Requesting Organization :	Save the Children
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Provision of Life Saving Health Intervention, and Strengthening the County Health Departments' (CHD) Capacity to Prevent, Detect and Respond to Outbreaks in Nyirol Counties of former Jonglei State, and Kapoeta North County of Imatong State, South Sudan.
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-17/H/103070	**Fund Project Code :**	SSD-17/HSS10/SA2/H/INGO/6508
Cluster :	Health	**Project Budget in US$:**	399,054.14
Planned project duration :	6 months	**Priority:**	Not Applicable
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 :

SCI is seeking to deliver a six months emergency health project in three IPC4, IPC3, and hot spot counties; namely Nyirol, and Kapoeta North. The overall objective of this project is to reduce morbidity and mortality from Malaria, Diarrhea/chorea as well as acute malnutrition among children under five years of age, and strengthen the CHD's capacity to prevent, detect and respond to outbreaks of epidemic prone diseases.

The project's thematic sector focus will be health, and it will be effective August 01, 2017 to January 31, 2018. A total of 220,797 beneficiaries will be addressed directly with lifesaving as well as health, sanitation and hygiene promotion activities. Public health emergency interventions focusing on screening, treatment and referral of children with life threatening health conditions; mainly diarrhea, malaria, pneumonia and acute malnutrition, as well as strengthen the surveillance and response to diseases outbreaks. Specifically, SCI will provide and preposition drugs and medical supplies for an anticipated disease outbreaks of acute watery diarrhea (AWD)/cholera, and Malaria; provide transportation/vehicle support to CHDs during the response of outbreaks of diseases whenever needed; strengthen disease surveillance through community volunteers, promote health, sanitation, hygiene and MIYCN (maternal infant and young child nutrition) targeting children under five years of age, and pregnant and lactating women (PLW).

This project will be implemented in counties currently supported by SCI, and thus the proposed activities will complement existing health, nutrition and cholera re
This project will be implemented in counties currently supported by SCI, and thus the proposed activities will complement existing health, nutrition and cholera response activities, as well as the mobile emergency responses provided by SCI's emergency health unit in Kapoeta North. The IPC released in June 2017 categorized these three counties as IPC phase 3 and 4 with very critical food insecurity situation. The IPC state that a dramatic deterioration in the proportion of population having sufficient access to food, with Jonglei in May 2017 continuing to record the lowest level of access to food since April 2016.

SCI has experiences of supporting community based management of diarrhea and malaria, and this has contributed for improvement of health in Akobo, Nyirol and Kapoeta North. Community based management of diarrhea and malaria is an ideal lifesaving approach in emergency contexts as it can help to increase access to those areas and community groups not reached through the ordinary health system, as well as promote key preventive health messages. A total of 432 (232 in Nyirol and 200 in Kapoeta North) community based distributers (CBDs), and 22 CBD supervisors (12 in Nyirol and 10 in Kapoeta North) will be trained to screen and treat cases of malaria, diarrhea, and pneumonia, screen for malnutrition, as well as disseminate health messages on epidemic prone disease, sanitation and hygiene as well as MIYCN, 80 healthcare providers will be trained on Integrated Diseases Surveillance and Response (IDSR), 12 ORP (oral rehydration points) will be established to provide treatment on acute watery diarrhea/cholera, and long lasting insecticide treated bed nets will be distributed through the CHDs.

This project will have three objectives. Objective 1 will focus on providing emergency lifesaving intervention focusing on cholera/diarrhea, malaria, and pneumonia among children under five years of age; objective 2 will focus on intensifying surveillance and integrating capacity building for the CHD to prevent, detect and respond to outbreak of epidemic prone diseases focusing on cholera/malaria /measles and other diseases; and objective 3 will focus on promoting health, sanitation and hygiene and MIYCN messages through community volunteers, as well as strengthening quality and accountability to affected pop

Direct beneficiaries :

Men	Women	Boys	Girls	Total
39,357	42,637	10,462	11,334	103,790

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Trainers, Promoters, Caretakers, committee members, etc.	239	259	0	0	498
Children under 5	0	0	10,462	11,334	21,796
Pregnant and Lactating Women	0	8,303	0	0	8,303
Other	23,472	25,428	0	0	48,900

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

The IPC released in May 2017 estimated that over six million people in South Sudan are in need of humanitarian assistances; more than the number of people estimated from the previous IPC released in January 2017. The humanitarian situation is deteriorating at an alarming rate and responses to integrated humanitarian responses needs to be scaled up to prevent unnecessary human suffering and death, and to mitigate expensive interventions in the future. Increasing market prices, : The IPC released in May 2017 estimated that over six million people in South Sudan are in need of humanitarian assistances; more than the number of people estimated from the previous IPC released in January 2017. The humanitarian situation is deteriorating at an alarming rate and responses to integrated humanitarian responses needs to be scaled up to prevent unnecessary human suffering and death, and to mitigate expensive interventions in the future. Increasing market prices, food insecurity, limited access to health services and wide prevalence of diseases are fueling the humanitarian needs. Knowing the gaps on the ground, this project is designed to alleviate the health needs of the community and prevent further worsening of humanitarian needs and risk of disease outbreaks in Nyirol and Kapoeta North.

