OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Comitato Collaborazione Medica
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Effective response to the cholera outbreak and others epidemic prone diseases, scaling up access to quality lifesaving health services and strengthening the emergencies preparedness and response capacities in Tonj East and Tonj South counties
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-17/H/103969	**Fund Project Code :**	SSD-17/HSS10/SA2/H/INGO/6499
Cluster :	Health	**Project Budget in US$:**	249,596.55
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 :

The overall objective of the proposal is to institute adequate response to the current cholera outbreak and reduce morbidity and mortality among the vulnerable groups by supporting the existing health interventions and improving the preparedness and response to epidemic prone diseases.
The project aims at covering critical funding gaps, by maintaining the ongoing response to the cholera outbreak through 5 Cholera Treatment Units (CTU) and 4 Oral Rehydration Points (ORP) and further reinforcing the local response capacity to control epidemics. The fifth CTU will be soon opened at the Marial Lou Hospital where almost 20 new cases were registered since beginning of July.

The project foresees to achieve three main outcomes: (i) Increased access to cholera case management and integrated curative consultations to control other preventable diseases of public health concern (malaria and diarrhea); (ii) Strengthened response to disease outbreaks through local institutional surveillance and joint collaboration across health and WASH sectors; and (iii) Sustained supply and replenishment of core pipeline items (Cholera Kits, essential drugs and vaccines) to enable adequate clinical case management and ensure emergency vaccination.

The direct beneficiary of this project will be people living in informal settlements such us cattle camps, fishing camps and host communities who are already affected by the current cholera outbreak or likely to be affected as the spread of the disease continues. The project will focus on children U5 and P&LW, elderly and other vulnerable groups living in poor condition across the two-targeted counties (Tonj East and South).
Specifically, 774 will be patient above 5 treated for cholera while 126 will be children U5; 9,800 will be above 5 consultation in Tonj East while 6,800 will be U5; further, 13,700 will be above consultation in TS while 7,000 will be U5 in TS. Additional 8,400 people will benefit from health education and 50 will benefit from organized formal trainings. Out of the 46,940 total direct beneficiaries, 40% are women, 30% are children U5, equally distributed between boys and girls, and 30% are men. Beneficiaries also include 50 health workers and CHD members and 290 VHC members supported and trained in the control and management of epidemics and health emergencies.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
13,884	19,130	6,963	6,963	46,940

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	6,963	6,963	13,926
Pregnant and Lactating Women	0	2,350	0	0	2,350
People in Host Communities	13,646	16,678	0	0	30,324
Trainers, Promoters, Caretakers, committee members, etc.	238	102	0	0	340

Indirect Beneficiaries :

The indirect beneficiaries will be almost 150.000 people that will benefit of the improved wash and health behaviors spread in the cattle camps and host communities. We can consider among the indirect beneficiaries also the families of the mother groups joining the meeting at community level, because of the improved awareness about wash and health created among the women.

Catchment Population:

The catchment population is an estimated 300,000 for both Tonj East and Tonj South counties. These account for about 276,886 inhabitants (DHIS 2016) (roughly 50% women, 50% men) and the immediate surroundings.

Link with allocation strategy :

In line with the Health Cluster priorities, the project aims at responding to the most urgent and severe humanitarian needs identified in the counties of Tonj East (currently affected by an active cholera transmission since May 2017) and Tonj South (considered at high risk of transmission, based on the recent cholera alerts from the area, mainly due to its proximity to TE and the risk factors that are fuelling the epidemics, particularly the prevalence of cattle camps in both areas).
The project also intends to ensure the optimal use of the limited funds available by focusing on specific frontline activities that are complementary to, and not duplicative of, the resources already secured from other sources (currently an emergency project funded by Health Pooled Fund with ending date on the 22nd of August, with no possibility of renewal).
The primary objective of the proposed intervention is dual: 1) to reduce the impact of the cholera outbreak by scaling-up the overall emergency Health and WASH response to interrupt transmission (through the cases management and community mobilization, including also outreach activities); and 2) to strengthen the operational capacity of partners (particularly the SMoH and CHDs) to prevent, detect and respond effectively to epidemics (the current cholera outbreak and, given the rainy season, the increased likelihood of malaria epidemics).
Main activities will focus on immediate and rapid life-saving interventions, such as the case management of Cholera (at the already established CTUs and ORPs) and malaria. Additional basic interventions will focus on rolling out a comprehensive integrated response including: health and hygiene promotion/education through community mobilization activities (that will ensure the spread of health and wash education messages and, consequently, the increase of health services demand especially in under-served areas, as well as enhance the community level surveillance); on-the-job training on emergency response and prevention of disease outbreak (that will improve the provision of qualified health care services); increased overall coordination of the cholera response through the creation of task forces/clusters (the latter is not currently present in either counties); the replenishment or bolstering of core pipeline supplies that, as a result of the cholera and expected malaria epidemics, were and will be necessary for outbreak response and frontline activities (including outreach activities).

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	128,000.00
	128,000.00

Organization focal point :

Name	Title	Email	Phone
Anthony Odhiambo	Deputy Country Representative	deputycountryrep.ssd@ccm-italia.org	+211 955 981350

