

Requesting Organization :	The Rescue Initiative- South Sudan		
Allocation Type :	2nd Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		100.00	
		100	
Project Title :	Increase access to essential emergency primary health care services and contribute to reduction in morbidity and mortality due to common health risks and illnesses among IDPs and Host community in Kajo-Keji and Yei Counties		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-17/H/103673	Fund Project Code :	SSD-17/HSS10/SA2/H/NGO/6461
Cluster :	Health	Project Budget in US\$:	150,000.00
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 project intends to increase access to essential emergency primary health care services using the static and mobile outreach intervention methodology as defined in the basic package for health and nutrition services .This project focus is in line with the SA2 cluster priorities to;1) Increase access to lifesaving interventions including the management of SAM with medical complications, basic emergency and neonatal care, emergency HIV/AIDS/TB and mental healthcare services, 2) Scale up and strengthen Basic Reproductive Health Services with emphasis on the Clinical Management of Rape (CMR) and SGBV and 3) to Response to disease outbreaks through disease surveillance intensification and timely response to confirmed epidemic-prone disease outbreaks. The project will use the basic package for health and nutrition services of the Ministry of health (BPHNS), Minimum Initial Service package for Reproductive health services (MISP) and the community management of acute malnutrition (CMAM) package as working guidelines.</p> <p>The main project activities include;</p> <ul style="list-style-type: none"> • Provision of clinical consultations to children less than five years and over, • Cholera/AWD case management • Malaria case management • Management of SAM with med. Complications • RH and Neonatal care services • Emergency vaccinations • Medical waste management • Health promotion /education • CMR and psychosocial support, • Enhance community level surveillance and strengthen EWARS reporting • Establish space for SGBV response • Basic mental health services <p>The project beneficiaries include; 11538 direct and indirect beneficiaries, 45% (5200) IDPS and 30% (3454) people in the host community. Of these, 20% (2284) are men, 24% (22781) are women, 26% (3046) are boys and 30% (3427) are girls. Of the total beneficiaries, 4 % (461) are pregnant and lactating women and 21% (2423) are children under five years.</p> <p>The response is designed to bridge the existing response gaps by increasing population coverage through static and Mobile outreach clinics. 4 static and 2 Mobile outreach clinics will be established in Yei and Kajo Keji Respectively. To respond to possible cholera outbreak, the current funding will support the establishment of 2 cholera treatment centres (CTCs); one in Yei and One in Kajo Keji and 2 Oral Rehydration points; one in Yei and One in Kajo Keji. TRI-SS will use the existing MoH reporting tools such as IDSR, EWARS, RRM and Quantified Supervisory check list and the EPI tally sheets and the Health Cluster 5Ws for data collection and reporting.</p> <p>To ensure accountability to affected population, community dialogue meeting as a feedback mechanism will be established and the Village health committees will be trained and involved in Project monitoring.</p> <p>A strong coordination with existing partners such as ARC, CHD and RRC will be strengthened through regular meetings to avoid duplication and promote corporation. Security clearance will be obtained timely using the existing security guidelines to ensure the much needed assistance reach the beneficiaries early. Alternative supply routes through Moyo or Yumbe in Uganda will be sought to minimize delays in transportation of medical supplies.</p>		

Direct beneficiaries :				
Men	Women	Boys	Girls	Total
2,284	2,781	3,046	3,427	11,538

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	1,400	1,500	1,100	1,200	5,200
People in Host Communities	884	820	800	950	3,454
Pregnant and Lactating Women	0	461	0	0	461
Children under 5	0	0	1,146	1,277	2,423

Indirect Beneficiaries :
576 (5% of the population living with 5Km to health facility)

Catchment Population:
30,000 people

Link with allocation strategy :
Increasing access to lifesaving interventions including the management of SAM with medical complications, basic emergency and neonatal care, emergency HIV/AIDS/TB and mental healthcare services and scaling up and strengthening Basic Reproductive Health Services with emphasis on the Clinical Management of Rape (CMR) and SGBV will Protect the rights and uphold the dignity of the most vulnerable which is in line with strategic objective 2 (SO2). Responding to disease outbreaks through disease surveillance intensification and timely response to confirmed epidemic-prone disease outbreaks will Save lives and alleviate the suffering of those most in need of assistance and protection which is in line with strategic objective 1 (SO1). Provision of basic mental health and psychosocial support will Support at-risk communities to sustain their capacity to cope with significant threats which is in line with strategic objective 3 (SO3)

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
Bessenso Wani Ezeron	Executive Director	therescueinitiative.ss@gmail.com	+211(0)955426471
Lapolo Ketty	Finance Officer	kettyoryema@gmail.com	+211(0)915110044

