

Requesting Organization :	World Relief	
Allocation Type :	2nd Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100
Project Title :	Reproductive Health Services and Disease Surveillance in Guit County, Unity State	
Allocation Type Category :	Frontline services	

OPS Details

Project Code :	SSD-17/H/103785	Fund Project Code :	SSD-17/HSS10/SA2/H/INGO/6450
Cluster :	Health	Project Budget in US\$:	250,000.36
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/08/2017	Planned End Date :	31/01/2018
Actual Start Date:	01/08/2017	Actual End Date:	31/01/2018

Project Summary :

World Relief South Sudan (WRSS) has been providing health services since it began operating in South Sudan in 1998. Guit County in Unity State is characterized by inadequate health facilities, poor infrastructure, lack of trained medical personnel, and inconsistent access due to insecurity. WRSS supports 5 health facilities including one PHCC and four PHCUs in Guit County.

Current data from the supported facilities shows that acute respiratory infections, malaria, and acute watery diarrhea (AWD) continue to be the most common diseases being treated in the health facilities, with increases in waterborne disease expected to increase as the rainy season progresses. Political divisions within Guit County have complicated the Community Health Department structures and impacted disease surveillance and reporting. A total of 22,004 direct beneficiaries are expected to benefit from the project through curative consultations for common diseases, reproductive health, and case management of rape and other sexual violence. With the management of TB and HIV there will be testing for HIV while refer suspected cases of TB to Bentiu hospital for testing and management. Facility staff will be train on referral path way while observing confidentiality of the victims

The proposed project seeks to strengthen reproductive healthcare and disease surveillance according to the overwhelming needs as the county endures continuing conflict. Through the SSHF project, WRSS will fill critical service gaps by increasing its response to sexual and gender-based violence, expanding clinical management of rape in the health facilities and introducing psychological support. Expanded outreach services and surveillance are required to prevent and mitigate the spread of common communicable diseases. In this regard, WRSS will set up Rapid Response Teams and mobilize increased outreach through the networks of Home Health Promoters and Community-based Drug Distributors. Open one stabilization (SC) to manage cases of SAM with complication. Mechanism will be put in place for feed back to the affected people, thus organizing meeting with community leaders including women leaders and the community at large. Focus group discussion will be conducted to get more opinion and give feed back on service provision.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
7,985	8,312	1,835	1,988	20,120

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	3,194	3,325	734	795	8,048
People in Host Communities	4,791	4,987	1,101	1,193	12,072
Pregnant and Lactating Women	0	0	0	0	0

Indirect Beneficiaries :
Catchment Population:
Link with allocation strategy :

In alignment with SSHF's second allocation priorities for the Health Sector, WRSS is appealing for funds in order to fill gaps in lifesaving health services in Guit County. The first priority is to provide primary reproductive health care, basic emergency obstetric and neonatal care, clinical management of rape and SGBV. These will include provision of CMR services at PHCC level, Training staff on CMR and psychosocial support, provision of PEP services to SGBV survivors, provision of psychosocial support and pre-positioning distribution of dignity and PEP kit. Awareness on SGBV will be through home health promoters at community and by health staff at facilities level. The second priority is to provide curative treatment for communicable diseases, with ARIs, AWD, with some episodes of cholera, and malaria being the most common. In addition to treating these preventable disease, resources are needed to enhance surveillance systems, especially in light of the new divide of Guit County into two new counties with different County Health Departments and systems.

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 (HPF) Lot 14 Guit	164,556.00
UNICEF	39,137.00
	203,693.00

Organization focal point :

Name	Title	Email	Phone
Melene Kabadege	Senior Health and Nutrition Program Manager	mkabadege@wr.org	+211 954 709 838
Tolessa Nuro	Program Director	tnuro@wr.org	+211 956 364 589
Kanchora Halake	County Director	khalake@wr.org	+211 954634201

BACKGROUND

1. Humanitarian context analysis

Guit County lies to the East of Rubkona with an estimated indigenous population of 74,000. It has also become host to thousands of IDPs since the conflict in South Sudan beginning in 2013. Traditionally heavily linked economically with Bentiu town and the once thriving oil fields in the area, access from outsiders has been limited since the conflict in 2013 and left the county without adequate services for much of the time since then, and humanitarian situation remains critical. Control of Guit County is under dispute, and currently the county sits divided between SPLA/M, IO1 and IO2 in different parts of the County. The divisions increase the difficulty associated with in county movement and enhances the likelihood that the county could again be thrust into conflict, forcing an already vulnerable population to once more flee into the swamps for safety.

Guit County has experienced repeated periods of violence and disruption in 2014 and 2015. From January to April 2014, heavy fighting over access to nearby oil fields caused significant damage in the towns of along the main road artery heading southward, resulting in the destruction of towns, health centers and a retreat of the local population away from the roads for safety. During the fighting season of May 2015, health systems that were slowly making a comeback were once more exposed to systematic looting. Security rapidly deteriorated as waves of advancing and retreating armies related to the greater South Sudan political and inter-tribal conflict methodically destroyed everything in their path; communities that were slowly being rebuilt were destroyed, and humanitarian services that provided many residents with essential services were suspended.

Guit County's infrastructure had suffered because of ongoing conflict. Road access was essentially cut off due to military restrictions, land mines and rainy season conditions which make the roads nearly impassable from about mid-May until mid-October annually. Local roads have not been attended to since 2010 and few vehicles are present, leaving county access often limited to air transportation; in-county access is also often limited to motorbikes and all-terrain vehicles. Poor roads have increased the time it takes people to travel to health facilities to access healthcare, making it more difficult to conduct proper disease surveillance and for women to access reproductive health services. The large humanitarian operations as a part of the PoC in Bentiu has drawn many of the qualified staff out of county for NGO employment and as a result there has been significant loss of qualified health care workers in Guit County.

