

Requesting Organization :	Children Aid South Sudan			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		100.00		
		100		
Project Title :	Provision of essential and emergency health care, including emergency obstetric care services in Rubkona County, Northern Liech state			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-17/H/103095	Fund Project Code :	SSD-17/HSS10/SA1/H/NGO/5191	
Cluster :	Health	Project Budget in US\$:	100,000.00	
Planned project duration :	6 months	Priority:	Not Applicable	
Planned Start Date :	01/04/2017	Planned End Date :	30/09/2017	
Actual Start Date:	01/04/2017	Actual End Date:	30/09/2017	
Project Summary :	<p>The year 2017 will see SSHF responds to deteriorating Health situation that resulted from multiple displacements and has compounded the Health needs of an already vulnerable population across the country. The remaining coping abilities have been further eroded by prolonged food insecurity, economic collapse and disease outbreaks. IDPs remain among the most vulnerable groups in South Sudan, with the most acute and vulnerable populations found in Unity state.</p> <p>Rubkona County where this project will be implemented is surrounded by the counties declared as having famine or likelihood of having famine (Leer, Mayendit and Koch) by IPC in February 2017, with some having active conflict ongoing. With the humanitarian crisis deepening and spreading in the county and women and children moving toward the county in fear of famine and conflict from these neighboring counties (Leer, Mayom, Mayendit, Guit and Koch), Health conditions have deteriorated 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 CARE during the pre-harvest period of May 2016. The result is a population chronically prone to disease with some 6,522 People mostly women and children currently in dire and urgent needs of health services, especially treatment of SAM with medical complication in the county.</p> <p>The project is aligned to Health cluster objective of improving access to essential health care for 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 availing minimum essential stock of SAM treatment for medical complicated cases in CASS existing facilities in Rubkona County.</p> <p>The beneficiaries of this project are mainly women and children of both Host community and IDPs who are residing with the Host community outside the PoC. Locations were selected based on vulnerability and areas that are not covered by existing CASS program, these areas include: Rubkona (Rukona PHCC), Kaljak (Kaljak PHCC), and Nhialdiu (Nhialdiu PHCC). Within the Payam, the project targets to reach at least 90% beneficiaries through treatment of SAM with medical complication and provision of health care services to prevent further children and lactating mothers from developing SAM.</p> <p>CASS, a lead agency providing primary health care and Nutrition services in Rubkona County with funding from Health Pooled Fund 2 (HPF2) 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 allow rapid scaling up of access to quality emergency health services in these undeserved areas by availing minimum stock of SAM treatment for medical complicated cases that is arising as the result of the emerging famine.</p> <p>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.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
500	1,631	2,100	2,291	6,522

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	390	1,431	1,700	1,982	5,503
Internally Displaced People	110	200	400	309	1,019

Indirect Beneficiaries :

All the population members of the project catchment areas especially men and other adult who will not be affected by SAM of medical services but will benefit from the medical services that will be provided by this project to the target beneficiaries.

Catchment Population:

The current population of Rubkona county is 100,236 people, with 25,059 women of reproductive age, 5613 pregnant women, 4009 <12 months of age, 21050 0-59 months of age and the rest being men and elderly women.

Link with allocation strategy :

The proposed interventions will contribute to the first cluster objective of improving access to essential health care for conflict-affected and vulnerable populations. This will ensure 90% of the population of the vulnerable communities to have access to Primary Health Care by availing minimum essential stock of SAM treatment for medical complicated cases at the CASS existing facilities in Rubkona 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
Health Pooled Fund 2 (HPF2)	188,000.00
	188,000.00

Organization focal point :

Name	Title	Email	Phone
Oyet Sisto	Mr	sisto.childrenaid@gmail.com	+211955500886

BACKGROUND**1. Humanitarian context analysis**

The crisis that exploded in South Sudan, the world's youngest and one of its poorest, most fragile countries in December 2013 and resulted in multiple displacements across the country, compounded Health needs of an already vulnerable population. The remaining coping abilities have been further eroded by prolonged food insecurity, economic collapse and disease outbreaks.

The protracted and active fighting has resulted in multiple displacements and a constant internally displaced moving population in Unity 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.