BACKGROUND

1. Humanitarian context analysis

As of December 2016, cholera outbreaks had been confirmed in 9 (32%) of 28 states countrywide. In Greater Tonj however, the situation remained calm until mid-May this year when two cases were reported in Makuac Payam in Tonj East County. Since then, there have been increasing reports of suspect cholera cases, mostly in the cattle camps. With already constrained health service capacities and limited access to clean water and basic sanitary facilities, the transmission spread uncontrollably and to date 5 payams, including Marial Lou in Tonj North, are affected. Cumulatively until the first week of July, 1,319 cholera cases with 38 deaths have been reported in Tonj East, translating to a case fatality rate of 3%. Even though 20 counties are already affected nationally since the onset of outbreak last year, Tonj East remains among the top most counties with active transmission. Most affected payams are Makuac, Paliang, Paweng and Wunlit.
So far, as part of the ongoing cholera response, a total of 4 cholera treatment facilities (in Makuac and Paliang PHCU, Paweng PHCC and Mapara community) have been set up in the county and 3 ORPs (in Alieth and Ager Bac villages and Marial Lou Hospital). Makuac is the most affected area (with over 40% of cases), followed by Paliang (20% of cases), Paweng (15% of cases) and Mapara (13% of cases). The epidemic curves for the county show that overall, males and females are almost evenly affected. Just over 50% of cases are among people aged 15-44 years, 37% are among youth under 14 years (of which 35% in children U5) and 13% in people above 45 years of age. The clinical presentation is reported as mild in 67% of the cases, moderate in 19% and severe in 14%. As for July 9th, the line-list reported that 66% of cases were discharged after proper treatment and 31% of cases still admitted (see Annex1). At the initial stage of the outbreak, the WHO/MoH deployed a team of technical officers to the field to support the cholera response and to conduct on the job training on cholera case management for 48 health workers (6 female and 42 male) across the 4 CTUs and the health facilities in key (and at risk) locations. UNICEF repaired 26 hand pumps and CCM (along with other cluster partners willing to respond) carried out a training on Community-based case detection and management for 84 participants (i.e. the 2 Cholera Response Supervisors; 36 HHPs Supervisors attached to the 12 HFs across TE county; and 46 community mobilizers, from both Tonj East and Tonj North (Marial Lou payam) counties). Cholera social mobilization, hygiene promotion and communication are ongoing in Tonj East (and most recently also in Tonj North and South, where new cases are being reported), with an estimation of over 10,000 people reached. UNICEF-supported partner THESO continues with community engagement activities, which include household visits with critical demonstrations, community meetings, water-point and market awareness, school and cattle camps interventions. The probable risk factors increasing the transmission are closely linked to the protracted nature of the crisis since 2013. Tonj East is at-risk due to lack of basic sanitary infrastructure and the mode of settlement, which characterized the cattle camps. Other factors include using untreated water from the River Nile and water tankers; lack of household chlorination of drinking water; open defecation/poor latrine use especially following the conflict. The transmission continues to spread further as there is mass movement from the cattle camps back to the communities, flooding due to onset of heavy rainy season and continued settlement along the swampy areas for fishing without basic sanitary facilities and clean water for drinking. UN agencies and INGOs have initiated a comprehensive and rapid response but a sustained cholera intervention is still necessary to interrupt the transmission and prevent widespread and protracted outbreaks in the coming months.

2. Needs assessment

Considering the already constrained health services delivery capacities in Tonj East, there is a real fear that the epidemic trend may complicate further, resulting into widespread cholera and more deaths in the affected area. So far, the overall cholera epidemic curve and the weekly case fatality rates since May 2017 show a transmission trend and case fatality rates mostly associated with transmission in cattle camps. In this specific case, the environmental investigation revealed that the cholera transmission is closely linked to inadequate access to clean water and sanitation facilities and, consequently, critical suboptimal hygiene practices (low practice of handwashing, high proportion of open defecation, improper water conservation and treatment at household level, poor food conservation). The target areas of Tonj East and Tonj south are typically at-risk due to extensive lack of basic sanitary infrastructure, with two major implications and risk factors. Firstly, a vehicle borne transmission from contaminated water in affected areas; secondly, the mode of settlement in the cattle camp where the first cases have been reported is of great concern and need to be considered seriously, as it is a key factor favouring stronger and longer epidemic. The situation may in fact worsen further because of the mass movement from these cattle camps back to the communities, as fear for infection may arise among the herders. Therefore, current trends highlight the need to:
1. enhance and optimize the preventive and response interventions in these counties to interrupt transmission. This requires a comprehensive integrated response that does include not only a proper case management at CTUs level but also a stronger awareness in the communities (through refresher training of health and hygiene promoters and campaigns for current affected and new communities to understand the importance of proper food handling, chlorinated water, and optimal hygiene practices to prevent the spread of cholera).
2. institute proper coordination among all partners involved at the field level, in order to ensure reliable information and updates on cholera response, surveillance and case management (particularly, general cholera trends and new alerts in the areas); daily precise epidemiological data collection and a proper Monitoring and Evaluation system are crucial elements for cholera outbreak response that can provide qualitative information to feed the program and take corrective measures in the course of the operation.
3. support the strengthening of the capacity of the County Health System to prevent, detect and respond to such unexpected outbreaks. A strong focus is needed particularly on cholera preparedness and investigation. At the initial stage of the cholera outbreaks, the capacity of the CHD to respond to the emergency was extremely limited and this also strongly affected the effectiveness of the response and caused the further spreading of the epidemics. This demonstrates the need for the entire county health system to be better prepared itself to emergency as this would contribute greatly to increase the effectiveness and efficiency of the response activities in order to target and direct actions into where cholera outbreak is recorded and prioritizing high impact activities based on the specific transmission paths.

3. Description Of Beneficiaries

The direct beneficiary of this project will be people living in informal settlements such us cattle camps, fishing camps and host communities who are already affected by the current cholera outbreak or likely to be affected as the spread of the disease continues. The project will focus on children U5 and P&LW, elderly and other vulnerable groups living in poor condition across the two targeted counties (Tonj East and South). Beneficiaries have been identified among all patients accessing health services at facility and community level especially the current cholera treatment units (CTUs) and oral rehydration point (ORPs), with particular attention to groups heavily affected by natural disasters (disease outbreaks and floods) and with low financial capacity and income (reduced harvest capacity, loss of livestock, unhealthy household).
Specifically, 774 will be patient above 5 treated for cholera while 126 will be children U5; 9,800 will be above 5 consultation in Tonj East while 6,800 will be U5; further, 13,700 will be above consultation in TS while 7,000 will be U5 in TS. Additional 8,400 people will benefit from health education and 50 will benefit from organized formal trainings. Out of the 46,940 total direct beneficiaries, 40% are women, 30% are children U5, equally distributed between boys and girls, and 30% are men. Beneficiaries also include 50 health workers and CHD members and 290 VHC members supported and trained in the control and management of epidemics and health emergencies.