BACKGROUND

1. Humanitarian context analysis

The health infrastructure for both curative and preventive services have severely deteriorated in Kajo Keji and Yei Counties over the last one year due to the July 2016 crises which started in Juba and spread to the rest of the Equatoria region forcing thousands to flee to neighboring countries while a sizable population remained in the forests in Liwolo payam and became settled in Ajio (about 3,600 IDPs), Keriwa (about 10,100 IDPs) and Logo (about 16,700 IDPs), where they had been allocated land by local community leaders (IRNA, 2016). Some of the IDPS displaced from Yei settled in the border with Kajo keji while others joined the IDPs in Kajo-keji. This population has since increased with more people returning from Uganda refugee camps to the IDP camps in Kajo Keji. Five main issues emerged affecting health service delivery and the overall health of the IDPs. 1) Deteriorating health infrastructure, with one or two health facilities working and located more than 3 KMs from the IDP camps, 2) Lack of health personnel to keep the health facilities functional due to lack of payment, 3) Lack of drugs and other medical equipments/Supplies, 4) Distant and partially functional water sources (bore holes) located 3-8 KM from the IDP sites and 5) Lack of food and nutrition services for the IDPs. The integrated food security Phase classification (IPC 2017) classified Kajo Keji as Phase 4, regarded as emergency; in addition, the report also highlighted unconditional humanitarian access constraints as factors limiting response in Kajo Keji and Yei. This has resulted into poor health outcomes including increased morbidities with top leading cases of illness being Malaria, diarrhea, Acute respiratory infections and pregnancy related conditions (IRNA 2016). Recent Rapid Response Mission to Kajo Keji by IOM and the county health department (CHD) treated 7,730 patients with malaria as the leading morbidity with an incidence rate of 32% followed by Acute Respiratory infections with an incidence rate of 21% (IOM/CHD, Feb. 2017). Although no Multi indicator Cluster survey (MICS) or a SMART survey was done in Kajo Keji or Yei Counties in recent years, data from the CHD/IOM (Feb. 2017) indicate a Severe acute Malnutrition rate of 5.4%. This was based on MUAC screening which may not be reliable.

2. Needs assessment

The humanitarian situation in Kajo Keji counties remains dire following the 2016 crises which started in Juba and spread to the rest of the Equatoria region forcing thousands to flee to neighboring countries while a sizable population remained in the forests in Liwolo payam and became settled in Ajo (about 3,600 IDPs), Keriwa (about 10,100 IDPs) and Logo (about 16,700 IDPs), where they had been allocated land by local community leaders (IRNA, 2016). This has led to deteriorating health infrastructure, with one or two health facilities working and located more than 3 KMs from the IDP camps, shortage of health personnel to keep the health facilities functional due to lack of payment, Lack of drugs and other medical equipments/Supplies, distant and partially functional water sources (bore holes) located 3-8 KM from the IDP sites and Lack of food and nutrition services for the IDPs. The integrated food security Phase classification (IPC 2017) classified Kajo Keji as Phase 4, regarded as emergency; in addition, the report also highlighted unconditional humanitarian access constraints as factors limiting response in Kajo Keji and Yei. This has resulted into poor health outcomes including increased morbidities with top leading cases of illness being Malaria, diarrhea, Acute respiratory infections and pregnancy related conditions (IRNA 2016). Recent Rapid Response Mission to Kajo Keji by IOM and the county health department (CHD) treated 7,730 patients with malaria as the leading morbidity with an incidence rate of 32% followed by Acute Respiratory infections with an incidence rate of 21% and SAM of 5.4% (IOM/CHD, Feb. 2017).

3. Description Of Beneficiaries

The project beneficiaries include; 11538 direct and indirect beneficiaries, 65% (7500) IDPS and 35% (4038) people in the host community. Of these, 20% (2308) are men, 23% (2654) are women, 26% (3000) are boys and 31% (3576) are girls. Of the total beneficiaries, 4 % (461) are pregnant and lactating women and 21% (2422) are children under five years. The selection of the beneficiaries is based on the needs and vulnerability of the population with high consideration for IDPS, women, pregnant and lactating women and children less than five years. The beneficiaries will be fully involved in the project implementation. Most of the project staff will be drawn from them and community dialogue meeting as a feedback mechanism to ensure accountability to the affected population will be established.