This project will contribute to the allocation strategy of providing resources for the most critical and time-sensitive life-saving activities, ensuring optimal use of the limited resources, as well as prioritizing counties with the critical needs per the IPC classification. The proposed project activities will also contribute for inter cluster and inter sector collaborations, and they are time sensitive and lifesaving, as well as are aligned to the cluster's strategic objective of improving access and scale-up responsiveness to an integrated essential lifesaving healthcare package focusing on the major causes of mortality among children under five years of age (malaria, diarrhea, pneumonia, measles and acute malnutrition). It will contribute to the cluster's strategic objective through providing case management to 55,199 cases of diarrhea, malaria, and pneumonia; providing cholera case management through establishing 12 ORPs, supporting three CHDs improve the early identification, reporting and analysis of IDSR data; conducting community education on the promotion of sanitation, hygiene and MIYCN messages are associated with reducing risks of infection, promoting health and improving treatment outcomes.

SCI mainstreams HIV/AIDS, gender, environment, and child protection across its projects, and in this project too SCI will ensure those who will involve in the implementation area aware of HIV prevention mechanisms and where to refer themselves for post exposure prophylaxis, implement gender inclusive approaches during recruitment of staff, as well as disaggregation of all project data. SCI will provide educations for beneficiaries on proper disposal of wastes; such as empty bottles after use of medications, and SCI will ensure all project staff are aware of and signs SCI child protection policy.

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
Bester Mulauzi	PDQ Director	bester.mulauzi@savethechildren.org	+211-922-412301
Anteneh Girma	Health and Nutrition Technical Specialist	anteneh.girma@savethechildren.org	+211(0)922412324

BACKGROUND

1. Humanitarian context analysis

With the humanitarian crisis in South Sudan worsening, the May 2017 IPC estimates that over 6 million people in are in need of humanitarian assistance. The health condition, food insecurity and malnutrition in the country have deteriorated, where access to life saving comprehensive obstetrical care and disease outbreak management are among the prioritized humanitarian health needs. The total health budget of the country is less than 4% of the national budget meaning that the government health system is inadequate to sustain government health care delivery and cannot adequately respond to public health emergencies. Civil war has forced families from their homes and some qualified health personnel to flee the county, as well as caused significant damage to the country's healthcare system (both infrastructure and supplies) including the cold chain, which had improved in the years preceding the war. Recurrent disease outbreaks, including a malaria and cholera outbreak are exacerbating the humanitarian situation in the country. Meanwhile, existing challenges, including insecurity, limited access to basic services and high rates of malnutrition, were further exacerbated by conflict. Outbreaks of cholera, measles, and malaria are among the major epidemic public health concerns affecting large portions of the country. About 50%, 17% and 10% of outpatient consultations are due to malaria, diarrhea and pneumonia respectively. Meanwhile, malaria accounts for 43% of the major causes of death followed by acute watery diarrhea (11%). The frequent occurrence of cholera outbreak and, the increase in malaria occurrence contributed to the high risk of morbidity and mortality mainly for children under 5 years of age and pregnant and lactating women (PLW) (HNO 2017).

In May 2017, the IPC declared that the humanitarian needs are more deepened and widely spread throughout the country and areas like Jonglei, NBeG and WBeG are in very critical food insecurity situation. In Jonglei, the food is rapidly deteriorating, where some counties like Nyirol, are facing Emergency (IPC Phase 4) acute food insecurity, with Ayod having an estimated 20,000 people experiencing humanitarian catastrophe (IPC Phase 5) at least through July 2017. The conflict-related displacement of over 200,000 people from northern, central, and eastern former Jonglei has severely disrupted livelihoods and access to social services, thus severely undermining food security in the State (IPC May 2017).

Active transmission of cholera is being reported from 12 counties of South Sudan, where the Kapoeta areas are reporting excess number of suspected cases. Since the first index case was reported on April 24, 2017, a total 762 cases and 10 deaths (CFR 1.2%) of cholera are reported from Kapoeta North by June 28, 2017.
Children under five years of age, and women can be particularly in more needs of humanitarian assistance as they will not be able to access healthcare for the health needs due to insecurity and destruction of existing health facilities. Lack of immunization services and health services has led to high malnutrition burden especially to Women and children boys and girls 0-59 months. This further affects breastfeeding activities, and overall health and nutrition care.

2. Needs assessment

SCI is operational in the area where these projects are proposed. As day to day activities health related need were assed, followed and reported from the field and most of the need and gaps are related to Functionality of the health facility, Availability and capacity of health staffs, Availability of medicines, High prevalence of malaria, diarrhea and the occurrence of cholera as remain significant gap and public health issues .Coverage of health service is also big gap as the infrastructure in South Sudan is very limited. According to south Sudan hard to reach Area assessment done in Jongle ,in Most of the area health service area not available because of conflict(47%) , no health facilities(10%) around 7% due to unavailability of medical supplies and unavailability of health care providers (30%).As currently is rainy season , and the current occurrence of cholera in kapoeta, indicate that there is still a need in complementing the ongoing intervention. The coverage of immunization is still very low and still SCI recognize that there is a need in supporting the OCV as well. According to the REACH assessment report also the top gap and needed item in the health facility is medicine. Capacity of the health service providers has been also limited and there is a need in health service provider capacity building area. In associated with limited capacity , both rea have lack of rapid response team and mechanism as such RRM is recommended and IDSR activities should be also strengthen. WASH remain the main challenge, and there is a need in awareness, availing and promotion of WASH activities in the rea.

3. Description Of Beneficiaries

A total of 103,790 people will be targeted with key health, sanitation, hygiene and IYCF key messages. Of which, a total of 55,199 cases of diarrhea and malaria among children under five years of age will be treated through community based provision of lifesaving interventions, as well as screened and refereed for acute malnutrition treatment services.
A total of 432 (232 in Nyirol and 200 in Kapoeta North) CBDs, and 22 CBD supervisors (12 in Nyirol and 10 in Kapoeta North). A total of 44 healthcare providers will be benefit from the training on integrated diseases surveillance and response (IDSR), and 8 ORP (oral rehydration points) will be established to further strengthen the access to treatment on acute watery diarrhea/cholera.
A total of 48,900 people including 8303 women of reproductive age group will be indirectly benefiting from the key health message disseminations and the lifesaving community based interventions.

