OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Children Aid South Sudan
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Provision of essential and emergency health care, especially Preparedness and Response to Cholera outbreak in Nyirol County, Jonglei state
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-17/H/103095	**Fund Project Code :**	SSD-17/HSS10/SA2/H/NGO/6482
Cluster :	Health	**Project Budget in US$:**	100,000.00
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 :

Nyirol County where this project will be implemented has been categorized in phase 4 by the IPC. Twenty nine (29) suspected cholera cases with 4 deaths (CFR 13.79%) have been reported from Nyirol County. In addition, there has been massive displacement from the neighboring counties into Nyirol due to the fighting between the two warring parties and displacement with the county due cattle raiding from the neighboring Murle tribe. These have deteriorated the health conditions with communicable diseases such as Malaria, acute respiratory infection (ARI) and diarrhea causing significant morbidity and mortality among this population especially children under 5 years (Health Cluster February2017 report) with malaria accounting for 30% of consultations followed by ARI at 19% and diarrhea at 17% and malnutrition have already skyrocketed at 29.2% as indicated by the SMART Survey conducted by MEDAIR during the post-harvest period of Feb 2017. The result is a population chronically prone to disease with some 5,435 People mostly women and children currently in dire and urgent needs of health services, especially treatment of SAM with medical complication in the county.

The project is aligned to Health cluster objective of Improving access and scaling up responsiveness to essential health care by focusing on the major causes of mortality among U5C (malaria, diarrhoea, pneumonia, measles), cholera respond and preparedness, SAM with complications, emergency HIV/AIDS and Tuberculosis, basic emergency obstetric and neonatal care including the clinical management of SGBV in conflict affected and vulnerable populations. This will ensure 90% of the population of the vulnerable communities to have access to Primary Health Care by increasing access to primary health care services to Vulnerable Communities through, cholera response and preparedness and availing minimum essential stock of SAM treatment for medical complicated cases in CASS existing facilities in Nyirol County.

The beneficiaries of this project are mainly women and children of both Host community and IDPs who are residing with the Host community in Pultruk and Chuill payams. Locations were selected based on vulnerability and areas that are not covered by CMA and CASS program, these areas include Pultruk (Pultruk PHCC), and Chuil (Chuil PHCC). Within the Payams, the project targets to reach at least 90% beneficiaries through treatment and prevention of Cholera.

CASS, one of the lead agencies providing primary health care and Nutrition services in Nyirol County with funding from UNICEF have been facing the challenge of inadequate funding to mitigate this emerging shock. CASS believe that this gap will be mended by SSHF funding to Improve access and scale up responsiveness to essential health care by focusing on the major causes of mortality among U5C (malaria, diarrhoea, pneumonia, measles), SAM with complications, emergency HIV/AIDS and Tuberculosis, basic emergency obstetric and neonatal care including the clinical management of SGBV in conflict affected and vulnerable populations.

Being a national organization, CASS has a better understanding of the local context as well as the capacity to provide the most critical services during emergencies even within limited humanitarian corridor where international agencies cannot operate; this leaves CASS as the best agency to implement this project.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
1,920	2,450	1,580	1,742	7,692

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	1,020	1,450	880	1,242	4,592
Internally Displaced People	900	1,000	700	500	3,100

Indirect Beneficiaries :

All the population members of the project catchment areas this will benefit indirectly either out of health education or the impact of the project will give them positive change.

Catchment Population:

The catchment population of the project is the population of the whole county, which is 149, 854 individuals. They will benefit from this project either directly by treatment of active cases of cholera or benefit from the health education that will lead to prevention of cholera in the county.

Link with allocation strategy :

The proposed interventions will contribute to the first cluster objective of Improving access and scaling up responsiveness to essential health care by focusing on the major causes of mortality among U5C (malaria, diarrhoea, pneumonia, measles), SAM with complications, emergency HIV/AIDS and Tuberculosis, basic emergency obstetric and neonatal care including the clinical management of SGBV in conflict-affected and vulnerable populations. This will ensure 90% of the population of the vulnerable communities to have access to Primary Health Care by focusing on the treatment of major causes of mortality among U5C (malaria, diarrhoea, pneumonia, measles), Cholera respond and preparedness, SAM with complications, emergency HIV/AIDS and Tuberculosis, basic emergency obstetric and neonatal care including the clinical management of SGBV in conflict affected and vulnerable populations in the CASS existing facilities in Nyirol County.