2008 South Sudan census shows that Guit as a total population of 29858, with 3% increase the total population is estimated to be 38815,

- 2008 census
- Guit 6266
- Kedad 3802
- Kuach 10407
- Kuerguini 4303
- Niemni 1664
- Nyathoar 3416

However Biometric Registration report released by IOM DTM team between May 20 – June 02, 2017 revealed a total of 6000 individuals in Kadet Payam, 5, 593 in Kuach, 1,739 in Nimne and 2,053 in Guit town. This information can only be used as a guide and not to be used as the true representative of the actual population on the ground as the IOM DTM team sighted challenges in terms of turn up as there was ongoing forceful recruitment in the larger Guit County during the time of registration. The local authorities also estimated different population estimates. A case in hand is Kadet whereby the authorities estimated 20,000 individuals as the population in Guit.

IOM CCCM team on July 19th revealed a decreasing population in Bentiu POC estimating it to be around 114, 000 individuals as compared to June whereby the population of Bentiu POC was about 120,000 individuals. Daily tracking of entry vs exit as done by IOM DTM teams at the gates of Bentiu POC reveals more exits from the POC as compared to the exits with a larger percentage of this population destined for Guit County. WFP is also

2. Needs assessment

Malaria, acute respiratory diseases, and diarrhea diseases are the leading causes of death and are especially dangerous for children under the age of five. Vaccination coverage for children is abysmal. The SHHS reported that only 3.5% of children in Unity State received all of their necessary vaccinations on time, and no one had regular vaccination had a coverage rate over 25% of children. Health facilities have been scarce and under-functioning for decades due to the prolonged war between Sudan and SPLA that finally led to independence of the South Sudan. Of those which were functioning and equipped many have been either dismantled or burnt out due to the ongoing conflict between the SPLA and SPLA-in Opposition. As a consequence, there is very wide gap in need for the health services in Guit Counties. The health facilities suffer from poor infrastructure, inadequate staff, poor linkages to supplies and drugs, and poor services management. WRSS has been responding to humanitarian needs in the target communities through the support from Health Pool Fun. Needs were identified using various assessments and rapid surveys that WRSS has been doing in the target areas. Ongoing situation monitoring reports have also been additional sources.

3. Description Of Beneficiaries

An estimated total of 20120 (Malaria case:4133, Presume Pneumonia/ARI:1352 Cholera: 20,BEmONC 700,HIV/TB:30, SAM with complication:5 Cholera vaccination to specific location: 13000, Diarrhea case 880) beneficiaries will be reached with access to emergency lifesaving health interventions through one PHCC and four PHCUs in Guit County of Unity State including from IDPs and host communities. Beneficiaries at these facilities are reached directly through the provision of the basic package of primary health care activities, Integrated Community Case Management (ICCM) approaches, and integrated mobile outreaches and vaccination sessions. The targeted population is based on numerous assessment carried out by World Relief and data from the health facilities run by world Relief. World Relied run 5 health facilities in Guit County (One PHCC and 4 PHCU), with an average consultation of 388815 per month. Beneficiaries selection is base access to health facilities run by World Relief in Guit county . Through this proposed project, targeted beneficiaries will be those with needs for basic reproductive health services, especially and CMR and response to SGBV as well as those suffering from disease outbreaks including AWD (with some episodes of cholera), and seasonal malaria. Guit has a population of 29858 as per 2008 population census (South Sudan 2008 census).

4. Grant Request Justification

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), low education and understanding of preventative health practices, and high levels of poverty has led to very poor healthcare provision across the country (RoSS, MoH Health Sector Development Plan). Secondary source reports, namely the most recent Sudan Household Health Survey, show that reproductive healthcare is of special concern due early and/or forced marriage, a lack of availability of contraceptives, and low access to antenatal and post-natal care. 67.8% of women of reproductive age in Unity State reported having no antenatal care. Deliveries in the health facilities are still very low. Additionally stock outs of clean delivery kits have been common due to delays from the UNFPA pipeline. These factors contribute to a maternal mortality rate of 3,500 per 100,000 live births, which is among the highest in the world (WHO, UNICEF, UNFPA, The World Bank, and the UNDP, 2015). According to data from the one PHCC and four PHCUs currently supported by World Relief in Guit, more support is needed for reproductive care in Guit County.

Malaria, acute respiratory diseases, and diarrheal diseases are the leading causes of death and are especially dangerous for children under the age of five. Malaria are the second and third (varying by month) most prevalent diseases treated in the health facilities, only behind acute respiratory infections (ARIs), namely pneumonia. Between April and June 2017, 1,645 children were treated for malaria, diarrhea and pneumonia. The number of consultations in June (768) showed a 75% increase in consultations over the average number for April and May (439). Additionally, WR expects that consultations for malaria and AWD could continue to increase as the rainy season progresses based on past seasonal trends. To address & response to Cholera cases, World Relief with CHD office will establish Cholera task force, set up ORS corner to respond to cases presenting to the health facilities, preposition Cholera kits and Wash item, conduct training to health facilities staff, and conduct community awareness on cholera.

To address challenge of SAM with complication, WRSS will coordinate with Concern World Wide conducting nutrition intervention (OTP/TSFP) in Guit and provide life-saving interventions by opening stabilization center in Guit to response to cases of malnutrition with complications while the Health sector will focus on clinics supporting the primary health care enhancing the basic package of health services. More funding is required to provide reproductive health (RH) services to pregnant women and women of child bearing age including information on FP and provision of FP commodities, routine antenatal care check-ups, BEmONC services, postnatal care , neonatal tetanus vaccinations, micronutrient supplements, clinical management of rape and referrals of obstructed labors and other complications to the Bentiu Hospital for treatment.

WR will continue to support capacity building of midwives and community midwives through trainings on safe birthing practices and PPH prevention. HHPs are crucial part of the reproductive health services. HHPs will seek to increase service utilization through multiple community outreach methods.