4. Grant Request Justification

The SSHF allocation prioritizes counties with the most severe humanitarian needs, active cholera transmission, locations with GAM rates substantially exceeding the emergency threshold, as well as those with IPC phase 4. The proposed project counties; Nyirol and Kapoeta North, fall within these prioritization criteria, where Nyirol and Bor have displacement, are in IPC phase 4, has active cholera transmission, has food insecurity, and GAM rates above the emergency threshold, while Kapoeta North has active cholera transmission.
The ongoing health and nutrition activities implemented by Save the Children in these counties have reduced the morbidity and mortality associated with communicable diseases and acute malnutrition. This SSHF funding will build on and further expand the health and nutrition work started by Save the Children in Akobo, Nyirol and Kapoeta North Counties. The outreaches have successfully integrated nutrition in the past, reaching many malnourished children pregnant and lactating mothers with lifesaving Save the Children.
The proposed project will build on Save the Children's existing operational presence in these locations. Although Save the Children has been providing health services to children under five years of age in 7 payams (Waat, Diror, Yidit, Nyambor, Pading, Barriek,& Buong) of Nyirol county, and 6 payams (Wokobu, Najie, Lomeyen, Nakwa, Paringa, & Mossingo) of Kapoeta North county funded by the Global Fund; the emergency nutrition services in five sites (Thol, Waat, Pading, Nyambor (2x)) of Nyirol county funded through UNICEF PCA and WFP FLA for prevention and treatment of acute malnutrition, as well as the mobile/outreach emergency response provided by SCI's emergency health unit (EHU) in different parts of the country.
Meanwhile potential aggravating factors; including widely prevalent open defecation practices, upcoming rainy season that is expected to last from July to October, and low health seeking behaviors, poor hygiene and sanitation and limited access to health services can pose high risk for continued transmission and potential outbreaks of communicable diseases including cholera in the proposed project counties. The insufficient resources (compared with the need), insecurity and intermittent access are also limiting access to basic services in these three counties. Thus Save the Children proposes to use SSHF funding to scale up and maximize access to life saving health and nutrition services outreaches over a period of six months. This SSHF funding will therefore be implemented in existing SCI implementation sites, and will serve as part of Save the Children's existing emergency response program enabling Save the Children to scale-up ongoing health and nutrition interventions in Akobo, Nyirol and Kapoeta North counties to additional payams in order to meet the increased humanitarian needs.
Cross cutting issues, like gender, HIV and environment, are priority concerns during humanitarian responses, and Save the Children will mainstream them across its programs. Save the Children mainstreams gender activities in all its program work through inclusion male and female among staff and volunteers, getting and provision of feedback to different groups on the performance of the project and finding ways to improve it in a consultative manner. Save the Children also mainstreams HIV and environment through its program through ensuring risk of HIV infection is minimized among staff, advising them for post exposure prophylaxis, as well as availing key HIV prevention messages on HIV for staff and project beneficiaries. Save the Children is accountable to the population affected and beneficiaries of the project through advising beneficiaries properly disposes empty boxes, tines and sachets of medications and nutrition commodities.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To reduce morbidity and mortality from Malaria, Diarrhea, Pneumonia as well as acute malnutrition among children under five years of age, as well as strengthen the CHD's capacity to prevent, detect and respond to outbreaks of communicable diseases.

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	50
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	45
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	5

Contribution to Cluster/Sector Objectives : SCI plays active roles in coordination activities on health at county and state level supporting SMoH and CHDs as well other implementing partners. The strong presence in the area and acceptance of SCI at community, government and with local partners is strength of SCI and leverage for successful programming. To ensure that we deliver an effective emergency health response in the three proposed counties, the project will follow the cluster coordination structures and improve any areas of gap identified if any. Moreover, the project will be linked to the existing development and emergency projects including ICCM which is being implemented by SCI. The provision of community based health intervention and promotion activities will save lives of children under five years of age and PLW.

The IDSR training and subsequent technical and logistics support to the CHD will intensify diseases surveillance through which the CHD's capacity to detect and respond to outbreaks will be improved. The PFA (psychological first aid) training for health care provider and lead community volunteers will help the identification and referral of cases at community level that need psychological support at the nearest health facility.

Outcome 1

Morbidity and mortality from malaria, diarrhea, pneumonia and acute malnutrition reduced through the provision of lifesaving community based treatment services targeting diarrhea, malaria and pneumonia in Nyirol and Kapoeta North

Output 1.1

Description

Access to community based lifesaving treatment services for common causes of childhood illnesses; diarrhea, malaria and pneumonia, is improved

Assumptions & Risks

Risk: access constraints due to conflict or security issues;
Assumption: the security situation allows for safe access to communities, continued support from the local government and community

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of CBDs and CBD supervisors trained community based management of Diarrhea, Pneumonia, and Malaria					432
Means of Verification : Training Report, Progress Report							
Indicator 1.1.2	HEALTH	Community based malaria and diarrhea treatment utilization rates among children under five years of age per person per year					2
Means of Verification : Services utilization statistics							
Indicator 1.1.3	HEALTH	[Frontline services] Number of people reached by health education /promotion	39,357	42,637	10,462	11,334	103,790
Means of Verification : Progress Report Community Sensitization Report							
Indicator 1.1.4	HEALTH	Number of cases of malaria, diarrhea and pneumonia treated through CBDs					25,948
Means of Verification : Progress Reports iCCM registers							
Indicator 1.1.5	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	377	409	216	233	1,235
Means of Verification : surveillance report, monthly and weekly							

Activities

Activity 1.1.1

Select, train and support 432 CBDs on the screening, treatment/referral of children under five years of age for malaria, diarrhea and pneumonia, as well as screening and referral for acute malnutrition.

