spend 100% of their time on this project</i>						
1.5	Laboratory Assistant	D	1	1,015.00	4	100.00	4,060.00
	<i>One Laboratory assistant for Bentiu hospital base-National staff will be charged at this project Basic salary \$700 plus 45% benefits =\$1,015</i>						
1.6	Field Finance and Admin Officer	S	1	2,434.55	6	10.00	1,460.73
	<i>Finance and admin officer Mankien Based) salary will be charged to this project as Direct cost. This officer is in charge of managing all program grants-Finances CHF inclusive:Basic salary \$1824 plus 45% benefits =\$2434</i>						
1.7	Field Driver	S	1	645.25	6	10.00	387.15
	<i>This position will be based at the field office to facilitate staff using the organizational vehicles - 10% of salary and benefits to be charged to this project</i>						
1.8	Field security guard	S	3	537.95	6	10.00	968.31
	<i>These (3) position will be based at the field office to provide security to CARE, staff, facilities, assets and offices. - 10% of salary and benefits to be charged to this project</i>						
1.9	Juba support staff	S	1	5,608.09	6	2.97	999.36
	<i>Juba office has support staff (Procurement Officer and Contracts and Grants Officer)who will be key to facilitating smooth operation of the project. This project will be charged 3% for their salaries in a month</i>						
	Section Total						42,638.05
Supplies, Commodities, Materials							
2.1	Refresher training in emergency preparedness for Rubkona	D	30	10.00	5	100.00	1,500.00
	<i>Cost of facilitation of trainer, workshop venue meals and training material for 30 participants in Rubkona for five days hence (30pptsx5 daysx\$10= 1500)</i>						
2.2	Purchase of biochemical hazard equipment and essential lab supplies, including test reagents; antigen and antibody kits;	D	1	5,000.00	1	100.00	5,000.00
	<i>The laboratory in Bentiu will be renovated and stocked with required reagents and supplies to enable timely detection snd response to outbreaks; the supplies will cost a lumpsum of 5,000 complementary to HPF funding</i>						
2.3	Dissemination of IDSR tools	D	1	200.00	5	100.00	1,000.00

	<i>IDRS tools obtained from MOH and WHO will be distributed to health facilities and surveillance officers after training. The cost of fuel and allowances during the dissemination will be \$200 per facility, totalling \$1000 for all 5 facilities supported in Bentiu</i>							
2.4	Weekly monitoring and support supervision at health facilities	D	20	50.00	5	100.00	5,000.00	
	<i>County surveillance officers will be facilitated to conduct weekly support visits to health facilities to validate the collected IDSR data provide feedback and coordinate any required response. The cost of fuel and facilitation for the weekly visits is estimated at \$50 per facility for five facilities equivalent to \$5000</i>							
2.5	Conduct planning meetings at County levels quarterly.	D	4	375.00	2	100.00	3,000.00	
	<i>2 county meetings will each cost \$375 and will be conducted twice during the life of the project. Requiring a sum of 2000 for both meetings. The meetings will be integrated including review and planning of IDSR, EPI and SRH interventions (2 meetings x 2 county * 2 times * 375USD = 3000)</i>							
2.6	Train 100 community Health & Nutrition Volunteers in EPI and SRH mobilization and sensitization	D	100	4.00	10	100.00	4,000.00	
	<i>100 of the existing Community Nutrition Volunteers will be trained in EPI and Sexual and Reproductive Health interventions and supported to integrate sensitization, mobilization and defaulter tracing for EPI within nutrition screening and outreach activities as well as early identification of danger signs in pregnant women in the catchment areas. Each of the 10 Health facility will have at least 10 mobilizers and will be paid \$4 per day (10x10x4x10= 4000)</i>							
2.7	Conduct micro planning at 10 health facilities and two CHDs	D	10	100.00	2	100.00	2,000.00	
	<i>10 health facilities will be supported to prepare micro plans to identify identify outreach points in hard to reach locations including the logistics and supplies required to have successful EPI outreaches and National immunization campaigns whenever organised. It is estimated that each health facility will prepare 2 pre- NIDs micro plans and each meeting will last one day and cost \$100 hence (10x100x2= 2000)</i>							
2.8	Provide incentives for CHD surveillance officers	D	2	120.00	6	100.00	1,440.00	
