

Project Proposal

Organization	SMC (Sudan Medical Care)					
Project Title	Improve health status of the communities internally displaced in Bor, Duk and Awerial Counties of Jonglei and Lake states.					
Fund Code	SSD-15/SA1/H/NGO/167					
Primary Cluster	HEALTH	Secondary Cluster	None			
Project Allocation	1st Round Standard Allocation	Allocation Category Type				
Project budget in US\$	150,000.01	Planned project duration	12 months			
Planned Start Date	01/01/2015	Planned End Date	31/12/2015			
OPS Details	OPS Code	SSD-15/H/73237	OPS Budget	0.00		
	OPS Project Ranking		OPS Gender Marker			
Project Summary	This project seek to meet the emergency and primary health care needs of Internally displaced persons from conflict-affected states in South Sudan with focus on post-conflict movements in Bor, and Duk counties, as well as the already IDPs leaving in Awerial, with little hope to returns back, if Peace is not yet signed.This project seeks to meet significant gaps in Jonglei state affected counties, with initial target of 120,000 beneficiaries in the tree counties of Bor,Duk of Jonglei state and Awerial county of Lake state. Knowing that the most urgent need are Health, Water and sanitation,food and Security, this project focuses on improve health status of the vulnerable people in Bor, Duk and Awerial counties through Provision of effective and Equitable basic health care and Emergency health services to the most vulnerable group of rural communities to have access to improved Infrastructure and diseases prevention and control measures. The primary health care services (Including Antenatal, maternal and Child health, reproductive health) as well as emergency health (Including disability and trauma referral, GBV screening as well as Psycho- social needs with Infrastructure rehabilitation components in Duk County of Jonglei state, where all the infrastructure facilities has been destroyed and the first Quarter of the year is the only window for building or rehabilitating the Health facilities due to access concerns during the rainy season.					
Direct beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	21480	81800	8670	8050	120,000
	Total beneficiaries include the following:					
	Children under 5	0	0	6000	6000	12000
	Internally Displaced People	8000	34000	1000	760	43760
	People in Host Communities	2000	23000	650	590	26240
	Other	11480	25000	820	700	38000
Indirect Beneficiaries	Catchment Population					
Link with the Allocation Strategy	This project is meant to address the emergency and primary health care services in no-functional/damages facilities areas in conflict affected states with also especial focus on IDPs, vulnerable groups and children in Awerial, Bor and Duk Counties of Jonglei and Lake states.these areas are been categorized to be among the areas of needs following the recent conflict in the country, which led to the deterioration of the humanitarian assistance,creating huge gaps in term of Human resources, medical and others commodities supplies and huge infrastructure damage to already ill and deficient health system in the country.To address the deterioration in the health system across the country,The health cluster acknowledges that emergencies and Primary health care interventions should be coupled with multisectoral interventions.The cluster partners will continue to deliver lifesaving interventions to address the identified priorities for the 2015 as follows: 1- Support the existing health services and the delivery of basic health services with community engagement. 2-Support the no-functional/damage health facilities to revive functionality if security permit. 3-Ensure logistic support for referrals of emergencies cases to appropriate levels of care. 4-Strengthen service deliveries to areas out site the PoCs, and hard to reach areas as access and security permit. 5-Strengthen communicable diseases control and outbreak response to address the prevalent disease including Inter-cluster synergies.Address the needs of highly vulnerable groups, including service focusing on cross cutting. issues such as gender based violence , HIV/AIDS, mental health and Psychosocial services. Our project is based on supporting these strategies at our operational areas which is in line with the cluster strategies on addressing humanitarian needs during the current crisis.					
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)					
Organization focal point contact details	Name	Title	Phone	Email		
	Moses Kinyanjui	Grant and Finance Manager	0956036547	mosekinya06@yahoo.com		
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	Dr. Deng Mayom Deng	Executive Director	0955117468	dengmayom@gmail.com		
BACKGROUND INFORMATION						
1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	South Sudan are many faceted,where every county, payam and village/settlement is asking for attention and the basic services.Peaked by the Increased tensions and the current internal conflict which led to more the half Million in Jonglei state becomes IDPs around the country and at the regional levels.Bor and Duk counties are among the affected by the ongoing conflict to the extend that Bor was names to become the ghost Town earlier this Year.SMC was supporting 34 health facilities in both counties of Jonglei state, where 68% of the health facilities been affected with Duk Infrastructure severely affected all along the County level,the current crisis caused a major Public health crisis with extensive disruption of essential primary and secondary health care services. The Sudden closure of health services led to huge hamper of the preventive services as the health personnel withdrew from the most of the affected areas in Bor and Duk counties , where our Institution Operate.This affected the already established chain of the infrastructures, referral system to secondary level at the counties or state, leading to the establishment of Mobiles clinics in many areas in order to serve the huge number IDPs across the west bank states. More the 1.3 million people are in need in Jonglei, with 618,700 people in need . Bor and Duk are inhabited by Agro-pastoralist communities, which already been facing many facets of the current underdevelopment,poor Infrastructure,Insecurity and Inaccessibility before the current crisis and they become once again a terrain for the current conflict., with over 2 million people IDPs and several thousands become refugees in the neighboring countries of Uganda, Kenya and Ethiopia.We are currently supporting 4 clinics supporting IDPs and projecting to reopen two more health facilities under this project for the year 2015.Currently we are supporting 4 health facilities in the three counties and projecting to open 2 more clinics in order to cover the needs of our targeted communities in Jonglei state.Our Clinic in Awerial county, where most of greater Bor Counties (Bor, Twice East and Duk) have been displaced by conflict,is receiving over 100 patients for day, the following are our data for ONE month at the facility: Under 5 yrs Male: 324, Under 5yrs Female:996, 5yrs and Older Male: 834 and 5 yrs and Older Female:1237, with Bor Mobile clinic reflecting the following: Under 5yrs Male: 374,Under 5yrs Female: 379, 5 yrs and Older Male: 653 and 5 yrs and older Female:1588.We are currently looking towards the financial support to keep these institutions delivering health services to the needy population, being IDPs or returnees or host communities members in the affected areas. We believe that many will return only when peace is signed and our health facility in Awerial will continue delivering such services to those residing as IDPs if supported financial. Our Commitment remain unwavering for supporting Bor and Duk Counties, where our main strategy will focus on reopening a full chain of health facilities where people have returned with adequate Human resources and availability of the basic medical Equipments at each level to reach the beneficiaries demands.					
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted. list any baseline data and explain how the number of beneficiaries has been developed.	The crisis in South Sudan has caused a major public health crisis with extensive destruction of essential primary health care and secondary health care services as of July 2014 184 of 425 health facilities in conflict affected states are not functioning.Our Operational areas are greatly affected by the conflict with heavy negative impact on Infrastructure in Duk county, damage of the cold chain system and withdrawal of health personnel at different points of the affected areas, this destruction affected Bor county to some extend and leading the huge Influx of IDPs people to Awerial county, where needs overwhelmed the Humanitarian Efforts in the first Quarter of the year 2014.Reproductive health services, which was already on the lower trends have just drop with many challenges in the IDPs. there is a clear gap in the availability of emergency obstetric care and neonatal care, trauma cases though reduced been part of our current challenges due to the lack of the secondary services and a coordinated referral services.the high prevalence of malaria, diarrhea, and acute respiratory infections contribute to global acute					

Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	malnutrition rates, which been exacerbated by the current conflict , which have widen the predisposing factors, such as Poor sanitation, shortage of Water,crowded living conditions, malnutrition and poor Immunity with Young Children and Pregnant women particularly vulnerable in the last 12 months and the pattern is likely to continue in 2015 given the prevalence of predisposing factors and the vulnerability of the security in the country.
3. Description Of Beneficiaries	This Project will target 120,000 beneficiaries, in the three Counties with 81,800 Women,21,480 man and 16,720 children. the Population main are IDPs or returnees to their counties of origin women in their child bearing ages, children and other groups, consists of individuals other then children and women of child bearing age who come to health facilities for a day to day consultation.
4. Grant Request Justification.	The recent Conflict situation in South Sudan has affected greatly the Upper Nile States.Jonglei in particular, where SMC does Operate in two counties, More the 250,000 people where displaced from our Operational areas as the results of the conflict between the rival factions. SMC has been Operating in both counties for the last 10 years, with huge Experience in the geographical areas and community involvement. The efforts made to Improve Infrastructures in counties like Duk become in vain, when most of the Health facilities where unjustifiably burned or looted, through this gran we are going to support 6 Health facilities in the three Counties, 1 clinic in Awerial county,2 clinics in Bor and 3 clinics in Duk. These facilities were supported through OFDA funding which is ending on 31 December 2014.If not supported, bearing in mind the Urgent need for Qualified personnel to be allocated to hard to reach areas and others places where IDPs are hiding will be impossible and we will have no option rather then closure of such services.While peace negotiation continue to bear little results,We remain mindful of the devastating and man made,Humanitarian crisis unfolding before Us, and SMC will continue supporting its beneficiaries where ever they are, if Financial support through this Grant. Depite the challenges, we are aware of the huge number of people coming back to their counties from their hiding points in our Operating areas and we strongly believe returning home should be made attractive and availing health services will always shows a great sign of Hope.or and Duk counties. Before the current conflict we w ere operating 34 Health facilities in both counties. Currently our Developmental funding will only support 18 health facilities in Bor and 6 in Duk, the funding will focus to supports only well established institutions, while hard to reach areas, non-functional and damages health facilities will remain undeserved, creating a gap.also to our current mobiles clinics serving IDPs people in Awerial,Bor and Duk counties,which the previous funding grant end in December 2014.SMC want to fill for smooth service deliveries in the affected areas, focusing on 3 IDPs mobiles clinics and targeting 3 non-functional or damages health facilities in Bor and Duk Counties respectively.SMC is the leading agency on primary health care services in it is our Chance to reinforce the community Hope by reestablishing all the previous health services with this grant support.CHF funding will eventually support continuation of the health services in the 6 proposed facilities, retention and the relocation of Qualified personnel, in many areas,Capacity building of SMC personnel, Medical Equipments and rehabilitation and payment of the staff salaries in 6 health facilities in Awerial, Bor and Duk counties.failure to be support will lead eventually to the closure of the current 4 health facilities supporting IDPs in the three counties and leaving no change to reopen some of the conflicted affected health facilities in places where population have returned back. The coming Quarter is our main window to rehabilitated or construct, considering the poor road and difficult access during the rainy season. others commodities such as Medicines, vaccines and Nutritional supplies will be supplied by WHO,UNICEF,IMA and Ministry of Health.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	The current facilities are serving the IDPs people in the three counties of the two state, Being functional is reducing the gaps in the health service deliveries as well as making the necessary documentation to the service offered either in the county or at the IDPs site. This help the National and the health cluster to understand and plan ahead with concrete data on hand. Apart from the services offered they are contributing data to all the levels, including the national ministry, giving that institution a upper hand to make their plans and right decision toward supporting IDPs in a specific site.