WR will coordinate with WHO and UNICEF lead cholera taskforce and Health Cluster in order to support preparedness activities in Guit county during this rainy season with aim to ensure Vulnerable people timely access to adequate and effective AWD/cholera treatment supplies and community are equipped with essential knowledge of prevention and early case detection of acute severe diarrheal illness. WR will contribute to the overall preparedness plan for Cholera in supporting prepositioning of materials and refresher trainings

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To improve access to basic but critical lifesaving integrated curative, preventive and community health services in Guit Counties

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	50					
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations	SO2: Protect the rights and uphold the dignity of the most vulnerable	50					
<p>Contribution to Cluster/Sector Objectives : The 2017 SSHF second allocation seeks to improve response on essential health care focusing on malaria, diarrhea, pneumonia, measles and other emergencies. Since the 2013 incidence no implementing partner has been consistently active in Guit County except for World Relief. WRSS employed the strategy of providing health interventions through “drug backpacks” to reach remote populations during times of insecurity, which was initially carried out in Koch County. Since April of 2016 WRSS has taken over provision of health service in Guit County from the former implementing partner with support from HPF. World Relief request fund to continue supporting Guit population. These activities will contribute primarily to the 2017 HRP health cluster priority number 1.</p>							
Outcome 1							
The vulnerable population will have access to integrated essential lifesaving health care services in Guit communities.							
Output 1.1							
Description							
Access to integrated essential lifesaving health care service focusing on the high morbidity and mortality among under 5s (e.g. Malaria, Diarrhoea, Pneumonia) and basic emergency obstetric and neonatal care (BEmONC) in conflict-affected and vulnerable populations of Guit Counties through static services, mobile outreach clinics and ICCM programs.							
Assumptions & Risks							
Security situation and rainy season will permit access, GIK available from cluster partners; qualified clinicians remained active; Mobilization and support from local community, vehicles will be available for referral to the next level of health services. The availability of service delivery guidelines/ protocols for services will ensure that standard services are provided.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	7,985	8,312	1,835	1,988	20,120
<p>Means of Verification : • Weekly ICCM reports</p> <ul style="list-style-type: none"> • IDSR • Monthly DHIS 							
Indicator 1.1.2	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			3,810	3,966	7,776
<p>Means of Verification : DHIS monthly report</p>							
Indicator 1.1.3	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					246
<p>Means of Verification : monthly report</p>							
Indicator 1.1.4	HEALTH	[Frontline services] Number of health workers trained on safe deliveries	2	8			10
<p>Means of Verification : Training report</p>							
Indicator 1.1.5	HEALTH	[Frontline services] Number of facilities providing BEmONC services					1
<p>Means of Verification : QSC facility assessment report</p>							
Indicator 1.1.6	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			3	2	5
<p>Means of Verification : Monthly Report</p>							
Activities							
Activity 1.1.1							
Provide 20120 consultation through 5 functional health facilities, ICCM program through 20 Community Based Distributors							
Activity 1.1.2							
7776 children 6 to 59 month old received routine and emergency vaccination services in emergency							
Activity 1.1.3							
Provide maternal child health service to pregnant women and support referral for complicated deliveries to the nearest EMONC center in Bentiu Hospital							
Activity 1.1.4							
train 10 health staff (M:2,F:8) on clean delivery							

Activity 1.1.5							
One PHCC to provide BEmONC							
Activity 1.1.6							
Open one Stabilization Center in Nemni PHCC							
Activity 1.1.7							
Train five nutrition staff on Management of SAM with complications							
Outcome 2							
Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations							
Output 2.1							
Description							
Intensify surveillance and capacity building refreshers training in Health to prevent, detect and respond to epidemic prone disease outbreaks focusing on cholera/malaria /measles and other diseases of public health concern and wasting due to famine).							
Assumptions & Risks							
<ul style="list-style-type: none"> -Security situation and rain season will permit access. GIK available from cluster partners; Mobilization and support from local community. - Services delivery guideline/ protocols available in the facilities -Community willing to volunteer to provide service - Continue health education awareness in the community and health facilities -establishment of formal and functional referral system - formal and functional referral linkages are established between the different service outlets starting from the community level. 							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	7	3			10
Means of Verification : • Monthly EWARS reports							
Indicator 2.1.2	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					100
Means of Verification : Weekly DHIS report							
Indicator 2.1.3	HEALTH	[Frontline services] Number of people reached by health education /promotion	2,656	2,764	0	0	5,420
Means of Verification : Education awareness report							
Indicator 2.1.4	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	6	5	5	4	20
Means of Verification : DHIS report							
Indicator 2.1.5	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	11	0			11
Means of Verification : training report							
Indicator 2.1.6	HEALTH	[Frontline services] Number of people vaccinated with oral cholera vaccines in priority locations	6,370	6,630	0	0	13,000
Means of Verification : Cholera Vaccination report							
Activities							
Activity 2.1.1							
Train 10 (M:7,F:3) health clinical staffs on disease surveillance and outbreak response							
Activity 2.1.2							
Provision, distribution and preposition of outbreak investigation kits							
Activity 2.1.3							
Conduct mass vaccination campaigns, including National Immunization Days							
Activity 2.1.4							
Train 30 (M12,F:8); CHWs/HHPs/CBDs in early case detection and referral							
Activity 2.1.5							
Set up Isolation room, Set up ORS Conner,provide first line treatment to cholera cases and refer, equip the facility with Cholera kits and Wash Items, organize for rapid response team to visit affected area and conduct investigation							
Outcome 3							
Improve access to Psycho-social support and GBV services for vulnerable people							
Output 3.1							
Description							

Provide treatment to survivors of SGBV. Clinical management of rape and psychosocial services will be provided both to SGBV survivors and conflict affected communities in protracted displacements. PHCCs provide dignity kits, Psychosocial support to care for people with severe mental disorders (suicidal behavior, psychoses, severe depression and substance abuse) in communities and institutions Adolescent health services will be integrated in the PHCCs.

