

Requesting Organization :	Health Link South Sudan				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Increasing access to Quality life-saving emergency Primary Health, Mass trauma, and comprehensive emergency obstetric and neonatal Care, services to women, girls, boys and men in conflict affected and vulnerable communities in Bor PoC and Cholera Preparedness and Response in Bor Town.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/H/103836	Fund Project Code :	SSD-17/HSS10/SA2/H/NGO/6507		
Cluster :	Health	Project Budget in US\$:	208,000.30		
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 proposed project intends to contribute to the reduction of the excess morbidity and mortality from common communicable diseases and surgical injuries sustained from violent conflicts through ensuring access to quality essential and life-saving emergency primary health care services to women, men, girls and boys in conflict affected and vulnerable communities of Bor PoC and the Host Communities in Bor South County. Health Link plans to continue with the provision of basic emergency lifesaving primary health care services at one (1) health care facility in Bor PoC, Bor South County and six (6) health facilities outside of Bor PoC for cholera preparedness and Response. The model approach for the implementation process shall employ the BPHNS including integration and support to HIV/AIDS and TB clients to be continued as a mean to comprehensive health care provision planned by Health Link.</p> <p>The project addresses the three cluster objectives and targets to reach estimated direct beneficiaries of 16,500 individuals comprising of 3,500 men, 5,900 women, 3,200 boys and 3,900 girls. Major activities under this project will include but not limited to training of key project personnel in preparedness and response to Cholera, prepositioning of cholera response supplies to the project sites, Setting up ORP sites at 6 health care facilities outside Bor PoC, Training of Home Health Promoters in Hygiene Promotion, Conducting House - to - House Hygiene Promotion activities. Contributions to the Cluster Objective 2 of "Ensuring that Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable population" will be ensured through the provision of essential and emergency health care, including addressing the major causes of morbidity and mortality among U5 (malaria, diarrhea and Pneumonia), emergency obstetrics and neonatal care services and SGBV services among others. Other activities will include but not limited to conducting clean, safe and hygienic deliveries by skilled birth attendants, minor surgeries, BEMONC including blood transfusion services, ANC to pregnant mothers including provision of HIV services (PMTCT option B-plus), IPT, LLINTS and micronutrient supplementation, growth monitoring and nutrition assessment to U5 males and females, support treatment of MAM/SAM.</p> <p>The proposal also seeks address the Cluster Objective 3 "Improve access to Psychosocial Support and Mental Health Services for Vulnerable people. HLSS Plans to significantly contribute to the achievement of this objective through; training of frontline Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape (CMR) and strengthen support services</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	3,500	5,900	3,200	3,900	16,500
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Pregnant and Lactating Women	0	300	0	0	300
People in Host Communities	2,700	4,500	2,560	2,980	12,740
Internally Displaced People	800	1,100	640	920	3,460
Indirect Beneficiaries :					

Catchment Population:**Link with allocation strategy :**

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

In line with the SO2 OF “Protect the rights and uphold the dignity of the most vulnerable” HLSS intends to ensure the provision of essential and emergency health care, including addressing the major causes of morbidity and mortality among U5 (malaria, diarrhea and Pneumonia), emergency obstetrics and neonatal care services and SGBV services by contributing and ensuring increased access to quality essential and emergency lifesaving Primary Health Care Services to women, men, girls and boys in Bor South County, Bor PoC. This will further be achieved through continuity of curative consultative care services at Bor PoC PHCC. Other activities will include but not limited to conducting clean, safe and hygienic deliveries by skilled birth attendants, minor surgeries, BEMONC including blood transfusion services, ANC to pregnant mothers including provision of HIV services (PMTCT option B-plus), IPT, LLINTS and micronutrient supplementation, growth monitoring and nutrition assessment to U5 males and females, support treatment of MAM/SAM.

Lastly and in line with SO3 of “Support at risk communities to sustain their capacity to cope with significant threats” HLSS proposes to significantly contribute to the achievement of SO3 through; training of frontline Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape (CMR) , provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC services, conduct training of MHPSS to frontline health workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid, provide treatment to mental disorders through procurement of emergency WHO Model of essential psychotropic medications, create community network through training Focal persons to promote access to informal support, self-help in the community as community mental health level supporters.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Emmanuel Douglas Obuoja	Chief Executive Director	admin@healthlinksouthsudan.org	+211955038964
Gama Joseph	Operations Manager	operations@healthlinksouthsudan.org	+211955572572
Dr. Jude Koma Amanzuru	M & E Specialist	emonitoring@healthlinksouthsudan.org	+211928240057
Opigo Emmanuel	Finance Manager	accounts@healthlinksouthsudan.org	+211956494577
Moses Akera Poloya	Health Program Coordinator	health@healthlinksouthsudan.org	+211955042421

BACKGROUND**1. Humanitarian context analysis**

The humanitarian situation in Bor South County is described as dire with active cholera transmission in the community. Simultaneously, sporadic and heavy violence continues to displace tens of thousands of people in the state, majority being women, girls, boys, and elderly people.