Activity 1.1.2

Select and train 22 CBDs supervisors on the screening, treatment/referral of children under five years of age for malaria, diarrhea and pneumonia, screening and referral for acute malnutrition, as well as supportive supervision

Activity 1.1.3

Procure and equip the CBDs and CBD supervisors with kits and job aids for treatment of malaria, diarrhea and pneumonia among children under five years of age.

Activity 1.1.4

Purchase of drugs/essential medications for treatment of diarrhea, pneumonia and malaria among children under five years of age

Activity 1.1.5

Conduct performance review and clinical mentoring every two months with up to 20% of the CBDs with low performances identified during supportive supervision

Activity 1.1.6

Support to CBDs with monetary and non-monetary incentives to motivate and retain them treat children with diarrhea, malaria and pneumonia, as well as screen and refer children with acute malnutrition.

Activity 1.1.7

Support to CBD supervisors with monetary and non-monetary incentives to motivate and retain them provide supportive supervision to CBDs regularly

Outcome 2

Capacity of the CHD in Nyirol and Kapoeta North counties to prevent, detect and respond to outbreaks of malaria, diarrhea and cholera is strengthened

Output 2.1

Description

Epidemic preparedness and response mechanisms is strengthened in each county for timely and effective response of potential outbreaks of epidemic prone disease

Assumptions & Risks

Risk: access constraints due to conflict or security issues;
Assumption: the security situation allows for safe access to communities, continued support from the local government and community

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					80
Means of Verification : Epidemic investigation and response report							
Indicator 2.1.2	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	10	10			20

Means of Verification : Training Report Progress Report							
Indicator 2.1.3	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	0	0			0
Means of Verification : Number of trained staff, training reports							
Indicator 2.1.4	HEALTH	[Frontline services] Number of people vaccinated with oral cholera vaccines in priority locations	0	0	0	0	0
Means of Verification : weekly and monthly report							
Indicator 2.1.5	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					0
Means of Verification : Report							

Activities

Activity 2.1.1

Conduct refresher training for health workers on the prevention, detection and treatment of epidemic prone diseases

Activity 2.1.2

Conduct monthly community mobilizations sessions targeting community leaders, schools and other community structures on sanitation and hygiene promotion, and consistent use of long acting insecticide treated mosquito nets.

Activity 2.1.3

Distribute sanitation and hygiene items to the community during community mobilization and at OTP/TSFP sites, as well as provide health education

Activity 2.1.4

Support establishment of 8 ORP (4 per county) in selected villages with high number of cholera or acute watery diarrhoea cases

Activity 2.1.5

Provide technical support for the CHD establish, train and support epidemic preparedness and response team

Activity 2.1.6

Provide transportation/vehicles support to the CHD (during outbreaks) respond to at least one disease outbreak of diarrhea, malaria and/or other epidemic prone disease

Activity 2.1.7

Conduct RRM (rapid response mission) or participate in ICRM (inter cluster response mission) to hard to reach areas in Jonglei and Kapoeta

Activity 2.1.8

Train 30 SCI and CHD staff on IDSR as per the South Sudan MOH protocol

Outcome 3

Awareness and access to psychological first aid support is improved for women and children in the project area

Output 3.1

Description

Psycho social first aid services that can help front line health workers on the identification, and referral cases will be mainstreamed across the emergency health and nutrition interventions

Assumptions & Risks

Risk: access constraints due to conflict or security issues;
Assumption: the security situation allows for safe access to communities, continued support from the local government and community

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 3.1.1	PROTECTION	Number of frontline response actors trained on GBV/PFA counseling					50
Means of Verification : Training Report Progress Report							

Activities

Activity 3.1.1

Conduct PFA (Psychological First Aid for children) training for front line health workers who will have direct contact with community members and children

Activity 3.1.2

Provide technical support for the health care provider identify and refer cases that need psychosocial first aid services

Additional Targets : Number of community members reached with health, sanitation, hygiene and IYCF messages (220,797)
Number of RRM conducted or ICRM attended (6)
Number of CHDs with active epidemic management committee (3)

M & R

Monitoring & Reporting plan

SCI will apply gender inclusive methods during staff recruitment, project beneficiary selection, implementation, community feedback and project monitoring and evaluation, as well as ongoing assessments. All data collected and reported will be dis-aggregated data by gender and age. quarterly report that includes narrative and budget will be submitted timely.SCI will assign responsible person for each site on M&R and data will be collected weekly monthly using different tools including DHIS. Regular filed visits supervision and monitoring will be done by program staffs and technical specialist. Any assessment or activities done by program team, IDRSR, RRC will be shared with partners donors and stakeholders based on the urgency of the needed information .

