OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	World Relief
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Emergency Health Response in Koch and Mayom Counties in Unity State		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-17/H/103785	**Fund Project Code :**	SSD-17/HSS10/SA1/H/INGO/5105
Cluster :	Health	**Project Budget in US$:**	244,030.96
Planned project duration :	6 months	**Priority:**	
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 :

World Relief South Sudan (WRSS) has been providing health services since it began operating in South Sudan in 1998. Koch and Mayom Counties in Unity State are characterized by inadequate health facilities, poor infrastructures, lack of trained medical personnel, and closure of health facilities due to insecurity. WRSS supports 5 health facilities (2 PHCC and 3 PHCU in Koch county and 8 health facilities (2 PHCC and 6 PHCU in Mayom County.
According to the Monthly DHIS morbidity reports of January to Feb 2017 a total of 3,487 (M: 1709, F: 1778) consultations were recorded. 738 (M: 362, F: 376) children under five were seen during the period. While Mayom had total of 21476 (M: 10523, F: 10953). Malaria accounts for 664 (M: 325, F339) and 6405 (M: 3138, F: 3267) in Koch and Mayom respectively.
A total of 61120 indirect beneficiaries will benefit from the project. Of this 61950 will be reached through mass awareness health education in the community,30 (M:20,F:10) health workers will be trained on disease surveillance and outbreak response,20 (M:10,F:10) HHPs and CHWs will be train on CMR, while 20 (M:10,F10) will receive training on psychosocial support
The proposed project seeks to fill gaps in the current health services due to the overwhelming health needs in the two counties as well as to expand existing services to better address the needs of the population as it endures continuing conflict. Through the SSHF project, WRSS will fill critical gaps in staffing and ensure all health facilities are properly rehabilitated, furnished, and stocked. In response to the ongoing conflict and civilians falling victim to violence and trauma, WRSS will increase its response to sexual and gender-based violence by expanding clinical management of rape in the health facilities and also introduce psychological first aid. Expanded outreach services 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 expanded networks of Home Health Promoters and Community-based Drug Distributors.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
12,627	19,681	18,286	20,377	70,971

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	3,788	5,904	5,486	6,113	21,291
People in Host Communities	8,839	13,777	12,800	14,264	49,680

Indirect Beneficiaries :

108930

Catchment Population:

217863

Link with allocation strategy :

WRSS is operating in four counties (Koch, Mayom, Guit and Abiemnom) and Bentiu POC of the legacy Unity State with health program being one of the major programs. All of these areas are located in central and southern Unity which has been classified as famine likely as per the recently released FEWSNET report. WRSS is appealing for these funds in order to reach beneficiaries in Koch and Mayom Counties with emergency lifesaving health programs that are responsive to the pregnant and lactating women and children as these are considered to be high priority areas. WRSS intends to scale up rapid response intervention by providing emergency lifesaving primary health care, basic emergency obstetric and neonatal care and clinical management of SGBV. These will include provision of CMR services at PHCC level, Training staff on CMR and psychosocial first aid, provision of PEP services to SGBV survivors, provision of psychosocial first aid and prepositioning distribution of dignity and PEP kit. Awareness on SGBV will be through home health promoters at community and by health staff at facilities level.

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 16 Koch	319,681.00
Health Pooled Fund (HPF) Lot 12 Mayom/Abiemnom	196,876.00
UNICEF	65,228.00
	581,785.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

The protracted violence and displacement combined with a high disease burden, poor access to sanitation and high levels of poverty has led to poor healthcare provision across the country (RoSS, MoH, and Health Sector Development Plan 2012- 2016). The most recent Sudan Household Health Survey (SHHS), conducted in 2010, reveals serious concern for the state of health and healthcare throughout South Sudan, and most health indicators are generally poor. RH care is of concern attributed to early marriages, lack of availability of contraceptives and low access to ANC and PNC. 67.8% of women of reproductive age in Unity State reported having no access to ANC services. These factors contribute to a maternal mortality rate of 789 per 10,000 live births, among the highest in the world (WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division, “Trends in Maternal Mortality: 1990 to 2015”). Malaria, Acute Respiratory Infections and diarrheal diseases are the leading causes of mortality. The SHHS reported that only 3.5% of children in Unity State received all of their necessary vaccinations on time, and no one regular vaccination had a coverage rate over 25% of children (way below the WHO recommended coverage rate of >80%).

The humanitarian situation in Unity State, including Koch, and Mayom Counties remains precarious. It is characterized by conflict, which has led to severe protection concerns for civilians, as well as limited access to basic services. Koch County has been on the front lines and experienced repeated periods of violence from December 2013 to as recently as November 2016. The recent conflict has caused mass general displacement, deaths, and looting and damage to health facilities and other infrastructure. It has also forced the relocation of international and national staff, leaving those still in the County isolated without any basic and lifesaving health care services. In Guit County, intense fighting left many Guit facilities destroyed and in disrepair. Vehicles, medicines and equipment were looted. Cold chain was destroyed and skilled health personnel have left the County in search of employment elsewhere. Mayom County has experienced fighting at times and at others has received IDPs from neighboring areas.