In Bor South County, the provision of basic life-saving primary health care services has remained a big challenge and a critical gap as a result of public health emergencies caused by the disruption of basic social services and infrastructures.

Overall, the current health status in Bor South County is considered very poor with reported high morbidity and mortality from common communicable diseases (Malaria, AWD/Cholera, and RTI) in the general population. Malaria, Acute Watery Diarrhoea, Malnutrition, Pneumonia (RTIs) and Sexually Transmitted Infections (STIs) are among the top five causes of morbidity and mortality in Bor South County (DHIS, 2016). Accordingly, Malaria contributes to 35% of the total disease burden, followed by Acute Watery Diarrhoea (18%), Malnutrition and Pneumonia each contributing to 9% and STIs 3% of the total causes of morbidity (DHIS, 2016). Malnutrition is among the top causes of morbidity in children under five in the region majorly attributed to limited access to comprehensive health and nutrition services exacerbated by political unrest disrupting the continuity of services delivery in the County. This further complicates the chances of survival of children with Malaria and Diarrhoea and therefore the need to ensure continuity in health service provision in Bor South County with specific attention to Bor PoC.

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

There is an overall interruption of ART/TB services in the conflict affected states with more than 80% of patients previously on chronic care for HIV/AIDS and TB or co infected lost from follow up. This presents a huge danger to development of drug resistance to the current regimens for ARTs and TB Treatments. Health link therefore intends to contribute to the reduction of excess morbidity and mortality in Bor South County by scaling up the provision of essential and lifesaving emergency primary health services with fully integrated psychosocial support services for mental ill health and cholera preparedness and response.

2. Needs assessment

Health Link did not conduct a detail assessment. However, from the available information in our health facility registers at Bor PoC, and the analysis of DHIS for the period Jan - Jun 2017, it was evidenced that there is increasing trend in the occurrence of Acute Watery Diarrhoea/Suspected Cholera. The UNICEF report as of 30 April 2017 also confirmed the trend of suspected cholera as well as the top causes of morbidity and mortality including Malaria, ARTI/Pneumonia, AWD and Malnutrition among others.

3. Description Of Beneficiaries

This project proposal targets internally displaced populations (IDPs) in Bor PoC and other vulnerable host communities in Bor South County that includes Women, girls, men and Boys along with the most vulnerable group such as the youth, elderly, persons with disability, pregnant and lactating mothers. A special focus will be paid to survivors of Sexual and Gender Based Violence among young girls and women as well as suspected cholera cases. This project is designed to benefit a total of 16,500 individuals over the entire project period segregated by age group and gender. Accordingly, the project targets 3,500 men, 5,900 women, 3,200 boys and 3,900 girls.

4. Grant Request Justification

Health Link proposes to scale up cholera preparedness and response activities in Bor Town, Bor South County as well as in Bor PoC. Continuity in provision of lifesaving emergency PHC services is critical for the IDPs in Bor PoC and so Health Link intends to ensure uninterrupted service provision within the camp. These interventions will contribute to the reduction in the current excess morbidity and mortality related to Cholera and other common diseases in the County. The current humanitarian situation in Bor South County is described as dire with active cholera Transmission. According to HMIS and IDSR data collected by health partners, Malaria, acute respiratory tract infections, acute watery diarrhea, intestinal worms, malnutrition and anemia are among the top causes of morbidity and mortality. Nonetheless, injuries from gunshots and other forms of trauma have also been reportedly widespread and among the top causes of morbidity and mortality in the propose project location. As from April 2017, there has been reported cases of cholera across the state with highest concentration on the high lands in Bor South County. This situation has of late in July 2017 shown significant threats with increasing trends of occurrence of suspected cholera cases in the County. Active transmission has been confirmed in a number of areas in Jonglei state including Bor South County, Bor Town. It is therefore very critical that preparedness and adequate response plans are put in place to help cut down the current state of cholera transmission.

