

Requesting Organization :	Organization for Peoples' Empowerment & Needs				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of lifesaving Emergency Health Services to the communities in Kapoeta East , through iCCM and mobile team.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/NGO/8137		
Cluster :		Project Budget in US\$:	120,000.30		
Planned project duration :	6 months	Priority:			
Planned Start Date :	20/03/2018	Planned End Date :	30/09/2018		
Actual Start Date:	20/03/2018	Actual End Date:	30/09/2018		
Project Summary :	This project will complement and extends the reach of public health services especially to children under 5 years by providing timely and effective treatment of malaria, pneumonia and diarrhea to populations with limited access through the integrated community case management (iCCM) using community based distributors (CBD).				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	6,636	6,907	1,764	1,836	17,143
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	0	0	0
Internally Displaced People	636	657	300	316	1,909
People in Host Communities	6,000	6,250	1,464	1,520	15,234
Indirect Beneficiaries :					
15234					
Catchment Population:					
1,909					
Link with allocation strategy :					
<p>One (1) Mobile team consisting of (One) Clinical Officer, midwife, Vaccinator and Two Community Health Workers (CHW) with technical supervisors one (1) Senior Health Officer and a Health officer who will be seeing Mobile team and iCCM programs which consists of thirty CBD and six CBDs Supervisors. This team will be selected from the four payams that will include ten Bomas.As follows; Kuato payam with Kuron, Nanyangachor, Kalabeleng and lotimoror Bomas, Jie Payams will include Kasingoro and Jie Boma, Mogos payam will include Kutoogun, Lochwa, Natinga Payam will include Natwatoum and Kaldo Boma respectively.The six CBDs Supervisors will be selected from the four payams and the CBDs will be selected from the ten Bomas whereby each Boma will have three CBDs Summing to thirty CBDs in total and each supervisor will oversee five CBDs.For this matter this team will ensure that early detection and treatment of malaria, pneumonia, diarrhea and other communicable diseases through the activities of the mobile team.In recent year of 2017 DHIS data from January - July, Kapoeta East implementing Panthers (IP's) on ground reported 3640 (51.8%) u5 treated with malaria, Diarrhea 3153 (44.9%), Pneumonia 232 (2.9%) This reflects that the leading morbidity among under five was malaria and diarrhea, therefore this project will contribute to the reduction of children under 5 morbidity and mortality rate of the mentioned diseases.</p>					
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
UNICEF	319,800.00
	319,800.00

Organization focal point :

Name	Title	Email	Phone
Abinyi Alex	Senior Program Officer	abbia7@googlemail.com	0955454346
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BACKGROUND**1. Humanitarian context analysis**

Throughout 2017 the humanitarian situation in South Sudan worsened, leaving an estimated 7 million people in need in 2018 since the conflict started in 2013 number 87 of Humanitarian workers were killed as they strive to support the community who are in dare need of health and other Humanitarian needs.

The 2018 Humanitarian Needs Overview outlines how the compounding effects of violence and economic decline have continued to erode the capacity of people to mitigate risks to life, livelihoods and Health needs. Some 4 million people have been uprooted since the crisis began in late 2013, including around 2 million displaced internally and 2 million moving to neighboring countries as refugees. Levels of hunger and malnutrition have reached unprecedented, with over 5 million people severely food insecure and over 1 million children acutely malnourished. The extent and duration of disease outbreaks is the worst seen, with health services ravaged and overwhelmed cholera and many other outbreaks were witness of recent in late 2017.

2. Needs assessment

In OPEN need assessment of February 2018, the Payam of Jie, Kauto, Natinga and Mogos were affected by malaria, diarrhea and RTI in 2017. A number of estimated 200 children were recorded to have suffered of cholera by the office of County Health department. Malnutrition rate also recorded at highest by IPC 4 report. There are five Primary health care centers in the payam providing health services through ARC however; gaps of prevention of childhood illness remains concern due to pastoral life styles and distances of available health facilities to the community. OPEN mobile team will do massive screening for children U5 found with malnutrition cases will be refer and community sensitization program will be carried out so that water sources are protected and hygiene promotion is done as preventive measures against cholera.