In Rubkona 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, additional shocks is coming from the counties neighboring Rubkona county and which are classified in Famine or high likelihood/risk of Famine (IPC report Feb 2017) in February to July 2017 through movement of women and children from these counties (Leer, Mayendit, Koch) toward Rubkona County in search of refuge from active fighting, fear and manifested famine. This has led Rubkona to have high number of Internally displaced persons (IDPs) compared to the total population: 80% vs 20% (IOM displacement matrix Feb 2017) with some living in the PoC and some outside the PoC. As the result there has been ongoing cholera outbreak since October 2016 (WASH and Health Cluster report) in the county; two measles outbreak in 2017 alone (Rubkona county IDSR report 2017), high GAM rate at 29.2% as indicated by the SMART Survey conducted by CARE during the pre-harvest period of May 2016 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 February 2016 report) with malaria accounting for 30% of consultations followed by ARI at 19% and diarrhoea at 17%.

CASS, a lead agency providing primary health care and Nutrition services in Rubkona County with funding from Health Pooled Fund 2 (HPF2) have been facing the challenge of inadequate funding to mitigate the emerging shocks in the county. Through this project, CASS intends to rapidly scale up access to quality emergency health services in these undeserved areas by focusing on availing SAM treatments for medical complicated cases in the existing health facilities of Nhialdue, Kaljak and Rubkona PHCCs and further provide services to vulnerable populations already immune compromised (under 5, people living with TB/HIV AIDs, pregnant and lactating mothers).

2. Needs assessment

Assessment done by CASS indicates that the population from the PoC has started moving back to areas of: Nhialdiu, Ding Ding, Jezira and Kaljak. As well some IDPs from the neighbouring counties of Guit, Koch even as far as Leer, Mayendit and Mayom and settling with the host community. Most of this population have settled around the centers of the payams and they are in great need of health services. CASS of recently has coordinated with the county commissioner and has evacuated the soldiers away from the Nhialdiue PHCC. Cases of Gender based violent have been recorded from women who are moving to Bentiu town in search of services especially women from Nhialdiu payam. From the MUA screening SAM cases are high in the payams, this is consistent with CARE SMART Survey conducted in Rubkona County during the pre-harvest period of May 2016 that shows high prevalence of malnutrition with GAM rates of 29.2%. It is also consistent with results of a screening of children (based on their places of origin) for malnutrition that was done by UNICEF in Bentiu Town and RubkonaPayam in February 2016.

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 outside the PoC. Locations were selected based on vulnerability and areas that are not covered by existing CASS program, these areas include: Dorbor, Jezira, Kaljak, Ding ding, NgopThanyang and Nhialdiu. 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 3 health facilities in Rubkona County (Rubkona PHCC, Kaljak PHCC and Nhialdiu PHCC) and five mobile clinic sites, there are still 6,522 People leaving outside the PoC mostly women and children in need of health services in the county. 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 Unity State including Leer and some parts of Mayiendit which resulted in an exodus of children towards Rubkona 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 Rubkona, 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. UNMISS has recently been conducting demining exercise in previously hard to reach payams and has shared the list of demined areas with humanitarian partners; these areas include: Dorbor, Jezira, Kaljak, Ding ding, NgopThanyangand Nialbu.

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 Nhialdue, Kaljak and Rubkona PHCCs and further provide services to vulnerable populations already immune compromised (under 5, people living with TB/HIV AIDs, pregnant and lactating mothers.