Previous reports revealed that Malaria, Acute Watery Diarrhoea, Malnutrition, Pneumonia (RTIs) and Sexually Transmitted Infections (STIs) are among the top five causes of morbidity and mortality in Bor South County (DHIS, 2016). Accordingly, Malaria contributes to 35% of the total disease burden , followed by Acute Watery Diarrhoea (18%), Malnutrition and Pneumonia each contributing to 9% and STIs 3% of the total causes of morbidity (DHIS, 2016). Malnutrition is among the top causes of morbidity in children under five in the region majorly attributed to limited access to comprehensive health and nutrition services exacerbated by political unrest disrupting the continuity of services delivery in the County. This further complicates the chances of survival of children with Malaria and Diarrhoea and therefore the need to ensure continuity in health service provision in Bor South County with specific attention to Bor PoC.

Health Link South Sudan is currently providing Lifesaving and Emergency Primary Health Care Services in Bor PoC, Bor South County and Community Outreaches within the County. This makes Health Link South Sudan best positioned to deliver integrated live saving emergency health care and nutrition services to the most in need population in Bor South County. Given the current gaps in funding, which is limited to basic provision of health and nutrition services, Health Link seeks for additional funding support from the CHF Round 2 to complement UNICEF support with focus on the provision of live saving emergency health and nutrition services in Bor South County. This request seeks funding to meet the most critical health personnel cost, Pre-positioning of Cholera Supplies in 6 health Facilities, Emergency training in cholera case management and hygiene promotion and basic operation cost to ensure quality delivery of live saving emergency health and nutrition services with psychosocial support services for mental ill health well integrated.

5. Complementarity

This project will support the continuity of live-saving primary health care services at Bor PoC and the surrounding health care facilities in Bor Town, Bor South County. It will also complement the UNICEF and SMOH support for the overall health care services provision in Bor South County. The project has been designed to support personnel cost, essential medical supplies and drugs, cholera preparedness and response, and other health services provision components supported by HPF2, UNICEF and the Ministry of Health.

LOGICAL FRAMEWORK

Overall project objective

To reduce excess morbidity and mortality from common communicable diseases and traumatic injuries sustained from violent among conflict affected vulnerable boys, girls, women, men, elderly people and people with disability by increasing access and scale-up of responsiveness to quality essential life-saving emergency primary & secondary health Care inclusive of preparedness and response to Cholera Active Transmission in Bor South County

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	30
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations	SO2: Protect the rights and uphold the dignity of the most vulnerable	40
Improve access to psychosocial support and mental health services for vulnerable people	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	30

Contribution to Cluster/Sector Objectives : The planned project responds to the Cluster Objectives 1 , 2 and 3 in a more modest way to save lives and alleviate suffering, protect the rights and uphold the dignity of the most in need population and support at risk communities to sustain their capacity to cope with significant threats. Under the Cluster Objective 1 "Prevent, detect and response to epidemic prone disease outbreaks in conflict-affected and vulnerable population", HLSS plans to put in place adequate preparedness and response plan to epidemic the current active transmission of Cholera in Bor South County. This will be achieved through training of key project personnel in preparedness and response to disease outbreaks with focus on cholera and measles and the early prepositioning of cholera response supplies to the project sites. HLSS plans to provide support during NIDS program, conducting static immunizations, train health workers on diseases surveillance pre-positioning of other essential drugs and medical supplies including anti-malarial to the project sites. Community Engagements will be ensured through established networks of HHPs for health education and hygiene promotion activities on cholera during/after outbreaks.

This project also seeks to contribute to the Cluster Objective 2 of "Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable population" through the provision of essential and emergency health care, including addressing the major causes of morbidity and mortality among U5 (malaria, diarrhea and Pneumonia), emergency obstetrics and neonatal care services and SGBV services by contributing and ensuring increased access to quality essential and emergency lifesaving Primary Health Care Services to women, men, girls and boys in Juba, Lopa/Lafon and Bor South Counties. This will further be achieved through continuity of curative consultative care services in El-Sabbath Children Hospital and Bor PoC PHCC. Other activities will include but not limited to conducting clean, safe and hygienic deliveries by skilled birth attendants, minor surgeries, BEMONC including blood transfusion services, ANC to pregnant mothers including provision of HIV services (PMTCT option B-plus), IPT, LLINTS and micronutrient supplementation, growth monitoring and nutrition assessment to U5 males and females, support treatment of MAM/SAM through provision of nutritional supplies or strengthen referral mechanism for MAM/SAM cases, train MCHW/SBA on counseling pregnant mothers, promoting IYCF practices in health facilities during ANC health education, provide essential drugs and other pharmaceutical supplies for the management of adult and childhood illness such as Malaria, ARI, Measles, Worms as they predispose children to malnutrition.