3. Description Of Beneficiaries

The people of Kapoeta East mostly rely on pastoralism and they do some little farming though they depend so much on their cattle for their livelihood. This project is meant to Prevent and manage common childhood diseases including malaria, pneumonia, diarrhea for 3,600 in which 1,836 are female and 1,764 male under 5 children.

4. Grant Request Justification

Kapoeta East county is among the worst counties with poor health indicators coupled with weak health system, insecurity and continued armed conflict. According to the Sudan Household Health Survey (SHHS, 2010), the under-five mortality rate is 135/1,000 live births. More than three quarters (76%) of this mortality is due to preventable or treatable infections (malaria 23%, pneumonia 21%, diarrhea 17%, and newborn sepsis 7%).

Poor access to quality basic health services coupled with insecurity continues to contributes to under five and infant mortality rates, with the top causes of morbidity being malaria (38.8 percent), diarrhea (28.5 percent) , acute respiratory infections (ARI) (16.24 percent), and intestinal parasites (8.32 percent). Although the 2009 Local Government Act devolves responsibility for primary service delivery to county administrations, they are severely hampered by human, infrastructural, financial and capacity constraints. Health facilities are not adequately equipped, not fully functional and are not adequately staffed.

The selected counties have also experience in 2017 very high prevalence of malaria. The county of Kapoeta East is food insecure and have poor water and sanitation situation. The food insecurity results into malnutrition this lower the immunity of children, thus increasing the chances of morbidity and mortality due to childhood illness-malaria, pneumonia, diarrhea and malnutrition . During rainy season this county is massively affect by stagnant waters hence creating a breeding space for mosquitoes and other bacteria.

5. Complementarity

OPEN will fully participate in coordination meetings at state Health cluster and County level. ARC as international Organization providing basic primary health care services in Kapoeta East, OPEN through iCCM intervention shall build strong referral pathways of patients received with complicated case like malaria, Pneumonia, diarrhea and others, for further treatment at the PHCC level thus iCCM intervention would help in prevention at the community level which would in turn reduced burden of patient at available health facilities supported by ARC

LOGICAL FRAMEWORK**Overall project objective**

- 1) Reduce morbidity due to malaria, pneumonia, diarrhea among communities and vulnerable population by September 2018
- 2) Increase knowledge of malaria, pneumonia, diarrhea prevention in under five years among IDP and vulnerable host population by September 2018

