

Requesting Organization :	LiveWell South Sudan				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Emergency Response and Prevention to Cholera Outbreak in Yirol East in Lakes State, South Sudan				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/H/103984	Fund Project Code :	SSD-17/HSS10/SA2/H/NGO/6474		
Cluster :	Health	Project Budget in US\$:	90,000.01		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/08/2017	Planned End Date :	31/01/2018		
Actual Start Date:	01/08/2017	Actual End Date:	31/01/2018		
Project Summary :	<p>The outbreaks of Cholera in Yirol East county occurred at a time when the county was witnessing heavy rainfall and economic downfall, resulting into cumulative cholera cases of over 2,864 cases and 69 cumulative deaths (CFR-2.4%) line-listed at week 24 of 2017. There are mounting fears that the outbreak could strike in different parts of Yirol East payam of Nyang, Adior and Malek with its Bomas,</p> <p>The aim of this project will be to reduce access morbidity and mortality from Cholera Outbreak by providing essential Lifesaving health care interventions to vulnerable people living in Machar-Achiek, Shambe Port ,and Mamer area of Yirol East. With minimal WASH response integrated in the same locations at a minimal cost, LiveWell's Health and WASH team will collectively incorporate its activities geared towards cholera response and prevention in Yirol East.</p> <p>LiveWell will improve access and scale up emergency Cholera Response activities that reach out to the 25,000 vulnerable and conflict-affected populations with:</p> <ul style="list-style-type: none"> • Conduct Cholera Case Management and Prevention training for 20 health staffs • Installation of 2 ORP facilities for stabilizing, treating or referring severe cholera cases in Yirol East • Conduct 2 community meetings on Cholera Prevention and Control with 24 community leaders to strengthen the capacity of the local leaders to act as ' community cholera focal persons' in case of future outbreak • Provide case management in 2 ORP facilities to over 500 patients for a period of 6 months • Established good referral pathways for severe cholera cases to the CTCs, CTUs and Adior Hospital in Yirol East • Conduct health education and hygiene promotion to over 25,000 vulnerable people of Yirol East. • Conduct cholera prevention mass campaign in the markets, schools and churches, reaching out to 25,000 people. • Conduct community case identification, surveillance, detection & investigation of at least 100 suspected cholera cases reported by the local communities 				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	5,000	7,000	6,000	7,000	25,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	4,000	5,000	4,000	5,000	18,000
People in Host Communities	1,000	2,000	2,000	2,000	7,000
Indirect Beneficiaries :					
<p>Indirect Beneficiaries: Approximately 67,402 people (80% of the total population in the catchment area, including IDPs, returnees and refugees). Within the direct and indirect project beneficiaries, vulnerable group that was affected by the impact of inter-tribal and inter-clan raiding of cows/civil war which, includes pregnant IDPs, returnees, newborn women, children and, elderly will benefit from this project.</p>					
Catchment Population:					

Lakes State has an estimated population of over 700,000 people according to 2008 Sudan National Census conducted in 2008 (males form 52.6% and female 47.4%), approximately 68,000 lives in Yirol East, and 25,000 IDPs/returnees that comprise of 3 payams namely; Nyang, Malek, and Adior.

Link with allocation strategy :

In accordance with the Health Cluster’s strategy, LiveWell South Sudan will work to reduced morbidity and mortality from cholera outbreak through integrated lifesaving health care response and prevention activities to improve access and scale up responses to essential healthcare focusing on clinical case management of cholera and other Acute Watery Diarrheal (AWDs) by reinforcing gains made during the previous cholera interventions in order to reduce the morbidity and mortality from the disease. Our main goal is to Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations of Bor South in Jonglei and East Yirol in Lakes State. This will reduce the morbidity and mortality related to the cholera outbreak in the above locations

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Dr. Thon P. Agok	Program Director	livewellsouthsudan@gmail.com	+211955921762
Dr. Paul Kon Alier	Executive Director	info@livewellsouthsudan.org	+211956243535

BACKGROUND

1. Humanitarian context analysis

Yirol East in Lakes State has an estimated population of 67,402 people according to 2008 Sudan National Census and over 25,000 IDPs from neighboring Jonglei State. Generally; the protracted war in the country has destroyed the existing health infrastructures and social services for the general population. Due to economic crisis, the cost for accessing safe clean water and good sanitation facilities has been very difficult. The county has been characterized by rampant insecurity and the Cholera outbreak due to heavy rainfall and poor sanitation practices have been the major cause of morbidities and mortalities in the area.

According to EWARS/IDSR Report for week 24 (July, 2017), there is still an active transmission of cholera outbreak in Yirol East’s payam of Yali, Shambe, Adior, and Nyang, a total cumulative of 2,864 cholera cases and 69 cumulative deaths (CFR-2.4%) in Yirol East of Lakes State have been reported at week 24 and there are mounting fears that the outbreak could strike other payams like Pagerou, Lakakudu etc. Cholera, Malaria, other Acute Watery/bloody Diarrheal, Acute respiratory infections, malnutrition and typhoids are the major cause of admissions and mortality in Adior Payam Hospital and other major PHCUs/PHCCs, yet maternal mortality rate (MMR), Neonatal Mortality Rate (NMR) and under-five mortality rate (U5MR) are still high according to mid 2017 IDSR’s weekly report by WHO.