The proposal also addresses the Cluster Objective 3 "Improve access to Psychosocial Support and Mental Health Services for Vulnerable people. HLSS Plans to significantly contribute to the achievement of this objective through; training of front line Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape (CMR) , provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC services, conduct training of MHPSS to front-line health workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid, provide treatment to mental disorders through procurement of emergency WHO Model of essential psychotropic medications, create community network through training Focal persons to promote access to informal support, self-help in the community as community mental health level supporters.

Outcome 1

Improved Epidemic prone disease surveillance and EWARN system with strengthened capacity for outbreaks prevention and rapid response outbreaks in conflict affected and vulnerable in Bor South County

Output 1.1

Description

Vulnerable Populations in Bor PoC and Bor South County are protected from the current Active Cholera Transmission and other epidemic prone diseases.

Assumptions & Risks

Population remains accessible and IDSR/EWARN system remain active

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					6
Means of Verification : IDSR/EWARNS Report							
Indicator 1.1.2	HEALTH	(Frontline services) # of staff health care workers trained in Cholera Case Management and Prevention					24
Means of Verification : Training Reports							
Indicator 1.1.3	HEALTH	(Frontline services) # of HHPs trained in Hygiene Promotion, early detection and referral of suspected cases of cholera					40

Means of Verification : Training reports

Activities

Activity 1.1.1

Collect, analyse and submit daily, Weekly and monthly IDSR/EWARNS reports and cholera updates

Activity 1.1.2

Conduct daily surveillance and monitoring of outbreak prone diseases including investigation, of all rumors, and prompt response

Activity 1.1.3

Conduct Refresher Training to 24 Health Care Workers in the Provision of Comprehensive Management of Cholera including Case Management, Distribution of WASH Supplies and Social Mobilization in Bor South County

Activity 1.1.4

Conduct Training to 40 Home Hygiene Promoters (HHPS) Hygiene Promotions, early case detection and referrals, Distribution of WASH Supplies and Social Mobilization in Bor South County

Activity 1.1.5

Conduct House -to - House Hygiene Promotion towards the prevention of active transmission of Cholera

Outcome 2

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

Output 2.1

Description

Conflict-affected and vulnerable population in Bor South County, Bor PoC are provided with quality and integrated emergency primary health care services including emergency obstetric care.

Assumptions & Risks

Security remains relatively stable, access to project locations remain possible and Timely funding

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	1,100	1,800	2,200	2,500	7,600
Means of Verification : Weekly, Monthly Reports, OPD Registers (>5 years and 5 years and above							
Indicator 2.1.2	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					120
Means of Verification : weekly and monthly ANC and Maternity delivery reports, Delivery Registers							
Indicator 2.1.3	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			80	120	200
Means of Verification : Weekly and Month EPI Reports, Mass Vaccination Reports if any							
Indicator 2.1.4	HEALTH	[Frontline services] Number of facilities providing BEmONC services					1
Means of Verification : Health Facilities reporting BEmONC Services							
Indicator 2.1.5	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			25	35	60

Means of Verification : TSC - Register Bor PoC

Activities

Activity 2.1.1

Provision of essential clinical curative consultative care services in Bor PoC and Outside of PoC for Children U5yr and above 5yrs for common morbidity focusing on Malaria, Pneumonia , diarrhoea and Cholera

Activity 2.1.2

Provide ANC care to pregnant mothers including provision of PMTCT option B-plus, IPT, LLINTS and micro-nutrient supplementation, BCC and health promotion and Conduct clean, safe and hygienic deliveries through skilled birth attendants

Activity 2.1.3

Conduct minor surgery, BEMONC including blood transfusion services in Bor PoC in Bor South County, and outside of PoC whenever possible

Activity 2.1.4

Conduct growth monitoring, nutritional assessment to children U5 males and females through anthropometric measurements and treat those with medical complications in SAM at Bor PoC

Activity 2.1.5

Promote IYCF practices in health facilities during ANC health education and promotion sessions at all health facilities.