4. Grant Request Justification

Comitato Collaborazione Medica (CCM) is an international non-governmental organization specialized in the health sector. CCM is present in Southern Sudan since 1983, with a valuable experience in the management of both health and nutrition projects founded by several donors. The presence of CCM in the project target counties dates back to 2004. In the framework of the county-wide funding approach, CCM is the leading agency and the main health provider in the 2 project counties, responsible also for Nutrition program within the PHC system. Currently, CCM, collaborating with WVI, is the implementing leading partner for HPF-2 in Tonj state. The current project is of upmost importance to cover critical funding gaps, already emerged from the budget submitted to HPF, which was developed based on the ceiling indicated and does not include major funding on prevention and response to epidemics. Unfortunately, under HPF project, frontline activities to prevent, detect and respond to disease outbreaks could not be included, resources to involve HHPs and local communities are extremely limited; procurement of emergency stocks and supplies equipment insufficient to cover the current gaps, as only buffer stocks have been considered eligible under HPF2. CHF resources are therefore crucial to complement the HPF project, including the emergency project that was granted by HPF, which has a limited duration of 3 months with ending date on the 22nd of August and does not foresee any extension. The access to the SSHF support will allow CCM to continue with the ongoing response to the outbreak, maintaining the actual provision of services at static level, with possibilities to improve and scale up interventions and access to most difficult to reach populations. Added values to the present proposal is based on: enhance cholera preparedness, investigation and response activities; CCM long-standing partnership with SMoHs/CHDs in both counties; integration of SSHF project within broader programs supported by other donors and mainly focusing on institutional capacity building of CHDs and development of County Health Systems; cooperation and partnership with other stakeholders in the area; scaling-up community activities to ensure increased access to the services and dissemination of correct information on prevention practices.

5. Complementarity

The project will complement activities and resources already made available through the proposal submitted by CCM to HPF at the end of May 2017, which was approved with a duration of three months (not renewable) and foreseen to end on the 22nd of August. The budget allocation from HPF is not enough to cover both TE and TS counties needs in the coming months, especially clinical case management of new cholera cases that are still being reported and technical support to CTUs service provision (working conditions and the remoteness of the areas have required an increase in the salary to attract and retain qualified clinical staff). The SSHF project will also allow to complement health and wash response activities, particularly in Tonj East where insufficient resources hinders adequate integration to ensure promotion/prevention activities with the communities and involvement of HHPs in case identification and referral. Mobile clinics in remote areas which are not currently supported due to inadequate funding will be established to in access to key life-saving services, especially of vulnerable groups.

LOGICAL FRAMEWORK

Overall project objective

The overall objective is to institute adequate response to the cholera outbreak and reduce morbidity and mortality among the vulnerable groups by supporting the existing health interventions and improving the preparedness to respond to epidemic prone diseases. The objective will be achieved by combining an integrated health emergency response at primary and secondary care level and promoting the institutional and community preparedness and participation in health protection.

HEALTH

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

Contribution to Cluster/Sector Objectives : The project is in line with the first cluster objectives, as follows:
1) Improve access and scale up responsiveness to essential health care by focusing on the major causes of mortality among U5C (malaria, diarrhoea, pneumonia, measles), SAM with complications, emergency HIV/AIDS and Tuberculosis, basic emergency obstetric and neonatal care including the clinical management of SGBV in conflict affected and vulnerable populations
2) and, prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations.

It will focus its activites towards three main areas of interventions:
1) Increase access to lifesaving healthcare and strengthen the operational capacity of partners to respond effectively to the cholera epidemic. Respond to the seasonal and increased likelihood of malaria as well as provide other life-saving interventions including the management of SAM with medical complications, basic emergency and neonatal care, emergency HIV/AIDS/TB and mental healthcare services

2) Response to disease outbreaks through disease surveillance intensification and timely response to confirmed epidemic-prone disease outbreaks

3) and, replenish Core Pipeline supplies (Cholera Kits and beds, Chlorination kits, cholera logistic module, SAM kits, minimal RH Kits and vaccines) to enable lifesaving interventions and strengthen minimal basic cold chain modalities to ensure emergency vaccination and outreach activities.

Outcome 1

Increased access to cholera case management and integrated curative consultations to control other preventable diseases of public health concern (malaria and diarrhea)

Output 1.1

Description

- Scale-up cholera case management, by increasing the number of CTUs and ORPs
- Enhanced identification and case management of preventable diseases of public health concern (malaria and diarrhea)
- Involvement of the networks of community actors (HHPs, CMs and VHCs) to promote identification and referral of suspected cases at household and community level
- Awareness raised among vulnerable people concerning health risks and epidemic diseases
- Improved WASH facilities and services at health facility and community level

Assumptions & Risks

- MoH continues supporting the development of Primary Health Care Service in Tonj East and Tonj South
- Other cholera response sectors (social mobilization and WASH) are activated and willing to cooperate
- Constant supply of cholera case management and other response supplies, through the liaison with MOH/UN agencies
- Local communities and people in informal settlement are willing to access health facilities
- Targeted communities are willing to attend the sensitization sessions
- Movements between the informal settlements to the community is controlled
- The availability of service delivery guidelines/ protocols for services included in the essential service delivery package would ensure that standard services are provided for individualized care.
- Continued community volunteerism to provide care to the most vulnerable groups (chronically ill)
- Other health interventions (e.g. health education) will be put in place and sustained
- A 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 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	10,518	12,856	6,963	6,963	37,300
Means of Verification : DHIS							
Indicator 1.1.2	HEALTH	[Frontline services] Number of people reached by health education /promotion	2,520	3,360	1,260	1,260	8,400
Means of Verification : Project progress reports							
Indicator 1.1.3	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	28	7			35
Means of Verification : Training reports							
Indicator 1.1.4	HEALTH	[Frontline services] Number of people vaccinated with oral cholera vaccines in priority locations	13,884	19,130	6,963	6,963	46,940
Means of Verification : OVC reports							
Indicator 1.1.5	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	270	360	135	135	900
Means of Verification : Cholera line list							
Indicator 1.1.6	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					4
Means of Verification :							

Activities

Activity 1.1.1

Continued institutional and community case management of cholera cases and other preventable diseases of public health concern (malaria and diarrhea)

Activity 1.1.2

Establishment of 1 additional CTU in Marial Lou and 3 ORPs in the active cattle and fishing camps already affected for early cholera case management.