4. Grant Request Justification

This project intends to increase access to essential primary health care services including clinical consultations and treatment of common illnesses, strengthen surveillance and routine immunization with an aim to reduce morbidity and mortalities due to malaria, diarrhea, pneumonia, measles), SAM with complications, emergency HIV/AIDS and Tuberculosis. The project will use the basic package for health and nutrition services of the Ministry of health (BPHNS), Minimum Initial Service package for Reproductive health services (MISP) and the community management of acute malnutrition (CMAM) package as working guidelines during the implementation. The response is designed to bridge the existing response gaps by increasing population coverage through static and outreach clinics. 4 static and 2 Mobile outreach clinics will be established in Yei and Kajo Keji Respectively. The staffs will be drawn from within the affected population and this is expected to increase the household income of such families hence increases household food and reduces malnutrition. Supervision and on job training will be strengthened to ensure local capacity is developed for sustainability. A strong coordination with existing partners such as ARC, CHD and RRC will be strengthened through regular meetings to avoid duplication and promote corporation. Security clearance will be obtained timely using the existing security guidelines to ensure the much needed assistance reach the beneficiaries early. TRI-SS has established a coordination office in Yumbe and Moyo Districts in Uganda to facilitate movement of medical supplies as an alternative to the current challenges faced in moving supplies to Kajo Keji through Juba. An integrated approach will be adopted such that during health education sessions, IYCF messages and hygiene promotion messages are passed to the beneficiaries. Similarly, during food distribution, the outreach teams will be deployed to provide treatment for sick people. Severely malnourished children with medical complications identified during these events will be taken for treatment to the nearest health facility.

5. Complementarity

The project will complement on the ongoing health and nutrition services provided by ARC and SSUHA in Kajo-Keji and Yei so that a comprehensive package of health and nutrition services is provided to the community to increase population coverage.

LOGICAL FRAMEWORK

Overall project objective

To Increase access to essential emergency primary health care services and contribute to reduction in morbidity and mortality due to common health risks and illnesses among IDPs and Host community in Kajo-Keji and Yei Counties

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations	SO2: Protect the rights and uphold the dignity of the most vulnerable	80
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	10
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	10

Contribution to Cluster/Sector Objectives : This project will increase access to essential emergency primary health care services including ; Provision of clinical consultations to children less than five years and over, Cholera/AWD case management, Malaria case management, Management of SAM with med. Complications, RH and Neonatal care services, Emergency vaccinations, Medical waste management, Health promotion /education, CMR and psychosocial support., Enhance community level surveillance and strengthen EWARS reporting, Establish space for SGBV response, and Basic mental health services which is in line with cluster objectives 1,2,3.

Outcome 1

Improved access to essential health care by focusing on the major causes of morbidity & mortality among U5C (Cholera/AWD, malaria, diarrhea,) and Cholera/AWD case management , SAM with complications

Output 1.1

Description

Management of communicable diseases including provision of diagnostic clinical consultations, treatment and referral of cases and management of SAM with medical complications (Target :3320)

Assumptions & Risks

- Treatment guidelines available,
- Staffs are skilled ,
- Insecurity,
- Displacements
- Other health interventions (e.g. health education) will be put in place and sustained,
- 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 outpatient consultations in conflict and other vulnerable states	1,300	1,200	800	757	4,057

- Means of Verification** : • Under five outpatient and inpatient registers,
 • Above five outpatient and inpatient registers,
 • Weekly IDSR/EWARS reports,
 • Monthly reports,
 • Health cluster 5 Ws

Indicator 1.1.2	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			20	30	50
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- Means of Verification** : Inpatient reports (Under five),Monthly reports, IDSR reports and EWARS reports,Health cluster 5Ws,Health cluster RRM reports

Indicator 1.1.3	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					4
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- Means of Verification** : GPS coordinates, Health cluster 5Ws

Indicator 1.1.4	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	20	20			40
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- Means of Verification** : Training reports

Indicator 1.1.5	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	80	100	20	30	230
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- Means of Verification** :

Activities

Activity 1.1.1

- Provision of clinical consultations to children less than five years and over,

Activity 1.1.2

- Management of SAM with med. Complications

Activity 1.1.3

- Malaria case management

Activity 1.1.4

- Training of staff on cholera case Management

Activity 1.1.5

- Cholera/AWD case management

Outcome 2

Improved community communication and education focusing on cholera prevention, Maternal care, Endemic common infective diseases, and community based environmental safety, injury prevention and first aid, safe water use and sanitary practices, reproductive practices and sexual behavior

Output 2.1

Description

Health seeking behavior among community members to access services for common illness and prevention of diseases and community empowerment through consultative and dialogue meetings improved (Target: 3100)