Activity 2.1.6							
Procure and provide supplementary essential drugs and laboratory supplies geared towards management of adult and childhood illness such as Malaria, ARI, Measles, Worms etc as they predispose children to malnutrition.							
Activity 2.1.7							
Provide education, counseling and appropriate referral of HIV/AIDS, TB patients to ART centers or TB treatment centers for proper treatment. Support follow up of patients on ART or TB treatment using the network of Treatment supporters.							
Outcome 3							
Improved Access to Psychosocial Support and Mental health Services for Vulnerable People							
Output 3.1							
Description							
Integrated quality Psychosocial Support, SGBV and Mental health Services are made accessible and provided to Vulnerable Population in Bor South County							
Assumptions & Risks							
Population remains stable and accessible							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	[Frontline services] Number of health facilities providing SGBV services					1
Means of Verification : Weekly and Monthly GBVIMS							
Activities							
Activity 3.1.1							
Provide CCSAS services to rape survivors including Clinical management of rape							
Activity 3.1.2							
On site training of health care workers in identification and appropriate referrals of SGBV survivors to CMR centers							
Additional Targets :							

M & R

Monitoring & Reporting plan

The M&E plan under this project will focus on achieving the targets and the overall goals of the project through vigorous monitoring and reporting on progress through out the course of the implementation. Monthly monitoring of activities to the project sites will be conducted by the health program coordinator and the monitoring and evaluation manager with assistance from senior management of Health Link South Sudan.

Health Link south Sudan is well aware of the challenges involved in Health data collections, analysis, interpretation and dissemination not only at the PoC in Bor, but in the entire Bor South County. The inconsistent recording of row data and the lack of feedback are absolute threats to ensuring quality health information processing.

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

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

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

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

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Collect, analyse and submit daily, Weekly and monthly IDSR/EWARS reports and cholera updates	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Conduct daily surveillance and monitoring of outbreak prone diseases including investigation, of all rumors, and prompt response	2017								X	X	X	X	X
	2018	X											

Activity 1.1.3: Conduct Refresher Training to 24 Health Care Workers in the Provision of Comprehensive Management of Cholera including Case Management, Distribution of WASH Supplies and Social Mobilization in Bor South County	2017							X						
	2018													
Activity 1.1.4: Conduct Training to 40 Home Hygiene Promoters (HHPS) Hygiene Promotions, early case detection and referrals, Distribution of WASH Supplies and Social Mobilization in Bor South County	2017							X						
	2018													
Activity 1.1.5: Conduct House -to - House Hygiene Promotion towards the prevention of active transmission of Cholera	2017							X	X	X	X	X		
	2018	X												
Activity 2.1.1: Provision of essential clinical curative consultative care services in Bor PoC and Outside of PoC for Children U5yr and above 5yrs for common morbidity focusing on Malaria, Pneumonia , diarrhoea and Cholera	2017							X	X	X	X	X		
	2018	X												
Activity 2.1.2: Provide ANC care to pregnant mothers including provision of PMTCT option B-plus, IPT, LLINTS and micro-nutrient supplementation, BCC and health promotion and Conduct clean, safe and hygienic deliveries through skilled birth attendants	2017							X	X	X	X	X		
	2018	X												
Activity 2.1.3: Conduct minor surgery, BEMONC including blood transfusion services in Bor PoC in Bor South County, and outside of PoC whenever possible	2017							X	X	X	X	X		
	2018	X												
Activity 2.1.4: Conduct growth monitoring, nutritional assessment to children U5 males and females through anthropometric measurements and treat those with medical complications in SAM at Bor PoC	2017							X	X	X	X	X		
	2018	X												
Activity 2.1.5: Promote IYCF practices in health facilities during ANC health education and promotion sessions at all health facilities.	2017							X	X	X	X			
	2018													
Activity 2.1.6: Procure and provide supplementary essential drugs and laboratory supplies geared towards management of adult and childhood illness such as Malaria, ARI, Measles, Worms etc as they predispose children to malnutrition.	2017								X					
	2018													
Activity 2.1.7: Provide education, counseling and appropriate referral of HIV/AIDS, TB patients to ART centers or TB treatment centers for proper treatment. Support follow up of patients on ART or TB treatment using the network of Treatment supporters.	2017							X	X	X	X	X		
	2018	X												
Activity 3.1.1: Provide CCSAS services to rape survivors including Clinical management of rape	2017							X	X	X	X	X		
	2018	X												
Activity 3.1.2: On site training of health care workers in identification and appropriate referrals of SGBV survivors to CMR centers	2017							X	X	X	X	X		
	2018	X												

OTHER INFO

Accountability to Affected Populations

The design of this project involved full participation of all actors' right from the time of need assessment, prioritization and project planning. The implementation methodology also provides a platform for full participation for women; girls, boys and men as well as people with disability in the project area by ensuring their participation in local community leadership structures such as community based protection volunteers, health management committees and Community Networks of Home Health Promoters. During the implementation of this project, HLSS will also conduct focused group discussions and community meetings as well as health management committee meetings that will be attended by women and girls as well as boys and men in the project area. During these meetings, feedback on quality of service delivery and other concerns will be addressed and incorporated in the implementation of the project.