A recent rapid assessment by LiveWell team at the above sites showed that many communities in Yirol East revealed that the people population within Yirol East county are vulnerable and may be prone to cholera outbreaks due to poor knowledge on personal hygiene, poor sanitation and use of dirty water for drinking. Open defecation is evident among households and solid waste is also poorly disposed. There are growing evidences of failure to address sanitation crisis in the IDPs sites as the sanitary facilities aren’t enough to meet the needs of the concentrated IDPs population, a fact which is most likely responsible for the recurrent outbreak of cholera in Yirol East.

Yet in the whole of Greater Yirol, CCM, HELP and CUAMM are two main international NGOs running the frontline healthcare services and the emergency health response by IOM, WHO and UNICEF which, phased out of Yirol East due to ongoing insecurity between Yirol West and Yirol East that lead to the death of IOM staffs. The State Ministry of Health’s County Health Department (CHD) in Yirol East suffers serious gaps in human resources for health, medical supplies and equipment. There are evidences on the decreased utilization of the existing Primary Health Care units and Centers’ services due to poor road network and long distance to access the facilities. The only Adior Hospital (at Payam level) is not fully functional due to inadequate skilled staffing and drugs supply.

According to Health Cluster, there is still an existing need to have rapid health response partners to address the cholera outbreak in Yirol East as the case fatality rate (CFR) was greater than 1% (69 deaths, CFR-2.4% at week 24, 2017). As an active Health cluster member, and RRM member, LiveWell expressed it interest to response to this call in order to scale up the lifesaving activities to contain the worrying situation in payams, bomas and villages of Yirol East County in Lakes State.

2. Needs assessment

- Lakes State has a total population of over 700,000 people, 67,402 of which are in Yirol East county according to 2008 Sudan National Census and over 25,000 IDPs from neighbouring Jonglei State crossed the Nile River to Yirol East through the Shambe port or Mingkaman IDPs camp in search for food, shelter and security and are currently staying with the host communities of Nyang, Malek and Adior payams.
- Generally; the protracted war in the country has destroyed the existing health infrastructures and social services for the general population in the whole country, and Yirol East's CHD have inadequate health staff and drugs supplies.
- Due to high inflation, the cost for accessing lifesaving essential healthcare services, safe clean drinking water and good sanitary facilities have been very high in Yirol East.
- The county has been characterized by the mounting insecurity, increased food insecurity and the recurrent of cholera outbreaks due to heavy rainfall and poor sanitation practices.
- According to EWARS/IDSR Report for week 24 (July, 2017), there is still an active transmission of cholera outbreak in Yirol East's payam of Malek, Shambe, Adior, and Nyang. A total cumulative of 2,864 cholera cases and 69 cumulative deaths (CFR-2.4%) in Yirol East have been reported and there are mounting fears that the outbreak could strike other payams like Pagerou, Lakakudu etc.
- In Adior Hospital, the major cause of morbidities and mortalities includes Cholera outbreak, Malaria, other Acute Watery diarrheal (AWDs), Acute respiratory infections (ARI) malnutrition and typhoids are the major cause of admissions and mortality in Adior Payam Hospital and other major PHCUs/PHCCs, yet maternal mortality rate (MMR), Neonatal Mortality Rate (NMR) and under-five mortality rate (U5MR) are still high according to mid 2017 IDSR's weekly report by WHO.
- A recent rapid assessment by LiveWell team at the above sites showed that many communities in Yirol East revealed that the people population within Yirol East county are vulnerable and may be prone to cholera outbreaks due to poor knowledge on personal hygiene, poor sanitation and use of dirty water for drinking. Open defecation is evident among households and solid waste is also poorly disposed. There are growing evidences of failure to address sanitation crisis in the IDPs sites as the sanitary facilities aren't enough to meet the needs of the concentrated IDPs population, a fact which is most likely responsible for the recurrent outbreak of cholera in Yirol East.
- In Greater Yirol, CCM, and CUAMM are two main international NGOs running the frontline healthcare services and the emergency health response was done by IOM, WHO and UNICEF which later phased out of Yirol East due to ongoing insecurity between Yirol West and Yirol East that lead to the death of IOM staffs.
- The State Ministry of Health's County Health Department (CHD) in Yirol East suffers serious gaps in human resources for health, medical supplies and equipment. There are evidences on the decreased utilization of the existing Primary Health Care units and Centers' services due to poor road network and long distance to access the facilities. The only Adior Hospital (at Payam level) is not fully functional due to inadequate skilled staffing and drugs supply.
- According to Health Cluster, there is still an existing need to have rapid health response partners to address the cholera outbreak in Yirol East as the case fatality rate (CFR) was greater than 1% (69 deaths, CFR-2.4% at week 24, 2017).
- As an active Health cluster member, and RRM member, LiveWell expressed it interest to response to this call in order to scale up the lifesaving cholera response activities to contain the worrying situation in Adior, Malek, and Nyang payams.