Activity 1.1.3

Establishment of basic sanitary facilities (hand washing and waste disposal points) in all 4CTUs, 5ORPs and HFs in key locations

Activity 1.1.4

Refresher training of CTU/ORP/HF staff on cholera case management and infection prevention

Activity 1.1.5

Integrated community health outreaches and mobile clinics to informal settlements (cattle camps and fishing camps) to provide health education and other preventive services

Activity 1.1.6

Joint regular supportive supervision and on-job training at CTU/ORP level

Activity 1.1.7

Mass community mobilization and sensitization on identification and prompt referral cholera and other preventable diseases of public health concern (malaria and diarrhea)

Outcome 2

Strengthened response to disease outbreaks through local institutional surveillance and joint collaboration across health, education and WASH sectors;

Output 2.1

Description

- EP&R system and response team in place through the involvement of the CHD and SMoH
- Inter-clusters and task forces among local institutions and WASH and Health actors are established
- Epidemic prone disease outbreaks in the target and vulnerable areas are prevented
- Continuous surveillance of epidemic-prone diseases is adequately implemented
- Emergency outbreak vaccination system in place

Assumptions & Risks

- MoH continues supporting the development of Primary Health Care Service in target area
- The SMoH/CHD is fully staffed and committed to support the cholera response activities
- Local authorities are supportive in mobilizing community members for the preparedness activities
- Accessibility in the area remain stable, even across the most remote areas
- The availability of service delivery guidelines/ protocols for services included in the essential service delivery package would ensure that standard services are provided for individualized care.
- Continued community volunteerism to provide care to the most vulnerable groups (chronically ill)
- Other health interventions (e.g. health education) will be put in place and sustained
- A 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] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					100
Means of Verification : Surveillance report							
Indicator 2.1.2	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in priority locations					5
Means of Verification : Project progress report							
Indicator 2.1.3	HEALTH	Number of state health emergency coordination meetings organized					6
Means of Verification : Project progress report							
Indicator 2.1.4	HEALTH	Number of CHD staff trained on diseases surveillance, outbreak investigation, emergency preparedness and epidemic diseases control/e-WARN					15
Means of Verification : Training report							
Indicator 2.1.5	HEALTH	Number of VCH members trained on diseases surveillance, case identification and referral at community level					290
Means of Verification : Project progress report							

Activities

Activity 2.1.1

Establishment/Reactivation of the State and County Emergency Response Team to ensure prompt response to communicable diseases outbreak in Tonj East and Tonj South

Activity 2.1.2

Continuous epidemiological analysis and surveillance of epidemic-prone diseases within informal settlements and among the vulnerable communities

Activity 2.1.3

Support to CHD/MOH in the organization of mass emergency vaccination campaigns in disease outbreak and emergency situations within the target area

Activity 2.1.4

Establishment and support of the State Emergency Response Coordination Mechanism, bringing together all the partner and counterpart within the target areas

Activity 2.1.5

Training of CHD members on diseases surveillance, outbreak investigation, emergency preparedness and epidemic diseases control/eWARS

Activity 2.1.6

Quarterly review of outbreak emergency preparedness and responses with health authorities (SMoH/CHDs) and community representatives (VHCs) in the target areas

Activity 2.1.7

Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign including oral cholera vaccine mass campaigns in Greater Tonj.

Outcome 3

Sustained supply and replenishment of core pipeline items (Cholera Kits, essential drugs and vaccines) to enable adequate clinical case management and ensure emergency vaccination.

Output 3.1

Description

- Cholera case management supplies and essential drugs are prepositioned to the treatment centers and attached HFs
- Other WASH supplies are mobilized and delivered to the treatment centers and the attached HFs
- Emergency outbreak vaccination system in place
- Epidemic prone disease outbreaks in the target and vulnerable areas are managed

Assumptions & Risks

- MoH continues supporting the development of Primary Health Care Service in target area.
- Supplies are available in WHO and UNICEF stores.
- Accessibility in the area remain stable, even in the most remote areas
- Adequate funds allocated for the emergency supplies
- The availability of service delivery guidelines/ protocols for services included in the essential service delivery package would ensure that standard services are provided for individualized care.
- Continued community volunteerism to provide care to the most vulnerable groups (chronically ill)
- Other health interventions (e.g. health education) will be put in place and sustained
- A 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 3.1.1	HEALTH	[Core Pipeline] Number of states with outbreak investigation materials prepositioned					1
Means of Verification : Project progress report							
Indicator 3.1.2	HEALTH	Percentage of cholera treatment units and health facilities with basic WASH supplies					100
Means of Verification : Project progress report							

Activities

Activity 3.1.1

Preposition of core pipeline supplies for cholera case management and emergency immunization to ensure uninterrupted provision of lifesaving health services

Activity 3.1.2

Procurement and prepositioning of essential medicine and other medical supplies for management and prevention of epidemic prone diseases of public health concern (diarrhea and malaria)

Activity 3.1.3

Procurement and prepositioning of basic WASH supplies to the cholera treatment centers and primary health care facilities in Tonj East and Tonj South counties

Additional Targets :

M & R

Monitoring & Reporting plan

The project will have a Monitoring, Evaluation and Reporting system in place in order to provide qualitative information to feed the program and take corrective measures in the course of the operation.
CCM will ensure that health care providers compile daily/weekly/monthly CTU's and ORPs registers and sheets. CCM Emergency Response Coordinator (ERC) will support health workers and local authorities in ensuring the correct daily recording of data in each facility register (specifically, epidemiological data collection, as well as updating the cholera line list through EWARS). This information analysis will be aggregated in the weekly cholera updates format. This will be a crucial element for cholera outbreak response: receiving daily epidemiological data is a pre-requisite to ensure the overall effectiveness of the program, it is fundamental in order to target actions as per the need and prioritizing high impact activities based on the specific transmission paths.
Finally, quarterly progress reports and final report will also be compiled in a timely manner following SSHF financial and narrative tools.
The Management of the project will meet on monthly basis to ensure effective monitoring of the project activities. In particular, it will look for shared solutions to the problems that may arise and redefine the strategy of intervention on the basis of the data acquired during the monitoring exercise. A monthly report on the activities undertaken versus the work plan shall be prepared by the Project Manager with the ERC and submitted to CCM Deputy Country Representative/Operation Manager, to check on the progress of the activities. Along with the narrative monthly report, additional health indicators will be taken into consideration and registered, including information on all the hospital and PHC services (OPD, IPD, EPI, VCT Centre, laboratory and drug management).
CCM staff includes also a M&E officer based in CCM Tonj Office who will pay periodic visits to the project areas, to check on the consistency of the reported indicators/targets and effective performances. Further, CCM Regional Health Advisor will provide further inputs on how to better tailor action to answer the assessed needs and achieve the project results. The health cluster and the National cholera taskforce in Juba will be constantly updated, thanks to the participation of the Deputy Country Representative to the meetings that are held on a weekly basis.
All data will be shared at both County and State Level with the Tonj South and Tonj East CHD and Tonj SMoH. They will also be availed to all main stakeholders, through proactive participation in the sector cluster coordination mechanism at county and state level. The same will be done at federal level, through CCM Juba office.
From the administrative point of view, regular monitoring is ensured through CCM accounting systems, which is based on a double-entry system, recording transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software, which is reconciled on a weekly/monthly basis under the supervision of HQ administrative department. Budget follow-up are elaborated and approved by HQ project department, along with the request for funds.
The procurement plan is elaborated at the beginning of the project a revised quarterly by CCM procurement officer.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Continued institutional and community case management of cholera cases and other preventable diseases of public health concern (malaria and diarrhea)	2017								X	X	X	X	
	2018	X											