Implementation Plan

Health Link will continue with already deployed key personnel at Bor PoC consisting of Medical officer, Clinical Officers, Nurses and and other medical cadres who will directly provide services to patients at Bor PoC and in the community within the PoC. Other personnel including Cholera Focal person, Community Health Workers and Home Health Promoters will be deployed to support Cholera Preparedness and Response Activities outside of Bor PoC. The key health link staff will work with the CHD at county level who will help in information collection and reporting and referral of cases for emergency care and management. Health workers (Doctors, Nurses) will provide patient care and training to health workers at MoH and Partner health facilities to ensure early detection and appropriate response to Cholera Transmission in the County. Health Link through WHO will provide smart phone for quick reporting and improved information collection, management while ensuring data quality and confidentiality of all information received and being transmitted.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

--

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

This project is tailored to contribute to gender equity by increasing availability, access to and demands for Psycho-social support services, GBV and mental health targeting highly vulnerable people. The planned activities meant to achieve this objective include; provision of emergency medical services to GBV survivors including PEP, Psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape , provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC services, promote gender and age dis-aggregated health information systems that cover essential mental health data, create community network through training Focal persons to promote access to informal support, self-help in the community as community mental health level supporters. These activities will directly advance gender equity and promote improvements in the quality of lives of women, girls, boys, men and elderly people in Bor South County.

Protection Mainstreaming

The project has mainstreamed general concerns of women, girls and boys by undertaking key activities addressing SGBV. This includes provision of emergency medical services PEP, emergency contraceptives, Hepatitis B vaccination, and psycho-social support for survivors of SGBV.

General RH activities will also be implemented to reinforce gender equity and inclusion in this project. Health link health officers will also ensure a joint activity planning with the SGBV section, attend SGBV sub-cluster meetings to reinforce concerns of women, girls, boys and men in health.

A checklist of minimum safety and privacy standards for women will be adopted and used at Bor PoC

This project will integrate both HIV/AIDS prevention measures and measures that would ensure environmental sustainability. Health link will;

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

Country Specific Information**Safety and Security**

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

Access**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	Medical Doctor	D	1	2,000.00	6	100.00	12,000.00
	<i>1 Medical doctor to provide Technical expertise and consultations and emergency Obstetric care surgery hired at 2500 USD per month 100% based in Bor PoC .This cost cover monthly salaries, taxes and social insurance.</i>						
1.2	Medical Clinical Officers	D	1	1,000.00	6	100.00	6,000.00
	<i>1 Medical clinical officer to provide patient management hired at USD 1200 per month 100%. 1 person based in Bor PoC. This cost cover monthly salaries, taxes and social insurance</i>						
1.3	Enrolled Nurses	D	2	700.00	6	100.00	8,400.00
	<i>2 Enrolled Nurses hired at USD 700 per month 100% to support the overall management of patients including admission, treatment, monitoring and general patient care based in Bor PoC. The cost covers salaries, taxes and social insurance fund.</i>						
1.4	Certificated Nurses	D	2	700.00	6	100.00	8,400.00
	<i>2 Certified Nurses hired at USD 700 per month 100% to support the overall management of patients including admission, treatment, monitoring and general patient care and ANC services, 3 in Bor PoC. The cost covers salaries, taxes and social insurance fund.</i>						
1.5	MCH Workers	D	2	400.00	6	100.00	4,800.00
	<i>2 MCH worker hired at 400 USD per month 100% to support the overall management of patients including admission, treatment, monitoring, general patient care, ANC, and Safe Deliveries; 2 in Bor PoC. The cost covers salaries, taxes and social insurance fund.</i>						
1.6	Community Health Workers	D	4	100.00	6	100.00	2,400.00