Assumptions & Risks

Security situation and rain season will permit access, GIK and training available from cluster partners; Mobilization and support from local community.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	[Frontline services] Number of health facilities providing SGBV services					5

Means of Verification : Report from the facility (DHIS)

Indicator 3.1.2	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	7	3			10
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Means of Verification : training report

Activities

Activity 3.1.1

One PHCC provide SGBV services to the victims

Activity 3.1.2

Train 10 (M:7,F:3) health clinical staff on CMR

Activity 3.1.3

Provide PEP to SGBV survivors

Additional Targets :

M & R

Monitoring & Reporting plan

WRSS will use the following M&E monitoring tools; IDSR weekly report template, Outbreak line list, Monthly, EPI template, Monthly morbidity template, E- pharmaceutical monthly consumption report. Monthly reproductive health report template, monthly dignity kit report, ACT and other malaria commodity trucking sheet.

Primary data from PHCUs will be collected by community health workers and by the Health workers at PHCC. CHWs and Health Facility Workers will continue to record information about the health services delivered using properly MoH registers. The information received will be integrated into the DHIS system for analysis and program information. Weekly/ monthly / quarterly reports will be developed through the mentioned tools. WRSS will provide 5Ws to cluster showing who, what, where when and why in the operation areas. WRSS will develop a feedback mechanism for beneficiaries. M&E Officer will analyse the information and prepare graphs, which will be used to give feedback at health Facility and community level. The communities will also be given the opportunity to give feedback through meetings, focus group discussion and field visits.

In order to manage quality of the data in the reports, data will be collected from each health facilities, and the synthesized monthly and quarterly reports will be sent to the Program Director and Country Director at the Juba Office and the Health and Nutrition Senior Program manager. Additionally, one Home Office technical staff will make site visits to track project success, review data, and speak with the community and local officials. Findings of all reports, site visits, meetings, and feedback will be used to adjust program implementation to ensure that program results will be achieved.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide 20120 consultation through 5 functional health facilities, ICCM program through 20 Community Based Distributors	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: 7776 children 6 to 59 month old received routine and emergency vaccination services in emergency	2017								X	X	X	X	X
	2018	X											
Activity 1.1.3: Provide maternal child health service to pregnant women and support referral for complicated deliveries to the nearest EMONC center in Bentiu Hospital	2017								X	X	X	X	X
	2018	X											
Activity 1.1.4: train 10 health staff (M:2,F:8) on clean delivery	2017									X		X	
	2018												
Activity 1.1.5: One PHCC to provide BEmONC	2017								X	X	X	X	X
	2018	X											

Activity 1.1.6: Open one Stabilization Center in Nemni PHCC	2017								X										
	2018																		
Activity 1.1.7: Train five nutrition staff on Management of SAM with complications	2017								X										X
	2018																		
Activity 2.1.1: Train 10 (M:7,F:3) health clinical staffs on disease surveillance and outbreak response	2017								X		X								
	2018																		
Activity 2.1.2: Provision, distribution and preposition of outbreak investigation kits	2017								X	X	X								
	2018																		
Activity 2.1.3: Conduct mass vaccination campaigns, including National Immunization Days	2017																		X
	2018																		
Activity 2.1.4: Train 30 (M12,F:8); CHWs/HHPs/CBDs in early case detection and referral	2017								X	X									X
	2018																		
Activity 2.1.5: Set up Isolation room, Set up ORS Conner,provide first line treatment to cholera cases and refer, equip the facility with Cholera kits and Wash Items, organize for rapid response team to visit affected area and conduct investigation	2017									X	X	X	X	X					
	2018	X																	
Activity 3.1.1: One PHCC provide SGBV services to the victims	2017								X	X	X	X	X	X					
	2018	X																	
Activity 3.1.2: Train 10 (M:7,F:3) health clinical staff on CMR	2017								X	X									X
	2018																		
Activity 3.1.3: Provide PEP to SGBV survivors	2017								X	X	X	X	X	X					
	2018	X																	

OTHER INFO

Accountability to Affected Populations

WRSS is strictly adhering to Humanitarian standards in involving the beneficiaries in all the process of the project life span. Feedback mechanism in place for both beneficiaries and the other stake holders, thus through meeting, focus group discussion one to one consultation with key informant , conducting exit interview at consultation (OPD).

Implementation Plan

World Relief will collaborate with the KCHD to provide Health care services that responds to the emergency needs and security context of the growing number of IDPs in the project areas.
 WR staff will work in partnership with KCHD staff as an integrated team to implement this project. When the relocatable teams are not on the ground, services will continue through local CHD staff who are able to move with the population even in case of displacement and therefore continue offering services to them with minimal interruption.
 Supplementary medical supplies will be procured and packed into emergency back packs that are highly mobile and can be carried by qualified medical personnel while on the run. When security situation allows, mobile emergency response clinics will be set up at central location in the county where a good proportion of the population can be able to access services, providing primary health care and immunizations to displaced populations.
 WR will capacity building midwives and Community midwives in order to improve RH services quality of care
 HHPs will be trained and equipped in order to share key messages on RH and for referrals.
 World Relief believes that the changing dynamics in Unity state require continued expanded, creative and flexible mobile solutions in the southern counties in order to provide health services to populations on the move.
 WR will make proper plan tp respond to Cholera outbreak

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Concern World Wide	Nutrition
THESO	Nutrition
DRC	Protection
JAM	Livelihood

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project is designed to contribute significantly to gender equality. Records from the PHC units demonstrate varying gender needs when it comes to healthcare. While the common causes of morbidity affect women, men, girls and boys equally, women endure greater health vulnerabilities overall. These additional vulnerabilities are generally associated with reproduction, gender based violence as well as the expectations described above which dictate that women shoulder the majority of work associated with both agricultural and household chores. Women are often unable to make their own decisions about marriage and reproduction due to lack of empowerment and/or lack of family planning resources. This combined with inadequate prenatal and postnatal care puts women at greater overall health risk than men.