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Improve access and scale-up responsiveness to essential health-care needs of the vulnerable populations by focusing on the major causes of morbidity and mortality		SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs			100		
<p>Contribution to Cluster/Sector Objectives : The planned emergency response aims at ensuring access to essential life-saving services to targeted IDPs and vulnerable host communities which is in line with the Cluster objectives. This project stems from the needs, justification and findings of assessments and reports that explains the level of conflict and health risk exposure and the needs of vulnerable groups in the area of interest. The project also targets specific protection risk groups (Rape survivors, victims of physical and psychological trauma-women/men/ girls/boys) which contributes to the strategic objective of the cluster.</p> <p>The target locations are aligned to the Health cluster priority locations for this allocation.</p> <p>Beneficiaries and activities are derived from the HC clinical packages which efficiently and effectively contributes to the overall strategy of ensuring access to life saving essential health care services including health protection and reduction in morbidity and mortality of vulnerable groups.</p>							
Outcome 1							
% decrease in U5 mortality rate among IDPs in camps and Host communities.							
Output 1.1							
Description							
Treatment of uncomplicated pneumonia cases among children under 5 Treatment of uncomplicated malaria cases among children under 5 Treatment of uncomplicated diarrhea cases among children under 5 OPD consultations							
Assumptions & Risks							
Negative Cultural beliefs around cause of illness and treatment Insecurity Logistics(flood during rain season affect mobility especially in Jonglei state)							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					3,600
Means of Verification : Morbidity Data							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of people reached by health education /promotion	6,636	6,907	1,764	1,836	17,143
Means of Verification : Attendant list and photos taken during meetings							
Indicator 1.1.3	HEALTH	(Frontline Services) Number of OPD Consultations					17,143
Means of Verification : Attendants list and photos taken during consultation							
Indicator 1.1.4	HEALTH	(Frontline Services) Number of epidemic prone disease alerts responded to within 48hours					0
Means of Verification :							
Indicator 1.1.5	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	0	0			0
Means of Verification :							
Activities							
Activity 1.1.1							
Provide emergency child health intervention at community level Treatment of uncomplicated Malaria							
Activity 1.1.2							
Health education and promotion to improved Knowledge and practice of key interventions at the household and community level.							
Activity 1.1.3							
Provide emergency health intervention at community level through provision of integrated clinical packages.							
Activity 1.1.4							
Interventions through referrals,reporting, community awareness and sensitization epidemic prone alert at community level.							
Activity 1.1.5							
Train health workers and CBDs to provide service on WASH integration through; hand washing practices,hygiene and water purification at mobile outreach sites and at household level.							
Additional Targets :							

M & R

Monitoring & Reporting plan

The Project Log- frame and Work plan will be used to plan and measure implementation of activities.

1. Cluster M&E tools (FGD, support supervision assessments, accountability to affected population modalities) will be used to evaluate project response and performance.
2. The implementing partner will be contributing to the health cluster clinical package performance tracking on a monthly basis.
3. Guidelines on SSHF reporting will be adhered to as per mid-term and End of project submission.
4. Joint evaluation exercises will be conducted by partner, health cluster team and the CHD
5. Project reporting will use graphs and charts to represent project progress at all times.
6. Financial reporting will be analysed on a monthly basis and shared with SSHF at the end of the project

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide emergency child health intervention at community level Treatment of uncomplicated Malaria	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Health education and promotion to improved Knowledge and practice of key interventions at the household and community level.	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Provide emergency health intervention at community level through provision of integrated clinical packages.	2018			X	X	X	X	X	X	X			
Activity 1.1.4: Interventions through referrals,reporting, community awareness and sensitization epidemic prone alert at community level.	2018			X	X	X	X	X	X	X			
Activity 1.1.5: Train health workers and CBDs to provide service on WASH integration through; hand washing practices,hygiene and water purification at mobile outreach sites and at household level.	2018			X	X								

OTHER INFO

Accountability to Affected Populations

Implementing partner Organization for peoples' Empowerment & Needs will develop a culture of engaging the community from the initiation of the project in order for the community to own it
Stakeholder workshops will be organized in the location identified for implementation of the response. The community will be consulted and provided with information regarding the project implementation. This will include engaging existing CHD, Community elders, Women, Youth groups, religious leaders and representatives of beneficiaries.
This will be the medium through which communities will be encouraged to express their concerns, views and provide regular feedback to the implementing partner in a regular structured modality. Other reasonable modalities for feedback that is useful to the communities/beneficiaries will also be considered. These feedbacks will form part of the project performance reporting to the health cluster and will help guide the fine tuning of the project to enhance positive beneficiary experience.