Activity 1.1.2: Establishment of 1 additional CTU in Marial Lou and 3 ORPs in the active cattle and fishing camps already affected for early cholera case management.	2017								X				
	2018												
Activity 1.1.3: Establishment of basic sanitary facilities (hand washing and waste disposal points) in all 4CTUs, 5ORPs and HFs in key locations	2017									X			
	2018												
Activity 1.1.4: Refresher training of CTU/ORP/HF staff on cholera case management and infection prevention	2017											X	
	2018												
Activity 1.1.5: Integrated community health outreaches and mobile clinics to informal settlements (cattle camps and fishing camps) to provide health education and other preventive services	2017								X	X	X	X	X
	2018	X											
Activity 1.1.6: Joint regular supportive supervision and on-job training at CTU/ORP level	2017								X	X	X	X	X
	2018	X											
Activity 1.1.7: Mass community mobilization and sensitization on identification and prompt referral cholera and other preventable diseases of public health concern (malaria and diarrhea)	2017									X			X
	2018												
Activity 2.1.1: Establishment/Reactivation of the State and County Emergency Response Team to ensure prompt response to communicable diseases outbreak in Tonj East and Tonj South	2017								X				
	2018												
Activity 2.1.2: Continuous epidemiological analysis and surveillance of epidemic-prone diseases within informal settlements and among the vulnerable communities	2017								X	X	X	X	X
	2018	X											
Activity 2.1.3: Support to CHD/MOH in the organization of mass emergency vaccination campaigns in disease outbreak and emergency situations within the target area	2017								X	X	X	X	X
	2018	X											
Activity 2.1.4: Establishment and support of the State Emergency Response Coordination Mechanism, bringing together all the partner and counterpart within the target areas	2017									X			X
	2018												
Activity 2.1.5: Training of CHD members on diseases surveillance, outbreak investigation, emergency preparedness and epidemic diseases control/eWARS	2017									X			
	2018												
Activity 2.1.6: Quarterly review of outbreak emergency preparedness and responses with health authorities (SMoH/CHDs) and community representatives (VHCs) in the target areas	2017									X			X
	2018												
Activity 2.1.7: Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign including oral cholera vaccine mass campaigns in Greater Tonj.	2017								X	X	X	X	X
	2018	X											
Activity 3.1.1: Preposition of core pipeline supplies for cholera case management and emergency immunization to ensure uninterrupted provision of lifesaving health services	2017									X			
	2018												
Activity 3.1.2: Procurement and prepositioning of essential medicine and other medical supplies for management and prevention of epidemic prone diseases of public health concern (diarrhea and malaria)	2017									X			
	2018												
Activity 3.1.3: Procurement and prepositioning of basic WASH supplies to the cholera treatment centers and primary health care facilities in Tonj East and Tonj South counties	2017									X			
	2018												

OTHER INFO

Accountability to Affected Populations

The proposed action has been designed thanks to the effective and close collaboration established with the local authorities (both at County and State level) and communities to ensure it properly responds to the critical needs of Tonj South and Tonj East counties.
CCM will work towards creating all necessary conditions for beneficiaries to raise their concerns and to monitor and evaluate the actions that will be implemented. This is in order to be accountable towards project beneficiaries, ensuring a transparent and fair management and improving the quality of services provided.
In this regard, local authorities have been involved since the initial stage of the cholera response in all staff recruitment, induction, and training and performance appraisal.

The ongoing coordination system in place aims at an harmonized approach amongst all heath, social mobilization and WASH partners involved in the field operations with the main purpose to avoid duplicated coordination layers unnecessarily, considering also the limited number of actors and their own limited resources. A better coordination structure will challenge partners on not only the quality of their implementation but also on accountability towards beneficiaries, their peers and donors, as it will improve working in partnerships, promoting coherence amongst actors and developing common tools and standards to raise the effectiveness of the overall response.
Besides, as it regularly happens during all normal project activities, CCM will carry out exit interviews of service beneficiaries and conduct community discussions during health promotion activities and outreaches. Suggestions, requests and complaints will be analyzed with the health care providers and in the management meetings between CCM and the local health authorities and action points decided accordingly.
Communities will be strongly and effectively involved throughout the project timeline, with the main goal to develop a good understanding of population's capacities, abilities, and willingness for behavior changes. Under the leadership of the BHCs, HHPs and community resource people (e.g., volunteers, community and religious leaders) will be involved in education and awareness activities and in collecting feedbacks to ensure community inputs are analyzed and taken into consideration in guiding decisions.