Assumptions & Risks

Availability of IEC materials,
 Access to the community,
 Cultural barriers

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	1,000	1,200	500	400	3,100

Means of Verification : • Health education reports, • Pictures,							
Indicator 2.1.2	HEALTH	[Frontline services] Number of community consultative meetings to identify needs of the affected populations conducted (2 in Yei and 2 in KK)				2	
Means of Verification : Minutes of meeting Pictures,							
Indicator 2.1.3	HEALTH	[Frontline services] Number of community dialogue meetings to provide feedback to affected populations conducted (2 in Yei and 2 in KK)				2	
Means of Verification : Minutes of meeting Pictures,							
Activities							
Activity 2.1.1							
Develop IEC materials (Posters/T-shirts/Banners)							
Activity 2.1.2							
Distribution of IEC materials to community leaders and women groups and schools							
Activity 2.1.3							
Continues health education and hygiene promotion during outreaches							
Activity 2.1.4							
Conduct consultative meetings with affected population s to identify needs and work with them to agree on solutions							
Activity 2.1.5							
Continues community dialogue meetings and feed back to the affected population							
Outcome 3							
Increased access to basic emergency obstetric and neonatal care including the clinical management of SGBV , psychosocial support and basic mental health services in Kajo Keji and Yei counties							
Output 3.1							
Description							
Focused antenatal, safe hygienic delivery and post natal care emphasizing early recognition of complications and rational referral improved (Target:471)							
Assumptions & Risks							
<ul style="list-style-type: none"> • Availability of referral facilities • Treatment guidelines available, • Staffs are skilled , • Insecurity 							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	[Frontline services] Number of facilities providing BEmONC services					2
Means of Verification : • GPS coordinates of established health facilities providing BEmONC services							
Indicator 3.1.2	HEALTH	[Frontline services] Number of health workers trained on safe deliveries	4	6			10
Means of Verification : Training reports							
Indicator 3.1.3	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					461
Means of Verification : • ANC registers, • Delivery registers, • Monthly reports, • Health cluster 5 Ws							
Activities							
Activity 3.1.1							
Training of health workers on safe deliveries							
Activity 3.1.2							

Focused antenatal care							
Activity 3.1.3							
Skilled deliveries							
Activity 3.1.4							
Post natal care , registration and immunization of new born							
Activity 3.1.5							
Provision of oral FP methods							
Activity 3.1.6							
Counseling on persistent use of condoms and other contraceptive methods							
Output 3.2							
Description							
Increased reporting and response to survivors of gender based violence including CMR, awareness raising, and community based counseling (Target:45); Basic mental health services including counseling and referral for serious psychiatric conditions improved (Target:27)							
Assumptions & Risks							
Availability of PEP kits for CMR, Fear by survivors of rape to report to the health facility, Stigma							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.2.1	HEALTH	[Frontline services] Number of health facilities providing SGBV services					4
Means of Verification : : • Health cluster 5 Ws, • GPS coordinates of established health facilities providing SGBV services							
Indicator 3.2.2	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	4	6			10
Means of Verification : training reports							
Indicator 3.2.3	HEALTH	Frontline Services) Number of rape cases clinically managed at CMR centers(W:15,G:20)					35
Means of Verification : • Confidential GBV register/Health cluster 5 Ws							
Indicator 3.2.4	HEALTH	(Front Line Services) Number of mentally ill persons received mental health and psychosocial support (M:10, W:8, B:5,G4)					27
Means of Verification : • Outpatient registers							
Activities							
Activity 3.2.1							
Advocacy to ensure an adequate health response is in place							
Activity 3.2.2							
Psychological first aid to rape survivors							
Activity 3.2.3							
sensitization meetings to increase awareness about the availability of services							
Activity 3.2.4							
safe,ethical and appropriate data collection for SGBV reporting							
Activity 3.2.5							
Sourcing for mental health treatment /training guidelines							
Activity 3.2.6							
Train clinical staff on basic mental health package							
Activity 3.2.7							
Treatment and/or referral of mentally ill patients							
Outcome 4							
Improved response to epidemic prone disease outbreaks through strengthened disease surveillance focusing on Cholera/AWD, malaria, diarrhea; Improved immunization coverage in Kajo Keji and Yei Counties							
Output 4.1							
Description							
Community based identification and reporting of known disease outbreaks; Cholera/AWD, malaria and recognition of unusual outbreaks and community disasters preparedness and response improved (Target:80%)							
Assumptions & Risks							

- Availability of reporting tools,
- Access to the community and supported health facilities
- Insecurity

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 4.1.1	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					80

Means of Verification : • IDSR

- RRM
- Health cluster 5 Ws

Indicator 4.1.2	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	8	10			18
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Means of Verification :

Activities

Activity 4.1.1

conducting continues community/Facility level surveillance for Cholera/AWD and other communicable diseases

Activity 4.1.2

Documenting and reporting on rumors of unusual symptom/signs

Activity 4.1.3

Conducting Initial assessment of outbreaks and reporting to WHO surveillance team

Output 4.2

Description

Improved emergency vaccination for cholera in Kajo keji and Yei counties (Target: 4501)

Assumptions & Risks

- Availability of functional cold chain system,
- Availability of vaccines,
- Trained vaccinators,
- Insecurity,
- Accessibility

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 4.2.1	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in priority locations					2

Means of Verification : Health cluster 5 Ws,
GPS coordinates

Indicator 4.2.2	HEALTH	[Frontline services] Number of people vaccinated with oral cholera vaccines in priority locations	500	600	200	200	1,500
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Means of Verification :

Activities

Activity 4.2.1

Social mobilization for cholera vaccination in Kajo Keji and Yei counties

Activity 4.2.2

Oral cholera vaccination in Yei and kaJo Keji Counties

Additional Targets :