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	50,000.00
	50,000.00

Organization focal point :

Name	Title	Email	Phone
Oyet Sisto	Executive Director	sisto.childrenaid@gmail.com	0955500886
Gilbert Drici	Director of Program Implementation	gilbert.childrenaid@gmail.com	0925293762
Ivu Sunday	Finance Manager	sunday.childrenaid@gmail.com	0955531656

BACKGROUND

1. Humanitarian context analysis

The protracted and active fighting has resulted in multiple displacements and a constant internally displaced moving population in Jonglei state. Continued looting and vandalization of health facilities and a mass exodus of human resources for health has worsened the already existing weak and nascent health system in the state. This has been worsened by the withdrawal of the main donor and their subsequent delay in releasing funding in the state.

In Nyirol County, the protracted violence and displacement combined with a high disease burden, poor access to sanitation (less than 7%) high illiteracy rates (as high as 88% for women and 63% for men), and high levels of poverty has led to very poor health care provision across the county (SSHS 2010). On to these existing problems, an additional shock is the visible famine in the county which has been classified in phase 4 by the IPC (IPC report Feb 2017). From February to July 2017 movement of women and children from these counties that has surrounded Nyirol (Uror, Akobo West and Duk) has been seen in search of refuge from active fighting, fear and manifested famine. The fighting within the county has also caused internal displacement, whereby large number of individuals settled in Lankien, Pultruk and Chuil payams (RRC report, Nyirol county). This has led Nyirol to have high number of Internally displaced persons (IDPs) compared to the total population: 80% vs 20% mostly living within the host community. As the result there has been episode of cholera outbreak since October 2016 (WASH and Health Cluster report) in the county; measles outbreak (Nyirol county IDSR report 2017), high GAM rate at 29.2% as indicated by the SMART Survey conducted by MEDIAR during the post-harvest period of Feb 2017 and high morbidity and mortality from communicable diseases such as Malaria, acute respiratory infection (ARI) and diarrhoea among this population especially children under 5 years (Health Cluster February2016 report) with malaria accounting for 30% of consultations followed by ARI at 19% and diarrhoea at 17%.

CASS, one of the agencies providing primary health care and Nutrition services in Nyirol County with funding from UNICEF have been facing the challenge of inadequate funding to mitigate the emerging shocks in the county. Through this project, CASS intends improve access and scale up responsiveness to essential health care by focusing on the major causes of mortality among U5C (malaria, diarrhoea, pneumonia, measles), SAM with complications, emergency HIV/AIDS and Tuberculosis, basic emergency obstetric and neonatal care including the clinical management of SGBV in conflict affected and vulnerable populations.

2. Needs assessment

Need assessment done in Nyirol by CASS indicates that there is high number on internaly displaced person in the County. From February to July 2017 movement of women and children from these counties that has surrounded Nyirol (Uror, Akobo West and Duk) has been seen in search of refuge from active fighting, fear and manifested famine. The fighting within the county has also caused internal displacement, whereby large number of individuals settled in Lankien, Pultruk and Chuil payams (RRC report, Nyirol county). This has led Nyirol to have high number of Internally displaced persons (IDPs) compared to the total population: 80% vs 20% mostly living within the host community. As the result there has been episode of cholera outbreak since October 2016 (WASH and Health Cluster report) in the county; measles outbreak (Nyirol county IDSR report 2017), high GAM rate at 29.2% as indicated by the SMART Survey conducted by MEDIAR during the post-harvest period of Feb 2017 and high morbidity and mortality from communicable diseases such as Malaria, acute respiratory infection (ARI) and diarrhoea among this population especially children under 5 years (Health Cluster February2016 report) with malaria accounting for 30% of consultations followed by ARI at 19% and diarrhoea at 17%.

3. Description Of Beneficiaries

The beneficiaries of this project are mainly women and children of both Host community and IDPs who are residing with the Host community. Locations were selected based on vulnerability and areas that are not covered by existing CASS program, these areas include: Chuil and Pultruk payams. Within the Payam, the project targets to reach at least 90% beneficiaries through mobile team, outreaches and existing health facilities.