Implementation Plan

1. Capacity building of the clinical and community staffs: All clinical and community teams involved in the implementation of the response will be provided initial orientation on their deliverables (Health, WASH, Nutrition and Protection as it pertains to the essential lifesaving packages
2. Technical guidelines, standard reporting formats (data collections tools) and protocols will be availed to ensure efficiency of the deliverables
3. Plan will be in place to mitigate stock outs
4. Implementing partner will closely coordinate with the health cluster at National and subnational levels to ensure the response is in-line at all time with the health cluster strategy
5. The cluster will be informed regularly on the status of the implementation of the repose in-order to mitigate issues that will affect the response

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
ARC,WFP and Save the Children.	ARC South Sudan, Monthly coordination meeting to strengthen referral; systems for better management of severe malaria, phenounia and acute watery diarrhea. World food Programme – Weekly/ monthly coordination for better referral and management of malnutrition. State Ministry of Health, County Health department and other key community stakeholders shall get involve planning, information sharing , reporting and security updates during meetings or organized for a.

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will focus on gender disparity and sensitivity to ensure that all the vulnerable populations enjoy the same positive essential life-saving health services. Women bear the economic responsibilities of their families, are not in a position to make family and personal choices including reproductive issues.

The project will ensure that women and girls are empowered proportionally to be given equal opportunity to be employed and serve their community. Women and girls must receive equal treatment in accessing essential lifesaving clinical health and protection services. Special effort will be made to ensure that the needs of adolescent youth (Boys/Girls) will be provided equal opportunities.

Protection Mainstreaming

1. Standardized psychosocial support will be provided ensuring confidentiality and privacy of individual who seek such services.
2. Capacity building for staff in the health facility will be conducted.
3. The implementing partner will conduct robust awareness and sensitization campaigns to raise awareness about their protection concerns and human rights.
4. The project will make use of community-based local protection mechanisms such as Community Complaints and Management Structures,
5. Persons with specific needs like the unaccompanied boys and girls; older people (Men and women) and disable women and men in our project implementation area will be given priority in emergency health services.
6. Gender parity in this project will be reflected in staffing and during treatment of patient in the health facilities.

Country Specific Information

Safety and Security

The project will ensure there is strong collaboration between local community and security organ on the ground for security update in order to ensure safety and security of the staff involved in the implementation of the project OPEN will also coordinate with UNDSS for security update on the ground.

Access

Kapoeta East County is accessible through the year though some inter communal fighting frequently occurs doesn't have major impact to project implementation.

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	D	1	2,800.00	6	30.00	5,040.00
	<i>Providing leadership in supervising the entire project activities both narrative and financial management.</i>						
1.2	Program manager	D	1	2,400.00	6	50.00	7,200.00
	<i>Offer support to the two program Officers, through activities occurrences supervision, timely reporting and attending cluster meetings.</i>						
1.3	Program Officer	D	2	900.00	6	100.00	10,800.00
	<i>Based at the field location to implement the daily project activities as stipulated in the concept note.</i>						
1.4	M & E Officer	D	1	800.00	6	100.00	4,800.00
	<i>Monitoring the daily activities progress and giving timely report on the impact of the activities and advise where necessary.</i>						
1.5	Finance Manager	D	1	1,300.00	6	50.00	3,900.00
	<i>Support the Finance officer in regards to the project activities budget line and Budget Priorities.</i>						
1.6	Finance Officer	D	1	500.00	6	100.00	3,000.00
	<i>Implement the budget as it is and give regular finance report to the Finance manager to be shared with the Health cluster.</i>						
1.7	Logistics Officer	D	1	300.00	6	100.00	1,800.00
	<i>Facilitate movement of all items needed in this project activities.</i>						
1.8	CBD	D	30	50.00	6	100.00	9,000.00
	<i>They are based in the community, responsible of distributing all Health items and provide Health Education to the community</i>						
1.9	Mobile Team	D	1	2,000.00	6	100.00	12,000.00
	<i>Provide integrated Mobile Clinic Services</i>						