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 from Health Fooled Fund 2. 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 Rubkona 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				
Improve access to essential health care for 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. CASS will ensure 70% of the population of the vulnerable communities will have access to Primary Health Care by increasing access to primary health care services to Vulnerable Communities through provision availing SAM treatments for medical complicated cases in in the existing health facilities of Nhialdue, Kaljak and Rubkona PHCCs and further provide services to vulnerable populations already immune compromised (under 5, people living with TB/HIV AIDs, pregnant and lactating mothers.							
Outcome 1							
Vulnerable population's health improved							
Output 1.1							
Description							
Improved access to essential health care for conflict-affected vulnerable population in Rubkona 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							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			60	50	110
Means of Verification : Health Facility Report							
Indicator 1.1.10	HEALTH	[Frontline services] Number of people reached by health education /promotion	500	1,500	500	400	2,900
Means of Verification :							
Indicator 1.1.2	HEALTH	[Frontline services] Number of facilities providing BEmONC services					3
Means of Verification : Health facilities report							
Indicator 1.1.3	HEALTH	[Frontline services] Total number of U5 deaths recorded within the facility			2	2	4
Means of Verification : Health Facility report							
Indicator 1.1.4	HEALTH	[Frontline services] Number of of children (under - 5) supplemented with Vitamin A			150	150	300
Means of Verification : Health facility report							
Indicator 1.1.5	HEALTH	[Frontline services] Number of health facilities providing SGBV services					3
Means of Verification : Health facility report							
Indicator 1.1.6	HEALTH	[Frontline services] Number of children with 3 doses of pentavalent vaccine			80	80	160
Means of Verification : EPI report							
Indicator 1.1.7	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in conflict states					2
Means of Verification : Health facility report							
Indicator 1.1.8	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	500	1,631	2,100	2,291	6,522
Means of Verification : Health Facility report							
Indicator 1.1.9	HEALTH	[Frontline services] Number of sites that exceed Crude death rate threshold for at least one week					3
Means of Verification : Health facility report							
Activities							

Activity 1.1.1
Provide mobile clinics and support the existing Health Facilities as a means of ensuring access to much needed health service and emergency referral services taking into consideration women's particular needs and services for children and the elderly
Activity 1.1.2
Preposition essential emergency MH & RH drugs, PHCU Kits, PHCC kits, LLITNs, safe delivery equipment, newborn care kits' to PHCUs, PHCCs and mobile points.
Activity 1.1.3
Strengthen the integrated community case management (iCCM) of the childhood illness
Activity 1.1.4
Strengthen provision of essential clinical care management of SAM with Medical complication in health facilities with focus on lactating mothers and children under 5
Activity 1.1.5
Train front line health personnel in management of common diseases, SAM with medical complication, safe motherhood including emergency obstetrical care, psychosocial support and care for GBV survivors.
Activity 1.1.6
Provide clinical management & treatment to GBV survivors' women, girls and boys
Activity 1.1.7
Provide surge support to partners in Rubkona through integrated EPI/SM/Nutrition mobile clinics
Activity 1.1.8
Conduct awareness raising on HIV prevention and promote Voluntary Counseling and Testing to men/boys and women/girls in conflict settings
Activity 1.1.9
Re-produce 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 1.1.10
Establishment of a locally appropriate complaints response mechanism (complaint box) in Rubkona to ensure that beneficiaries can access a safe way to voice concerns and report any abuses (related to the program).
Additional Targets :

M & R

Monitoring & Reporting plan

MONITORING and Evaluation

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 Rubkona 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 Rubkona 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 Rubkona. 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 Rubkona 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 stocks 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:

- 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 verified;
- Inde

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide mobile clinics and support the existing Health Facilities as a means of ensuring access to much needed health service and emergency referral services taking into consideration women's particular needs and services for children and the elderly	2017				X	X	X	X	X	X			
Activity 1.1.10: Establishment of a locally appropriate complaints response mechanism(complaint box) in Rubkona to ensure that beneficiaries can access a safe way to voice concerns and report any abuses (related to the program).	2017				X								
Activity 1.1.1.2: Preposition essential emergency MH & RH drugs, PHCU Kits, PHCC kits, LLITNs, safe delivery equipment, newborn care kits' to PHCUs, PHCCs and mobile points.	2017				X	X				X			
Activity 1.1.1.3: Strengthen the integrated community case management (iCCM) of the childhood illness	2017				X	X	X	X	X	X			
Activity 1.1.1.4: Strengthen provision of essential clinical care management of SAM with Medical complication in health facilities with focus on lactating mothers and children under 5	2017				X	X	X	X	X	X			
Activity 1.1.1.5: Train front line health personnel in management of common diseases, SAM with medical complication, safe motherhood including emergency obstetrical care, psychosocial support and care for GBV survivors.	2017					X	X						
Activity 1.1.1.6: Provide clinical management & treatment to GBV survivors' women, girls and boys	2017				X	X	X	X	X	X			
Activity 1.1.1.7: Provide surge support to partners in Rubkona through integrated EPI/SM/Nutrition mobile clinics	2017				X	X	X	X	X	X			