4. Grant Request Justification

Although CASS runs 2 health facilities in Nyirol County (Pultruk PHCC, and Chuil PHCC) and 2 mobile clinic sites, there are still 5,435 in the two payams mostly women and children in need of health services. Communicable diseases such as Malaria, acute respiratory infection (ARI) and diarrhoea has caused significant morbidity and mortality among this population especially children under 5 years (Health Cluster February2016 report) with malaria accounting for 30% of consultations followed by ARI at 19% and diarrhoea at 17%. High morbidity and mortality rate is largely attributable to acute malnutrition and diseases outbreak and active conflict in Jonglei State including Uror, Akobo West and some parts of Ayod which resulted in an exodus of children towards Nyirol leading to crude death rate (CDR) above emergency threshold of 1 death per 10,000 people per day. Despite CASS's current interventions at health facilities and mobile clinic sites in Nyirol, active case finding shows a sharp upsurge of new cases of communicable diseases and SAM with medical complication. In addition to the displacement, physical insecurity has been a major hindrance to delivering lifesaving health services interventions to many parts of the county.

CASS believe that this gap will be mended by SSHF funding rapid scaling up of access to quality emergency health services in these undeserved areas by focusing on availing SAM treatments for medical complicated cases in in the existing health facilities of Pultruk and Chuil PHCCs and further focuses on major causes of mortality among U5C (malaria, diarrhoea, pneumonia, measles), emergency HIV/AIDS and Tuberculosis, basic emergency obstetric and neonatal care including the clinical management of SGBV in conflict affected and vulnerable populations.

Being a national organization, CASS has a better understanding of the local context as well as the capacity to provide the most critical services during emergencies even within limited humanitarian corridor where international agencies cannot operate. CASS hopes by doing so, it will build resilience capacity of the population to cop during emergencies and reduce excess morbidity and mortality from common diseases in the state.

5. Complementarity

This project will be a complimentary project to the one currently being implemented by CASS in the county. CASS is implementing a developmental health project with the funding UNICEF. With the security situation which has remained volatile and declaration of famine in some of the counties in the region, Developmental program need to be supplemented by emergency funding, through this funding, the emerging shocks which have been emerging in the county due to current crisis in the county will be addressed. So the SSHF is a great back up for closing the current gap in Nyirol County.

LOGICAL FRAMEWORK

Overall project objective

Improve access, and scale up responsiveness to, essential and emergency health care, including emergency obstetric care services

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	100

Contribution to Cluster/Sector Objectives : The proposed interventions will contribute to the first cluster objective of improving access to essential health care for conflict-affected and vulnerable populations by focusing on preparedness and respond to cholera/AWD case management in Nyirol county. CASS will ensure 90% of the Cholera/AWD cases are detected and responded to.

Outcome 1

Vulnerable population's health improved

Output 1.1

Description

Improved access to essential health care for conflict-affected vulnerable population in Nyirol County

Assumptions & Risks

Risk: Staff security in high risk areas and events of violent conflict/clashes
Assumption: Risk assessments will regularly be conducted by CASS Security Manager and all movement to project site will be coordinated with the relevant Cluster leads, UNDSS, UNMISS and local authorities/RRC to ensure clearance for safe passage, flexible response and effective team work. The CASS Juba security advisor support will be available at all times to respond to queries and provide advice. CASS field teams will also be sensitive towards staffing and the underlying conflict tensions. Deployment of national staff will be done within their home areas, where the risk of ethnic violence is minimal. In addition, all staff working in the field are already provided with hostile environments awareness training (HEAT) and regular security briefings. Surge capacity will be used where appropriate in order to reduce risks in areas with a high potential for ethnic conflict.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	1,820	2,450	1,952	1,470	7,692
Means of Verification : Health facility Record							
Indicator 1.1.2	HEALTH	[Frontline services] Number of people vaccinated with oral cholera vaccines in priority locations	1,000	2,000	800	950	4,750
Means of Verification : Health Facility record							
Indicator 1.1.3	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	8	4			12
Means of Verification : Health Facility Report							
Indicator 1.1.4	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					4
Means of Verification : Health facility report							
Indicator 1.1.5	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	8	6			14
Means of Verification : Training Report							

Activities

Activity 1.1.1

Establish and equip ORPs and CTU sites in 3 health facilities of Chuil, Pultruk and Waat PHCCs in Nyirol County for treating the cholera patients in the community.