Implementation Plan

To successfully implement the project, CCM has organized a qualified and balanced team, composed of highly skilled and experienced personnel with both health and managerial background, who shall be based in Tonj East although supervising the two counties and co-located/attached to the CHD in Tonj East. A dedicated project manager will coordinate project activities including health staff and community mobilisers to carry out the response interventions. Support from CCM Juba staff will also be offered, to guarantee quality control, supervision and additional support in some key areas of Health System Strengthening: the Deputy Country Representative/Operation Manager, the M&E officer, the Country Administrator and logistician will ensure correct project implementation and provide technical support in their respective areas of expertise. The Technical Assistance that CCM will provide the CHD with is envisaged to gradually scale down from an initial consistent and close mentoring/capacity building for each project activity, to a later increased CHD degree of autonomy and decision-making empowerment, reflecting its improved competences. The management team keeps the project logical framework and work plan as primary tools to define implementation plan and assess project performances, achieved versus expected results/targets and respect of the timeframe.
A cholera taskforce Committee is already in place to ensure supervision and technical assistance to the management team throughout the project implementation. CCM, all other partners and CHDs have weekly meetings, both internally and within the CTUs, to collect and share information, verify data, and define synergies to improve referral and report systems. This M&E system is currently informing the discussion, providing the base to define further interventions to address problems or to re orientate the ones on going. Project report data will be also used to brief the State authorities on County situation, supporting a wider decision-making process on the steps to be done to improve people health and wash status.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	WASH and Social Mobilization. UNICEF to lead the response and guide the other Cluster partners willing to respond. Besides, UNICEF is supporting partner THESO continue with community engagement activities which include household visits with critical demonstrations, community meetings, water-point and market awareness, school and cattle camps intervention.
THESO	Social Mobilization. Theso is focusing on health and Hygiene promotion activities at community level with cholera messages in order to sensitize on water treatment at household level, hand washing practices, safe water chain, proper disposal of human excreta and proper health seeking behavior for cholera.
WHO	Case Management. WHO is supporting in cholera investigation and case management along with cholera kits to enhance cholera investigation, case management and response activities
OXFAM	WASH. OXFAM is conducting survey to support the response and plan for enhancement of wash activities in the coming months

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

Women and girls are disproportionately affected by a cholera epidemic. This is due mostly to the fact that gender roles influence where and how people spend their time, which can result in different patterns of exposure to cholera, disease incidence and outcome, and responsibilities within families/communities to prevent and respond to cholera. So far, evidence points to an increasing disease burden among girls and women, likely due to their increased occupational exposure. Women and girls are responsible for a disproportionate amount of the domestic work to prevent and respond to cholera (through their domestic roles taking care of sick family members, cleaning latrines, fetching and handling untreated water, and preparing contaminated raw food). Besides, women and girls shoulder a disproportionate division of the behaviours that cholera health education campaigns target. For example, a key cholera prevention message is to treat or boil water to kill vibrio cholera bacteria, but the reality is that most of the responsibility for water purification falls on women and girls and that water purification requires extra effort as well as time and other resources that women and girls may not have available to them.
The virulence and lethality of cholera mean that response efforts are principally focused on saving lives through broad-¬based medical, WASH (water, sanitation, and hygiene) and community mobilization interventions. Understanding and addressing the different ways that cholera affects the lives of girls, boys, women, and men can only enhance these efforts. That is why the current M&E data tools used by CCM disaggregate data by gender and age, allowing an effective data analysis for decision-making, essential for both this and any future similar action. CCM aims at integrating a gendered response into the project implementation, since this is not only an issue of gender equality but also critical to ensuring effective and sustainable interventions.
Therefore, CCM is engaged in addressing both gender inequalities and opportunities in the response to TE cholera epidemic. The principal goal is to increase understanding of how cholera affects girls, boys, men, and women differently and to integrate a gendered response into cholera prevention and control programming. CCM is therefore emphasizing four key strategies:
1) Collection and analysis of sex and age disaggregated data on cholera cases;
2) Engaging communities in dialogue about gender roles in cholera prevention and response;
3) Promoting women and girls' participation in the design of prevention and control interventions;
4) Ensuring that girls, boys, men, and women have equal access to information and treatment.

Protection Mainstreaming

CCM adopts the Common Humanitarian Standards and its action is guided by the core principles of humanitarian action, in particular in the current situation in South Sudan:
- Humanity: the project aims at alleviating suffering and protecting life and health and ensures respect for human beings;
- Impartiality: the project activities and decisions promoted by CCM staff are based on the need alone, giving priority to the most urgent cases of distress and making no adverse distinction, on the basis of nationality, race, gender, religious belief, class or political opinion;
- Independence: CCM acts autonomously from the political, economic, military or other objectives that might influence economic or social dynamics in the area and will transparently report decisions taken. However, constant collaboration and shared responsibility of CCM with the MOH and CHDs will characterize the action and therefore require the full collaboration of local counterparts;
- Neutrality: CCM will continue support service provision and promote the universal access to health care, during potential hostilities and will not engage in controversies of a political, racial, religious or ideological nature.
Due to the nature of violence, that has affected the country; the project carefully considers the ethical issue and cultural point of view that may arise during the implementation. These include the need to protect the confidentiality of data relating to all parties especially people at risk as well as, for example, the way data are collected, how they are stored, who has access to them and how they are used. High attention will be addressed to the nature of questions asked to beneficiaries. The right to privacy of all parties will be promoted at any time as well as the risk of those working on the project.
Finally, CCM adopts a conflict sensitive approach, through the promotion of a fair and ethical behavior of all projects staff. CCM teams are relatively balanced between men and female staffs and community volunteers; and they are all required to behave in a peace-promoting manner. They do not hire armed guards and they cooperate and are available to discuss with other organizations and people of different origins or views. In case of security matters, if an evacuation is decided for international staff, security measures are taken also for local staff. Personal use of project assets and goods is prohibited or strictly regulated. Offensive, aggressive, non-respectful behaviors are condemned and sanctioned if needed

Country Specific Information

Safety and Security

In the past years, after the raising up of the conflict in the country, the security conditions have been going worst and worst even in the States not directly affected by the conflicts. Besides, the depreciation of the SS pounds in the last year has exacerbated the already poor condition of the population and increased the local criminality everywhere in the country. So far, the two counties of intervention are relatively homogeneous and not directly interested by the conflict erupted last year, but they are historically characterized by clashes between cattle keepers, leading to limitation of movements and some security problems.
The program is based on the assumptions that the level of security remains stable during the project implementation.
Looking to the current situation, CCM is improving its security policies and defining all necessary practices to mitigate the risk, while ensuring equal services for all the communities. Bi-monthly meetings with the Commissioner Office in both counties are organized by the CHD/CCM staff to get information about the security in the county and to consider them in the activities planning. Before each movement, the staff keep in touch with the community to be visited to get further information about the condition in the area. In case of tension in some areas, CCM/CHDs monitor the population movement to make sure that the most vulnerable groups that could affect by the conflicts are to be reached. Emergency kit are available in CCM cars and good communication tools are ensured for each base. Good visibility at field level will be enhanced to ensure clear understanding of CCM mission and interventions. At Central level, CCM strictly monitor the security situation through information received by UN Agencies and NGO forum and the Italian embassy.