Koch County has experienced repeated periods of violence and disruption since 2014. Control of Koch County in Unity State is under dispute, and territory changed hands again during fighting in September 2016, as the SPLA retook the Buaw area, forcing SPLA-iO1 south into the areas surrounding Bie and Ngony. The divisions within the county increase the difficulties associated with in-county movement and accessing social services and enhance the likelihood that it could again be thrust into conflict, forcing an already vulnerable population to once more flee into the swamps for safety.

2. Needs assessment

Malaria, acute respiratory diseases, and diarrheal 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 regular vaccination had a coverage rate over 25% of children. However, recently, primarily through the MOH Rapid Response Missions (RRM) that WRSS supported, measles immunizations reached 56% coverage, though this is still far below international standards, and other vaccines were not administered during these RRMs . Moreover, a recent assessment in May and June of 2016 found a general acute malnutrition (GAM) rate of 26.2% in Unity State, well above the emergency threshold. The lack of adequate access to clean drinking water and sanitation facilities exacerbates risk of poor health.

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 Koch and Mayom 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. 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

A total coverage area of 70,971 beneficiaries will be reached with access Emergency lifesaving health interventions in Koch and Mayom Counties of Unity state including from IDPs and host communities. Beneficiaries will be reached directly through regular routine Primary Health care activities, Integrated Community Case Management (ICCM) approaches, and integrated mobile outreaches and vaccination sessions as well gate entry vaccination of new arrivals with Measles and Polio vaccines.

4. Grant Request Justification

WRSS is already actively providing Emergency primary and RH services in the two Counties in partnership with the CHDs. However, without additional support gaps will continue to have negative effects on PHC services. WR is seeking these funds to provide services to a total of 8,100 IDPs and 3,000 host communities in the 2 counties in unity state
• PHC services: Gaps exist in adequate staffing for health facilities, staff are not available in the State or County, low HF staff's abilities to assess reporting data, and to use monthly reports for planning and decision making. Furthermore, many of the HFs are in dire need of critical repairs and rehabilitation and need to be refurnished and restocked.
• Maternal and Child Healthcare: More funding is required to provide RH services to pregnant women and women of child bearing age including information on and provision of FP commodities, ANC, PNC, micronutrient supplements, CMR and referrals of complications to the next level of care for treatment.
• Emergency Preparedness: Inadequate knowledge on preventive measures and management of communicable diseases and shortage of funding to strengthen community based response mechanisms has been among the main reasons for the spread of common communicable diseases. Strengthening capacities of health facilities on EWARS reporting, prevention, and mitigation and creating community awareness is needed. For this particular component WR is seeking these funds in order to set up a Rapid Response Team that will be based in Bentiu and roving to WR operation areas in Unity state to respond to outbreak's i.e the ongoing cholera outbreak in the POC and the perceived Meningitis outbreak during this dry season and the most likely Malaria outbreak in the mid of the year with upcoming rainy season.
• Mental health: Minimal mental health services are tailored towards this need; great gaps exist in terms of mental trauma due to frequent war situations that are in need of psychological support and Psychological first aid. CMR will play a great role in this.
• Community participation and Education: Community participation has long been a cornerstone of health services in South Sudan, but many of the outreach services have been difficult to sustain due to the high levels of displacement and conflict in Unity State. The community mobilization and participation efforts will involve two main aspects. First, WRSS will revive and train community health committees (CHCs) at each health facility. The CHCs will be established per MoH guidelines, and participation will include both men and women including youth and with balanced membership accounting for the various ethnic, faith, and other population groups in the target area. Secondly, WRSS will mobilize existing HHPs and select new ones where gaps are recognized. Bag pack approach with services through ICCM will be established mainly provided by Community distributors in remote areas of both counties.
• Acute malnutrition remains a major public health emergency in South Sudan. More than one million children under 5 and close to 350,000 pregnant women are estimated to be acutely malnourished across the country. The Health Cluster estimates that 10% of under 5 will require inpatient stabilization for medical complications. According to IPC, Koch is classified as "famine likely to happen."

5. Complementarity

In order to prevent overlap and reduce gaps in the delivery of humanitarian assistance, WRSS is active in cluster coordination meetings at both the national and state level. World Relief is currently working together with other partners to avoid excess mortality and morbidity due to famine and related food insecurity situation ongoing in southern Unity State. The engagement helps to achieve unified humanitarian response towards national development and humanitarian objectives and ensures that interventions address agreed priority needs. WRSS will continue to attend the coordination meetings that are held bi-weekly in the POC where the successes and challenges faced by implementing agencies are discussed. Further coordination is through one on one consultation with partners where specifics issues are discussed. WRSS participates in surveillance and rapid interagency assessments. Furthermore, WRSS participates in various technical working groups with the nutrition cluster. WRSS will report feeding center data and survey data to the Health Cluster to ensure that data from the project area is included in broader trend analysis.