3. Description Of Beneficiaries

The project will target 25,000 IDPs living with the host communities of Adior, Nyang and Malek Payams. The project will focus on the vulnerable groups such as under-five year, pregnant women, and the elderly. The indirect beneficiaries are the host communities that approximate populations of 67,402 people.

The direct beneficiaries will come from payams of Yirol East, namely; Adior, Nyang and Malek with the corresponding bomas and villages as described below:-

1. NYANG: to support the 9,000 affected people of Pulwiny; Cuiedit; and Panhom-Dhak boma,
2. ADIOR: to support host 8,000 affected people from Machar-Aciek; Mamer; and Shambe port boma
3. MALEK: to support 8,000 people living in three bomas of Thian; Amer-achier; and Lang-Matot boma

LiveWell will implement the cholera response and prevention activities in the IDPs setting and the host communities in the affected areas;

Men: 5,000 beneficiaries
 Women: 7,000 beneficiaries
 Boys: 6,000 beneficiaries
 Girls 7,000 beneficiaries
 TOTAL: 25,000

4. Grant Request Justification

Active surge and transmission of cholera outbreak in Yirol East has increasingly been ongoing in the local bomas and villages of Nyang, Malek and Adior, yet the response and prevention activities by the two existing primary healthcare partners like CUAMM and CCM has been inadequate due to highest population within the catchment areas and the long distances between the payams of the affected counties. The response by the Emergency Response Team (ERT) like WHO, UNICEF and IOM has not been covering the whole populations and the duration of the activities were short-termed (4-6 weeks). The Health cluster has expressed the needs to increased the number of partners implementing and mobilized support in the area to contain the situations. CHF funding will enable LiveWell's rapid response team to response in the area.

In this July till the end of the 2017, it is predicted that the cholera epidemics will be difficult to eradicate or control due to unprecedented heavy rainfall, food insecurity, rampant insecurities and resultant economic crisis would directly or indirectly lead to the failure to address sanitation crisis a fact which is most likely responsible for the recurrent or increased outbreak of cholera in Shambe payam. It has also been difficulty to raised funds to start the response in June this year yet the cholera cases are still being reported, and the demand for essential lifesaving integrated cholera interventions is high. If anything is not done about the situation, it will continue to deteriorate and we may unfortunately loose big number of vulnerable people to the epidemics.

This project will target 3 main payams of Nyang to support the affected people of Pulwiny; Cuiedit; and Panhom-Dhak boma, Adior to support host community from Machar-Aciek; Mamer; and Shambe port boma and Malek payam to support three bomas of Thian; Amer-achier; and Lang-Matot boma. The existing partners have tried to reached the locations but their hands are overstretched to reach the most vulnerable people with cholera case management at the facility and households level.

The CHF funding will enable LiveWell start-up the much needed Cholera Outbreak Response and Prevention activities such as; refreshers training of 24 health staffs to early detect and manage cholera cases; setting up of 3 Oral Rehydration Points (ORPs); wages to pays the ORPs' & support health staff; surveillance support; health education/promotion; and monitoring, supervision and evaluation. This will help reduce the morbidity and mortality from preventable and treatable cholera-related death and other acute watery diarrhoea. LiveWell South Sudan will deploy skilled and dedicated health staff who will be able to provide cholera case management and awareness in the proposed location for quality and timely services. The community health workers team, hygiene promotion team, and ORP support staffs such as sprayers, cleaners and watchmen will play an active role in controlling infections within the ORP facilities..

5. Complementarity

Added values of this proposed project:

- Building the capacity of the County Health department/communities to widened the response in the far catchment areas.
- Integrated with WASH, protection and Nutrition programs at the ORP facilities.
- Performing essential lifesaving cholera intervention activities
- Improved the Case management, admission and referral pathways to the CTCs, and CTUs.
- Strengthened and enhanced support supervision, monitoring, and evaluation tools.

LiveWell's added values in this proposal:

- Past Cholera Response and Prevention project in IDPs camp setting in Lakes, Central Equatoria and Jonglei State through a partnership with UNICEF, WHO, IOM, MOH and local authorities within the areas of intervention.
- Group of medical and public health experts in South Sudan, and the team have dynamic and broader understanding of integrated emergency health cholera case management with nutrition and WASH in South Sudan at large.
- The human resources for health that LiveWell proposed in this project have an expertise knowledge in responding to health emergencies like cholera outbreak.
- Workings in hard to reach areas and have developed a good relationship with local authorities as well as community members both in IDP camps and host communities.
- Required system, policies, guidelines, procedures, strategies and protocols booklets/documents in place to ensure timely response to emergency health care programming like this project.
- Ensures responsiveness to address the emergency needs of the vulnerable communities.
- LiveWell continues to participate in key policy, program, and coordination at both National, State Cluster and Working Group forums like Cholera Taskforce Meeting at Juba Teaching Hospital, EPR Meeting, Health Cluster Meetings, and RRM Meeting in Juba, Lakes and Jonglei including WASH Cholera Response Meeting at UNICEF head office in Juba.