LOGICAL FRAMEWORK

Overall project objective	Improve health status of vulnerable people in Bor, Duk and Awerial counties of Jonglei and Lake states.Provide effective and equitable health care that is accessible to the most vulnerable group of the rural communities. Improve infrastructure and diseases prevention and control measures against malaria, Acute Watery Diarrhea, Pneumonia and Pregnancy related Complications.
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Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	70
2015 SSO 2: Enhance existing systems to prevent, detect and respond to disease outbreaks	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	30

Outcome 1	improve access and provide essential medical supplies including emergency obstetric care services		
Code	Description	Assumptions & Risks	
Output 1.1	number of fully functional health facilities in Bor, Duk and Awerial counties	Insecurity does not prevent communities from accessing services and difficulty in skilled staff recruitment. Deterioration in security	

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	4000	7000	3000	2500	16500
		Means of Verification: Out patient register Book					
Indicator 1.1.2	HEALTH	[Frontline services] # of children under 5 who have received measles vaccinations in emergency or returnee situation			3600	2400	6000
		Means of Verification: EPI reports					

Activities

Activity 1.1.1	provision of basic health services at the facilities with all the basic Equipments and adequate Human rersources
Activity 1.1.2	establishment of Cold chain system with regular Requisition and provision of measles and others EPI vaccines to all functional health facilities in Our Operational areas.
Activity 1.1.3	Joint monitoring and supervision with CHDs staff at our operational counties to all functional health facilities delivering services to IDPs and host communities.

Output 1.2	Number of functional health facilities with improved access and received essential medical supplies including emergency obstetric care supplies	availability of funds to support the facilities. Security Improved in our operational areas.
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] # of EmONC centres established					2
		Means of Verification:					
Indicator 1.2.2	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					6
		Means of Verification:					

Activities

Activity 1.2.1	provide comprehensive health care services with special focus on maternal child health and referral system to the county and state Hospitals
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Activity 1.2.2	Monthly payment of health staff and management salaries						
Activity 1.2.3	monthly supervision by the project officer and field supervisor to all the functional health facilities in the three Counties						
Activity 1.2.4	Generate Monthly and Quarterly progressive narrative reports.						
Outcome 2	maintain the Existing health facilities programing activities at the Operational levels for Bor, Duk and Awerial Counties during the project cycle						
Code	Description	Assumptions & Risks					
Output 2.1	returnees and residents host communities have access to better quality health services in the three Counties	SMC staff has sufficient Operational capacity to continue Implementation. Current conflict and rainy season do not inhibit the access to health care					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] # of health facilities providing basic package of GBV services in IDP setting					3
		Means of Verification:	weekly and monthly reports on GBV cases				
Indicator 2.1.2	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	22	20			42
		Means of Verification:	Availability of Funds and Improved Security in our Operational areas				
Indicator 2.1.3	HEALTH	[Frontline services] # of children > 5 to 15 years who have received measles vaccinations in emergency or returnee situation			3000	2500	5500
		Means of Verification:	SMC staff with Sufficient operational capacity to Implement. Availability of Vaccines at the main cold chain at the state level current conflict does not inhibit the access to health care				
Activities							
Activity 2.1.1	Training health workers to Strengthen their capacity on diagnosis and treatment of common illness at the PHCCs/PHCUs in Bor, Duk and Awerial Counties.						
Activity 2.1.2	Provide GBV services in three facilities with in our Operational areas, with counseling and referral services available.						
Output 2.2	provision of Maternal Health care services to Pregnant mothers and EPI routine to children in all the three Counties to be supported	Fund available to support the facilities Staff reporting to duty site					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					600
		Means of Verification:	Health facility reports, SMC monthly reports, Quaterly reeports, IDSR/DHIS reports				
Indicator 2.2.2	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			2200	2600	4800
		Means of Verification:	EPI reports, DHIS reports				
Indicator 2.2.3	HEALTH	Number of pregnant mother attended ANC1 services					1500
		Means of Verification:					
Activities							
Activity 2.2.1	provision of health Education and promotion of delivery at the health facility by providing incentives to mothers delivering at the facility.						
Activity 2.2.2	provision of routine EPI services at facility level, with the provision of the Prevalent and others EPI vaccines.						
Activity 2.2.3	provision of Mosquitoes Nets and safe delivery kits to all mothers attending more the 2 ANC services.						
Output 2.3	IDPs and Returnees have a access to Improved Infrastructure facilities in Bor and Duk Counties	Funding availability Current Conflict do not inhibit access to rehabilitation services					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.3.1	HEALTH	Number of Health facilities rehabilitated or Constructed.					3
		Means of Verification:	Field Visit reports and the Constructor certification following the finishing of the Work				
Indicator 2.3.2	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					6
		Means of Verification:	Weekly and monthly reports and supervision reports.				
Activities							
Activity 2.3.1	Rehabilitation of 1PHCC and Construction of 2 PHCUs in Duk and Bor Counties of Jonglei states						
Activity 2.3.2	procurement of solar panels and batteries to improve lightening of the Health facilities offering inpatients and maternal health at night.						