	4 Community Health workers hired at USD 100 per month 100%, 4 in Bor PoC.						
1.7	Support Staff	D	12	100.00	6	100.00	7,200.00
	12 Support staff - 4 Compound Cleaners, 4 ward Cleaners, 4 Guards to be hired at 150\$ each inclusive incentives without taxes and social insurance						
1.8	Home Health Promoters	D	40	40.00	6	100.00	9,600.00
	40 Home Health Promoters, 10 in Bor PoC and 30 Outside of PoC for providing Hygiene Promotion Activities towards the prevention of Cholera. The cost covers their incentives while conducting House - To - House Hygiene Promotion and Cholera awareness creation						
1.9	Chief Executive Director	S	1	12,000.00	4	15.00	7,200.00
	Cost allocation for Chief Executive Director of 25% LoE USD 12,000 inclusive of salaries, taxes and social insurance. The director provides the overall oversight of the project management and ensuring quality service delivery						
1.10	Health Program Coordinator	S	1	5,800.00	4	35.00	8,120.00
	Cost allocation for Health Program Coordinator of LoE 50% USD 5800 inclusive of salaries, taxes and social insurance. The program coordinator oversees the project implementation, Day to Day Monitoring of the project activities and Reporting						
1.11	Monitoring and Evaluation Manager	S	1	5,800.00	4	25.00	5,800.00
	Cost allocation for Monitoring and Evaluation Manager of LoE 30% USD 5800 inclusive of salaries, taxes and social insurance. The M&E manager supports the project monitoring and compilation of project reports.						
1.12	Finance Manager	S	1	5,800.00	4	15.00	3,480.00
	Cost allocation for Finance Manager of LoE 20% USD 5800 inclusive of salaries, taxes and social insurance. The M&E manager supports the project monitoring and compilation of project reports.						
1.13	Project Accountant	D	1	2,500.00	4	35.00	3,500.00
	Cost allocation for project accountant of LoE 50% USD 2500 inclusive of salaries, taxes and social insurance. The M&E manager supports the project monitoring and compilation of project reports.						
1.14	Operations Manager	D	1	6,800.00	4	15.00	4,080.00
	Cost allocation for the Operations manager (head of project operations) of LoE 20% of USD 6800 monthly						
	Section Total						90,980.00
2. Supplies, Commodities, Materials							
2.1	Procurement of Hospital Linens	D	200	15.00	2	100.00	6,000.00
	Purchase of hospital bed Linens for 600 pcs each at \$15, estimated at 200 pieces for Bor PoC						
2.2	Cholera Supplies	D	6	500.00	2	100.00	6,000.00
	Procurement of cleaning materials, detergents and other essential supplies to support 6 Health Facilities in Bor South						
2.3	Printing Medical Patient Treatment Forms and Booklets and HHP Working Tools	D	3670	2.00	1	100.00	7,340.00
	Printing of Medical Patient Treatment Forms assorted (1000) Treatment charts, 500 referral forms and 2000 patient treatment booklets for Bor PoC, and 200 HHP Tools						
2.4	Transportation of Medical Supplies to Bor PoC	D	2	3,500.00	1	100.00	7,000.00
	Transportation of medical supplies to Bor PoC, Once a quarter. Cost is based on current market rates						
	Section Total						26,340.00
3. Equipment							
3.1	Equipment Maintenance	D	1	800.00	3	100.00	2,400.00
	Repairs of Oxygen Concentrators and other equipment at Bor PoC PHCC						
	Section Total						2,400.00
4. Contractual Services							
4.1	Training of Health Care Workers	D	24	130.00	1	100.00	3,120.00
	Training of 24 Health Care Workers Cholera case management and prevention						