M & R

Monitoring & Reporting plan

Data collection tools,
 TRI-SS will use EWARS, IDSR, RRM, Health cluster 5Ws, and quantified supervisory checklists as tool for project data collection.
 Data collection,
 The data will be collected on weekly, biweekly, monthly and quarterly and end of project report
 Reporting,
 The project data will be collected using the MoH, and Health cluster reporting tools comprising of maternal and child health registers, pharmaceutical registers, outpatient registers, inpatient registers, nutrition registers, weekly IDSR reporting tools EWARS and monthly reporting tools.
 Data clerks will be responsible for reporting at the health facility, she/he will ensure that data is collected and reported on Weekly and monthly basis. And will be shared with M & E officer and health manager. The health manager will compile the report and share with the health cluster
 Monitoring
 The health manager will be responsible to contact routine supervision to the filed locations, to give technical support to health facilities in the use of treatment guidelines, ensure data is collected using the standard data collection tools.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: • Provision of clinical consultations to children less than five years and over,	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: • Management of SAM with med. Complications	2017								X	X	X	X	X
	2018	X											
Activity 1.1.3: • Malaria case management	2017								X	X	X	X	X
	2018	X											
Activity 1.1.4: • Training of staff on cholera case Management	2017								X	X	X	X	X
	2018	X											
Activity 1.1.5: • Cholera/AWD case management	2017								X	X	X	X	X
	2018	X											
Activity 2.1.1: Develop IEC materials (Posters/T-shirts/Banners)	2017								X	X			
	2018												
Activity 2.1.2: Distribution of IEC materials to community leaders and women groups and schools	2017										X	X	
	2018												
Activity 2.1.3: Continues health education and hygiene promotion during outreaches	2017								X	X	X	X	X
	2018	X											
Activity 2.1.4: Conduct consultative meetings with affected population s to identify needs and work with them to agree on solutions	2017								X	X	X	X	X
	2018	X											
Activity 2.1.5: Continues community dialogue meetings and feed back to the affected population	2017								X	X	X	X	X
	2018	X											
Activity 3.1.1: Training of health workers on safe deliveries	2017									X	X		
	2018												
Activity 3.1.2: Focused antenatal care	2017								X	X	X	X	X
	2018	X											
Activity 3.1.3: Skilled deliveries	2017								X	X	X	X	X
	2018	X											
Activity 3.1.4: Post natal care , registration and immunization of new born	2017								X	X	X	X	X
	2018	X											
Activity 3.1.5: Provision of oral FP methods	2017								X	X	X	X	X
	2018	X											

Activity 3.1.6: Counseling on persistent use of condoms and other contraceptive methods	2017								X	X	X	X	X
	2018	X											
Activity 3.2.1: Advocacy to ensure an adequate health response is in place	2017								X	X	X	X	X
	2018	X											
Activity 3.2.2: Psychological first aid to rape survivors	2017								X	X	X	X	X
	2018	X											
Activity 3.2.3: sensitization meetings to increase awareness about the availability of services	2017								X	X	X	X	X
	2018	X											
Activity 3.2.4: safe,ethical and appropriate data collection for SGBV reporting	2017								X	X	X	X	X
	2018	X											
Activity 3.2.5: Sourcing for mental health treatment /training guidelines	2017								X	X	X	X	X
	2018	X											
Activity 3.2.6: Train clinical staff on basic mental health package	2017									X	X		
	2018												
Activity 3.2.7: Treatment and/or referral of mentally ill patients	2017								X	X	X	X	X
	2018	X											
Activity 4.1.1: conducting continues community/Facility level surveillance for Cholera/AWD and other communicable diseases	2017								X	X	X	X	X
	2018	X											
Activity 4.1.2: Documenting and reporting on rumors of unusual symptom/signs	2017								X	X	X	X	X
	2018	X											
Activity 4.1.3: Conducting Initial assessment of outbreaks and reporting to WHO surveillance team	2017								X	X	X	X	X
	2018	X											
Activity 4.2.1: Social mobilization for cholera vaccination in Kajo Keji and Yei counties	2017								X	X	X	X	X
	2018	X											
Activity 4.2.2: Oral cholera vaccination in Yei and kaJo Keji Counties	2017									X	X	X	
	2018												

OTHER INFO

Accountability to Affected Populations

This project is designed to ensure the affected population is fully involved in the implementation. The staff will be recruited from within the community and community consultative meetings will be conducted to identify emerging needs and discuss on the way forward. An activity for community consultative meetings has been included in the logical framework. In addition, community dialogue meetings will be conducted with stake holders and beneficiaries to give feedback to the community regarding the implementation of the project. An indicator and target for community dialogue meetings has been included in the logical frame work. These meetings will also provide an opportunity for the community to raise their concerns and complaints. To ensure the project will no harm to the community, a proper waste management strategy has been developed. Medical wastes will be safely collected according to the WHO safety precaution standards and destroyed using the appropriate mechanisms including Controlled burning, and burying.