WRSS, also links projects in different sectors. The organization, in partnership with the CHDs, HPF, WFP, UNICEF, and CHF, will provide nutrition services to respond to emergency levels of malnutrition and the growing number of IDPs in the project area by providing critically needed outpatient therapeutic care programming and targeted supplementary feeding. WRSS is currently working in both health and nutrition in Koch and Bentiu POC and food security and livelihood in Fangak. Moreover, WRSS coordinates with stakeholders in the WASH Cluster (IRC, WVI and MoH) for effective information sharing and response to humanitarian needs. WRSS will work closely with Christian Mission Aid (CMA), the organization that is managing health clinics in Fangak in Jonglei state, to scale up integration of the CMAM approach into the CMA operated health facilities which have no nutrition component.

As part of World Relief's work in Agriculture and Food Security, WRSS will support households with malnourished children with seeds and tools for kitchen vegetable gardening. WRSS will coordinate activities closely with MoH, UNICEF and WFP for support with nutritional guidelines, training of staff and provision of gift-in-kind seeds and tools. In coordination with the Education WRSS provides emergency school feeding, life-skills messages and referrals and access to quality education for children, young people and adults affected by conflicts integrating health nutrition and education.

LOGICAL FRAMEWORK

Overall project objective

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

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	40
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	20
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	30
Improve access to psychosocial support and mental health services for vulnerable people	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	10

Contribution to Cluster/Sector Objectives : The 2017 CHF reserve allocation seeks to provide for an integrated activities that most directly address life-threatening needs, save lives and alleviate suffering for most in need of assistance and protection in Koch and Mayom counties of Unity State. World Relief has provided creative and flexible health interventions through “drug bag packs” and integrated mobile outreach clinics in Koch County that have enabled the extremely vulnerable and displaced populations to continue to have access to life saving drugs and supplies despite the current security constraints. WRSS proposes to continue these activities with the reserve allocation funds. These activities will contribute to the 2017 HRP revision health cluster priorities of: 1): Improve access to and responsiveness of essential and emergency health care” and to “improve availability, access and demand for services, focusing on implementing the basic package of health services and strengthening partners for rapid response and mobile capacities in displacement and deep field sites; 1a): Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations; 2): Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations (women and adolescent girls); 3): Improve access to psychosocial support and mental health services for vulnerable people.

Outcome 1

The affected and vulnerable population will have access to the improved integrated essential lifesaving health care services scaled-up in Koch and Mayom communities.

Output 1.1

Description

Access to integrated essential lifesaving health care service focusing on the major causes of mortality among under 5s (e.g. Malaria, Diarrhoea, Pneumonia & Measles), SAM with medical complications, emergency HIV/AIDs and TB, BEmONC, and CMR in conflict affected and vulnerable populations of Koch and Mayom 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.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	12,627	19,681	18,286	20,377	70,971
Means of Verification : DHIS monthly reports							
Indicator 1.1.2	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					400
Means of Verification : DHIS monthly report							
Indicator 1.1.3	HEALTH	[Frontline services] Number of facilities providing BEmONC services					13
Means of Verification : DHIS QSC report							
Indicator 1.1.4	HEALTH	[Frontline services] Number of health workers trained on safe deliveries	10	20			30
Means of Verification : DHIS QSC report							
Indicator 1.1.5	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			3,185	3,315	6,500
Means of Verification : DHIS monthly and RRM reports							
Indicator 1.1.6	HEALTH	[Frontline services] Number of children with 3 doses of pentavalent vaccine			735	765	1,500
Means of Verification : DHIS monthly report							
Indicator 1.1.7	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			25	25	50
Means of Verification : DHIS monthly and SC reports							
Indicator 1.1.8	HEALTH	[Frontline services] Number of people reached by health education /promotion	29,859	31,191	0	0	61,050

Means of Verification : Attendance sheets and Monthly Health Education Report

Activities

Activity 1.1.1

Provide 70971 consultation through all functional health facilities, 8 mobile outreach clinics and iCCM program through 40 Community Based Distributors

Activity 1.1.2

Provide maternal child health service to pregnant women and support referral for complicated deliveries to the nearest EMONC center in Bentiu and Agok hospitals,

Activity 1.1.3

Provide BEmONC in 4 PHCC facilities

Activity 1.1.4

15(F:10:M:5) health workers provided with training to equipped them and provide save deliveries to the communities.

Activity 1.1.5

6500 children 6 to 59 month old received routine and emergency vaccination services in emergency or returnees

Activity 1.1.6

target 1500 children under five per month have receive 3 doses of pentavalent

Activity 1.1.7

target 5 to 10 children with SAM and medical complication per month enrolled in stabilization center

Activity 1.1.8

61050 people reached with health education/promotion

Activity 1.1.9

Assess, establish and undertake rehabilitation to PHCCs/PHCUs looted and damaged during the crisis

Activity 1.1.10

Provide feed back to the affected community through focus group discussion and meetings

Outcome 2

Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations.