4.2	Training of 40 HHPs	D	40	120.0 0	1	100.00	4,800.00
	<i>Training of 40 Home Hygiene Promoters in Hygiene Promotion , Early Cholera Case Detection and Effective Referrals</i>						
	Section Total						7,920.00
5. Travel							
5.1	Local field flights	D	8	275.0 0	4	100.00	8,800.00
	<i>8 staff flights on UNHAS at most 1 flight per staff in months at USD 550 each to and fro. Cost is estimated at current UNHAS rate</i>						
5.2	DSA HQ management Support Supervision visit	D	6	150.0 0	4	100.00	3,600.00
	<i>2 HQ staff support Supervision visits lasting 3 days, 1 visit every month to both Bor South County</i>						
5.3	Hire of Toyota Landcruiser for monitoring and supervision	D	1	150.0 0	90	100.00	13,500.00
	<i>1 Toyota Land cruiser to be hired to support the distribution of supplies, monitoring of activities and collection of weekly and monthly reports. The car will be hired for 20 days in a month at \$150 per day without cost of fuel for a total duration of 3 months.</i>						
	Section Total						25,900.00
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 stationary	D	2	3,400 .00	2	25.00	3,400.00
	<i>25% allocation of shared cost for 2 deliveries of Assorted Stationary supplies for HQ office and Field Office in Bor at \$3,400</i>						
7.2	Office Rent	D	2	6,500 .00	4	20.00	10,400.00
	<i>20% allocation of shared costs for 2 Office spaces rented at Juba at USD 4000 per month in Juba and USD 2,500 in Bor for 4 months</i>						
7.3	Communication and Internet	D	2	804.0 0	4	40.00	2,572.80
	<i>40% Monthly contribution for Internet Subscription for 2 sites at \$ 892</i>						
7.4	Guest House Rent	D	3	1,500 .00	4	25.00	4,500.00
	<i>25% allocation to a shared costs of 3 Guest Houses for Expatriate Staff field & HQ Based @ USD 1,500 every month for 4 months.</i>						
7.5	Compound Maintenance and Feeding Support to Field Staff	D	3	800.0 0	4	30.00	2,880.00
	<i>30% Allocation to a shared of maintaining 3 Compounds in HQ and Bor Field Office, at 1000 USD per site</i>						
7.6	Fuel for Project vehicles	D	6000	1.60	1	100.00	9,600.00
	<i>3000 Liters of Diesel for generator operation and 3000 liters for vehicle running, Support allocated for generator operation in Bor PoC and operational cost for vehicles. Cost is based on the Market rate</i>						
7.7	Supplementary Drugs and Laboratoy Reagents	D	1	7,500 .00	1	100.00	7,500.00

	<i>Procurement of Supplementary Drugs and Laboratory Reagents to support the management of patients at Bor PoC</i>		
	Section Total		40,852.80
SubTotal	10,041.0 0		194,392.80
Direct			169,792.80
Support			24,600.00
PSC Cost			
PSC Cost Percent			7.00
PSC Amount			13,607.50
Total Cost			208,000.30

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Bor South	100	3,500	5,900	3,200	3,900	16,500	<p>Activity 1.1.1 : Collect, analyse and submit daily, Weekly and monthly IDSR/EWARNS reports and cholera updates</p> <p>Activity 1.1.2 : Conduct daily surveillance and monitoring of outbreak prone diseases including investigation, of all rumors, and prompt response</p> <p>Activity 1.1.3 : Conduct Refresher Training to 24 Health Care Workers in the Provision of Comprehensive Management of Cholera including Case Management, Distribution of WASH Supplies and Social Mobilization in Bor South County</p> <p>Activity 1.1.4 : Conduct Training to 40 Home Hygiene Promoters (HHPS) Hygiene Promotions, early case detection and referrals, Distribution of WASH Supplies and Social Mobilization in Bor South County</p> <p>Activity 1.1.5 : Conduct House -to - House Hygiene Promotion towards the prevention of active transmission of Cholera</p> <p>Activity 2.1.1 : Provision of essential clinical curative consultative care services in Bor PoC and Outside of PoC for Children U5yr and above 5yrs for common morbidity focusing on Malaria, Pneumonia , diarrhoea and Cholera</p> <p>Activity 2.1.2 : Provide ANC care to pregnant mothers including provision of PMTCT option B-plus, IPT, LLINTS and micro-nutrient supplementation, BCC and health promotion and Conduct clean, safe and hygienic deliveries through skilled birth attendants</p> <p>Activity 2.1.3 : Conduct minor surgery, BEMONC including blood transfusion services in Bor PoC in Bor South County, and outside of PoC whenever possible</p> <p>Activity 2.1.4 : Conduct growth monitoring, nutritional assessment to children U5 males and females through anthropometric measurements and treat those with medical complications in SAM at Bor PoC</p> <p>Activity 2.1.5 : Promote IYCF practices in health facilities during ANC health education and promotion sessions at all health facilities.</p> <p>Activity 2.1.6 : Procure and provide supplementary essential drugs and laboratory supplies geared towards management of adult and childhood illness such as Malaria, ARI, Measles, Worms etc as they predispose children to malnutrition.</p> <p>Activity 2.1.7 : Provide education, counseling and appropriate referral of HIV/AIDS, TB patients to ART centers or TB treatment centers for proper treatment. Support follow up of patients on ART or TB treatment using the network of Treatment supporters.</p> <p>Activity 3.1.1 : Provide CCSAS services to rape survivors including Clinical management of rape</p> <p>Activity 3.1.2 : On site training of health care workers in identification and appropriate referrals of SGBV survivors to CMR centers</p>

Documents

Category Name	Document Description