Implementation Plan

Provision of basic package of health and nutrition services will be done in all the 4static health facilities and the 2 mobile outreach centers. TRI-SS will include a mixture of innovative approach using community outreach events during which health education on prevention and control of communicable disease such as malaria, HIV/AIDS, TB, Acute watery diarrhea (AWD)/ Cholera is given, children under five immunized, dewormed and given vitamin A supplementation. Building strong referral system where patients are identified and referred from community to health facilities and among health facilities will be enhanced. On the job competence based trainings tailored to the needs of communities will be undertaken together with regular supervisory visits using the QSC of the MoH. Effective health information and management system will be enhanced to ensure that data is used for informing decision making in the course of implementing the project. TRI-SS will ensure that data is effectively captured, analyzed, disseminated and utilized by all stakeholders (government, donors and partners) at all stages of the project implementation. Community involvement through recruitment and training of community leaders and community health educators (HHPs, TBAs and CHWs) on prevention and control of SGBV, communicable diseases such as malaria, HIV/AIDS, Malnutrition, promotion of LLTNs, hand washing, use of latrines, protection of water source will be used to enact health promotion and protection in the communities. Collaboration and coordination will be a key in implementing the project. TRI-SS will initiate and promote dialogue and collaboration with its partners such as line ministries of health, NGOs, the communities and local authorities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
WHO	Supplies/Capacity Building/advocacy (PHCC Kits,RDTS etc)
UNFPA	Supplies(RH kits,Condoms)
ARC	Supplies/Capacity Building/advocacy (PHCC Kits,RDTS etc)

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project is designed to bridge the gender gap in service provision.This project will prevent and respond to gender based violence through reporting of GBV cases and clinical and psychosocial support to victims of GBVs.The beneficiaries are selected on the basis of a gender sensitive criteria considering the vulnerability of women, boys and girls.Women will be encouraged to participate in the implementation of the project with a planned staffing target of 30%.On the other hand, men will be encouraged to play an active role in maternal and child health including support for ANC and IYCF.

Protection Mainstreaming

The project is designed to apply the minimum standards for protection mainstreaming in Health according to the humanitarian standards. The project will ensure that discrimination against women in the field of health care is eliminated and will provide equal access to adequate health care facilities.The project will ensure the protection to the sick and wounded, health workers and other humanitarian personnel, hospitals, medical equipment, medical units and transportation in armed conflict and finally this project is designed to ensure Safe access to essential medical services.

Country Specific Information**Safety and Security**

Kajo Keji and Yei Counties had been calm for last three months. However, sporadic attacks on road has been reported sometimes hampering the movement of supplies and people. TRI-SS has a security plan in place, which guides staff on safety and security in their movements while conducting humanitarian work. The staff will be provided with identity cards which they are advised to carry whenever they go out for work. In situations of high insecurity, staffs may be evacuated to Uganda (Moyo or Arua) for safety.

Access

Kajo Keji is accessible through out the year mainly by road.TRI-SS will hire a car to transport supplies and staff for outreach and community health events

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	2,800.00	6	40.00	6,720.00
	<p>1. To oversee the efficient and effective day-to-day operation of the project</p> <p>2. To establish good working relationships and collaborative arrangements with community groups, funders, politicians, and other organizations to help achieve the goals of the project.</p>						
1.2	Health Manager	D	1	2,500.00	6	100.00	15,000.00
	To initiate, plan, design, execute, monitor, control and closure of a project						
1.3	Clinical officer	D	2	800.00	6	100.00	9,600.00
	To perform general or specialized medical duties such as diagnosis and treatment of disease and injury, ordering and interpreting medical tests, performing routine medical and surgical procedures and referring patients to other facilities						
1.4	Nurse Midwife	D	2	400.00	6	100.00	4,800.00
	To give care (help) to people who are sick or injured. Nurses work with doctors and other health care workers to make patients well (not sick) and to keep them fit and healthy.						
1.5	Community health workers	D	4	100.00	6	100.00	2,400.00