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Select, train and support 432 CBDs on the screening, treatment/referral of children under five years of age for malaria, diarrhea and pneumonia, as well as screening and referral for acute malnutrition.	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Select and train 22 CBDs supervisors on the screening, treatment/referral of children under five years of age for malaria, diarrhea and pneumonia, screening and referral for acute malnutrition, as well as supportive supervision	2017								X	X	X	X	X
	2018	X											
Activity 1.1.3: Procure and equip the CBDs and CBD supervisors with kits and job aids for treatment of malaria, diarrhea and pneumonia among children under five years of age.	2017								X	X	X	X	X
	2018	X											
Activity 1.1.4: Purchase of drugs/essential medications for treatment of diarrhea, pneumonia and malaria among children under five years of age	2017												
	2018	X											
Activity 1.1.5: Conduct performance review and clinical mentoring every two months with up to 20% of the CBDs with low performances identified during supportive supervision	2017								X	X	X	X	X
	2018	X											
Activity 1.1.6: Support to CBDs with monetary and non-monetary incentives to motivate and retain them treat children with diarrhea, malaria and pneumonia, as well as screen and refer children with acute malnutrition.	2017								X	X	X	X	X
	2018	X											
Activity 1.1.7: Support to CBD supervisors with monetary and non-monetary incentives to motivate and retain them provide supportive supervision to CBDs regularly	2017								X	X	X	X	X
	2018	X											
Activity 2.1.1: Conduct refresher training for health workers on the prevention, detection and treatment of epidemic prone diseases	2017								X	X	X	X	X
	2018	X											
Activity 2.1.2: Conduct monthly community mobilizations sessions targeting community leaders, schools and other community structures on sanitation and hygiene promotion, and consistent use of long acting insecticide treated mosquito nets.	2017								X	X	X	X	X
	2018	X											
Activity 2.1.3: Distribute sanitation and hygiene items to the community during community mobilization and at OTP/TSFP sites, as well as provide health education	2017								X	X	X	X	X
	2018	X											
Activity 2.1.4: Support establishment of 8 ORP (4 per county) in selected villages with high number of cholera or acute watery diarrhoea cases	2017								X	X	X	X	X
	2018	X											
Activity 2.1.5: Provide technical support for the CHD establish, train and support epidemic preparedness and response team	2017								X	X	X	X	X
	2018	X											
Activity 2.1.6: Provide transportation/vehicles support to the CHD (during outbreaks) respond to at least one disease outbreak of diarrhea, malaria and/or other epidemic prone disease	2017								X	X	X	X	X
	2018	X											
Activity 2.1.7: Conduct RRM (rapid response mission) or participate in ICRM (inter cluster response mission) to hard to reach areas in Jonglei and Kapoeta	2017								X	X	X	X	X
	2018	X											
Activity 2.1.8: Train 30 SCI and CHD staff on IDSR as per the South Sudan MOH protocol	2017								X	X	X	X	X
	2018	X											
Activity 3.1.1: Conduct PFA (Psychological First Aid for children) training for front line health workers who will have direct contact with community members and children	2017								X	X	X	X	X
	2018	X											
Activity 3.1.2: Provide technical support for the health care provider identify and refer cases that need psychosocial first aid services	2017								X	X	X	X	X
	2018	X											

OTHER INFO

Accountability to Affected Populations

SCI has its own accountability systems, founded on Humanitarian Accountability Partnership Standards on accountability and quality management, and Inter-Agency Standing Committee (IASC) recommended principles and values. For this project, SCI will conduct community sensitization and information sharing sessions on project activities with girls, boys, women and men, together with community and government leaders at the onset of implementation, to ensure communities are well informed about the project and to receive feedback from beneficiaries and communities. SCI will seek and consider the views of beneficiaries and community members throughout the project to ensure that their feedback and complaints are addressed in an effective and timely manner. SCI has an established complaint response mechanism (CRM) with two components a) beneficiary complaint/feedback collection mechanism and b) complaint handling and response mechanism.

Implementation Plan

The proposed action considers i's advantages in terms of its operational presence, sectorial experience in health, nutrition, FSL, CRG and protection, as well as good partnership in Jonglei. At a national level, both operation and technical specialists will oversee the project in a coordinated way and provide the required level of technical backup to ensure quality and timely implementation of the project by organizing field visits and remote assistance where due necessary. At the field level sci will also coordinate with the state and county government of Jonglei and EES, as well as beneficiaries and support their lead during the implementation of program activities.

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

2b-The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

Health and nutrition seeking behaviors of women, girls, men and boys are different and nutrition project activities will be designed according to cultural and society norms, considering the specific needs of women (including PLW), girls, boys and men. SCI mainstreams gender through its program as core and cross-cutting theme. Cognizant of the fact that the gender imbalance that can indirectly affect the health and nutrition status of children and women, SCI will apply gender inclusive methods during staff recruitment, project beneficiary selection, implementation, community feedback and project monitoring and evaluation, as well as ongoing assessments. All data collected and reported will be dis-aggregated data by gender and age.

Protection Mainstreaming

Health and nutrition seeking behaviors of women, girls, men and boys are different and nutrition project activities will be designed according to cultural and society norms, considering the specific needs of women (including PLW), girls, boys and men. A primary focus of the project will be women who are the primary caregivers for infants and children and are influential in child care practices. Outreach to communities will strive to ensure women facing economic or social pressures do not present to health facilities late for services or treatment. Men, who are traditionally head of the household will be encouraged in joining the support groups, helping them to understand optimal MIYCN practices to be able to support mothers and caregivers. Through community consultations on project activities, women and men will be equally selected, consulted and involved in decision-making. The selection of community Health and Nutrition Volunteers (HHPs & CNVs) is through the Boma Health Initiative and will target both males and females. Data collected from the communities and health facilities will be disaggregated and analyzed by sex. Save the Children strives to ensure gender balance in its employment and trainings of staff and volunteers.

Country Specific Information

Safety and Security

SCI security team will be proactively asses analyze and take action accordingly and timely. Staff security will be given priority. SCI will collaborate and stick with the, international security protocols to ensure all program and staffs are implemented well. SCI has security focal person at all field office and had established good coordination and collaboration with partners and stakeholders,. SCI have good experience and acceptance by the community that enure the security and wellbeing of filed staffs.