Outcome 3	improved health services deliveries through capacity building of the health personnel and CHDs in Bor and Duk Counties						
Code	Description	Assumptions & Risks					
Output 3.1	Provide refresher training and mentoring to CHDs officers, clinical officers, nurses, Midwives and Community health workers on specific health topics, such as safety Immunization, HIV/AIDS and other diseases awareness and safety delivery	Availability of Funds Security Improved					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	15	5			20
	Means of Verification:	Training reports					
Indicator 3.1.2	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					12
	Means of Verification:	Training reports and Weekly and Monthly reports at the facilities levels					
Output 3.2	Provision of basic Medical Equipments and Supplies to functional Health facilities serving IDPs in Bor, Duk and Awerial Counties				Availability of Funds Security Improved		
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.2.1	HEALTH	[Frontline services] # of health personnel trained in community-based Mental Health and Psycho-social support in IDP settings	10	8			18
	Means of Verification:						
Indicator 3.2.2	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					6
	Means of Verification:	Weekly and monthly reports of the functional health facilities					
Indicator 3.2.3	HEALTH	[Frontline services] # of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	2000	5000	1500	2000	10500
	Means of Verification:	Health facility reports, consultation at the OPD, IPD and EPI services					
Indicator 3.2.4	HEALTH	Number of functional health facilities serving IDPs who receives Medical Equipments and Supplies					6
	Means of Verification:	Facility visit reports					
Activities							
Activity 3.2.1	training of community health workers to support psychosocial services at the IDPs and our supported health facilities						
Activity 3.2.2	procurement and Distribution of the commodities to the 6 supported Health facilities in Bor, Duk and Awerial Counties, supporting IDPs and host communities.						
Activity 3.2.3	Distribution to functional health facilities of Emergency kits to PHCC/PHCU, RH kit from the pipe lines supplies						
Activity 3.2.4	Procurement and distribution of Medical Equipments and other basic tools to the functional health facilities serving IDPs and Host communities in Awerial, Bor and Duk counties						

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 provision of basic health services at the facilities with all the basic Equipments and adequate Human resources	2015	X	X	X	X	X	X						
Activity 2.1.1 Training health workers to Strengthen their capacity on diagnosis and treatment of common illness at the PHCCs/PHCUs in Bor, Duk and Awerial Counties.	2015	X		X		X							
Activity 3.2.1 training of community health workers to support psychosocial services at the IDPs and our supported health facilities	2015	X	X										
Activity 3.2.2 procurement and Distribution of the commodities to the 6 supported Health facilities in Bor, Duk and Awerial Counties, supporting IDPs and host communities.	2015	X	X	X		X	X						
Activity 2.3.1 Rehabilitation of 1PHCC and Construction of 2 PHCUs in Duk and Bor Counties of Jonglei states	2015	X	X										
Activity 1.2.1 provide comprehensive health care services with special focus on maternal child health and referral system to the county and state Hospitals	2015	X	X	X	X	X	X						
Activity 1.2.2 Monthly payment of health staff and management salaries	2015	X	X	X	X	X	X						
Activity 1.1.2 establishment of Cold chain system with regular Requisition and provision of measles and others EPI vaccines to all functional health facilities in Our Operational areas.	2015	X	X										
Activity 2.1.2 Provide GBV services in three facilities with in our Operational areas, with counseling and referral services available.	2015	X	X	X	X	X	X						
Activity 2.2.1 provision of health Education and promotion of delivery at the health facility by providing incentives to mothers delivering at the facility.	2015	X	X	X	X	X	X						
Activity 2.2.2 provision of routine EPI services at facility level, with the	2015	X	X	X	X	X	X						

provision of the Prevalent and others EPI vaccines.																			
Activity 2.2.3 provision of Mosquitoes Nets and safe delivery kits to all mothers attending more the 2 ANC services.	2015	X	X	X	X	X	X												
Activity 3.2.3 Distribution to functional health facilities of Emergency kits to PHCC/PHCU, RH kit from the pipe lines supplies	2015	X	X	X	X	X	X												
Activity 3.2.4 Procurement and distribution of Medical Equipments and other basic tools to the functional health facilities serving IDPs and Host communities in Awerial, Bor and Duk counties	2015	X	X																
Activity 1.1.3 Joint monitoring and supervision with CHDs staff at our operational counties to all functional health facilities delivering services to IDPs and host communities.	2015		X		X		X												
Activity 1.2.3 monthly supervision by the project officer and field supervisor to all the functional health facilities in the three Counties	2015	X	X	X	X	X	X												
Activity 1.2.4 Generate Monthly and Quarterly progressive narrative reports.	2015	X	X	X	X	X	X												
Activity 2.3.2 procurement of solar panels and batteries to improve lightening of the Health facilities offering inpatients and maternal health at night.	2015	X			X														

M & R DETAILS

Monitoring & Reporting Plan:
Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .

SMC utilizes a weekly, monthly and quarterly reporting system in all our programming sector and Strong records in monitoring and evaluating for results and demonstrating IMPACT of health programs as part of our goals. We have been among the first institutions to adopt the current national M & E system to reports indicators in our operational areas of Jonglei using the DHIS system. The same system with cluster formats, with specific modification has been use by our team during the Emergency at our IDPs. The system measure progress toward project objectives and their impact and ensure appropriate reporting that is aligned to meet CHF's reporting requirements. SMC is familiar and been using the National HMIS system (DHI) and has strong experience in data collection and reporting in Jonglei state. We are going to utilize the national reporting registries for relevant activities such as Outpatient, reproductive health and EPI registers. its personnel are well acquainted with the reporting tools and such data will be integrated and reported into Weekly, and monthly DHIS for each county or IDPs site. In addition, weekly IDSR reports will be filed with assistance and collaboration of the county Health department (CHD) and shared with the state, cluster coordinator and national level. Commodities received and distributed will be reported to CHF and the cluster respectively we are been operating for the last 10 years, using various reporting formats and timelines. This background will make SMC team ensuring appropriate monitoring and reporting plan that is aligned to meet CHF and cluster reporting requirements. We will provide the cluster and CHF with detailed reporting specific to the scope of the proposal and segregate data by gender and location. Weekly, Monthly and Quarterly reports will be shared with all the concerns institutions timely and Verification of all reported data will be undertaken by SMC,CHD and State Ministry of Health

OTHER INFORMATION

Accountability to Affected Populations
the Accountability to the affected Population is and require commitment from Us through ensuring feedback and accountability mechanisms being integrated into our strategies and monitor and evaluations, recruiting staff, etc which is possible through a leadership commitment. We believe active participation of the affected population in decision making-progress that affect them through the establishment of a system to engage them and ensure that the most marginalized and affected are represented. Through our program we are looking forward to provide accessible and timely information to affected population on organizational procedures, structures and process that affect them to ensure that they can make informed decision and choices , and and facilitate the dialogue between and organization and its affected populations over Information provision. We believe in order to be accountable to the affected population a strong leadership, transparency, feedback and complain mechanism and community participation are the best ways to be accountable and share the same position with those affected, by them being part of the service offered and most importantly part of decision making process.

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.
SMC is already supporting 4 health facilities as part of the response to the huge influx of the IDPs in the country due to the current conflict and jonglei and Lake states,with Funding from OFDA through funding from IMA/World Health which end on December 31,2015. These facilities are located in the three counties of Awerial, Bor and Duk respectively, and they remain crucial institutions helping on addressing the needs of the IDPs. Our hope remain on increasing Up to 6 by the end of the Year 2015, with focus on areas hard to reach or Developmental Funding can be Use, if security allows, helping on opening previously closed health facilities and reaching those in hard to reach through mobiles clinics. With this funding support, considering the current allocation, we are going to continue health services in Minkaman, Pakuor & Pamot, Lang-bar. The current Human resources will continue, being supported by the CHF funding in order to maintain the facilities functional and part of the funding will be use for the staff capacity building, Medical Equipments and supplies, Minor rehabilitation and small fraction as part of our Operational cost.

Coordination with other Organizations in project area	Name of the organization	Areas/activities of collaboration and rationale
	1. JDF	JDF is running nutritional health services in Duk county, SMC team at the leel of the facilities will be making screening and identifying malnurish kids that require the different types of nutritional services offered by the institution, including the referral.
	2. CRS, JAM and Worl Food Program	these Institutions are focusing on food security in our Operational areas and a joint coordination of our activities will eventually help identify the diffrent needs our population may require. Some times they may access some areas and identify the health needs, as well as we will be doing so on food security and share the information with the concerns institution at the county of cluster level.
	3. WHO and UNICEF	Data sharing, provision of core pipelines (Drugs, RH Kits, vaccines and other supplies)
	4. partners and overall coordination	SMC activities coordination are coordinated by the Ministry of Health & Health cluster, while specific issues such as epidemic diseases and immunization are supported by WHO and UNICEF, water and sanitation by the directorate of rural water and development of the ministry of Infrstructure with technical support from UNICEF and Partners. returns issues coordinated by RRC in collaboration with other agencies such as OCHA, UNHCR, and WFP and its partners in food security
	5. Health cluster (nationa & state), MOH, CHD and partners	sharing Information, health needs, joint monitoring and supervision and DATA analysis. challenges & wayforward and planing, Coordination of Referral cases to Bor state Hospital.

Environmental Marker Code

Gender Marker Code
1-The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code
This project is proposed to address health issues with especial focus on maternal health issues and gender Equity at the level of our institutions deliveries.