Activity 1.1.8: Conduct awareness raising on HIV prevention and promote Voluntary Counseling and Testing to men/boys and women/girls in conflict settings	2017				X	X	X	X	X	X				
Activity 1.1.9: Re-produce 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						

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 Rubkona 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 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
CARE International	Collaborate through referral of patients, especially CARE will refer children with SAM of medical complication for medical care to our medical staff in the PHCC
CONCERN World Wide	Collaboration is through referral of patients, they will refer children with SAM of medical Complication to our facility in Nhialdiu for medical attention.

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 health care 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 Rubkona 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. Rubkona 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 Rubkona 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 Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Executive Director--Juba	S	1	5,000.00	6	40.00	12,000.00
	<i>40% 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.</i>						
1.2	Director Of program Implementation--Juba	D	1	4,000.00	6	40.00	9,600.00
	<i>40% 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.</i>						

1.3	Finance Manager--Juba	D	1	3,500.00	6	30.00	6,300.00
	<i>40% 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.</i>						
1.4	Logistic Manager--Juba	s	1	3,500.00	6	5.00	1,050.00
	<i>5% contribution from the project, he will ensure that procurement and logistic component of the project is satisfactory, scale as per CASS</i>						
1.5	HR officer--Juba	s	1	1,000.00	6	15.00	900.00
	<i>15% contribution from the project, her role is to maintain the staff files and all documentation of the project, scale is as per CASS package.</i>						
1.6	Health and Nutrition Coordinator	D	1	2,000.00	6	40.00	4,800.00
	<i>50% 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</i>						
1.7	Driver--Juba	s	1	1,200.00	6	20.00	1,440.00
	<i>20% contribution from this project, his role is to help in the transportation, the scale is as per CASS package</i>						
1.8	Cleaners--Juba	s	1	600.00	6	40.00	1,440.00
	<i>40% contribution from the project, help in maintaining of the hygiene and the cleanliness of the work place.</i>						
1.9	Nutrition Nurse--Facility staff	D	1	700.00	6	100.00	4,200.00
	<i>100% pay, additional staff to ensure quality of service delivery in the facility, scale as per CASS</i>						
1.10	Field Coordinator--field	s	1	3,000.00	6	5.00	900.00
	<i>10% contribution from the project, he will provide operational and programmatic oversight to the project at the field level, the scale is as per CASS.</i>						
1.11	Health Project Manager--field	D	1	1,500.00	6	50.00	4,500.00
	<i>50% contribution from the project, he is the technical person of the project at the field level. scale as per cass</i>						
1.12	M&E officer--field	D	1	1,200.00	6	5.00	360.00
	<i>10% contribution from the project, his roles are to tract the project indicators and provide accurate reports on the indicators and help in monitoring and evaluating the progress of the project, the scale is as per CASS package</i>						
	Section Total						47,490.00
Supplies, Commodities, Materials							
2.1	Training of Health worker on management of SAM with medical complication	D	1	100.00	4	100.00	400.00
	<i>1 training for five days, unit cost of 100 usd per day, estimated for facilitation and refreshment</i>						
	Section Total						400.00
Travel							
5.1	UNHAS flight	D	9	600.00	1	100.00	5,400.00
	<i>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</i>						
5.2	Travel of the regional staff (kenya, Uganda, Ethiopia etc)	D	4	400.00	1	100.00	1,600.00
	<i>Direct program staffs travelling for leave and back to duty station, we are expecting the our technical staff to travel at least 4 times within the project period, unit as per market price.</i>						
5.3	car hire	D	20	350.00	1	100.00	7,000.00
	<i>To help in the transportation of staff, commodities within the project sites during the project implementation in the field for 20 selected days when the organisation car might be engaged in other activities, unit cost as per market price in the field.</i>						
	Section Total						14,000.00
General Operating and Other Direct Costs							
7.1	Support to outreaches activities	D	20	100.00	1	100.00	2,000.00