Access

CCM is already present in the target counties since 2004 with operational basis in 3 different project locations (Tonj, Marial Lou and Kacuat) where three CCM compounds are able to accommodate the project staff. In addition, 2 dedicated vehicles are secured to the operation. Accessibility from main roads to most project areas may become a challenge in the coming months due to the rainy season. In order to avoid lack of needed supplies and drugs, charter flights are been considered to ensure a proper and timely availability of supplies on the ground.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Project Officer	D	1	2,500.00	5	100.00	12,500.00
	1 Project officer overseeing overall project implementation in Tonj East and Tonj South: (100% charged on CHF)						
1.2	Emergency Response Coordinator	D	1	1,115.00	5	100.00	5,575.00
	1 Emergency reponse coordinator supporting cholera response activities in Tonj East: (100% charged on CHF)						
1.3	Clinical Officers	D	4	850.00	5	100.00	17,000.00
	4 Relocatable clinical officers supporting 4 CTUs in Tonj East: (100% charged on CHF). 1 CO in Marial Lou is calculated on a five months basis						
1.4	Clinical Officer in Marial Lou	D	1	850.00	6	100.00	5,100.00
	Clinical officers supporting 1 CTU in Marial Lou in Tonj East: (100% charged on CHF). Cost is calculated on a six months basis						
1.5	Registered Nurses	D	2	750.00	3	100.00	4,500.00
	2 Relocatable registered nurses supporting 4 CTUs in Tonj East: (100% charged on CHF)						
1.6	Certified Nurses	D	2	360.00	5	100.00	3,600.00
	2 Local certified nurses supporting 4 CTUs in Tonj East: (100% charged on CHF).						
1.7	Certified Nurses	D	2	360.00	6	100.00	4,320.00
	2 Local certified nurses supporting 1 CTU in Marial Lou, in Tonj East: (100% charged on CHF). Cost is calculated on a six months basis						
1.8	Nurse Aids/Assistants	D	10	140.00	5	100.00	7,000.00
	10 Local nurse aids officers supporting 4 CTUs and ORPs in Tonj East: (100% charged on CHF).						
1.9	Nurse Aids/Assistants	D	4	140.00	6	100.00	3,360.00
	4 Local nurse aids officers supporting 1 CTU in Marial Lou and ORPs , in Tonj East: (100% charged on CHF). Cost is calculated on 6 months basis.						
1.10	4 Cleaners	D	4	110.00	5	100.00	2,200.00
	4 Cleaners supporting 4 CTUs in Tonj East: (100% charged on CHF).						
1.11	Cleaner	D	1	110.00	6	100.00	660.00
	Cleaner supporting 1 CTU in Marial Lou in Tonj East: (100% charged on CHF). Cost is calculated on a 6 months basis						
1.12	4 Watchmen/ Sprayer	D	4	110.00	5	100.00	2,200.00
	4 Watchman/ sprayer supporting 4 CTUs in Tonj East: (100% charged on CHF).						
1.13	Watchman/ Sprayer	D	1	110.00	6	100.00	660.00
	1 Watchman/ sprayer supporting 1 CTU in Marial Lou, in Tonj East: (100% charged on CHF). Cost is calculatd on a 6 months basis						
1.14	Country Representative	S	1	4,000.00	6	5.00	1,200.00
	Support staff contributing to the project implementation (5% charged on CHF)						
1.15	Deputy Country Administrator	S	1	2,800.00	6	45.00	7,560.00

	Support staff contributing to the project implementation (30% charged on CHF)						
1.16	Juba Office Support Staff	S	1	8,000.00	6	10.00	4,800.00
	Support staff contributing to the project implementation (10% charged on CHF, accountant, ass. log., cleaners, watchmen, drivers, compound manager)						
	Section Total						**82,235.00**
2. Supplies, Commodities, Materials							
2.1	Essential emergency Drugs,ACT's and Disposable items	D	1	37,100.00	2	27.00	20,034.00
	Procurement of emergency and life saving supplies, (70% of the cost charged on CHF)						
2.2	Lab	D	1	16,668.00	1	60.00	10,000.80
	"Lab equipment, tests kits and reagents at 16,682 $ once for the project time frame. 70% chaged on CHF) "						
2.3	Basic cleaning and sanitary materials for the CTUs and HF	D	1	3,500.00	1	100.00	3,500.00
	Purchase of basic cleaning and WASH materials (soaps, water containers, etc) for the CTUs, ORPs and health facilities- 100% charged on CHF						
2.4	Transport of drugs/materials/supplies	D	1	20,000.00	1	100.00	20,000.00
	"Transport (charter flights) of cholera kits from WHO, essential drugs, materials and other supplies for Tonj East and Tonj South health facilities. (100% charged to CHF). "						
2.5	Outreaches in remote areas and emergency rensponse to outbreak	D	1	40.00	12	100.00	480.00
	Refreshment and small items for staff during outreaches (twice a month) at 40$. LOCATION: ALL (100% covered by CHF)						
2.6	Refresher training of CTU, ORP and HF staff on cholera case management and infection prevention	D	58	8.00	2	100.00	928.00
	"2 days training for 58 health staff (tranport costs, printing materials, food, small equipmen) at 8$ a day. LOCATION: ALL (100% charged to CHF). "						
2.7	Public sensitization events (cholera prevention and outbreaks response)	D	2	1,300.00	1	100.00	2,600.00
	"Refreshment, small equipment during activities (eg soap for handwashing), IEC material during awareness raising campaign (poster, t-shirts, etc). LOCATION: TE, TS (100% charged to CHF). "						
2.8	Maintenance of existing cold chain facilities	D	1	300.00	6	100.00	1,800.00
	Repair and maintenance of cold chain facilities in TS/TE to support of emergency and regular immunization services (100% charged on CHF)						
2.9	Support to diseases outbreak investigation	D	1	1,400.00	1	100.00	1,400.00
	To support investigation of an outbreak, sample collection and transport to the central laboratory for further alaysis (100% charged on CHF)						
2.10	Support to emergency county/state coordination meetings	D	1	120.00	6	100.00	720.00
	Supperting quarterly/ monthly coordination meetind at the county and stated level on emergency preparened and response - 100% chared to CHF						
2.11	Training of CHD member on response to disease outbreak	D	15	15.00	2	100.00	450.00
	Training of CHD members on diseases surveillance, outbreak investigation, emergency preparedness and epidemic diseases control/eWARS						
	Section Total						**61,912.80**
3. Equipment							
3.1	Basic CTU/HF equipment for emergency care	D	1	15,000.00	1	100.00	15,000.00