To contribute to gender equality, males and females will have equal and gender sensitive access to health services for cholera, malaria, and other communicable disease; women and men will be treated without prejudice. Reproductive health services will be provided with special sensitivity to women. Health facility staff will receive training in GBV and clinical management of rape; health facilities will offer the basic package of GBV services. At least 25% of employment opportunities will be reserved for women. Women utilizing reproductive health services will receive dignity kits to enhance their daily hygiene standards and improve their quality of life.

Protection Mainstreaming

Protection will be mainstreamed across this project to mitigate any risk, harm, abuse and exploitation faced by the target population. Consultation with the Guit CHD and other stakeholders have determined the locations of service implementation, taking into consideration safe spaces that are accessible to the largest number of beneficiaries. Minimizing the distances that people have to travel to receive services minimizes the risk of beneficiaries being targeted by armed groups on the way to and from accessing services. Girls and women are often raped while they travel long distances to fetch water in most cases crossing forest and bush areas. The project will minimize the chance of this threat to girls and women by improving sanitation access through latrine promotion and de-stigmatization of using latrines by women and girls.

Gender-based violence has unfortunately been increasing in South Sudan, having been sanctioned by certain armed groups as a tactic of war. WRSS is serious about the prevention of sexual exploitation and abuse (PSEA), including the demands for sex in exchange for goods or services. All staff are trained on PSEA and must sign on to the organization's established policies and code of conduct. WRSS will also build the capacity of the health facilities to treat women and girls who are survivors of rape and other incidents of sexual or gender-based violence. CHD staff at selected facilities will undergo refresher training for the clinical management of rape and psychological first aid so they are able to provide services to survivors.

Additionally, WRSS is an active Child Protection member in Bentiu PoC and with the experiences in education in emergencies interventions in Koch and Guit Counties, World Relief intends to provide child protection services through analysis of barriers to accessing services. WRSS will use the lessons learned through community-based protection mechanisms in order to use pilot and tools and training modules adapted to South Sudan to establish, strengthen and support child protection mechanisms and families to better protect their children through identification of the most vulnerable children and through psychosocial support activities. Having an integrated protection issues into teacher training, PTA and management training in the past years, WRSS will based upon field-tested methodology of training, action-planning and mentoring with the aim of promising practices. Based on the promising practices, WRSS will produce various tools for concrete actions to promote the respect of protection principles into specific sectors or situations including emergencies that will be disseminated to WRSS and other partners working in emergency response.

Country Specific Information

Safety and Security

The security situations in Guit County, remain tense and unpredictable. WRSS understands the challenges of conflict and access in the proposed operating areas and maintains security focal points at the local operating level. WRSS also works with the United Nations' Department of Safety and Security (UNDSS) in Juba. Security plans are maintained for each operational area. In past experience, when WRSS international or relocatable national staff have had to be temporarily relocated due to security concerns, local national staff, CHD and MoH staff, and community volunteers have proven able to continue serving beneficiaries until service levels can be fully restored. Also, working through these groups ensures that knowledge and structures are in place within communities when WRSS's interventions end. With the help of key partners, namely WFP and UNICEF, WRSS has been able to reach the county with Rapid Response Missions even after relocatable staff leave the county and is prepared to transition to this type of intervention again if security deteriorates. All options will be discussed and decisions made with the donors involved in these situations.

Access

World Relief has been active in Unity State specifically and the Greater Upper Nile region generally for over 13 years. As an organization, World Relief has worked hard to build resiliency and ensure that staff remain safe while continuing to operate in what has been a conflict prone area of South Sudan. At times when international and relocatable staff had to be removed from project areas, World Relief has succeeded in maintaining minimum services using local staff and working through local government departments. World Relief has also been able to access the counties with rapid response missions to deliver critical nutrition and health supplies and conduct rapid assessments. Staff have worked tirelessly (especially in areas where territory changes hands frequently) to build and maintain solid relationships with local authorities on both sides of the conflict (both government SPLA and SPLA-in Opposition). The trust and relationships which exist has allowed World Relief ongoing access to the project areas. WRSS accesses the project sites from Juba by airplanes and helicopters. Roads are badly affected and not maintained for years. Within the project locations, staffs can use vehicles and motor bikes to access the beneficiaries and the health facilities.

Guit County was recently split into two separate counties, one under SPLA control and the other under SPLA-iO control, When mapping out specific villages and areas for intervention inside Guit County, WRSS takes care to choose relatively equal numbers of sites in both SPLA and SPLA-iO held territories, thus ensuring that all have access to services regardless of their affiliation or on which side of the front lines they currently reside. Mobile services will be conducted, reaching out to populations on both sides of the conflict who are unable to access the static facilities, thus ensuring that individuals afraid or unable to move to the static facilities are not denied assistance or services. This is particularly important for elderly and disabled beneficiaries who are unable to walk the required distances to project sites.