Access

SCI will try to address those of none accessible areas and will try to improve the coverage of health service through availing essential medicine deploying trained CBD's to provide the common illness of childhood at community level,Logistic support o the CHD specially on transportation of supplies, deploying rapid response team in any case of outbreak situations.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Programme Development and Quality	D	1	7,831.00	6	5.00	2,349.30
	5% Director of Program Development and Quality (Juba Based -International staff) salary, fringe and benefits will be charged at this project as direct program cost						
1.2	Director of Programme Implementation	D	1	10,512.00	6	5.00	3,153.60

	5% Director of Program Implementation (Juba Based -International staff) salary, fringe and benefit costs will be charged at this project as direct program cost						
1.3	Operations Implementation Managers	D	2	7,453.00	6	5.00	4,471.80
	5% 10% of Operations Managers (Juba Based) salary, fringe and benefits costs will be charged to this project as direct program cost. They will be responsible for overseeing the operation aspect (recruitment, procurement, implementation and reporting) of the project.						
1.4	Health and Nutrition Technical Specialist	D	1	6,547.00	6	10.00	3,928.20
	10% Health and Nutrition Technical Specialist (HNTS) (Juba Based -International staff) salary, fringe and benefit costs will be charged at this project. This person will be involved in technical lead/guidance of the project, representation of the project at cluster level, supporting in quarterly reporting, and supportive supervision at field level. The HNTS will spend 10% of his time supporting this project						
1.5	Roving MEAL Manager	D	1	6,527.00	6	10.00	3,916.20
	10% of Roving MEAL Manager(Juba Based -International staffs) salary, fringe and benefit costs will be charged at this project. He will spent 5% of his time in supporting this project start up, and documenting lessons.						
1.6	SCUK HQ Technical support (Health)	D	1	266.00	10	10.00	266.00
	10% Technical Adviser's salary, benefit and fringe costs at a rate of 266 per day will be charged for 10 days over the project period						
1.7	Advocacy & Policy Director	D	1	6,073.00	6	9.00	3,279.42
	10% Advocacy and Policy Director (Juba Based -National staffs) salary will be charged at this project.						
1.8	Health and Nutrition Information Coordinator	D	1	1,560.00	6	10.00	936.00
	10% Health and Nutrition Information Coordinator (Juba Based -National staffs) salary will be charged at this project. This person will be responsible for receiving, analyzing and reporting of project activities on monthly basis.						
1.9	Assistant County Health & Nutrition Manager	D	2	1,418.00	6	40.00	6,806.40
	67% Assistant County Health and Nutrition Managers (Field based National staff) salary, benefits and fringes costs will be charged at these project as direct program cost. This person will be primarily responsible for managing this project implementation, follow up and reporting. He/she will provide trainings, represent SCI at sub national cluster level, quarterly reporting, and supervision at field level. He/she will spend 100% of his/her time in managing this project.						
1.10	Health Officers	D	2	1,200.00	6	53.00	7,632.00
	2 Health Officers (field based -National staff) salary will be charged at this project at 77% direct program cost. They will be involved in the implementation of the screening and treatment for communicable diseases project at health facility and community levels. One will be based at Nyirol and the other will at Kapoeta North and they will spend 77%of their time to coordinate implementation of this project. They will select and train CBDs, CBD supervisors, and provide training, as well as provide supportive supervisions for these health cadres.						
1.11	WASH Officers	D	2	1,200.00	6	55.00	7,920.00
	2 WASH Officers (field based -National staff) salary will be charged at this project at 77% direct program cost. They will be involved in the implementation of the WASH component of this project at health facility and community levels. One will be based at Nyirol and the other will at Kapoeta North and they will spend 77%of their time to coordinate implementation of WASH component of his project. They will provide training on WASH for community volunteers, coordinate community sensitizations, as well as sanitation and hygiene promotions.						
1.12	CBD Supervisors	D	22	300.00	6	60.00	23,760.00
	22 CBD supervisors (field Based -National staff) incentives will be charged at this project. They will be involved in the implementation of the project at community levels. They will spend 83% of their time, they will involve in the training of CBDs, they will supervise CBDs, monitor drugs to be distributed to the CBDs, as well as liaise with community representatives						
1.13	International Support staff salaries (Juba & Field based)	S	8	31,889.00	6	2.00	30,613.44
	8 International Staff (Field and Juba based) The cost is related to shared activities/tasks. This includes; Finance, Human resources, Logistics, Award Management, The activities/tasks of these functions will benefit the whole Country office portfolio and they are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The time spent by each support staff will be recorded (and documented) via the SCI Effort Reporting System (timesheet). It is budgeted at a total cost of $76,533.60 for 6 Months.						
1.14	National Support staff salaries (Juba & Field based)	S	16	15,263.00	6	1.00	14,652.48
	This is related to National staff in the country office and the field office in the 3 states. The cost is related to shared activities/tasks. This includes; Finance, Human resources, Logistics, Award Management, Field office Operations Management, The activities/tasks of these functions will benefit the whole Country office portfolio and they are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The time spent by each support staff will be recorded (and documented) via the SCI Effort Reporting System (timesheet). It is budgeted at a total cost of $43,957.44 for 6 Months.						
	Section Total						**113,684.84**