LOGICAL FRAMEWORK

Overall project objective

To reduce excess morbidity and mortality relating to Cholera Outbreak through integrated emergency health response, early detection and prevention in the displaced populations of Yirol East in Lakes State

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 : LiveWell's priority in this CHF round will be to increase access to lifesaving healthcare and strengthen the operational capacity of cholera response team to respond effectively to the cholera epidemic through disease surveillance intensification, early detection, clinical case management and referral, monitor cholera trends, prevent and control cholera outbreak in the ORP facilities and the communities.

Outcome 1

Cholera-related morbidity and mortality is reduced through a comprehensive emergency health approach including refreshers trainings on cholera case management, installation of emergency facilities to properly manage cases, and improved access to quality clinical case treatment with oral rehydration solution (ORS), antibiotics and where appropriate, referred severe cases etc.

Output 1.1

Description

Strengthened risk reduction and cholera outbreak preparedness capacities and ORPs facilities installed in Yirol East

Assumptions & Risks

The assumption is that there will be continuous supply of diarrheal kits and other health education materials for hygiene promotion from the health cluster pipelines. The security situation has also improved.

The risk is that the heavy rainfall would make the roads very impass Yirol East. The increased insecurity would also hamper the operation in some areas of Yirol East.

The risks will be mitigate through preposition of supplies earlier through a logistics cluster, and the frequent of movements to and fro the areas will be minimized to avoid confrontation with the robbers.

other Risks and assumptions includes the followings

a. The availability of service delivery guidelines/ protocols for services included in the essential service delivery package would ensure that standard services are provided for individualized care.

b. Continued community volunteerism to provide care to the most vulnerable groups (chronically ill)

c. Other health interventions e.g. health education) will be put in place and sustained

d. A formal and functional referral linkages are established between the different service outlets starting from the community level.

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 cholera case management and prevention	10	10			20

Means of Verification : Training report and Attendant sheet

Quarterly and monthly report

Daily Activity report

Indicator 1.1.2	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					2
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Means of Verification : Quarterly and monthly report Activity report Photos							
Indicator 1.1.3	HEALTH	No. local community meetings on Cholera Prevention and Control in payams of Yirol East.				2	
Means of Verification : Attendant sheet Summary of meeting minutes Quarterly and monthly report Daily activity report							
Indicator 1.1.4	HEALTH	% of ORPs stock with standard case management supplies (Diarrheal kits, Lab. and infection control supplies)				100	
Means of Verification :							
Activities							
Activity 1.1.1							
Conduct training on Cholera Case Management and Prevention for proper clinical case treatment in the ORP							
Activity 1.1.2							
Installation of 2 ORP facilities in order to treat or manage cholera cases in Yirol East							
Activity 1.1.3							
Conduct community meetings on Cholera Prevention and Control with 24 community leaders to strengthen the capacity of the local leaders to act as 'community cholera focal persons' in case of future outbreak.							
Activity 1.1.4							
Request ORP supplies from the health core pipelines (diarrheal kits, lab.supplies such as RDT; Cary Blair, stool containers etc.) and make arrangement with the Log. cluster to transport supplies to the sites							
Output 1.2							
Description							
Ensured continued provision of essential lifesaving healthcare services focusing on standard Cholera case management, investigate community/facility death and good referral pathways for severe cases that cannot be managed in the ORP facilities.							
Assumptions & Risks							
It's assumed that the ORPs supplies, and required health staff area available to kick start. And that the affected populations have access to the ORP facilities. The risk of active transmission at the hard to reach community, community death and inadequate ORPs supplies to response effectively. This will be mitigated through community capacity building of cholera focal person who will in future acts as responders, surveillance system will be in place to investigate community deaths and perhaps sprayed the affected neighbors							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	120	130	100	150	500
Means of Verification : Quarterly and Monthly report Web-based cholera Line-list reporting							
Indicator 1.2.2	HEALTH	No. severe cholera cases referred to CTC/CTU/Health facility in Yirol East					25
Means of Verification : Quarterly and monthly report Web-based cholera line-list report IDSR/EWARS report							
Indicator 1.2.3	HEALTH	[Frontline services] Total number of deaths recorded within the facility	0	0	0	0	0
Means of Verification : IDSR/MDSR Web-based cholera line-list							
Activities							
Activity 1.2.1							
Provide cholera case management in 2 ORP facilities using the standard cholera treatment guideline by WHO/MOH.							
Activity 1.2.2							
Established a good referral system for severe cholera cases to the CTCs, CTUs and Adior Hospital in Yirol East							
Activity 1.2.3							
Conduct community and ORP facilities's case fatality review in Yirol East							
Outcome 2							
The risk of cholera outbreak is reduced through health/hygiene promotion/education, early case detection, identification, and improved surveillance to established any suspected cholera outbreak in the community and perhaps stop the ongoing transmission in the villages of Yirol East							
Output 2.1							