Activity 1.1.2

Training of Health Care Workers in Epidemic Preparedness, Surveillance and Management - Cholera in Nyirol county

Activity 1.1.3

Conduct door-to-door community health education, distribution of chlorine tablets/soap, ORS Sachets and disinfection of homes with active cases reported in high risk villages and payams.

Activity 1.1.4

Conduct support supervison visits at ORP sites

Activity 1.1.5

Reproduce and distribute monitoring and evaluation tools to the health facilities, such as registers to record services offered, reporting tools and referral forms. The National MoH has developed registers and this requires us to support the CHDs to print and distribute them.

Activity 1.1.6

Establishment of a locally appropriate complaints response mechanism(complaint box) in Nyirol to ensure that beneficiaries can access a safe way to voice concerns and report any abuses (related to the program). A patient satisfaction survey for both positive and negative feedback will be conducted to ensure that the patients' complaints are integrated to into the project implementation to bring change to the project.

Activity 1.1.7

Carry out mass cholera vaccination in Nyirol county to protect the IDPs and the Host community from Cholera

Additional Targets :

M & R

Monitoring & Reporting plan

CASS proposes a result based Monitoring and Evaluation (M&E) plan, which is robust yet practical, incorporating three work streams, namely:
• M&E capacity building;
• Management of the Information System, Knowledge Management and Communication;
• Gender-responsive and conflict sensitive M&E.
The over-arching objective of this M&E plan is to improve performance, effectiveness and efficiency, sustainability and relevance of the program in Nyirol County in particular and to the South Sudan health sector in general. This will be led, guided, coordinated and implemented by the M&E Manager based in Juba and the M&E Officer based Nyirol County, in collaboration with counterpart staff in the, Health cluster, SMoH and CHDs, will focus on strengthening M&E skills and competencies in measuring and monitoring progress, performance and results and utilizing the evidence generated to guide remedial actions on project implementation and informing review of programming strategy.
To operationalize this M&E plan, the CASS has configured an M&E strategy at two operational levels, i.e. field and national's technical support. The field level M&E will be run and managed by experienced M&E officer in the County and coordinated and supervised by Health Project Manager based in Nyirol. The M&E officer has the requisite experience and competencies in Health Systems Strengthening, MoH data collection tools (DHIS, IDSR, etc.) and results based management. The key role of field level M&E is data collection, collation, analysis, weekly and monthly reporting and dissemination of information to all stakeholders. The M&E function at national level in Juba will be responsible for providing leadership, technical guidance, oversight, consolidation, synthesis, reporting, dissemination, data verification & validation, quality control and assurance. The national level M&E is led, supervised and coordinated by the Juba based M&E Manager, in collaboration with the Health and Nutrition Coordinator, responsible for Nyirol operation.
The M&E officer has a laptop and is proficient in MS office applications and all MoH M&E tools, including DHIS and IDSR. For a routine M&E trip, the M&E officer will have developed terms of reference outlining key deliverables to be achieved carry along the work plan for the respective facility as well as the summary from previous M&E visits along with a checklist of routine things to check during the visit. The routine checklist will include all indicators in the MOH QSC Checklist:
• Exterior and interior cleanliness;
• Staff attendance (comparing actual presence of staff at work to the attendance records);
• Care and condition of equipment;
• Care and condition of drug store;
• Record of drugs and sticks outs of essential drugs;
• Spot check of expiry dates;
• Condition of cold chain and vaccine storage;
• Review of record keeping with particular attention to accuracy including readability of records to avoid errors;
• Observation of patients at various points in the service process to confirm demand (for example number of patients waiting for service);
• Attitude of staff to patients (kind and caring or rude and inconsiderate);
• General quality of care provided;
• Exit interviews of at least 2 unrelated patients.
REPORTING
CASS will ensure that the reporting requirements are met. The following reports will be prepared before the start and in the course of project implementation. MOH tools will be used for all the data collections:
• Quarterly programmatic and narrative reports which will provide information on progress and/or challenges in meeting set targets and will explain deviations from the planned activities;
• Financial reports:
• Monthly invoices
• Statements verifying and certifying the accuracy of the invoiced costs
• Monthly expenditure forecasts
• Quarterly asset register which has been v