	<i>To Promote the health of pregnant women, and children, improving nutrition, promoting immunization and providing education around a specific health issue, such as diabetes or HIV/AIDS.</i>						
	<i>The project is charge 100% of 400 USD to carter for salary, medical insurance, and social benefits for the community health workers</i>						
1.6	Nutritionists	D	2	300.00	6	100.00	3,600.00
	<i>Treatment of SAM with medical complications and Nutrition secreening</i>						
1.7	Labaratory Assistants	D	2	200.00	6	100.00	2,400.00
	<i>Laboratory diagnosis To support in collecting specimens, preparing them for analysis and running routine lab tests</i>						
1.8	Dispensers	D	2	70.00	6	100.00	840.00
	<i>Dispensing drugs at the OPD/Stock taking and making requests</i>						
1.9	Community mobilization officer	D	2	400.00	6	100.00	4,800.00
	<i>Community mobilization during outreach activities</i>						
1.10	Field Finance officer	D	1	900.00	6	100.00	5,400.00
	<i>Responsible for preparing financial statements, maintaining cash controls, preparing the payroll and personnel administration, purchasing, maintaining accounts payable and managing office operations.</i>						
1.11	Statistical Clerks	S	2	60.00	6	100.00	720.00
	<i>OPD registration of patients</i>						
1.12	Human Resource officer	S	1	900.00	6	30.00	1,620.00
	<i>Responsible for providing support in the various human resource functions, which include recruitment, staffing, training and development, performance monitoring and employee counseling.</i>						
	<i>The project is charge 50% of 900 USD to carter for salary, medical insurance, and social benefits for the HR</i>						
1.13	Logistics officer	S	1	1,000.00	6	30.00	1,800.00
	<i>To analyze and coordinate an organization's supply chain—the system that moves a product from supplier to beneficiaries.</i>						
	<i>The project is charge 60% of 1000 USD to carter for salary, medical insurance, and social benefits for the logistic officer</i>						
1.14	Guard	S	4	50.00	6	50.00	600.00
	<i>To provide security to the properties of the organization</i>						
	<i>The project is charge 60 % of 50 USD to carter for salary, Medical insurance and social benefits for the watchman</i>						
1.15	Cleaner	S	4	50.00	6	50.00	600.00
	<i>To Clean building floors by sweeping, mopping, scrubbing, or vacuuming.</i>						
	<i>The project is charge 50% of 50 USD to carter for salary, medical insurance, and social benefits for the cleaner</i>						
1.16	Monitoring and Evaluation officer	S	1	900.00	6	40.00	2,160.00
	<i>To support in monitoring and reporting of the project activities</i>						
	<i>The project is charge 50% of 900 USD to carter for salary, medical insurance, and social benefits for the monitoring and evaluation officer</i>						
1.17	Operations Manager	S	1	1,500.00	6	40.00	3,600.00
	<i>Support operations and is a security focal person</i>						
1.18	Field Coordinator	D	1	1,100.00	6	100.00	6,600.00

	<i>To coordinate teams working on related projects</i>						
	<i>The project is charge 100% of 1200 USD to carter for salary, medical insurance, and social benefits for the program manager</i>						
1.19	Health officer	D	2	1,000.00	6	100.00	12,000.00
	<i>Support the health facilities through trainings and responsible for monitoring supplies and reporting</i>						
1.20	Reproductive health officer	D	1	900.00	6	100.00	5,400.00
	<i>Support the midwives through mentorship/trainings and provide support during skilled deliveries</i>						
1.21	Community Mobilisers	D	3	200.00	6	100.00	3,600.00
	<i>Conduct mobilization during outreach activities</i>						
1.22	Field Cashier	D	1	600.00	6	100.00	3,600.00
	<i>Handling petty cash at the field level</i>						
1.23	Vaccinators	D	5	60.00	6	100.00	1,800.00
	<i>Conduct routine and out reach vaccinations</i>						
1.24	Marternal and Child Health workers	D	4	100.00	6	100.00	2,400.00
	<i>Support the Midwives and responsible for deliveries at the PHCU level</i>						
	Section Total						102,060.00
2. Supplies, Commodities, Materials							
2.1	Procurement of essential drugs as contigncy stock	D	1	5,637.52	1	100.00	5,637.52
	<i>Thes drugs are intended for Kajo-Keji where movement of supplies from Juba to Kajo-Keji is difficult due to security clearence/the drugs will fill a gap when a process to get drugs from Juba pipeline partners is being processed/The drugs will be procured from Uganda and Moved to Kajo Keji through Moyo</i>						
2.2	Training of health workers	D	2	900.00	1	100.00	1,800.00
	<i>To conduct refreshers training to the health persons</i>						
2.3	Inception meetings	D	2	300.00	1	100.00	600.00
	<i>To brief the stockholders on the project implementation</i>						
2.4	Soap and Laundry	D	4	50.00	6	100.00	1,200.00
	<i>Support the health facilities/Safety and hygiene</i>						
2.5	Community dialogue/consultative Meetings	D	4	100.00	1	100.00	400.00
	<i>Community dialogue and consultative meetings and intended to empower the community to be able to identify needs and provide feedback on the progress of the project to ensure accountability to affected population. 2 Community dialogue and consultative meetings will be conducted in Kajo-Keji and 2 in Yei making a total of 4 meetings;These meetings target community leaders and other stake holders with each meeting attended by 50 people at the cost of 2 USD per person to cater for water and other soft drinks making a total 100 USD per each meetings for 4 meetings (2 per county):Total cost will be 4*100=400USD</i>						
2.6	IEC materials	D	1	1,000.00	1	100.00	1,000.00
	<i>Visibility and community mobilization/Community health</i>						
2.7	Community Outreach activities	D	18	20.00	6	100.00	2,160.00
	<i>To conduct health education, and awareness in the selected project location</i>						
2.8	Transportation of essential drugs	D	1	1,862.00	1	100.00	1,862.00
	<i>Transportation cost of drugs to project sites</i>						
	Section Total						14,659.52
3. Equipment							
3.1	Printer	D	2	500.00	1	100.00	1,000.00