1.10	Cleaners	D	2	200.00	6	50.00	1,200.00
	<i>Office Maintenance in terms of cleaning and other services.</i>						
1.11	Security Guards	D	2	200.00	6	50.00	1,200.00
	<i>Protect the office staff and assets.</i>						
1.12	CBD Supervisors	D	6	100.00	6	100.00	3,600.00
	<i>Provide supervision to the community based distributors</i>						
1.13	Bicycles for CBDs	D	6	250.00	1	100.00	1,500.00
	Section Total						65,040.00
2. Supplies, Commodities, Materials							
2.1	Drug supply to cover stock out	D	1	10,045.00	1	100.00	10,045.00
	<i>Purchase drugs for backup in case of delay in main core pipeline supply</i>						
2.2	Transportation of supplies to the field site	D	1	4,978.00	1	100.00	4,978.00
	<i>Transportation of consumable and non consumable items</i>						
	Section Total						15,023.00
3. Equipment							
3.1	Laptop Computers	D	3	700.00	1	100.00	2,100.00
	<i>contributing to the daily SSHF activities and report.</i>						
	Section Total						2,100.00
4. Contractual Services							
4.1	Training of CBD Hall Hired	D	1	100.00	2	100.00	200.00
	<i>For training the CBD</i>						
4.2	Transporting the CBD	D	1	200.00	2	100.00	400.00
	<i>Transporting the CBD for training</i>						
4.3	Accommodation & Perdiem for the CBD	D	30	50.00	2	100.00	3,000.00
	<i>Lodging and feeding of the CBD</i>						
4.4	Community health promotion events	D	2	1,000.00	1	100.00	2,000.00
	<i>provide Health Education to the community as planned in the project</i>						
	Section Total						5,600.00
5. Travel							
5.1	Monitoring and supportive support with CHDs	D	2	687.50	6	100.00	8,250.00
	<i>To provide mentor ship and effective service delivery to the community through the trained CBDs</i>						
5.2	Supportive supervision trip With UNHAS	D	5	275.00	3	100.00	4,125.00
	<i>Supervision of activities progress in the field</i>						
5.3	Vehicle rental for mobile team	D	1	1,000.00	6	100.00	6,000.00
	<i>Facilitate mobile team movement into the activities sites</i>						
5.4	Hotel lodging and Perdiem for supportive supervision trip	D	6	100.00	3	100.00	1,800.00

	<i>Lodging and feeding for the for supportive supervision</i>							
	Section Total							20,175.00
6. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
7. General Operating and Other Direct Costs								
7.1	Office rent	D	1	150.00	6	100.00	900.00	
	<i>Space for Coordination of all the project activities</i>							
7.2	Fuel for generator	D	1	355.00	6	100.00	2,130.00	
	<i>Running of the Project activities.</i>							
7.3	Fuel for Vehicles	D	2	250.00	6	100.00	3,000.00	
	<i>Mobility for staff for meeting and field locations</i>							
7.4	Ream of papers	D	24	7.00	1	100.00	168.00	
	<i>Printing and photocopying training documents, correspondents, Reports and other important documents.</i>							
7.5	Toners	D	5	10.00	3	100.00	150.00	
	<i>Ink for photocopier and Printers</i>							
	Section Total							6,348.00
SubTotal			141.00				114,286.00	
Direct								114,286.00
Support								
PSC Cost								
PSC Cost Percent								5.00
PSC Amount								5,714.30
Total Cost								120,000.30
Project Locations								
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Total	Activity Name
		Men	Women	Boys	Girls			
Eastern Equatoria -> Kapoeta East	100	6,636	6,907	1,764	1,836	17,143	Activity 1.1.1: Provide emergency child health intervention at community level Treatment of uncomplicated Malaria Activity 1.1.2: Health education and promotion to improved Knowledge and practice of key interventions at the household and community level. Activity 1.1.3: Provide emergency health intervention at community level through provision of integrated clinical packages. Activity 1.1.4: Interventions through referrals, reporting, community awareness and sensitization epidemic prone alert at community level. Activity 1.1.5: Train health workers and CBDs to provide service on WASH integration through; hand washing practices, hygiene and water purification at mobile outrec...	

Documents

Category Name

Document Description