	<i>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.</i>						
7.2	Fuel for vehicle and generator field	D	2400	2.70	1	80.00	5,184.00
	<i>estimated at 400 lit/month at 2.7 usd cost as per IOM including transportation to the field sites</i>						
7.3	Fuel for vehicle and generator juba	D	2400	1.80	1	50.00	2,160.00
	<i>estimated at 400lit/month at 1.8 usd per liter cost as per the supplier rates at 50% contribution from this project.</i>						
7.4	Vehicle repair and maintenance field	D	1	200.00	6	100.00	1,200.00
	<i>cost as per the market rate</i>						
7.5	vehicle repair and maintenance Juba	s	1	200.00	6	50.00	600.00
	<i>cost as per market rate</i>						
7.6	Internet subscription fees juba	s	1	250.00	6	50.00	750.00
	<i>cost as per market rate</i>						
7.7	Airtime subscription field	D	1	200.00	6	100.00	1,200.00
	<i>for field staff who are reporting and cost is estimated per market rate</i>						
7.8	Air time subscription Juba	s	1	200.00	6	50.00	600.00
	<i>help in communication and coordination, cost as per market rate</i>						
7.9	Field staff accommodation and feeding in the IOM humanitarian Hub in Bentiu	D	3	300.00	6	100.00	5,400.00
	<i>To provide three field based staff with feeding (200 per month) and accommodation (100 per month), cost is as per IOM charges.</i>						
7.10	visibility and branding	D	1	873.94	1	100.00	873.94
	<i>Passing out health messages and showing the support rendered by the donor through visibility, cost as per market rate</i>						
7.11	bank charges	D	1	500.00	2	100.00	1,000.00
	<i>Cost as per the current bank rate</i>						
7.12	Computer Equipment and accessories	D	2	1,000.00	1	100.00	2,000.00
	<i>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.</i>						
7.13	Camera	D	1	200.00	1	100.00	200.00
	<i>This will be use for the evidence reporting in the project, the camera is for field, the unit cost is estimated as per the current market rate.</i>						
7.14	Printer and tonner	D	1	2,000.00	1	100.00	2,000.00
	<i>Help in printing and photocopying of the documents, the printer is for field office, the unit cost is as per the current market rate</i>						
7.15	Internet Visat	D	1	3,450.00	1	100.00	3,450.00
	<i>Aid in communication, reporting and coordination between the field and Juba staff, the Visat is for Juba office, the cost is as per the current market rate</i>						
7.16	Office furnitures	D	1	2,500.00	1	100.00	2,500.00

	<i>To provides working space for the project staff, the furniture is for field office, cost is estimated as per the current market rate.</i>						
7.17	M\$E visit to the field by Juba staff	D	2	75.00	3	100.00	450.00
	<i>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.</i>						
	Section Total						31,567.94
SubTotal			4,884.00				93,457.94
Direct							73,777.94
Support							19,680.00
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	
Unity -> Rubkona	100	500	1,631	2,100	2,291	6,522	Activity 1.1.1 : Provide mobile clinics and support the existing Health Facilities as a means of ensuring access to much needed health service and emergency referral services taking into consideration women's particular needs and services for children and the elderly Activity 1.1.2 : Preposition essential emergency MH & RH drugs, PHCU Kits, PHCC kits, LLITNs, safe delivery equipment, newborn care kits' to PHCUs, PHCCs and mobile points. Activity 1.1.3 : Strengthen the integrated community case management (iCCM) of the childhood illness Activity 1.1.4 : Strengthen provision of essential clinical care management of SAM with Medical complication in health facilities with focus on lactatic mothers and children under 5 Activity 1.1.5 : Train front line health personnel in management of common diseases, SAM with medical complication, safe motherhood including emergency obstetrical care, psychosocial support and care for GBV survivors. Activity 1.1.6 : Provide clinical management & treatment to GBV survivors' women, girls and boys Activity 1.1.7 : Provide surge support to partners in Rubkona through integrated EPI/SM/Nutrition mobile clinics Activity 1.1.8 : Conduct awareness raising on HIV prevention and promote Voluntary Counseling and Testing to men/boys and women/girls in conflict settings

Documents

Category Name	Document Description