Output 2.1

Description

Intensify surveillance and support minimal basic cold chain modalities and integrated capacity building refreshers (WASH, Health and Nutrition) to prevent, detect and respond to epidemic prone disease outbreaks focussing on cholera/malaria /measles and other diseases of public health concern (TB/HIV AIDS and wasting due to famine).

Assumptions & Risks

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

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					100
Means of Verification : Epidemic line list report							
Indicator 2.1.2	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	20	10			30
Means of Verification : Training attendance report							
Indicator 2.1.3	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in conflict states					4
Means of Verification : Available cold chain not destroyed							

Activities

Activity 2.1.1

Establish of emergency early warning and response systems for the early detection of and response to selected outbreaks of communicable diseases

Activity 2.1.2

Train 30 (M:20,F:10) health clinical staffs on disease surveillance and outbreak response

Activity 2.1.3

Provision, distribution and preposition of outbreak investigation kits

Activity 2.1.4

Conduct social mobilization and targeted health education

Activity 2.1.5

Train 30 (M20,F:10); CHWs/HHPs in early case detection and referral

Activity 2.1.6

Reactivate mass vaccination campaigns, including National Immunization Days

Activity 2.1.7

Prepare and set up oral re-hydration posts

Outcome 3

Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations (women and adolescent girls).

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, Psychological First Aid - protect and 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

UNFPA support health staff training in SGBV, GIK granted from Cluster, Cluster facilitate training in psychological first aid.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 3.1.1	HEALTH	[Frontline services] Number of health facilities providing SGBV services					4
Means of Verification : DHIS QSC and facility assessment reports							
Indicator 3.1.2	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	10	10			20
Means of Verification : Training attendance report							
Indicator 3.1.3	HEALTH	[Frontline services] Number of health personnel trained on Psychological First Aid					20
Means of Verification : Training attendance report							

Activities

Activity 3.1.1

Provide CMR services in 4 PHCCs

Activity 3.1.2

Train staff 20 (M:10,F:10) on CMR and Psychological First Aid (PFA)

Activity 3.1.3

Provide PEP (Post Exposure Prophylaxis) to GBV survivors

Activity 3.1.4

Provide Psychological First Aid at PHCCs

Activity 3.1.5

Preposition and distribute drugs and supplies including dignity kits, clean delivery kits and PEP kits

Outcome 4

Monitor program activities and accountability to affected poeple

Output 4.1

Description

Monitor progress through monthly clinical reports and quarterly project reports.
Quantitative data weekly surveillance reports collected from PHCC/U

Assumptions & Risks

security permits

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 4.1.1	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	12	8			20
Means of Verification : Training attendance report							
Activities **Activity 4.1.1**							
Collect weekly/monthly/quarterly data from PHCC/U and analyzed against indictors							
Activity 4.1.2							
provide feed back on the data collected to the affected people and receive feed back from the accounted people through meetings, focus group discussion and visits to the various field locations							
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. 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 develop a feedback mechanism for beneficiaries. Comment boxes will be made available in all implementation sites to allow beneficiaries to provide feedback directly to WRSS.WRSS will provide 5Ws to cluster showing who, what, where when and why in the operation areas. The communities will 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 70971 consultation through all functional health facilities, 8 mobile outreach clinics and iCCM program through 40 Community Based Distributors	2017				X	X	X	X	X	X			
Activity 1.1.2: Provide maternal child health service to pregnant women and support referral for complicated deliveries to the nearest EMONC center in Bentiu and Agok hospitals,	2017					X	X						
Activity 1.1.3: Provide BEmONC in 4 PHCC facilities	2017				X	X	X	X	X	X			
Activity 1.1.4: 15(F:10:M:5) health workers provided with training to equipped them and provide save deliveries to the communities.	2017						X	X	X	X			
Activity 1.1.5: 6500 children 6 to 59 month old received routine and emergency vaccination services in emergency or returnees	2017				X	X	X	X	X	X			
Activity 1.1.6: target 1500 children under five per month have receive 3 doses of pentavalent	2017				X	X	X	X	X	X			
Activity 1.1.7: target 5 to 10 children with SAM and medical complication per month enrolled in stabilization center	2017				X	X	X	X	X	X			
Activity 1.1.8: 61050 people reached with health education/promotion	2017				X	X	X	X	X	X			
Activity 1.1.9: Assess, establish and undertake rehabilitation to PHCCs/PHCUs looted and damaged during the crisis	2017				X	X	X						
Activity 2.1.1: Establish of emergency early warning and response systems for the early detection of and response to selected outbreaks of communicable diseases	2017				X	X	X	X	X	X			
Activity 2.1.2: Train 30 (M:20,F:10) health clinical staffs on disease surveillance and outbreak response	2017					X	X	X					
Activity 2.1.3: Provision, distribution and preposition of outbreak investigation kits	2017				X	X	X	X	X	X			
Activity 2.1.4: Conduct social mobilization and targeted health education	2017				X	X	X	X	X	X			
Activity 2.1.5: Train 30 (M20,F:10); CHWs/HHPs in early case detection and referral	2017					X		X					
Activity 2.1.6: Reactivate mass vaccination campaigns, including National Immunization Days	2017				X	X							
Activity 2.1.7: Prepare and set up oral re-hydration posts	2017				X	X							
Activity 3.1.1: Provide CMR services in 4 PHCCs	2017				X	X	X	X	X	X			
Activity 3.1.2: Train staff 20 (M:10,F:10) on CMR and Psychological First Aid (PFA)	2017					X		X					
Activity 3.1.3: Provide PEP (Post Exposure Prophylaxis) to GBV survivors	2017				X	X	X	X	X	X			
Activity 3.1.4: Provide Psychological First Aid at PHCCs	2017				X	X	X	X	X	X			
Activity 3.1.5: Preposition and distribute drugs and supplies including dignity kits, clean delivery kits and PEP kits	2017				X	X	X	X	X	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. The beneficiaries fully involve in the problem identification, prioritization and selection of the sites. This involvement will also continue in the course of the implementation and Monitoring & Evaluation of the project. WRSS will also continuously collect the feedback from the beneficiaries and the health facilities provide timely updates and incorporate the feedback from the communities. The beneficiaries will specifically involve in the quality improvement of the services through the feedback mechanisms.