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Establish and equip ORPs and CTU sites in 3 health facilities of Chuil, Pultruk and Waat PHCCs in Nyirol County for treating the cholera patients in the community.	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Training of Health Care Workers in Epidemic Preparedness, Surveillance and Management - Cholera in Nyirol county	2017								X	X	X		
	2018												
Activity 1.1.3: Conduct door-to-door community health education, distribution of chlorine tablets/soap, ORS Sachets and disinfection of homes with active cases reported in high risk villages and payams.	2017								X	X	X		
	2018												
Activity 1.1.4: Conduct support supervison visits at ORP sites	2017										X		
	2018												
Activity 1.1.5: Reproduce and distribute monitoring and evaluation tools to the health facilities, such as registers to record services offered, reporting tools and referral forms. The National MoH has developed registers and this requires us to support the CHDs to print and distribute them.	2017								X	X	X		
	2018												
Activity 1.1.6: Establishment of a locally appropriate complaints response mechanism(complaint box) in Nyirol to ensure that beneficiaries can access a safe way to voice concerns and report any abuses (related to the program). A patient satisfaction survey for both positive and negative feedback will be conducted to ensure that the patients' complaints are integrated to into the project implementation to bring change to the project.	2017								X	X	X	X	X
	2018	X											

OTHER INFO

Accountability to Affected Populations

CASS focuses on implementing emergency interventions in line with the eight benchmarks in CASS's Humanitarian Accountability Framework (HAF): 1. Leadership on accountability; 2. Impartial assessment; 3. Design and monitoring; 4. Participation; 5. Feedback and complaints; 6. Information sharing; 7. Evaluation and learning; and 8. Capacity of CASS staff and human resources management.

By engaging with the local community in assessments, sharing project and program information, listening and addressing complaints and feedback through field visits and monitoring based checklist and other locally accepted tools. By listening to, involving and responding to those we are working with and for, the quality and impact of our work will be stronger. Through this intervention, a locally appropriate complaints response mechanism will be established by CASS to ensure that beneficiaries can access a safe way to voice concerns and report any abuses (related to the program).

Implementation Plan

Management Plan
In terms of project management, CASS has put in place a decentralized program management structure with commensurate delegated authority that will support day to day management of project implementation. The Field Coordinator based in Nyirol will provide management and leadership to the field implementation team of this project. The field implementation team is supported by a fully-fledged support structure that has finance, HR and Admin and Procurement and Logistics functions. The field implementation teams will be led by the Health Project Manager, will oversee all day to day management of project activities including supervision of all health personnel, logistics coordination, local procurement, liaison with local authorities, community mobilization and financial management. He will have report to the Field Coordinator administratively with a dotted line report to the Health and Nutrition Coordinator for technical issues. A Health and Nutrition Coordinator will provide technical support and oversight to the project to ensure that health sector standards and technical quality aspects are adhered to. In addition the program will be able to access additional health technical expertise from Director of Programs Implementation and consultant where necessary.
Personnel Plan
The project will have three core technical staff led by a Health Project Manager in addition to the health facility staff based on BPHNS. The core technical staff is composed of Health and Nutrition Officer, M&E officer, community mobilization officers. The Health Project Manager will have the overall responsibility of ensuring that expected targets are met within agreed upon timeframes. The Health Project Manager's key tasks include planning and implementation of activities with clear understanding of the targets: coordination with health cluster, local, state, and central government and other NGOs; liaise with health and nutrition coordinator and M&E staff to have quality performance indicators and reports; overall management of budget related activities; and coordination to ensure quality standard implementation of the program in line with the donor's requirement, approaches and efforts in other counties in the state. To effectively and efficiently coordinate the project the Health Project Manager is based in field office. This will allow him to closely follow up the day to day implementation of the project, better coordinate with the health cluster, county health department, SMOH and timely communication and coordination within the CASS office.