Protection Mainstreaming

Safety and Security
following the recent conflict, any efforts towards reestablishing health services in affected states call for realistic planning and time frames. in the context of the jonglei state the planning must take into account the need for basic health services, structures and a systems which simply do not exist in many areas. to merely view this process moving from conflict to relative stability, we should not underestimate the full extent of the problem and related challenges. Rather, this is a process of recovery for communities, returnees and for all levels of authority. Since the conflict , new areas have become accessible for the first time after months of insecurity, while sustainable interventions are becoming a reality in areas like Bor, operations in these areas are still in emergency mode. Our current areas of Operation are relatively calm and safe for our Operation, though there may be some constrains, specially when security situation changes, which could lead to hinder our service deliveries in the future. But SMC is already engaging with relevant county authorities so they area part of the planning, management and delivery of the current humanitarian services in the health sector. Partner monitoring plans, visits to health facilities will be develop under the leadership of the county health departments and in collaboration with the county commissioners.

Access
We have access to all our planned areas of Operations in the three counties. We have mobility access too with a boat available between Minkaman and Bor. Also during the dry season , access to Duk is through the road and SMC has a vehicle which help the team to make outreaches to hard to reach areas, where people have relocate for safety and currently unable to go back to their previous villages.

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
1.1	Clinical Officers He/she will be in charge of the facility and its daily administrative management, including staffing attendance, conducting diagnostic and management of all the cases, carry out minor surgeries and all the saving procedures, refer cases to the next level of health care, lead the Health Education planning at the facility levels. He/She will document and reports all the activities at the facility level with submission of Weekly and monthly reports data to the M&A; E officer and does report to the field supervisor; there will be three of them One allocated to each county. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	3	854	6	100.00%	15,372.00	7,686.00	7,686.00	0.00	0.00	15,372.00
1.2	Certificated Nurses He/she will be in charge of the nursing units at the Health facility and the hard to reach mobile clinics; and will be carry out all the nursing care procedures to the admitted or Out patients clients (administering Medications, requesting drugs supplies from the pharmacy, making wound dressing). He also will lead the basic hygiene and infection control according to the South Sudan/WHO STANDARD supervise junior nurses and other support staff. SHE/He will be in charge of all the documentation and reporting activities at the Unit; there will be three of them One allocated to each county. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	1	732	6	100.00%	4,392.00	2,196.00	2,196.00	0.00	0.00	4,392.00
1.3	Laboratory Technician He/She will be in charge of the laboratory services at the level of the Facility, starting from Identifying the patient, collecting the specimens, label all the containers, prepare specimen for the Microscopes or Rapid diagnostic tests, establish proper quality control records all the results in the laboratory registers, deliver results to the right patient or care taker, participate in the general maintenance and cleaning of the laboratory Equipments, make the request of lacking or missing Laboratory Reagents or Equipments and deliver a monthly reports to the facility Incharge at the end of the Months; there will be three of them One allocated to each county. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	3	610	6	100.00%	10,980.00	5,490.00	5,490.00	0.00	0.00	10,980.00
1.4	Lab. Assistant He/She; there will be three of them One allocated to each county. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	3	427	6	100.00%	7,686.00	3,843.00	3,843.00	0.00	0.00	7,686.00
1.5	Community Midwife He/she shall be in charge of all the ANC units care, providing ANC services, conduct safe deliveries at the facility and community level, detect and refer complications, ensure breastfeeding, promote family planning and take care of Documentation and reporting of the activities at the mother child health Unit. She/He will be reporting to the Clinical officer or Senior Nurse. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	3	488	6	100.00%	8,784.00	4,392.00	4,392.00	0.00	0.00	8,784.00
1.6	Pharmacist Assistant He/She will be responsible for receive and storage of all the medical supplies at the facility level, establishing an inventory list with each drugs Name, doses and expiration date. He/She will issue out drugs prescribed by the clinician, CHW or the Nurse. HE/She will maintain the hygiene and organization of the pharmacy, make sure all the patients have taken their drugs regardless of her/his off time, reports any Expired, stock out and submitted the monthly reports; there will be three of them One allocated to each county. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	3	366	6	100.00%	6,588.00	3,294.00	3,294.00	0.00	0.00	6,588.00
1.7	Community Health Worker He/She will be focal health persons and in charge at the level of PHCU, providing Medical care. Making Diagnosis and treatment of commonest illness at the community using the national guidelines, Provide Health Education and participate in health and development projects in collaboration with village health committees, community elders etc. Keep correct records of all treated cases, referral and provide Weekly and Monthly reports to the M&A; E departments through the Field Supervisor; there will be Six of them One allocated to each Supported Health facility. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension.	D	3	366	6	100.00%	6,588.00	3,294.00	3,294.00	0.00	0.00	6,588.00
1.8	EPI Vaccinators He/She will be part of team to be conducting Immunization activities at the facility level as well as to conduct Outreaches services. Screen children, records information and prepare the vaccine, administer vaccine follow up schedule, stock the vaccines accordingly and return them to the central Cold chain, Records used vaccines by types and Quantity and submit a records plus daily, weekly and monthly reports to the M&A; E officer through the Field supervisor; there will be Six of them One allocated to each Supported Health facility. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	3	305	6	100.00%	5,490.00	2,745.00	2,745.00	0.00	0.00	5,490.00
1.9	Guard He/She will be in charge of the security facility and guards and protect the facility assets, must make sure all the assets at the facility level, equipments, medical supplies, laboratory Equipments etc are safe and protected from thieves, HE/She is responsible for the general maintenance and cleaning of the Facility, under the guidance of the Head of the facility Incharge; there will be Six of them One allocated to each Supported Health facility. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	3	244	6	100.00%	4,392.00	2,196.00	2,196.00	0.00	0.00	4,392.00
1.10	Registra/Clerk there will be Six of them One allocated to each Supported Health facility. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	3	366	6	100.00%	6,588.00	3,294.00	3,294.00	0.00	0.00	6,588.00
1.11	Cook She/he will be cooking for SMC staff in a given location and should also do other duties such as carry vaccines and other supplies during Outreach. She/He is in charge of all the cooking in a given location, washing and cleaning of the rooms, fetch water, taking care and keeping inventory of the all cooking utensils and materials and will be reporting to the head of the facility for any shortage of the commodity or item. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	3	183	6	100.00%	3,294.00	1,647.00	1,647.00	0.00	0.00	3,294.00
1.12	Cleaner She/He will be in charge of general cleaning of the Health supported facilities on day to day basis; there will be Six of them One allocated to each Supported Health facility. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	3	183	6	100.00%	3,294.00	1,647.00	1,647.00	0.00	0.00	3,294.00
1.13	Executive Director The Executive Director is in charge of the overall SMC management and Programming both inside and outside South Sudan He/she SHALL SPEARHEAD SMC's vision and mission as stipulated, his role consist on representing SMC with Donors, partners and Governments, presenting the efforts done by SMC and making fundraising to fulfill the funding gaps; He/she is in charge of ensuring the institution's funding is utilized in accordance to required standard of the accountability and will oversee the implementation of this project. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	1	5000	1	20.00%	1,000.00	0.00	1,000.00	0.00	0.00	1,000.00
1.14	Programs Director He/She is in charge of supervision and coordination of the all the SMC in south Sudan in the field. He/She runs these activities in coordination with field supervisors and in consultation with executive director. He/She is in charge of program supervision and ensuring monthly and Quarterly reports are done and reached the Head Office timely. He will be guiding the training and the Construction or rehabilitation activities at each level. Jointly will be supervising the three counties with the Field supervisors, Executive Director and Donors when is required. He will be attending the State coordination and brief the Counties authorities on our project work development at each level. The unit number include 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension	D	1	3400	1	15.00%	510.00	0.00	510.00	0.00	0.00	510.00
1.15	Finance &&&&& Grants Manager He shall be in charge of entire SMC's Financial &&&&& Grants management including this grant &&&&& financial reporting. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension fund/NSSF	D	1	3800	1	20.00%	760.00	0.00	760.00	0.00	0.00	760.00
1.16	Human Resource Manager He shall be in charge of entire SMC's Human Resources management, advertising the position and be part of the recruiting team provide each staff with Job description and orientation on the organization human resources management. Draft staff contract and filling system of all Human resources of the institution. The unit number includes 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension fund/NSSF	D	1	1300	6	15.00%	1,170.00	585.00	585.00	0.00	0.00	1,170.00