Implementation Plan

This project will be implemented for six months starting from April 1, 2017 through September 30, 2017. World Relief will work closely with the Ministry of Health and County Health Departments on all technical matters and procure all required project inputs and supplies with a set procurement and implementation schedule as set out in the work plan. The project staff further develop a detail action plan and detail trip plan for each month to enhance project activities implementation. The health will closely work with health facilities located in the targeted areas, and the project staff will identify the necessary inputs and supplies in consultation with the health facilities in accordance with the plan and request for delivery of the required inputs and supplies. The requested supplies will be delivered to implementation sites within the required time frame by WFP and/or UNICEF. Capacity-building activities, especially for the Ministry of Health and County Health Departments are key to program implementation and long-term sustainability of project activities. WRSS reaches communities directly through needs assessments and surveys as well as through community meetings and feedback mechanisms at project sites. Community members continue to stress the need for assistance with a commitment to participate in project activities.

World Relief's operation in South Sudan is directed by a Country Director. The Program Director along with the Senior Health and Nutrition Program Manager and other Nutrition Program Managers and staff are responsible for overall management of this project and are supported by a Finance Manager, M&E Coordinator and logistics and administration staff. The Senior Health and Nutrition Program Manager, assisted by the Clinical Health and Nutrition Technical Advisor from World Relief's Home Office will ensure proper planning, implementation, and M&E of the project activities. This will be mainly done in conjunction with field Area Coordinators, Nutrition/OTP Nurses and Medical Assistants based at the health facilities and Home Health Promoters based at respective operational villages. A Program Officer, also based at the Home Office in Baltimore, will also support the project, particularly with reporting and monitoring, the project activities are mainly implemented through the health facilities managed by World Relief in the specified counties.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

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; women and men will be trained as community volunteers 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. 25% of employment opportunities will be reserved for women. All 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 CHD and other stakeholders will determine 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 intervention in Koch County, World Relief intends to provide child protection services through analysis of barriers to accessing services. WRSS will use the lessons learned from Bentiu PoC (Protection of Civilian) & Koch County 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, WR 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 the proposed operating areas, especially in Koch 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 as well a security expert at the Home Office 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. After May 2015 and September 2016, rapid response missions were carried out in Koch County, targeting beneficiaries who remained within the County, many fleeing into the bush. WRSS, with the support of key UN partners (UNICEF and WFP), was the only organization that continued to serve the Koch population during these times. WRSS 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 the Greater Upper Nile region for over 13 years and has been the only NGO to maintain an ongoing presence in Koch County since mid-2015 when fighting forced all NGOs to relocate. 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.

When mapping out specific villages and areas for intervention inside Koch County, which is currently divided between SPLA and SPLA-iO control, 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 Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Country Director	S	1	5,800.00	6	5.00	1,740.00
	County Director oversees WR country operations in South Sudan, 5% salary is charged under SSHF						
1.2	Program Director	S	1	4,700.00	6	5.00	1,410.00
	Oversees all programmatic aspects. 10% salary charged to SSHF						
1.3	Senior Health and Nutrition Program Manager	D	1	4,500.00	6	5.00	1,350.00
	Oversees implementation of all health and nutrition programming; 5% salary charged to SSHF						
1.4	Health Program Managers	D	2	4,300.00	6	10.00	5,160.00
	Responsible for appropriate implementation of all health programing. One for Koch and one for Mayom. 10% salary charged to SSHF						
1.5	Finance and Grants Manager	S	1	5,200.00	6	5.00	1,560.00
	Responsible for countrywide financial management. 5% salary charged to SSHF						
1.6	Area Coordinator for Greater Upper Nile	D	1	4,200.00	6	5.00	1,260.00
	Responsible for logistics and planning and well as securing access and providing support for programmatic monitoring and implementation for all activities in the area. 5% charged to SSHF						
1.7	Grants and Monitoring and Evaluation Manager	D	1	4,900.00	6	5.00	1,470.00
	Supports with grant management as well as M&E activities, ensuring quality programming. 5% salary charged to SSHF						
1.8	M&E Systems Specialist	D	1	1,880.00	6	5.00	564.00
	Supports health facility staff with HMIS data entry and management and conducts analysis across facilities. 5% charged to SSHF						
1.9	Human Resources Manager	S	1	2,000.00	6	5.00	600.00