Description							
Cholera Outbreak is reduced and controlled through Hygiene Promotion at the ORP facility and community level							
Assumptions & Risks							
The assumption is that the hygiene promotion supplies are available and security is stable in remote areas to reach the targeted communities. The risk of supplies shortage, and insecurity to reach the areas of intervention. The risk is mitigated through timely supplies request and prepositioning from the health cluster core pipeline. Road insecurity could be avoided through air transport, or initial assessment of safety from local community before deciding to travel.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of people reached by health education /promotion	5,000	7,000	6,000	7,000	25,000
Means of Verification : Hygiene promotion/education weekly report Mass campaign report Households/community intervention photos							
Indicator 2.1.2	HEALTH	No. Cholera awareness/Mass campaign conducted in the cholera hotspot areas					2
Means of Verification : Mass campaign report Photos							
Indicator 2.1.3	HEALTH	No. suspected cholera cases identified, investigated and referred to the nearest ORP in the community of Yiol East					100
Means of Verification : Hygiene promotion report sheet Weekly IDSR report							
Activities							
Activity 2.1.1							
Conduct health education and hygiene promotion in the given payam of Yiol East							
Activity 2.1.2							
Conduct cholera prevention mass campaign in the markets, schools and churches							
Activity 2.1.3							
Conduct community case identification, surveillance, detection & investigation of suspected cholera cases reported by the local community to established and control the ongoing transmission.							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

Project Monitoring and Reporting plan will continually ensure the following;

- **EFFECTIVE REPORTING SYSTEM:** We have two important activities that will be running to response effectively to the cholera outbreak in the area. First; The Daily web-based line-list data for cholera Case Management will be compiled by the Head of ORP unit (The Clinical Officer) and send to the M & E officer for compilation, analysis and reporting to the head office for final weekly IDSR/DHIS and web-based cholera line-list, Quarterly and monthly reporting to the donor.i) compilation of daily/weekly/monthly RRM report, (ii) compilation of hygiene promotion reports, (iii) compilation of monthly and quarterly reports for Yiol East's Cholera Response report, (iv) compilation of quarterly progress report for the ORPs and the donors, (v) monthly and quarterly reports to the head Office in Juba.
- **EFFECTIVE FINANCIAL MONITORING SYSTEM:** (i) LiveWell accounting systems is based on the double-entry system which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of finance department; II) Budget follow-up are elaborated and approved by project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of logistics and procurement manager; III) compilation of financial report is elaborated by the LiveWell administration with the support of a Project accountant and subsequently approved by executive committee within the Head Office.
- **SKILLED TECHNICAL TEAM:** LiveWell envisaged employment of technical human resources skilled in Emergency Health Response with skilled in management and supervision, responsible for assisting CHD's team in Cholera case management, early detection and surveillance at Payam and Boma level. They will be based in 3 ORPs located in 3 payams of Adior, Nyang and Malek. Daily monitoring and Supervision
- **RAPID RESPONSE COMMITTEE:** Lead Public Health Officer to oversee the activities in the ORPs, and provide supportive supervision and technical assistance to the ORP response team (3 Clinical officers, 3 Nurses, 3 CHWs/Sprayers, 3 Cleaners, and 3 ORP facility Guards).
- **Public Health Officer(M&E Focal):** ME Officer based in the Yiol East headquarter will be responsible for periodic visits in the 3 project areas, to check the implementation based on our indicators, targets and performances. The same role will be played by LiveWell's Program Director in the head office in Juba;
- **EXTERNAL MONITORING:** LiveWell will share daily/weekly cholera line-list and other response data on the project implementation with Health Cluster focal persons both at Eastern Lakes State and State Ministry Of Health (SMOH) to share views and get additional inputs and comments.
- MONITORING AND EVALUATION TOOLS::** We have 4 M & E tools that will be used for this projects: 1. Web-based Cholera Line-list for reporting daily cholera cases by WHO. 2. IDSR/EWARS for weekly emergency health response activities where cholera is one of them 3. DHIS for reporting Health activities at CHD's level, and 4. Hygiene promotion activity sheet by MOH/UNICEF, 1. Web-based Cholera Line-list for reporting daily cholera cases by WHO.
2. IDSR/EWARS for weekly emergency health response activities where cholera is one of them
3. DHIS for reporting Health activities at CHD's level,
4. Hygiene promotion activity sheet by MOH/UNICEF,
5. Other response tools like Cholera Case Management form, Discharge form, Referral form, Community death investigation and report, and Laboratory request and result form.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct training on Cholera Case Management and Prevention for proper clinical case treatment in the ORP	2017								X	X			
	2018												
Activity 1.1.2: Installation of 2 ORP facilities in order to treat or manage cholera cases in Yiol East	2017								X	X			
	2018												
Activity 1.1.3: Conduct community meetings on Cholera Prevention and Control with 24 community leaders to strengthen the capacity of the local leaders to act as ' community cholera focal persons' in case of future outbreak.	2017								X			X	
	2018												
Activity 1.1.4: Request ORP supplies from the health core pipelines (diarrheal kits, lab.supplies such as RDT; Cary Blair, stool containers etc.) and make arrangement with the Log. cluster to transport supplies to the sites	2017								X	X	X	X	X
	2018	X											
Activity 1.2.1: Provide cholera case management in 2 ORP facilities using the standard cholera treatment guideline by WHO/MOH.	2017								X	X	X	X	X
	2018	X											
Activity 1.2.2: Established a good referral system for severe cholera cases to the CTCs, CTUs and Adior Hospital in Yiol East	2017								X	X	X	X	X
	2018	X											
Activity 1.2.3: Conduct community and ORP facilities's case fatality review in Yiol East	2017								X	X	X	X	X
	2018	X											
Activity 2.1.1: Conduct health education and hygiene promotion in the given payam of Yiol East	2017								X	X	X	X	X
	2018	X											
Activity 2.1.2: Conduct cholera prevention mass campaign in the markets, schools and churches	2017										X		X
	2018												
Activity 2.1.3: Conduct community case identification, surveillance, detection & investigation of suspected cholera cases reported by the local community to established and control the ongoing transmission.	2017								X	X	X	X	X
	2018	X											