2. Supplies, Commodities, Materials							
2.1	Training of CBDs on community based management of Diarrhea, Malaria, as well as screening and referral of acute malnutrition	D	432	26.85	1	72.00	8,351.42
	83% direct program cost for a basic training of 432 CBDs on community based management of Diarrhea, Malaria as well as screening and referral for acute malnutrition for 6 days at @26.85$ per participant is budgeted to cover of refreshment, hall rent, stationary and local transport						
2.2	Training of CBD Supervisors on community based management of Diarrhea, Malaria, as well as screening and referral of acute malnutrition, and facilitation supervision	D	22	32.55	1	60.00	429.66
	83% direct program cost for a basic training of 22 CBD supervisors on community based management of Diarrhea, Malaria as well as screening and referral for acute malnutrition for 6 days at a rate of $32.55 per participant is budgeted to cover of refreshment, hall rent, stationary and local transport						
2.3	Purchase of CBD kits (drug storage boxes and their contents)	D	432	60.00	1	55.00	14,256.00
	Purchase of 432 CBD kits (Backpack, ARI Timers, ARI Beads, 1 Liter ORS Bottle for mixing ORS, MUAC tapes, Patient registers, Drug issue registers and Scissors), as well as job aids at $56.5 per kit will be charged at 75% direct program cost under this project						
2.4	Purchase of CBD supervisor kit (Gumboots, umbrellas, bicycles and pumps)	D	22	151.00	1	67.00	2,225.74
	Purchase of 22 CBD kits (Backpack, Umbrella, Bicycle pump, Gumboots, Rain coats, MUAC tape, Referral cards, Scissors, Calculator, Stapler, Thermometer for drug storage, Stamp pad (thumb printing)) at $113 per kit will be charged at 75% direct program cost under this project						
2.5	Purchase of Aretesunate 25mg + Amodiaquine 67.5mg (ACT Infants), pack of 25 blisters	D	361	13.00	1	100.00	4,693.00
	Purchase of 361 packs of Aretesunate 25mg + Amodiaquine 67.5mg (ACT Infants), pack of 25 blisters, at $13 per pack is budgeted as direct budget cost this project						
2.6	Purchase of Aretesunate 50mg + Amodiaquine 135mg (ACT Toddlers), pack of 25 blisters	D	1208	17.00	1	100.00	20,536.00
	Purchase of 1208 packs of Aretesunate 50mg + Amodiaquine 135mg (ACT Toddlers), pack of 25 blisters, at $17 per pack is budgeted as direct budget cost this project						
2.7	Purchase of Amoxicillin 125mg (Amoxacilline Infants), pack of 100 bottles	D	20	50.00	1	100.00	1,000.00
	Purchase of 20 packs of Amoxicillin 125mg (Amoxacilline Infants), pack of 100 bottles, at $50 per pack is budgeted as direct budget cost this project						
2.8	Purchase of Amoxicillin 250mg (Amoxacilline Toddlers), pack of 100 bottles	D	65	193.00	1	100.00	12,545.00
	Purchase of 65 packs of Amoxicillin 250mg (Amoxacilline Toddlers), pack of 100 bottles, at $193 per pack is budgeted as direct budget cost this project						
2.9	Purchase of ORS, pack of 50 sachet	D	229	4.00	1	100.00	916.00
	Purchase of 229 packs of ORS sachet, at $4 per pack is budgeted as direct budget cost this project						
2.10	Purchase of Zinc 20mg, Blisters of 100 tabs	D	441	10.00	1	100.00	4,410.00
	Purchase of 441 packs of Zinc 20mg, Blisters of 100 tabs, at $10 per pack is budgeted as direct budget cost this project						
2.11	Purchase of Zinc 10mg, Blisters of 100 tabs	D	65	10.00	1	100.00	650.00
	Purchase of 65 packs of Zinc 10mg, Blisters of 100 tabs, at $10 per pack is budgeted as direct budget cost this project						
2.12	Conduct performance review and clinical mentoring	D	86	26.85	3	72.00	4,987.66
	83% direct cost to conduct performance review and clinical mentoring in three sessions in each of the three counties with up to 20% of CBDs is budgeted under this project at a rate of $26.85 per participants. The costs include transportation, accommodation and refreshment as well as stationary costs.						
2.13	Monthly incentives for the CBDs	D	432	25.00	6	77.00	49,896.00
	89% direct program cost for CBDs' monthly incentive at a rate of $25 per CBD per month is budgeted						
2.14	Procure and distribute non-monetary incentives to CBDs	D	432	8.50	1	73.00	2,680.56
	One time purchase and distribution non-monetary incentives; such as soap, battery and torches, for the CBDs is budged at a rate of $8.5 per CBD per month at 83% direct cost						
2.15	Procure and distribute non-monetary incentives CBD supervisors	D	22	10.50	1	83.00	191.73
	One time purchase and distribution non-monetary incentives; such as soap, battery and torches, for the CBDs is budged at a rate of $10.5 per CBD per month at 83% direct cost						
2.16	Training of health workers on on the prevention, detection and treatment of epidemic prone diseases	D	50	79.07	1	76.00	3,004.66