	Responsible for Human Resource Management and processes for WRSS country wide. 5% charged to SSHF						
1.10	Logistics Coordinator	S	1	1,300.00	6	5.00	390.00
	Responsible for logistics functions at field level. 5% charged to SSHF						
1.11	Procurement Officer	S	1	1,300.00	6	5.00	390.00
	Responsible for procurement functions at field level. 5% charged to SSHF						
1.12	Supply Chain Officer	S	1	800.00	6	5.00	240.00
	Responsible for managing supplies once they reach the field level to ensure proper use. 5% charged to SSHF						
1.13	Country Accountant	S	1	1,800.00	6	5.00	540.00
	Supports with financial data entry and book keeping country wide. 5% charged to SSHF						
1.14	Field Finance Officers	S	2	1,000.00	6	10.00	1,200.00
	Day to day management of petty cash at field level. 25% charged to SSHF						
1.15	Roving Pharmacist	D	1	1,500.00	6	10.00	900.00
	Responsible for managing drugs once they reach the field level to ensure proper use and overseeing dispensary activities at health facilities. 25% charged to SSHF						
1.16	Reproductive Health Officer	D	1	1,000.00	6	10.00	600.00
	Responsible for training health facility staff on reproductive health care and protocols and overseeing all RH activities. 25% charged to SSHF						
1.17	Guards/Cooks/Cleaners	D	12	980.00	6	5.00	3,528.00
	Guards maintain safe and secure environment for staff and beneficiaries and secure assets. Cooks/cleaners provide meals for staff at guest houses and maintain clean and sanitary conditions and offices and guest houses. 5% charged to SSHF						
1.18	Drivers	D	2	400.00	6	5.00	240.00
	Responsible for driving and minor repairs and servicing of vehicles at Juba level. 5% charged to SSHF						
1.19	Fringe Benefits for International Staff	D	1	30,480.00	1	10.00	3,048.00
	Includes medical, retirement, and R&R benefits for international staff. Charged as a percentage of the salaries included in the budget.						
1.20	Fringe Benefits for National Staff	D	1	28,176.00	1	32.00	9,016.32
	Includes the 17% Mandatory National Social Insurance Fund and 15% medical/accident insurance. Charged as a percentage of the salaries included in the budget.						
	Section Total						**35,206.32**
Supplies, Commodities, Materials							
2.1	Purchase of supplementary drugs and medical supplies and motivation kits	D	2	20,000.00	2	25.00	20,000.00
	Supplementary drugs, testing kits, mobile medical kits, motivation kits for maternity (delivering mothers) and medical supplies needed to ensure facilities meet the BPHS standards. 50% charged to SSHF						
2.2	Mobile health team supplies	D	1	5,800.00	1	50.00	2,900.00
	Tents, gumboots and other camping equipment and food for mobile teams. 100% charged to SSHF						
2.3	PHCU level emergency Go-Kits and ICCM Kits	D	2	3,500.00	1	50.00	3,500.00
	ICCM training materials and supplies (metallic trunks, beads, backpacks, stationery and other equipment) for 40 CBDs. 100% charged to SSHF						
2.4	Casual labor	D	2	500.00	3	50.00	1,500.00
	Casual labor for loading, offloading and distribution of supplies and commodities. 100% allocated to SSHF						
2.5	Health IEC Materials	D	2000	1.50	2	50.00	3,000.00
	Posters, counseling cards, and manuals for use by HHPs in community outreach. 100% charged to SSHF						
2.6	Local air transport of supplies	D	2	5,000.00	3	50.00	15,000.00