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	Country Director	S	1	5,600.00	6	10.00	3,360.00
	<i>Country Director will be responsible for financial and programmatic oversight of all objectives and hiring staff and is charged at \$5,600* 6 months* 10% effort = 3,360</i>						
1.2	Program Director	D	1	4,700.00	6	10.00	2,820.00
	<i>Program Director will be responsible for programmatic oversight of all objectives and hiring staff and is charged at \$4,700* 6 months* 10% effort = \$2,820</i>						
1.3	Senior Health and Nutrition Manager	D	1	4,500.00	6	10.00	2,700.00
	<i>Senior Health and Nutrition Program Manager will be responsible for supervising Health and Nutrition Program Managers and all programmatic monitoring and implementation for all health and nutrition related objectives and is charged at \$4,500* 6 months* 10% effort = \$2,700</i>						
1.4	Health Program Managers	D	2	4,400.00	6	25.00	13,200.00
	<i>Nutrition Program Managers will be responsible for programmatic monitoring and implementation for all nutrition related objectives and will assist with implementation of all activities in Fangak County and is charged at \$4,400* 2 staff* 6 months* 25% effort = \$13,200</i>						
1.5	Operations Director	D	1	4,900.00	6	10.00	2,940.00
	<i>Operations Director will be responsible for all logistics, procurement, human resources, and assistance with staffing for project needs and is charged at \$4,900* 6 months* 10% effort = \$2,940</i>						
1.6	Finance and Grants Manager	S	1	5,200.00	6	10.00	3,120.00
	<i>Finance and Grants Manager will be responsible for financial management, reporting, and oversight of all objectives and is charged at \$5,200* 6 months* 10% effort = \$3,120</i>						
1.7	Security Manager	D	1	4,500.00	6	10.00	2,700.00
	<i>Security Manager will be responsible for security planning for all sites and training for all staff on security plans and procedures and is charged at \$4,500* 6 months* 10% effort = \$2,700</i>						
1.8	Health Monitoring and Evaluation Systems Manager	D	1	2,000.00	6	25.00	3,000.00
	<i>Health Monitoring and Evaluation (M&E) Systems Manager will be responsible for gathering, compiling, and analyzing data and contributing to quantitative reporting and is charged at \$2,000* 6 months* 25% effort = \$3,000</i>						
1.9	Human Resources Manager	S	1	2,400.00	6	10.00	1,440.00
	<i>Human Resources Manager will be responsible for human resources including recruiting and hiring, training staff on office policies, managing leave schedules and assisting the other managers and is charged at \$2,400* 6 months* 10% effort = \$1,440</i>						
1.10	Human Resources Officer	S	1	1,000.00	6	10.00	600.00
	<i>Human Resources Officer will be responsible for assisting the HR Officer and Manager with recruiting and hiring, training staff on office policies, managing leave schedules and assisting the other managers and is charged at \$1,000* 6 months* 10% effort = 600</i>						
1.11	Logistics Manager	D	1	2,000.00	6	10.00	1,200.00
	<i>Logistics Manager will be responsible for managing Logistics staff, procurement, fleet management, equipment management and other administrative duties in the Juba office and is charged at \$2,000* 6 months* 10% effort = \$1,200</i>						
1.12	Logistics Officers	D	2	1,365.00	6	10.00	1,638.00
	<i>Logistics Coordinator will be responsible for transportation, equipment management and other administrative duties in the Juba office and is charged at \$1,365* 6 months* 2 months 10% effort = \$1,638</i>						
1.13	Country Accountant	S	1	1,890.00	6	10.00	1,134.00
	<i>Country Accountant will be responsible for supporting the Finance and Grants Manager with financial management including updating WR financial systems with expenses and is charged at \$1,890* 6 months* 10% effort = \$1,134</i>						
1.14	Field Finance Officer	D	1	1,575.00	6	10.00	945.00
	<i>Field Finance Officer will be responsible for managing financial systems and spending for relevant programs and is charged at \$1,575* 6 months* 10% effort = \$945</i>						
1.15	Guards	S	6	300.00	6	10.00	1,080.00

	<i>Guards will be responsible for securing the field compounds and providing for the safety of WRSS staff and is charged at \$300* 6 months* 6 staff* 10% effort = \$1,080</i>							
1.16	Cooks/Cleaners	S	5	300.00	6	10.00	900.00	
	<i>Cooks/Cleaners will be responsible for providing meals and a hygienic environment for WRSS staff at the Juba office and are charged at \$300* 6 months* 4 staff* 10% effort = \$720</i>							
1.17	Clinical Officer	D	1	1,000.00	6	50.00	3,000.00	
	<i>Clinical Officer will be responsible for conducting patient consultations, examining the patient and prescribing medications and are charged at \$1,686* 6 months* 1 staff* 50% effort = \$5,058</i>							
1.18	Nurse/Nutrition Nurse	D	2	800.00	6	50.00	4,800.00	
	<i>Nurse will be responsible for taking vital signs, basic patient history and triage, administering medications, and managing wound care and are charged at \$1,370* 6 months* 1 staff* 50% effort = \$4,110</i>							
1.19	Midwife	D	1	800.00	6	50.00	2,400.00	
	<i>Midwife will be responsible for managing the maternal and child health unit, caring for pregnant mothers, and delivering babies and are charged at \$1,511* 6 months* 50% effort = \$4,533</i>							
1.20	MNCH Officer	D	1	1,200.00	6	100.00	7,200.00	
	<i>MNCH Officer will be responsible for training facility staff and providing technical support for facility services, particularly reproductive health services and is charged at \$1,300* 6 months* 100% effort = \$7,800</i>							
1.21	Roving Pharmacist	D	1	1,500.00	6	100.00	9,000.00	
	<i>ROving Pharmacist will be responsible for managing all drug stocks across the five health facilities and mitigating shortages and is charged at \$1,300* 6 months* 100% effort = \$7,800</i>							
1.22	SC Feeding Assistant	D	2	300.00	6	100.00	3,600.00	
	<i>Responsible for feeding operations, prepare milk three times per day</i>							
1.23	Fringe Benefits for International Staff	D	1	30,840.00	1	25.00	7,710.00	
	<i>Standard benefits for international staff are calculated at 25% of the total staff salary and include: Medical Insurance, R & R Allowance, as well as retirement or pension savings. The calculation of a 25% fringe is based on health and life insurance costs and World Relief's match portion of the Employer Sponsored retirement or pension plan. WR's employee health insurance premiums alone for International staff range from a low of \$3,530/year (low option employee only) to \$11,468/year (high option/family). On a staff person earning \$45,000 this would range from 25.48% to 7.84% of salary. International staff based inside South Sudan are also entitled to R&R allowance of \$50 per day of R&R up to 20 leave days per year. Additionally, international staff can receive up to 3% match for a retirement or pension plan. These benefits are to be paid in accordance with the donor and sector allocations presented in the salary portion of this narrative, as to provide continuity and sound accounting.</i>							
1.24	Fringe Benefits for National Staff	D	1	49,770.00	1	32.00	15,926.40	
	<i>The Government of South Sudan (GoSS) requires that 17% of national staff salaries must be allocated toward the Sudanese Mandatory Social Insurance Fund. National staff are also entitled to Staff Transport Fares to and from the office in Juba, on work days. Also, Medical and Accident Insurance is calculated at 15% of the total staff salary. These benefits are to be paid in accordance with the donor and sector allocations presented in the salary portion of this narrative, as to provide continuity and sound accounting.</i>							
	Section Total						96,413.40	
2. Supplies, Commodities, Materials								
2.1	Charter Flights	D	1	4,800.00	2	100.00	9,600.00	
	<i>Charter Flights will be used to deliver in-kind drugs and supplies to Field sites which are not safely accessible by road. While WRSS plans to use the Logistics Cluster as it is available, ensuring the timely provision of inputs is critical to the success of the program. Periodically, the Logistics Cluster has had multiple delays caused by fleet maintenance and fuel outages. Charter flights save in-county time with delivery to the key locations of intervention. Charter flights are charged at \$4,800 * 2 trips* 100% effort = \$9,600</i>							
2.2	Ground Transportation	D	1	4,000.00	6	100.00	24,000.00	
	<i>Ground transportation will be used to provide local road transport of the materials chartered in from the landing site to the project site and is charged at \$4,000* 6 trips* 100% effort = \$24,000</i>							
2.3	Casual Labor	D	6	20.00	6	100.00	720.00	
	<i>Casual Labor is needed for tasks including portering, clearing the compound, mobilizing communities. WRSS averages the two costs, and estimates that 1 casual labor day will be needed each month. Thus, Casual Labor for Koch is charged at \$20* 6 days* 6 laborers* 100% effort = \$720</i>							
2.4	Trainings for Midwives and PHCC/U Staff	D	10	50.00	3	100.00	1,500.00	
	<i>Flip charts, notebooks, pens, etc. Included as part of training costs</i>							