1.17	Cashier	D	1	1300	6	15.00%	1,170.00	585.00	585.00	0.00	0.00	1,170.00
He shall be in charge of entire SMC's cash handling and staff salaries payment. The unit number includes 7% benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension fund/NSSF												
1.18	Project Officer	D	1	620	6	100.00%	3,720.00	1,860.00	1,860.00	0.00	0.00	3,720.00
He/She will be the data collection point , utilizing the national data collection tools utilized by partners, he will be compiling data,analyzing them and disseminating such information to the concerns institutions in form of the Weekly and monthly summary data, to the DHIS system, there will be one in Bor covering Awerial and Bor County and One allocated to Duk county;there will be 2 of them One allocated to support Bor and Awerial Counties and One to cover Duk County .The unit number includes 7% benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension												
1.19	Driver - Mechanic	D	1	620	6	100.00%	3,720.00	1,860.00	1,860.00	0.00	0.00	3,720.00
He/she will take the lead role on major and minor repairs of the vehicles as the soul responsibility. He will be the SMC driver in the field,will be making assessment and reports of the needed spares parts or damage parts. Submit the request to the Logistic Department at the Head office for the needed spares parts and repair the Vehicles.He/she will be ready to drive at odd hours and especially during emergencies;there will be 2 of them One allocated to support Duk and Awerial Counties.The unit number includes 7% benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension												
Section Total							95,498.00	46,614.00	48,884.00	0.00	0.00	95,498.00