	charter flight bi-monthly for transportation of health supplies to the field. Charged 100% to SSHF						
2.7	Refresher training for CHD staff on EWARs and IDSR	D	40	8.00	2	100.00	640.00
	To build staff capacity in accordance with MOH guidelines. 100% charged to SSHF						
2.8	Conduct bimonthly on-the-job-refresher training for health workers	D	15	20.00	3	100.00	900.00
	To build staff capacity in accordance with MOH guidelines. 100% charged to SSHF						
2.9	Support for monthly health facility meetings	D	40	8.00	3	100.00	960.00
2.10	Conduct refresher training for Midwives on FP< PMTCT	D	2	500.00	1	100.00	1,000.00
	To build staff capacity in accordance with MOH guidelines. 100% charged to SSHF						
2.11	Conduct refresher training for midwives and COs on CMR and psychological firts Aid	D	2	500.00	1	100.00	1,000.00
	To build staff capacity in accordance with MOH guidelines. 100% charged to SSHF						
2.12	Conduct monthly meetings for HHPs	D	15	10.00	6	100.00	900.00
	Meetings held monthly to monitor project progress, identify gaps, provide staff training, and receive feedback from HHPs. 100% charged to SSHF						
2.13	Refresher training for Community-based drug Distributors on ICCM	D	20	10.00	2	100.00	400.00
	To build staff capacity in accordance with MOH guidelines. 100% charged to SSHF						
2.14	Focus group discussions	D	28	10.00	2	100.00	560.00
	To provide a forum for community members to give feedback on the project and project activities or air grievances. 100% charged to SSHF						
2.15	Visibility materials	D	2	500.00	1	50.00	500.00
	200 tshirts with health message and CHF logo for CBDs and mobile teams at 10usd each, 8 flags at 50usd each and 40 all weather stickers at 10usd each; 100% charged to SSHF						
2.16	Incentives for mobile teams	D	2	5,000.00	6	100.00	60,000.00
	Mobile team includes 1 Clinical Officer, 2 Community Health Workers, 2 Nurses, 2 Midwives, 1 Dispenser, 1 Clerk, and 1 EPI Vaccinator; 100% charged to SSHF						
2.17	In-kind incentives for Women's Peer Support Groups	D	50	4.00	4	100.00	800.00
	Purchase 100 boxes of soap @ 2 UDS, 6 bags of 50kg sugar @5 USD as in kind to encourages participation in support groups and helps women spread the messages to their neighbors. 100% charged to SSHF						
	Section Total						**113,560.00**
Equipment							
3.1	Incinerators and placenta pits at health facilities	D	6	2,000.00	1	25.00	3,000.00
	For safe disposals of medical and biological waste per MoH guidelines. 100% charged to SSHF						
3.2	Solar and VSAT systems	D	1	5,000.00	1	10.00	500.00
	Needed to restore electricity at two PHCC (Bieh in Koch) and Wangkai in Mayom) so that services, particularly deliveries, can be provided at night. 100% charged to SSHF						
	Section Total						**3,500.00**
Contractual Services							
4.1	Rehabilitation of health facilities	D	6	2,000.00	1	100.00	12,000.00
	Rehabilitation to restore disfunctional facilities to a functioning and safe state. 100% charged to SSHF						
	Section Total						**12,000.00**
General Operating and Other Direct Costs							
7.1	Thuraya satellite phone credit	D	2	300.00	6	50.00	1,800.00
	Thuraya communications with field where no mobile service exists. 100% charged to SSHF						

7.2	Running costs for field offices	D	2	1,400.00	6	25.00	4,200.00
	Office Rent and Utilities are necessary to maintain a working offices in the project areas; 50% charged to SSHF						
7.3	Guesthouse rent and utilities at field sites	D	2	2,000.00	6	25.00	6,000.00
	Accommodation and utilities to provide safe living space for international and relocatable staff at all field sites; 50% charged to SSHF						
7.4	Staff feeding	D	20	300.00	6	30.00	10,800.00
	Staff Feeding is needed to provide meals for staff especially international and relocatable staff 10 to 15 per site; 30% charged to SSHF						
7.5	Internet communications	D	2	1,000.00	6	10.00	1,200.00
	Communications are needed to stay in contact with field offices about program and security updates; 10% charged to SSHF						
7.6	Office supplies and stationaries	D	2	500.00	6	10.00	600.00
	Office Supplies and Stationaries are needed for regular use and communication within the office as well as external reporting; 10% charged to SSHF						
7.7	Generator fuel	D	2	1,000.00	6	10.00	1,200.00
	Generator Fuel is needed to maintain electricity at the office and guesthouse compounds; 10% charged to SSHF						
7.8	Bank fees	S	1	500.00	6	30.00	900.00
	Bank Fees are incurred when sending funds between the Home Office in Baltimore, Maryland, USA and the South Sudan Office in Juba; 30% charged to SSHF						
7.9	Juba Office rent and utilities	S	1	4,000.00	6	5.00	1,200.00
	Rent, water, stationery, minor repairs, etc. for Country office. 5% charged to SSHF						
7.10	Juba accomodation for program staff	S	4	1,000.00	6	5.00	1,200.00
	Accommodation for 4 program staff in Juba. Rent recovery percentage and/or hotel charges. 5% charged to SSHF						
7.11	Security equipment and supplies	S	1	500.00	6	10.00	300.00
	Security Equipment and Supplies are needed to maintain safe and healthy working and living environments for staff; 10% charged to SSHF						
7.12	Monitoring and evaluation costs	D	2	300.00	2	100.00	1,200.00
	The allocated costs allow WRSS to do proper monitoring and evaluation and ensure a successful program and learning that will be applied to future programs; 100% charged to SSHF						
7.13	Thuraya satellite phones	D	2	1,500.00	1	10.00	300.00
	Thuraya satellite phones are needed for communications with field where no mobile service exists. 100% charged to SSHF						
7.14	Local air travel - CHD staff	D	2	550.00	2	50.00	1,100.00
	Travel to field and back to Juba for CHD staff for coordination meetings; charged 100% to SSHF						
7.15	Local road transport	D	2	1,500.00	6	50.00	9,000.00
	Local distribution of health supplies to remote locations including porters where vehicles can't reach and during peak of wet season. 50% charged to SSHF						
7.16	Local air travel - WR staff	D	6	550.00	2	50.00	3,300.00
	Travel to field and back to Juba for program staff including program director and M&E's field monitoring trips. charged 100% to SSHF						
7.17	Local air transport of supplies	D	2	5,000.00	3	50.00	15,000.00
	Meetings held at each PHCC/PHCU to monitor project progress, identify gaps, provide staff training, and receive feedback from staff. 100% charged to SSHF						
7.18	Fuel and oil consumption	D	1	1,000.00	6	50.00	3,000.00
	Vehicle fuel and oil is needed for vehicle for support supervision, collecting reports, distribution of supplies and emergency referrals; 100% charged to SSHF						
7.19	Vehicle maintenance and repair	D	1	500.00	6	50.00	1,500.00