2.5	Incentives for PHCC/U Staff	D	22	300.00	6	50.00	19,800.00
	<i>Incentives for PHCC/U staff are needed to keep staff working when they have not received salaries from the government in several months and are charged at \$300* 22 staff* 6 months* 50% effort = \$19,800</i>						
2.6	Incentives for Home Health Promoters	D	20	100.00	6	100.00	12,000.00
	<i>Incentives for Home Health Promoters are needed to mobilize HHPs to do work in the communities and are charged at \$200* 20 HHPs* 6 months* 100% effort = \$24,000</i>						
2.7	Supplies for Home Health Promoters	D	20	50.00	2	100.00	2,000.00
	<i>Supplies for Home Health Promoters including GAM boards, backpacks, stationaries, etc. are needed for HHPs to do outreach and refer community members to the health facilities and are charged at \$50* 20 HHPs* 2 months* 100% effort = \$2,000</i>						
2.8	Running Costs for Health Facilities	D	5	350.00	2	100.00	3,500.00
	<i>Running costs for health facilities include cleaning supplies and other consumables and charged at \$350* 5 facilities* 6 months* 100% effort = \$3,500</i>						
2.9	Equipment for Health Facilities	D	1	1,050.00	1	100.00	1,050.00
	<i>Equipment for health facilities, namely delivery bed, microscopes, and other laboratory supplies are needed to fill gaps in necessary equipment and services and are charged at \$2,000* 1 lump sum* 100% effort = \$2,000</i>						
2.10	Uniforms for Health Facility Staff	D	15	50.00	1	100.00	750.00
	<i>Uniforms for Health Facility Staff are needed to provide adequate and sanitary clothing for certain facility staff and are charged at \$50* 15 staff* 100% effort = \$750</i>						
2.11	Train health I staffs on disease surveillance and outbreak response	D	10	50.00	2	100.00	1,000.00
	<i>Flip charts, notebooks, pens, etc. Included as part of training costs</i>						
2.12	Train CHWs/HHPs/CBDs in early case detection and referral	D	30	30.00	2	100.00	1,800.00
	<i>Flip charts, notebooks, pens, etc. Included as part of training costs</i>						
2.13	Train Health staff on CMR and Psychological First Aid (PFA)	D	10	50.00	2	100.00	1,000.00
	<i>Flip charts, notebooks, pens, etc. Included as part of training costs</i>						
2.14	Focus Group Discussions	D	5	100.00	2	100.00	1,000.00
	<i>FG discussions will be organized in each HF catchment area to receive feed back from the accounted people</i>						
2.15	Purchase of drugs and medical supplies	D	1	6,000.00	1	100.00	6,000.00
	<i>supplementary fast moving drugs to be added to mobile medical kits. 50% charged to CHF</i>						
2.16	SC supplies	D	2	1,200.00	1	100.00	2,400.00
	<i>Tables, chairs, beds, cups, stationery, stock cards, sitting mats, etc for 16nutrition centers. 100% charged to SSHF</i>						
2.17	Running cost of SC	D	1	500.00	6	100.00	3,000.00
	<i>Running cost for day today SC including sugar, charcoal, etc..</i>						
	Section Total						91,120.00
3. Equipment							
3.1	Computer	D	1	850.00	1	100.00	850.00
	<i>A computer is needed for regular business functions including email, report writing, and data tracking and are charged at \$1,000* 1 unit* 100% effort = \$850</i>						
3.2	Thuraya	D	1	1,240.00	1	100.00	1,240.00
	<i>A Thuraya is needed for communication in areas where the mobile phone network is not operational or in emergency situations when a mobile phone is not functioning or available charged at \$1,240* 1 unit* 100% effort = \$1,240</i>						
	Section Total						2,090.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00