	<i>The CHD surveillance officer is responsible to ensure timely and accurate collection and submission of IDSR data hence will be incentivised to implement the activities. Once officer from each of the two counties will be given \$4 per day for 6 months, hence (2x120x6 = 1440)</i>							
2.9	Refresher Training to local service providers on Benmoc comprehensive SRH interventions	D	1	1,500.00	2	100.00	3,000.00	
	<i>Two 2-day trainings will be conducted; one will targeted community nutrition volunteers and the other facility based health workers. For the CNVs the focus will be to strengthen early identification of danger signs and timely referral, as well as distribution of individual srh kits to pregnant women. The second training of Health workers will build capacity of Midwives and Health service providers in Emergency Obstetric Care</i>							
2.10	Train frontline service providers on Clinical Management of Rape (CMR)	D	100	30.00	1	100.00	3,000.00	
	<i>Clinical officers and nurses will be trained in clinical management of rape and provided with relevant guidelines and supplies . 20 staffx5daysx\$30= 3000</i>							
2.11	Map referral pathways for access to GBV services and orient Nutrition workers	D	40	25.00	1	100.00	1,000.00	
	<i>Referral pathways will be mapped at each of the two counties including representation from all the payams. Two individuals from each payam will participate in a two day meeting</i>							
2.12	Conduct Mass MUAC screening during weekly EPI outreaches	D	20	5.00	24	100.00	2,400.00	
	<i>As part of the monthly mass MUAC screening. 20 CNVs will be supported to conduct screening for acute malnutrition while creating awareness for EPI activities and early identification of danger signs and referral of women for skilled attendance and specialised care and EMoNC centers</i>							
2.13	Mats and other sitting materials and toys	D	10	100.00	1	100.00	1,000.00	
	<i>Tapolins and mats for sitting the beneficiaries during SRH awareness session and EPI vaccination in outreach sites in Rubkona and Mayom counties.</i>							
2.14	Plastic chairs and tables for mobile teams	D	10	100.00	1	100.00	1,000.00	
	<i>The Outreach team in Mayom and Rubkona will require tables and chairs and blinders for beneficiaries. each sites will have 5 plastic chairs and 2 tables at a consolidated cost of 1000\$ per team.</i>							
2.15	Sanitation equipments- Buckets, towels, soap, jerricans	D	10	100.00	1	100.00	1,000.00	
	<i>During outreach services as well in the static health centers, infection prevention equipment will be procured to keep safe water for appetite testing, drinking water, cleaning water and also for hand washing. a lumpsum of 1000\$ is proposed for all outreach sites in Rubkona and Mayom counties</i>							
	Section Total						35,340.00	
Travel								
5.1	Staff flights outside juba-Field flight	D	6	550.00	1	100.00	3,300.00	
	<i>Flights cost for direct program staff going to field and from field to Juba, 3 staff, 2 trips per staff= 6 trips each round trip \$550, 100% will be charged to this project; 3 trips are budgeted for support and monitoring trips</i>							
5.2	Staff Perdiem	D	1	2,000.00	1	100.00	2,000.00	

	<i>Field staff visiting juba for meetings and Juba based staff visiting Field for supportive supervision 3 staff with lump sum of 2000\$ for 6 months</i>							
	Section Total							5,300.00
General Operating and Other Direct Costs								
7.1	Field Offices running Costs	D	1	18,700.00	6	5.00	5,610.00	
	<i>field office based at Bentiu, Mayom and Rubkona office- expenses include generator fuel, food supplies, guesthouse maintenance will charge 5% from this project</i>							
7.2	Juba Office running Costs	S	1	49,750.00	6	1.33	3,970.05	
	<i>These are the costs of the Juba office - charged at the rate of 1.33% of the total costs</i>							
7.3	Communication- Airtime for phones and thurayas	D	2	500.00	6	10.00	600.00	
	<i>Communication in the field level is limited to Thuraya satellite phones and only phones access is while at Juba. a lumpsum of 1000\$ per month is required for communication for each of the two field bases.</i>							
	Section Total							10,180.05
SubTotal			382.00				93,458.10	
Direct							85,672.50	
Support							7,785.60	
PSC Cost								
PSC Cost Percent							7.00	
PSC Amount							6,542.07	
Total Cost							100,000.17	
Project Locations								
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name	
		Men	Women	Boys	Girls	Total		
Unity -> Mayom	50	543	612	225	267	1,647		
Unity -> Rubkona	50	781	881	324	383	2,369		
Documents								
Category Name				Document Description				
Project Supporting Documents				supplies equipments for purchase.xlsx				