	Vehicle maintenance and repair is essential for ensuring vehicles stay in safe working order; 100% charged to SSHF			
	Section Total			**63,800.00**
SubTotal		2,329.00		**228,066.32**
Direct				216,396.32
Support				11,670.00
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				15,964.64
Total Cost				**244,030.96**

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 -> Koch	45	3,427	4,561	7,936	8,127	24,051	Activity 1.1.1 : Provide 70971 consultation through all functional health facilities, 8 mobile outreach clinics and iCCM program through 40 Community Based Distributors Activity 1.1.10 : Provide feed back to the affected community through focus group discussion and meetings Activity 1.1.2 : Provide maternal child health service to pregnant women and support referral for complicated deliveries to the nearest EMONC center in Bentiu and Agok hospitals, Activity 1.1.3 : Provide BEmONC in 4 PHCC facilities Activity 1.1.4 : 15(F:10:M:5) health workers provided with training to equipped them and provide save deliveries to the communities. Activity 1.1.5 : 6500 children 6 to 59 month old received routine and emergency vaccination services in emergency or returnees Activity 1.1.6 : target 1500 children under five per month have receive 3 doses of pentavalent Activity 1.1.7 : target 5 to 10 children with SAM and medical complication per month enrolled in stabilization center Activity 1.1.8 : 61050 people reached with health education/promotion Activity 1.1.9 : Assess, establish and undertake rehabilitation to PHCCs/PHCUs looted and damaged during the crisis Activity 2.1.1 : Establish of emergency early warning and response systems for the early detection of and response to selected outbreaks of communicable diseases Activity 2.1.2 : Train 30 (M:20,F:10) health clinical staffs on disease surveillance and outbreak response Activity 2.1.3 : Provision, distribution and preposition of outbreak investigation kits Activity 2.1.4 : Conduct social mobilization and targeted health education Activity 2.1.5 : Train 30 (M20,F:10); CHWs/HHPs in early case detection and referral Activity 2.1.6 : Reactivate mass vaccination campaigns, including National Immunization Days

Unity -> Mayom	55	9,200	15,120	10,350	12,250	46,920	Activity 1.1.1 : Provide 70971 consultation through all functional health facilities, 8 mobile outreach clinics and iCCM program through 40 Community Based Distributors Activity 1.1.10 : Provide feed back to the affected community through focus group discussion and meetings Activity 1.1.2 : Provide maternal child health service to pregnant women and support referral for complicated deliveries to the nearest EMONC center in Bentiu and Agok hospitals, Activity 1.1.3 : Provide BEmONC in 4 PHCC facilities Activity 1.1.4 : 15(F:10:M:5) health workers provided with training to equipped them and provide save deliveries to the communities. Activity 1.1.5 : 6500 children 6 to 59 month old received routine and emergency vaccination services in emergency or returnees Activity 1.1.6 : target 1500 children under five per month have receive 3 doses of pentavalent Activity 1.1.7 : target 5 to 10 children with SAM and medical complication per month enrolled in stabilization center Activity 1.1.8 : 61050 people reached with health education/promotion Activity 1.1.9 : Assess, establish and undertake rehabilitation to PHCCs/PHCUs looted and damaged during the crisis Activity 2.1.1 : Establish of emergency early warning and response systems for the early detection of and response to selected outbreaks of communicable diseases Activity 2.1.2 : Train 30 (M:20,F:10) health clinical staffs on disease surveillance and outbreak response Activity 2.1.3 : Provision, distribution and preposition of outbreak investigation kits Activity 2.1.4 : Conduct social mobilization and targeted health education Activity 2.1.5 : Train 30 (M20,F:10); CHWs/HHPs in early case detection and referral Activity 2.1.6 : Reactivate mass vaccination campaigns, including National Immunization Days

Documents

Category Name	Document Description
Project Supporting Documents	drugs list.xlsx