OTHER INFO

Accountability to Affected Populations

LiveWell will continue to provide the emergency cholera case management and preventive services in conflict affected areas of Yirol East ensuring that the affected populations are protected, not discriminated against based on age, gender, ethnicity or any form of disability. Sharing of information with CHF, Health cluster, CHDs and community focal persons as a way to promote community ownership and long-term containment of the outbreak. Therefore, LiveWell will work closely with Adior hospital, Nyang PHCC, Malek PHCC, and other implementing INGOs/NNGOs in Yirol East county for appropriate referral and to also follow up on the progress of treatment in the referred facility.

SMOH'S CHD at Yirol East county will be responsible for transporting the referred patients. Logistics/Health/WASH clusters will coordinate the transportation of the ORPs/WASH/Health supplies to the LiveWell's main stores in Nyang, Malek, Adior and the head office in Juba where it will be channels to the specific locations ORPs in Yirol East. LiveWell has a capacity in term of storage to keeps the supplies and the hired vehicles to distribute the supplies.

Implementation Plan

LiveWell organization will self-perform as a implementing partner. LiveWell is registered by Relief and Rehabilitation commission as well as Ministry of Justice and this registry is recognized and acknowledged by the State Ministry of Health. LiveWell has a past experience in implementing cholera response and prevention project and this verse knowledge of area and the required skills will enable LiveWell to successfully implement this current project efficiently and effectively

This project will aim to reduced the morbidities and mortalities due to cholera outbreak, and as well support and strengthened the capacity of existing County Health Department's units/centers to response effectively to the further epidemics in the area.

Three ORPs will be established in three Payam for a period of 6 months, and the activities will be coordinated within the existing primary health care centers to guarantee effective and continues lifesaving cholera response services in the Bomas and corresponding villages. Effective referral will be put in place to make sure severe cholera cases are referred to the nearest CTC for further case management.

Household/neighbourhood spraying will be conducted for patients with suspected cholera case to stop the active transmission. Surveillance team will investigate cases of community death from AWDs, and ascertain whether the cause was due to cholera. Public Health officer together with Community Health workers in the ORP will trained the 3 communities on burial and funeral plans for cholera death case.

Hygiene Promotion/social mobilization activities, and WASH NFIs distributions will be conducted in the ORP facilities for patients and co-patients to have a better understanding of cholera transmission and its preventive measures.

The project design is based on proactive and continuous collaboration between LiveWell, SMOH, and other national and international organizations in Yirol East in order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required). The LiveWell's emergency team in Yirol East will meet on regularly basis to ensure that proper monitoring and evaluation is in place to achieve properly achieved our objectives.

- CHOLERA RESPONSE TEAM: Chaired by CHD Director in Yirol East, LiveWell Project focal persons, the Clinical officer will meet on monthly basis and will be responsible for: (i) defining/consolidating/readjusting the work plan, (ii) sharing information and data on the activities carried out and in pipeline, (iii) debating possible project implementation challenges and identifying the related way forward, (iv) providing technical assistance in the project supervision, (v) consolidating quarterly project reports, (vi) representing the Project board in front of local stakeholders and when project-related decisions are taken.

- PROJECT COMMITTEE: Composed of CHD (or his/her delegate), and LiveWell, and both will be meeting on quarterly basis and will be responsible for: (i) supervising the general project implementation and provide related feedback/advice to the ERT Committee, (ii) facilitating integration of the project with other health activities in the catchment areas, (iii) linking with other stakeholders at Health Clusters, WASH clusters, IOM, WHO, UNICEF, other INGOs, etc.) to facilitate the project implementation and promotion. With regard to data collection and analysis, utilization of IDSR/EWARS and Web-based Cholera Line-list will ensure effective reporting system.