The Health and Nutrition Officer will be responsible for both nutrition services and other health activities in the health facilities including adult and children treatment, RH services, immunization, hygiene conditions of the facility, and pharmaceutical related S/he will coach, mentor and provide on the job training to facility staff on these areas. She will also closely supervise health facilities and provide technical support and feedback. S/he will plan and carry out trainings to facility staff related to these areas.
PHCC staffing: CASS will ensure staffing based on the BPHNS standard. PHCCs will have a total number of technical and support staff. Two clinical officers of whom one will be the in charge of the PHCC, two midwives, two certified nurses, two Nutrition nurses, a lab technician his/her assistant, a pharmacy assistant, and two community health workers. There will be three support staff, one security guard, one cleaner and one driver for the ambulance.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Oxfam GB	Get cholera kits from them.
CHD	Implements the project in collaboration with them

Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

CASS gives particular attention to gender, equity, and sustainability while implementing projects and promotes these core values. To prevent gender and social exclusion, CASS proposes to:-
• Ensure that all data collected is disaggregated by sex and that data on vulnerable groups such as female-headed households, older people, people with mental or physical disability is made available for informed decision making;
• Ensure that the policy of free health care for all is respected to prevent exclusion due to lack of financial means
• Ensure that as much as possible, there is a gender balance in staffing within the facility
• Ensure that as much as possible healthcare is availed as close as possible to the users to offset prohibitive transport costs as well as opportunity costs that may inadvertently lead to exclusion
• Ensure waiting times within the facilities are reduced given that long waiting times may discourage users to visit the facilities due to opportunity costs and other pressing household responsibilities for vulnerable groups like single-headed household women
• Ensure that the established referral system is functional and does not only concentrate on urban and accessible areas. Where geographical access becomes a barrier to referrals, innovative community based referral systems will be explored and encouraged
• Ensure that Boma and village health committees are constituted in a representative manner to be able to allow participation of vulnerable groups and to provide a platform for their needs to be articulated
• Maintain active participation by the health committees in the programme activities and in the programme cycle and especially in monitoring and evaluation as well as giving regular feedback
• Ensure that health messages that affect women and children are also addressed to the men since in this community they are the decision makers while also being careful not to perpetuate the gender stereotype
• Ensure that information is provided on health services available to avoid exclusion based on lack of knowledge. It will also be necessary to create awareness on health needs for groups who may not realise that they have a need e.g. WCBA who may not know that FP is a need for them
• Ensure that community-based outreach services are also targeted towards those who may not be able to visit the health facilities including women who are unable to leave their homes and visit the facility as a result of their caretaker role for their children and other elderly or disabled persons in the home.

Protection Mainstreaming

CASS will work closely with UNOCHA, Health cluster for information sharing and coordination of efforts, and will actively implement protection Mapping of who is at risk, how and why at the very outset of a crisis and thereafter, taking into account the specific vulnerabilities that underlie these risks, including those experienced by men, women, girls and boys, and groups such as internally displaced persons, older persons, persons with disabilities, and persons belonging to sexual and other minorities in Nyirol County.
CASS has worked in South Sudan for a long period and has contingency plans in place, including adequate stocks of medical supplies, recruitment procedures of local staff with local experience who can be deployed and offer minimum essential services when necessary. CASS staff maintains close relations with key counterparts on the ground such as the SMoH, CHDs, the Relief and Rehabilitation Commission (RRC) and County Commissioners as well as direct project beneficiaries, which ensures that deployed staff are informed on developments in local security and potential triggers of problems, which assists in ensuring timely mobilization of resources to prepare for emergencies and appropriate responses. Nyirol based staff is in regular contact with their Juba offices.
In this project cycle, CASS will establish Rapid Response Teams and strengthen the IDSR capacity to improve on early detection, investigation of and response to potential disease outbreaks and other disasters that require a public health response. The project will include activities to strengthen emergency preparedness and response with a focus on building the response capacity of health facilities' staff to manage emergencies, training of community resource persons in community based surveillance, door to door social mobilization and referrals of people with symptoms and signs of diseases with epidemic potential and create public awareness on health matters especially during epidemics or adverse health events to enlist appropriate community responses.