	83% direct program budget to conduct a training of 50 health workers from CHD and health facilities on prevention, detection and treatment epidemic prone disease at a rate of $79.07 per traineeis budged to cover cost of local transportation, refreshment, accommodation, training materials duplication and hall rents						
2.17	Conduct monthly Health, Sanitation, Hygiene and MIYCN promotion	D	2	300.00	6	75.00	2,700.00
	83% monthly community sensitization session in each project county is budgeted under this project at a rate of of $300 per county per month						
2.18	Distribute sanitation and hygiene items to the community during community mobilization and at OTP/TSFP sites, as well as provide health education	D	2	100.00	6	75.00	900.00
	83% 'distribution of sanitation and hygiene items to the community during community mobilization and at OTP/TSFP sites' cost a rate of $100 per county per month is budgeted						
2.19	Establish 12 ORP (3 per county)	D	8	500.00	1	75.00	3,000.00
	83% of estimated budget to establish 8 ORP in selected villages with high number of cholera/AWD cases direct is budgeted at a rate of $500 per ORP						
2.20	Provide technical support for the CHD establish, train and support epidemic preparedness and response team	D	15	56.80	3	75.00	1,917.00
	75% of the budget required to provide technical support for the CHD establish, train and support epidemic preparedness and response team is budgeted as direct cost at rate of $95.5 per person is budgeted to cover costs of transport, accommodation, stationary and hall rent						
2.21	Support the CHD respond to at least one disease outbreak of diarrhea, malaria and/or other epidemic prone disease	D	2	4,250.00	1	36.00	3,060.00
	50% budget required to provide transportation services during epidemics response direct cost is budgeted at a rate of $4250 per county is budgeted						
2.22	Conduct training RRM team and Participate in ICRM to hard to reach areas in Jonglei	D	1	5,167.00	6	100.00	31,002.00
	100% budget required to conduct RRM in Jonglei at average rate of $5167 per mission (salary of a clinical officer 1200/month, salaries of two nurses 892/month, 8 casuals at $25/mission and transportation costs) direct budgeted						
2.23	Conduct monthly supportive supervision jointly with the CHD	D	2	400.00	3	75.00	1,800.00
	75% joint supportive supervision cost at a rate of 400 per trip per county is budgeted as support cost						
2.24	Conduct PFA (Psychological First Aid for children) training for frontline health workers who will have direct contact with community members and children	D	2	1,000.00	1	100.00	2,000.00
	100% direct program cost to conduct Psychological First Aid for children training at a rate of $1000 per county is budgeted to cover the cost of local transportation, accommodation, stationary and hall rent						
2.25	Train 30 SCI and CHD staff on IDSR as per the South Sudan MOH protocol	D	20	84.60	1	75.00	1,269.00
	75% direct program cost to conduct IDSR training at a rate of $84.6 per trainee is budgeted to cover the cost of local transportation, accommodation, stationary and hall rent						
	Section Total						**178,421.43**
3. Equipment							
3.1	RRM/ICRM Basic Furniture (table, chair, mats, tent…etc.)	D	1	5,000.00	1	65.00	3,250.00
	65% budget required to purchase movable table, chair, mats, tensts...etc. RRM/ICRM support cost is budgeted at a rate of $5000						
	Section Total						**3,250.00**
4. Contractual Services							
4.1	Premise costs (Juba)	S	1	47,240.00	6	3.00	8,503.20
	The cost will take care of the country office premise cost to support the program, the program will therefore be required to contribute towards the rental costs, the Electricity and water, the security costs and Internet cost of Central Office costs, It is budgeted at $14,172 for 12 months						
4.2	Premise costs (field)	S	2	15,746.00	6	3.00	5,668.56
	The cost will take care of 2 field office premise cost including rental costs, Electricity, Water, Security and Internet cost of the field office. It is budgeted at $14,171.40 for 6 months.						
	Section Total						**14,171.76**
5. Travel							
5.1	Transport of Material for activities to … e.g. unloading/counting)	D	3	1,430.00	6	78.00	20,077.20
	75% local transportation cost for RRM/ICRM and program implementation is budged as support cost at a rate of $1430 per county per month						

5.2	Program staff travel Costs	D	3	550.00	9	80.00	11,880.00
	100% Jube-field travels (program support) cost direct is budgeted at a rate of $550 per trip per person, 3 program staff will travel from Juba to the field 3 times to each county during the project period						
5.3	Support staff travel, lodging, capacity building (Juba)	S	8	13,287.00	6	1.00	6,377.76
	This cost will cover the monitoring visits of support function staff (HR, Award, Logistic, Finance, Admin. Etc.) aim to guarantee that policies and procedure are in place and constantly adopted. It is budgeted at a total cost of $6,377.76 for 6 months						
5.4	Support staff travel, lodging, capacity building (field)	S	8	13,287.00	6	1.00	6,377.76
	This cost will cover travel costs of support function staff (HR, Award, Logistic, Finance, Admin. Etc.) to the head office with an aim to ensure capacity of the staff is built up through training's to ensure support provided to the programme is of high quality. It is budgeted at a total cost of *$6,377.76 for 6 months*						
5.5	Vehicle & transport costs (Juba)	S	4	17,714.00	6	1.00	4,251.36
	The shared vehicle and transport cost will support the country office This is cost associated with vehicle usage for general tasks/activities that benefit the entire country office portfolio and for which the Country Office could not operate effectively without. This will include fuel, maintenance, registration and insurance costs that benefit the whole country office portfolio. It is budgeted at $4,251.36 for 6 months						
5.6	Vehicle & transport costs (Field)	S	4	17,714.00	6	1.00	4,251.36
	The shared vehicle and transport cost will support programme implementation in the field, This is cost associated with vehicle usage for program delivery activities This will include fuel, maintenance, registration and insurance costs that benefit the whole country office portfolio. It is budgeted at $4,251.36 for 6 months						
5.7	Office supplies (Juba)	S	1	21,260.00	6	4.00	5,102.40
	The cost will take care of the country office running cost, administration material, other consumables . It is budgeted at $6,378.00 for 6 months						
5.8	Office supplies (Field)	S	3	7,086.00	6	4.00	5,101.92
	The cost will take care of the country office running cost, administration material, other consumables . It is budgeted at $6377.40 for 6 months						
	Section Total						**63,419.76**
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							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
SubTotal			4,472.00				**372,947.79**
Direct							282,047.55
Support							90,900.24
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							26,106.35
Total Cost							**399,054.14**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Eastern Equatoria -> Kapoeta North	35						
Jonglei		39,357	42,637	10,462	11,334	103,790	
Jonglei -> Nyirol	65						

Documents

Category Name	Document Description