	<i>To be used for printing project documents</i>						
3.2	Cartridge	D	7	19.70	6	100.00	827.40
	<i>For printing and scanning of the project documents</i>						
3.3	Computer	D	4	700.00	1	100.00	2,800.00
	<i>To help in report writing and communication using internet</i>						
	Section Total						4,627.40
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	Travel	D	16	275.00	1	100.00	4,400.00
	<i>Health manager/M&E/Excutive director supervision visits and other staff movements</i>						
5.2	Perdiem	D	1	300.00	6	100.00	1,800.00
	<i>Support field supervision visits by Health Manager/M&E/ and Excutive director and other staff movements</i>						
	Section Total						6,200.00
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	Internet	D	3	200.00	6	100.00	3,600.00
	<i>To be used for communication and reporting from the project sites</i>						
7.2	Car Hire	D	1	200.00	20	100.00	4,000.00
	<i>To facilitate movement of the project staff during outreaches</i>						
7.3	Local Telephone network	D	1	100.00	6	100.00	600.00
	<i>Local communication/Juba and Field</i>						
7.4	Office Rent	D	3	200.00	6	100.00	3,600.00
	<i>Juba/Kajojeji/Yei</i>						
7.5	Bank charge	D	1	150.00	2	100.00	300.00
	<i>To carter for the bank transfers, and withdrawal charges</i>						
7.6	Printing papers	D	9	10.00	6	100.00	540.00

<i>For printing and photocopying of the project documents for record keeping and reference</i>			
Section Total			12,640.00
SubTotal	131.00		140,186.92
Direct			122,366.92
Support			17,820.00
PSC Cost			
PSC Cost Percent			7.00
PSC Amount			9,813.08
Total Cost			150,000.00

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Central Equatoria -> Kajo-Keji	80	1,846	2,123	2,400	2,940	9,309	Activity 1.1.1 : • Provision of clinical consultations to children less than five years and over, Activity 1.1.2 : • Management of SAM with med. Complications Activity 1.1.3 : • Malaria case management Activity 1.1.4 : • Training of staff on cholera case Management Activity 1.1.5 : • Cholera/AWD case management Activity 2.1.1 : Develop IEC materials (Posters/T-shirts/Banners) Activity 2.1.2 : Distribution of IEC materials to community leaders and women groups and schools Activity 2.1.3 : Continues health education and hygiene promotion during outreaches Activity 2.1.4 : Conduct consultative meetings with affected population s to identify needs and work with them to agree on solutions Activity 2.1.5 : Continues community dialogue meetings and feed back to the affected population Activity 3.1.1 : Training of health workers on safe deliveries Activity 3.1.2 : Focused antenatal care Activity 3.1.3 : Skilled deliveries Activity 3.1.4 : Post natal care , registration and immunization of new born Activity 3.1.5 : Provision of oral FP methods Activity 3.1.6 : Counseling on persistent use of condoms and other contraceptive methods

Central Equatoria -> Yei	20	462	531	600	636	2,229	<p>Activity 1.1.1 : • Provision of clinical consultations to children less than five years and over,</p> <p>Activity 1.1.2 : • Management of SAM with med. Complications</p> <p>Activity 1.1.3 : • Malaria case management</p> <p>Activity 1.1.4 : • Training of staff on cholera case Management</p> <p>Activity 1.1.5 : • Cholera/AWD case management</p> <p>Activity 2.1.1 : Develop IEC materials (Posters/T-shirts/Banners)</p> <p>Activity 2.1.2 : Distribution of IEC materials to community leaders and women groups and schools</p> <p>Activity 2.1.3 : Continues health education and hygiene promotion during outreaches</p> <p>Activity 2.1.4 : Conduct consultative meetings with affected population s to identify needs and work with them to agree on solutions</p> <p>Activity 2.1.5 : Continues community dialogue meetings and feed back to the affected population</p> <p>Activity 3.1.1 : Training of health workers on safe deliveries</p> <p>Activity 3.1.2 : Focused antenatal care</p> <p>Activity 3.1.3 : Skilled deliveries</p> <p>Activity 3.1.4 : Post natal care , registration and immunization of new born</p> <p>Activity 3.1.5 : Provision of oral FP methods</p> <p>Activity 3.1.6 : Counseling on persistent use of condoms and other contraceptive methods</p>
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Documents	
Category Name	Document Description
Budget Documents	TRI-SS Essential drugs prise List.xls
Budget Documents	TRI-SS Essential drugs price List.pdf