Country Specific Information

Safety and Security

Risk assessments will regularly be conducted by CASS Field Coordinator and all movement to project site will be coordinated with the relevant Cluster leads, UNDSS, UNMISS and local authorities/RRC to ensure clearance for safe passage, flexible response and effective team work. The CASS Juba security advisor support will be available at all times to respond to queries and provide advice. CASS field teams will also be sensitive towards staffing and the underlying conflict tensions. Deployment of national staff will be done within their home areas, where the risk of ethnic violence is minimal. In addition, all staff working in the field are already provided with hostile environments awareness training (HEAT) and regular security briefings. Surge capacity will be used where appropriate in order to reduce risks in areas with a high potential for ethnic conflict.

Access

CASS will closely coordinate with the UNDSS, Health clusters to negotiate access with the government and non-governmental forces in order to reach people in need. There is, however, no accessibility problems being experienced in Nyirol but staff will adhere to CASS security protocols when implementing project activities. The security team at Juba as well as field levels will also provide support to staff in terms of security updates and appropriate measures should there be security and accessibility challenges.

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	Executive Director--Juba	S	1	5,000.00	6	30.00	9,000.00
	30% contribution from the project with role to provide operational and programmatic oversight to the project at senior management level. The scale is based on the organisation scale stipulated for the position.						
1.2	Director Of program Implementation--Juba	D	1	4,000.00	6	30.00	7,200.00
	30% contribution form the project, he will provide technical oversight of the program and the scale is as stipulated in the CASS manual of salary scale.						
1.3	Finance Manager--Juba	S	1	3,500.00	6	30.00	6,300.00

	30% contribution from the project, his role is to manage the financial component of the project ensuring that project is in line with the budget, scale as per organisation package.						
1.4	Logistic Manager--Juba	S	1	3,500.00	6	5.00	1,050.00
	5% contribution from the project, he will ensure that procurement and logistic component of the project is satisfactory, scale as per CASS						
1.5	HR officer--Juba	S	1	1,000.00	6	10.00	600.00
	10% contribution from the project, her role is to maintain the staff files and all documentation of the project, scale is as per CASS package.						
1.6	Health and Nutrition Coordinator	D	1	2,000.00	6	30.00	3,600.00
	30% contribution from the project, he technically manage the project and ensure all the activities of the project are implemented accordingly, the scale is as per CASS package						
1.7	Driver--Juba	s	1	1,200.00	6	10.00	720.00
	10% contribution from this project, his role is to help in the transportation, the scale is as per CASS package						
1.8	Cleaners--Juba	S	1	600.00	6	10.00	360.00
	10% contribution from the project, help in maintaining of the hygiene and the cleanliness of the work place.						
1.9	Clinical officer--facility	D	2	700.00	6	100.00	8,400.00
	100% pay, additional staff to ensure quality of service delivery in the facility, scale as per CASS						
1.10	Certified Nurses--Facility	D	2	500.00	6	100.00	6,000.00
	100% Pay, additional staff to ensure quality of service delivery in the facility, scale as per CASS						
1.11	Certified Midwives--Facility	D	2	500.00	6	100.00	6,000.00
	100% pay, additional staff to ensure quality of service delivery in the facility, scale as per CASS						
1.12	CHW--Facility	D	4	350.00	6	100.00	8,400.00
	100% pay, additional staff to ensure quality of service delivery in the facility, scale as per CASS						
1.13	Lab assistance--Facility	D	2	350.00	6	100.00	4,200.00
	100% pay, additional staff to ensure quality of service delivery in the facility, scale as per CASS						
1.14	Field Coordinator--field	D	1	1,500.00	6	80.00	7,200.00
	80% contribution from the project, he will provide operational and programmatic oversight to the project at the field level, the scale is as per CASS.						
1.15	Health Project Manager--field	D	1	1,000.00	6	40.00	2,400.00
	40% contribution from the project, he is the technical person of the project at the field level. scale as per cass						
	Section Total						**71,430.00**
2. Supplies, Commodities, Materials							
2.1	Training of Health worker on Cholera managment	D	1	100.00	3	100.00	300.00
	1 training for 3 days, unit cost of 100 usd per day, estimated for facilitation and refreshment						
2.2	Training of Health workers on support for data collection for District Health Information Systems (DHIS) and Health Management Information Systems (HMIS)	D	1	100.00	3	100.00	300.00
	1 training for 3 days, unit cost of 100 usd per day, estimated for facilitation and refreshment						
	Section Total						**600.00**
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**