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

All LiveWell programs always involves and encourages the participation of boys, girls, women and men in the program through community participation. An aspect which is evident with the community health and hygiene promoters (both men and women) who are normally being involved at the facility and community level. Beneficiaries include all age groups with suspected cholera cases. Health education and hygiene promotion will target both genders, men, women. The health data will be disaggregated by gender (boys, girls, men, women) defining the most affected group. The project will not discriminate against any gender, race, tribe, or religion during implementation. We have clear policy in the employees' code of conduct that stipulated the prevention of sexual and exploitation at work.

Protection Mainstreaming

- LiveWell's cholera project will involve and encourage the participation of women, girls, boys, and men in the project.
 - Our beneficiaries include children aged under-five years (boys and girls) and caregivers of children with suspected cases of cholera epidemics.
 - Health education and hygiene promotion activities at the ORPs and the household level will target both genders, men, women, young adults (male & female) attending to their siblings at 3 ORP facilities.
 - Cholera Case Management will observe the reproductive health issues pertaining to the protection of pregnant women or female in their reproductive age, by conducting pregnancy test for women who have missed their period to avoid the association of abortion with the cholera case management. Lactating mothers will also be considered in the management.
 - The ORP's web-based cholera line-list information and monthly reports data, will be disaggregated by gender (boys, girls, men, women), defining the most affected group.
 - The project activities will not discriminate against any gender, race, tribe, or religion during implementation process. Our focus will be on the affected vulnerable populations within Yirol East county.
- We have clear policy in the employees' code of conduct that stipulated the prevention of sexual harassment and exploitation at work, and there is NO tolerance to any case of Gender-based Violence at workplace

Country Specific Information

Safety and Security

Since July 2016, South Sudan was characterized by the escalation of armed violence targeting civilians leading to forced displacements in the POCs, IDPs, and local settlements within affected states. In Jonglei, over 250,000 civilians crossed the river Nile to Mingkaman IDP sites, but some moved to Yirol West and Yirol East to stay with the host communities in search for food, shelters and safe drinking water. Lakes State has been undergoing difficult time with the inter-clan raiding of cows and killing of innocent civilians in almost all its 8 counties. The security is kinder stable in Yirol East but worrying between on the road that connect Yirol West and the Yirol East on your way from Mingkaman. 2 months ago, IOM staffs felt in the road ambush, got looted and 3 employees killed, and this had made some three INGOs to withdraw from the area. Yirol East people are friendly and welcoming, except few cases of looting/robbery reported on the roads to Yirol West but rare occasions.

Access

Yirol East is accessible by road, water and air transports. It is access by road through The Mingkaman-Yirol West road, and by boat through Mingkaman from Awerial, Shambe port from Twic East of Jonglei State to Yali then to Nyang, quiet a far distance compare to Mingkaman passage. Adior town have a very small airstrip for emergency Logs flight. However road and water transport is not 100 percent safer, but it's 100 percent accessible.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Executive Director	S	1	6,000.00	6	10.00	3,600.00
	<i>The Executive Director will have overall control and management of the program. S/he will be involved in the coordination and provide guidance in program policy issues. S/he will oversee the program implementation as per the proposal; s/he will be reviewing all reports before submission to the donors. S/he will partially work under this project.</i>						
1.2	Program Director	S	1	5,250.00	6	30.00	9,450.00
	<i>S/he is responsible for the overall oversight of the projects and ensuring that donor requirements are met. S/he will review program reports, program workplans, liaise with the donor and oversee the program manager to ensure sound implementation and completion of activities.</i>						
1.3	Finance Manager	S	1	4,000.00	6	10.62	2,548.80
	<i>S/he will be primarily responsible for the donor and administrative reporting. S/he will be formulating new budgets and ensuring adequate cash is available in the sites. S/he will also ensure all the donor requirements and LiveWell internal regulations are met and adhered to in all the field sites. S/he will also be the administration focal point ensuring all the local laws are adhered to in all LiveWell operating projects. S/he will partially work under this project.</i>						
1.4	Logistics/Procurement Manager	S	1	3,600.00	6	8.61	1,859.76
	<i>S/he will be responsible for providing direction to the logistic team in accordance with project objectives and the proposal. S/he will provide support for project procurement, asset/inventory and report writing and liaising with the project focal persons to ensure lead time between purchasing and delivery of supplies and other is kept minimal and determined beforehand. S/he will partially work under this project.</i>						
1.5	Human Resource Manager	S	1	2,500.00	6	10.00	1,500.00
	<i>S/he is responsible for developing and implementing HR policies and procedure, ensuring that all labor laws are complied with, and is a member of senior management team.</i>						
1.6	Field Monitoring & Evaluation Officer	D	1	600.00	6	100.00	3,600.00
	<i>M & E officer who is responsible for Monitoring, Evaluation, Supervision and Report at field level</i>						
1.7	Clinical Officer	D	3	500.00	6	100.00	9,000.00
1.8	Nurses	D	3	400.00	6	100.00	7,200.00