	NA							
	Section Total							0.00
5. Travel								
5.1	Program Flights	D	2	550.00	6	100.00		6,600.00
	<i>Program Flights include regional flights for program coordinator meetings in Juba and are charged at \$550* 2 staff* 6 months* 100% effort = \$6,600</i>							
	Section Total							6,600.00
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 and Utilities	D	1	5,500.00	6	10.00		3,300.00
	<i>Office Rent and Utilities are needed to maintain an office in Juba and is split between programs and is charged at \$5,500* 6 months* 10% effort = \$3,300</i>							
7.2	Guest House Rent and Utilities	D	1	3,000.00	6	10.00		1,800.00
	<i>Guest House Rent and Utilities are needed to maintain safe and adequate living spaces for international staff and is split between programs and is charged at \$3,000* 6 months* 10% effort = \$1,800</i>							
7.3	Staff Feeding	D	1	5,000.00	6	25.00		7,500.00
	<i>Staff Feeding are provided to relocatable staff assigned to locations in Guit County have limited or no markets where staff can purchase food. In order to ensure that our relocatable staff fed and in condition to work, it is imperative that we transport food into the field to sustain them. Therefore, staff meals are charged at \$5,000* 6 months* 25% effort = \$7,500</i>							
7.4	Office Supplies and Stationaries	D	1	1,250.00	6	10.00		750.00
	<i>Office Supplies and Stationaries include consumables such as paper, notebooks, writing utensils, ink, etc. and are needed for regular use and communication within the office and are charged at \$1,250* 6 months* 10% effort = \$750</i>							
7.5	Satellite Phone Service	D	2	1,000.00	6	50.00		6,000.00
	<i>Satellite Phone Service is needed for satellite phones in areas where the mobile phone network is not operational or in emergency situations when a mobile phone is not functioning or available and is charged at \$1,000* 6 months* 2 units* 10% effort = \$6,000</i>							
7.6	VSAT Subscription	D	2	3,000.00	6	10.00		3,600.00
	<i>V-Sat Subscription is needed to communicate among bases, with the Home Office and with donors and is charged at \$3,000* 6 months* 10% effort = \$3,600</i>							
7.7	Vehicle Depreciation and Maintenance	D	1	3,000.00	6	10.00		1,800.00
	<i>Vehicle Depreciation and Maintenance is needed to cover the costs associated with vehicles purchased by other projects but used in this project and to keep them in safe and working order and is charged at \$3,000* 6 months* 10% effort = \$1,800</i>							
7.8	Vehicle Fuel and Oil	D	1	2,500.00	6	10.00		1,500.00
	<i>Vehicle Fuel and Oil, assuming 2 barrels per vehicle per month to cover approximately 600 kilometers, is needed for staff to reach program beneficiaries and is charged at \$1,500 * 6 months* 10% effort = \$900</i>							
7.9	Generator Fuel and Maintenance	D	1	2,503.00	6	10.00		1,501.80
	<i>Generator Fuel and Maintenance is needed to provide electricity and is split between programs and is charged at \$2,400* 6 months* 10% effort = \$1,440</i>							
7.10	Bank Fees	D	1	1,500.00	6	10.00		900.00
	<i>Bank Fees are incurred when sending funds between the Home Office in Baltimore, Maryland, USA and the South Sudan Office in Juba and are charged at \$1,500* 6 months* 100% effort = \$900</i>							
7.11	T-shirts and Caps	D	20	50.00	1	100.00		1,000.00
	<i>T-shirts and Caps are needed for project staff for visibility and are charged at \$50*20 staff* 100% effort = \$1,000</i>							
7.12	Signs, Stickers, and Asset Tags	D	1	2,520.00	1	100.00		2,520.00

	<i>Signs, Stickers, and Asset Tags are needed for branding and visibility at project sites and on project assets and are charged at \$2,500* 1 lump sum* 100% effort = \$2,500</i>							
7.13	Office and Accommodations in Guit	D	1	1,750.00	6	50.00	5,250.00	
	<i>Office and Accommodation Costs in Guit are needed to cover lodging expenses for relocatable staff based in Guit staying on the WRSS compound and are charged at \$1,750* 6 months* 50% effort = \$5,250</i>							
	Section Total							37,421.80
SubTotal			235.00				233,645.20	
Direct							222,011.20	
Support							11,634.00	
PSC Cost								
PSC Cost Percent							7.00	
PSC Amount							16,355.16	
Total Cost							250,000.36	

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 -> Guit	100	7,985	8,312	1,835	1,988	20,120	Activity 1.1.1 : Provide 20120 consultation through 5 functional health facilities, ICCM program through 20 Community Based Distributors Activity 1.1.2 : 7776 children 6 to 59 month old received routine and emergency vaccination services in emergency Activity 1.1.3 : Provide maternal child health service to pregnant women and support referral for complicated deliveries to the nearest EMONC center in Bentiu Hospital Activity 1.1.4 : train 10 health staff (M:2,F:8) on clean delivery Activity 1.1.5 : One PHCC to provide BEmONC Activity 2.1.1 : Train 10 (M:7,F:3) health clinical staffs on disease surveillance and outbreak response Activity 2.1.2 : Provision, distribution and preposition of outbreak investigation kits Activity 2.1.3 : Conduct mass vaccination campaigns, including National Immunization Days Activity 2.1.4 : Train 30 (M12,F:8); CHWs/HHPs/CBDs in early case detection and referral Activity 2.1.5 : Set up Isolation room, Set up ORS Conner,provide first line treatment to cholera cases and refer, equip the facility with Cholera kits and Wash Items, organize for rapid response team to visit affected area and conduct investigation Activity 3.1.1 : One PHCC provide SGBV services to the victims Activity 3.1.2 : Train 10 (M:7,F:3) health clinical staff on CMR Activity 3.1.3 : Provide PEP to SGBV survivors

Documents

Category Name	Document Description