4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
6. Transfers and Grants to Counterparts							
6.1	UNHAS	D	6	550.00	1	100.00	3,300.00
	Flights for the staff going and coming from the field for field visit, work station, leaves and transfer of cash to the field. unit cost as per UNHAS plus some booking of extra luggage						
	Section Total						**3,300.00**
7. General Operating and Other Direct Costs							
7.1	Support to cholera vaccination activities	D	10	400.00	1	100.00	4,000.00
	To contribute to the outreach activities for at least 20 days in the six months, help in buying water, biscuit and other refreshment while they are conducting outreaches, cost is as per the market rate in the field.						
7.2	Fuel for vehicle and generator field	D	2400	1.50	1	90.00	3,240.00
	estimated at 400 lit/month at 2.7 usd cost as per IOM including transportation to the field sites						
7.3	Fuel for vehicle and generator juba	S	2400	1.50	1	20.00	720.00
	estimated at 400lit/month at 1.8 usd per liter cost as per the supplier rates at 50% contribution from this project.						
7.4	Vehicle repair and maintenance field	D	1	100.00	6	100.00	600.00
	cost as per the market rate						
7.5	vehicle repair and maintenance Juba	S	1	200.00	6	50.00	600.00
	cost as per market rate						
7.6	Internet subscription fees juba	S	1	500.00	6	50.00	1,500.00
	cost as per market rate						
7.7	Airtime subscription field	D	1	100.00	6	100.00	600.00
	for field staff who are reporting and cost is estimated per market rate						
7.8	Air time subscription Juba	S	1	100.00	6	50.00	300.00
	help in communication and coordination, cost as per market rate						
7.9	Field staff accommodation and feeding	D	2	200.00	6	100.00	2,400.00
	To provide three field based staff with feeding (200 per month) and accommodation (100 per month)						
7.10	visibility and branding	D	1	1,000.00	1	100.00	1,000.00
	Passing out health messages and showing the support rendered by the donor through visibility, cost as per market rate						
7.11	Bank charges	D	2	500.00	1	100.00	1,000.00
	Cost as per the current bank rate						
7.12	M$E visit to the field by Juba staff	D	2	75.00	6	100.00	900.00
	To provide feeding and accommodation to 2 staff (Health and Nutrition coordinator and Director of programs) while visiting the project at the field site. They are estimated to stay at least for 3 days per visit.						

7.13	Computer Equipment and accessories	S	1	800.00	1	100.00	800.00
	The unit number is estimated for the direct staff of the project, (M&E Officer and Health Project Manager) the unit cost is as per market rate.						
7.14	Re-Production and distribution of IEC material	D	1	467.94	1	100.00	467.94
	Section Total						**18,127.94**
SubTotal			4,854.00				**93,457.94**
Direct							71,507.94
Support							21,950.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							6,542.06
Total Cost							**100,000.00**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Nyirol	100	1,920	2,450	1,580	1,742	7,692	Activity 1.1.1 : Establish and equip ORPs and CTU sites in 3 health facilities of Chuil, Pultruk and Waat PHCCs in Nyirol County for treating the cholera patients in the community. Activity 1.1.2 : Training of Health Care Workers in Epidemic Preparedness, Surveillance and Management - Cholera in Nyirol county Activity 1.1.3 : Conduct door-to-door community health education, distribution of chlorine tablets/soap, ORS Sachets and disinfection of homes with active cases reported in high risk villages and payams. Activity 1.1.4 : Conduct support supervison visits at ORP sites Activity 1.1.5 : Reproduce and distribute monitoring and evaluation tools to the health facilities, such as registers to record services offered, reporting tools and referral forms. The National MoH has developed registers and this requires us to support the CHDs to print and distribute them. Activity 1.1.6 : Establishment of a locally appropriate complaints response mechanism (complaint box) in Nyirol to ensure that beneficiaries can access a safe way to voice concerns and report any abuses (related to the program). A patient satisfaction survey for both positive and negative feedback will be conducted to ensure that the patients' complaints are integrated to into the project implementation to bring change to the project.

Documents

Category Name	Document Description