1.9	Sprayers	D	3	200.00	6	100.00	3,600.00
1.10	Cleaners	D	3	200.00	6	100.00	3,600.00
1.11	Guards	D	3	150.00	6	100.00	2,700.00
Section Total							48,658.56
2. Supplies, Commodities, Materials							
2.1	Costs of setting up on ORPs and transportation	D	3	2,000.00	1	100.00	6,000.00
<i>costs setting up a ORP tent, operations and infection control materials</i>							
2.2	IEC materials for hygiene promotion and health education for Mass cholera campaign	D	1	2,460.00	1	100.00	2,460.00
<i>Cost for printing IEC materials</i>							
2.3	Visibilities supplies	D	1	3,000.00	1	100.00	3,000.00
<i>Cost for T-shirt, Cap, and ribbon for cholera prevention response</i>							
2.4	Training of Hygiene promoters, CMR, MHPSS, and Cholera Response team	D	1	3,000.00	1	100.00	3,000.00
<i>Cost for Training materials such as notepads, pen, meals and transport</i>							
Section Total							14,460.00
3. Equipment							
3.1	Laptop computers	D	2	500.00	1	100.00	1,000.00
<i>cost of 4 laptops</i>							
3.2	satellite phone	D	1	700.00	1	100.00	700.00
<i>cost of 1 satellite phone in case of poor network in the remote setting</i>							
3.3	Communication-Juba Office	S	1	1,500.00	6	10.00	900.00
<i>Cost for internet services in the head office</i>							
Section Total							2,600.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
<i>NA</i>							
Section Total							0.00
5. Travel							
5.1	Local staff travel per diem	D	1	100.00	6	100.00	600.00
<i>This covers the cost of staff per diem during training and other times of assignment outside of their duty station, including accommodation. Cost is budgeted as per actual cost LiveWell is paying, as per the procedure</i>							
5.2	Local staff Travel accommodation	D	1	1,000.00	2	100.00	2,000.00
<i>This covers the cost of staff per diem during training and other times of assignment outside of their duty station, including accommodation. Cost is budgeted as per actual cost LiveWell is paying, as per the procedure</i>							
5.3	Travel Air-fare within South Sudan	D	1	400.00	4	100.00	1,600.00

	<i>This will cover the cost of travel both by road and by air within South Sudan. Staff travel will be required mainly between the Juba main office and the site where RRM working group wanted LiveWell to response. The main means of transport between Juba and Project Implementation sites is by air since roads are impassable especially during the rainy season and LiveWell relies mainly on WFP flights for such travel. Cost is budgeted as per historical cost.</i>							
	Section Total							4,200.00
6. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
7. General Operating and Other Direct Costs								
7.1	Office/store rental & maintenance in Juba	S	1	9,000.00	6	5.00	2,700.00	
7.2	Office utilities and supplies	S	1	5,000.00	6	5.00	1,500.00	
7.3	Fuel and generator maintenance in Juba	S	1	3,812.00	6	5.00	1,143.60	
7.4	Fees for legal document for NGO	S	1	3,000.00	6	5.00	900.00	
7.5	Bank charges and bank account maintenance	S	1	2,500.00	6	5.00	750.00	
7.6	Hiring 1 vehicle for SSHF Cholera Response M & E and Supervision	D	1	2,400.00	6	50.00	7,200.00	
	<i>Cost For Monitoring the Cholera Response activities at the field/implementation level</i>							
	Section Total							14,193.60
SubTotal			40.00				84,112.16	
Direct							57,260.00	
Support							26,852.16	
PSC Cost								
PSC Cost Percent							7.00	
PSC Amount							5,887.85	
Total Cost							90,000.01	

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lakes -> Yiro East	100	5,000	7,000	6,000	7,000	25,000	Activity 1.1.1 : Conduct training on Cholera Case Management and Prevention for proper clinical case treatment in the ORP Activity 1.1.2 : Installation of 2 ORP facilities in order to treat or manage cholera cases in Yiro East Activity 1.1.3 : Conduct community meetings on Cholera Prevention and Control with 24 community leaders to strengthen the capacity of the local leaders to act as 'community cholera focal persons' in case of future outbreak. Activity 1.1.4 : Request ORP supplies from the health core pipelines (diarrheal kits, lab.supplies such as RDT; Cary Blair, stool containers etc.) and make arrangement with the Log. cluster to transport supplies to the sites Activity 1.2.1 : Provide cholera case management in 2 ORP facilities using the standard cholera treatment guideline by WHO/MOH. Activity 1.2.2 : Established a good referral system for severe cholera cases to the CTCs, CTUs and Adior Hospital in Yiro East Activity 1.2.3 : Conduct community and ORP facilities's case fatality review in Yiro East Activity 2.1.1 : Conduct health education and hygiene promotion in the given payam of Yiro East Activity 2.1.2 : Conduct cholera prevention mass campaign in the markets, schools and churches Activity 2.1.3 : Conduct community case identification, surveillance, detection & investigation of suspected cholera cases reported by the local community to established and control the ongoing transmission.

Documents

Category Name	Document Description
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