	Purchase of basic medical equipments (tents, cholera beds, drip stands trolleys, gully pots, weighing sclas, BP machines) for the CTU and key health faciities						
	Section Total						**15,000.00**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
5.1	Project car hire	D	1	185.00	150	100.00	27,750.00
	Hiring one offroad car to support cholera response activities in Tonj East (100% charged on CHF)						
5.2	UNHAS flight for CCM staff	D	19	550.00	6	10.00	6,270.00
	"WPF/UNAHS flight at 550$ (A/R) each travel. LOCATION: ALL (40% charged to CHF) "						
5.3	Road transport Direct staff (including food and accommodation allowance)	D	15	100.00	6	20.00	1,800.00
	"Accommodation, meals, taxi in Juba and field location for movements of project staff (5 persons, 2 times a month each county) at 100$ per travel. LOCATION: JUBA & ALL (20% charged to CHF) "						
	Section Total						**35,820.00**
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	Airtime/internet	D	1	12,500.00	2	20.00	5,000.00
7.2	Field offices running costs and maintenance	D	1	6,000.00	6	20.00	7,200.00
	"Cost for field office (included food and NFI) at 5.000$ per month. LOCATION: ALL (5% charged to CHF) "						
7.3	Country Office rent, maintenance and running costs (Juba)	S	1	15,000.00	6	18.00	16,200.00
	"Cost for field office in Juba (included food and NFI) at 15.000$ per month. LOCATION: Juba (15% charged to CHF) "						
7.4	Visibility/bank charges	S	1	3,000.00	6	10.00	1,800.00
	"Bank charges at 3000$ per month. LOCATION: ALL (10% charged to CHF) "						
7.5	Fuel for project vehicles and motorbikes	D	2	2,500.00	6	15.00	4,500.00
	"Field car and motorbikes fuel and insurance at 2.500 $ per month. LOCATION: ALL (30% charged to CHF) "						
7.6	Maintenance for project vehicles and motorbikes	D	2	600.00	6	50.00	3,600.00

	"Field car and motorbikes maintenance at 500$ per month. LOCATION: ALL (50% charged to CHF) "			
	Section Total			**38,300.00**
SubTotal		167.00		**233,267.80**
Direct				201,707.80
Support				31,560.00
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				16,328.75
Total Cost				**249,596.55**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Warrap -> Tonj East	67	9,302	12,817	4,665	4,665	31,449	Activity 1.1.1 : Continued institutional and community case management of cholera cases and other preventable diseases of public health concern (malaria and diarrhea) Activity 1.1.2 : Establishment of 1 additional CTU in Marial Lou and 3 ORPs in the active cattle and fishing camps already affected for early cholera case management. Activity 1.1.3 : Establishment of basic sanitary facilities (hand washing and waste disposal points) in all 4CTUs, 5ORPs and HFs in key locations Activity 1.1.4 : Refresher training of CTU/ORP/HF staff on cholera case management and infection prevention Activity 1.1.5 : Integrated community health outreaches and mobile clinics to informal settlements (cattle camps and fishing camps) to provide health education and other preventive services Activity 1.1.6 : Joint regular supportive supervision and on-job training at CTU/ORP level Activity 1.1.7 : Mass community mobilization and sensitization on identification and prompt referral cholera and other preventable diseases of public health concern (malaria and diarrhea) Activity 2.1.1 : Establishment/Reactivation of the State and County Emergency Response Team to ensure prompt response to communicable diseases outbreak in Tonj East and Tonj South Activity 2.1.2 : Continuous epidemiological analysis and surveillance of epidemic-prone diseases within informal settlements and among the vulnerable communities Activity 2.1.3 : Support to CHD/MOH in the organization of mass emergency vaccination campaigns in disease outbreak and emergency situations within the target area Activity 2.1.4 : Establishment and support of the State Emergency Response Coordination Mechanism, bringing together all the partner and counterpart within the target areas Activity 2.1.5 : Training of CHD members on diseases surveillance, outbreak investigation, emergency preparedness and epidemic diseases control/eWARS Activity 2.1.6 : Quarterly review of outbreak emergency preparedness and responses with health authorities (SMoH/CHDs) and community representatives (VHCs) in the target areas Activity 2.1.7 : Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign including oral cholera vaccine mass campaigns in Greater Tonj. Activity 3.1.1 : Preposition of core pipeline supplies for cholera case management and emergency immunization to ensure uninterrupted provision of lifesaving health services Activity 3.1.2 : Procurement and prepositioning of essential medicine and other medical supplies for management and prevention of epidemic prone diseases of public health concern (diarrhea and malaria)

Warrap -> Tonj South	33	4,582	6,313	2,298	2,298	15,491	Activity 1.1.5 : Integrated community health outreaches and mobile clinics to informal settlements (cattle camps and fishing camps) to provide health education and other preventive services Activity 1.1.6 : Joint regular supportive supervision and on-job training at CTU/ORP level Activity 1.1.7 : Mass community mobilization and sensitization on identification and prompt referral cholera and other preventable diseases of public health concern (malaria and diarrhea) Activity 2.1.4 : Establishment and support of the State Emergency Response Coordination Mechanism, bringing together all the partner and counterpart within the target areas Activity 2.1.5 : Training of CHD members on diseases surveillance, outbreak investigation, emergency preparedness and epidemic diseases control/eWARS Activity 2.1.6 : Quarterly review of outbreak emergency preparedness and responses with health authorities (SMoH/CHDs) and community representatives (VHCs) in the target areas Activity 2.1.7 : Maintenance of Vaccine Cold Chain for ordinary and emergency EPI campaign including oral cholera vaccine mass campaigns in Greater Tonj. Activity 3.1.1 : Preposition of core pipeline supplies for cholera case management and emergency immunization to ensure uninterrupted provision of lifesaving health services Activity 3.1.2 : Procurement and prepositioning of essential medicine and other medical supplies for management and prevention of epidemic prone diseases of public health concern (diarrhea and malaria) Activity 3.1.3 : Procurement and prepositioning of basic WASH supplies to the cholera treatment centers and primary health care facilities in Tonj East and Tonj South counties

Documents

Category Name	Document Description
Project Supporting Documents	Annex1_TE_Cholera Response_Data Analysis_May_July2017.pdf
Budget Documents	Proforma list of equipment.xlsx