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
2.1	Digital BP machines, thermometers, stethoscopes, fetalscopes	D	1	1000	1	100.00%	1,000.00	1,000.00	0.00	0.00	0.00	1,000.00
These are going to be use at the PHCCs/PHCUs by the staff doing consultations.The cost is based on the current market rates and our previous purchase of such Equipments.												
2.2	Cupboards	D	3	400	1	100.00%	1,200.00	1,200.00	0.00	0.00	0.00	1,200.00
These are going to be use at the PHCC s levels to keep medical supplies protected and safe. The cost is based on the current market rates and our previous purchase of such Equipments.												
2.3	Non-medical supplies (detergents, protective gears)	D	1	1007	1	100.00%	1,007.00	500.00	507.00	0.00	0.00	1,007.00
the Units are calculated based on our previous purchase as per the supporting Documentation. these supplies consist of detergents, protective gear, cleaning materials etc and meant for the projected health facilities in the three counties of our Operation.												
2.4	Tents	D	3	400	1	100.00%	1,200.00	1,200.00	0.00	0.00	0.00	1,200.00
these are meant for staff to be conducting outreach services in Duk and touch areas, also part of our staff in Minkaman are to be based at the clinic premises and will require tents for their accommodation as well as the Drivers and the supervisors during their visit to IDPs sites and hard to reach areas.												
2.5	Refresher training and training materials	D	1	3032.18	1	100.00%	3,032.18	3,032.18	0.00	0.00	0.00	3,032.18
The managers, supervisors and cadres are refreshed once a year at least to update their knowledge and improve their performances. a consultant and program manager does it on job and at the PHCCs/PHCUs level with the support of Field supervisors. the managers also are attending proposal writing,monitoring and Evaluation and Human resource management courses conducted in the county, Juba by partners or consultancy group. they always require some books, reference teaching aids.												
2.6	Road transport	D	1	3000	1	100.00%	3,000.00	2,000.00	1,000.00	0.00	0.00	3,000.00
this is the road transportation of program materials,supplies , medicines and construction materials from Juba to the counties and within the counties. it is estimated to be \$ 16,000 during the project duration												
Section Total							10,439.18	8,932.18	1,507.00	0.00	0.00	10,439.18

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
3.1	Hospital beds &&&&&&& mattresses	D	10	560	1	100.00%	5,600.00	5,600.00	0.00	0.00	0.00	5,600.00
Based on our current Inventory list as a supporting Document to our Current.These materials where burned or looted during the recent conflicts												
3.2	Blankets &&&&&&& bedsheets	D	10	130	1	100.00%	1,300.00	1,300.00	0.00	0.00	0.00	1,300.00
Based on our current Inventory list as a supporting Document to our Current.These materials where burned or looted during the recent conflicts												
3.3	Examination coaches	D	3	400	1	100.00%	1,200.00	1,200.00	0.00	0.00	0.00	1,200.00
Based on our current Inventory list as a supporting Document to our Current.These materials where burned or looted during the recent conflicts												
3.4	Delivery beds	D	3	600	1	100.00%	1,800.00	1,800.00	0.00	0.00	0.00	1,800.00
Based on our current Inventory list as a supporting Document to our Current.These materials where burned or looted during the recent conflicts												
3.5	Microscopes	D	2	800	1	100.00%	1,600.00	1,600.00	0.00	0.00	0.00	1,600.00
Based on our current Inventory list as a supporting Document to our Current.These materials where burned or looted during The recent conflicts. We are hiring Laboratory technician which requires Microscopes and others equipments in other to performs their duties.												
3.6	Solar system	D	2	4331	1	100.00%	8,662.00	4,331.00	4,331.00	0.00	0.00	8,662.00
we are using the current market rates to purchase a solar system with the following components: solar, batteries, Inverter, wiring and complete installation to the facility. These are going to be allocated to 2 PHCCs, one in Bor and Duk county. each unit system will cost \$ 5,000												
Section Total							20,162.00	15,831.00	4,331.00	0.00	0.00	20,162.00

4 Contractual Services (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
4.1	Tutors/Trainers	D	2	300	1	100.00%	600.00	600.00	0.00	0.00	0.00	600.00
These are tutors hired to train health staff in refresher training for												

Section Total		600.00	600.00	0.00	0.00	0.00	600.00					
5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)												
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
5.1	In country travel Juba-Bor-Panyagor round flights this are round trips for the SMC management team during field visit to the project sites. it based on the current commercial flight rate	D	2	200	6	100.00%	2,400.00	1,200.00	1,200.00	0.00	0.00	2,400.00
5.2	Local Travel, Perdiem, Accomodation, Bor, Duk - during supervision the number of trip is based on 1 trip round per each county monthly, during the Implementation, using the current commercial flight rates	D	1	150	6	100.00%	900.00	450.00	450.00	0.00	0.00	900.00
5.3	Local Travel, Perdiem, during EPI outreach the perdiem and local trip are based on SMC perdiem policy considering hard to reach areas of implementation such as Touch etc	D	2	180	3	100.00%	1,080.00	540.00	540.00	0.00	0.00	1,080.00
5.4	Perdiem & transport for trainees Based on the current market rate of transportation from their different locations. this is a round trip cost.	D	30	60	1	100.00%	1,800.00	1,800.00	0.00	0.00	0.00	1,800.00
Section Total							6,180.00	3,990.00	2,190.00	0.00	0.00	6,180.00
6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)												
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
Section Total							0.00	0	0	0	0	0.00
7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)												
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
7.1	Office rent SMC has satellite Office in Juba to facilitate the coordination and communication with Donors, partners and others institutions	D	1	2500	3	50.00%	3,750.00	1,875.00	1,875.00	0.00	0.00	3,750.00
7.2	Office running costs These shall includes stationaries and supplies for both head office & health facilities	D	1	740	3	50.00%	1,110.00	555.00	555.00	0.00	0.00	1,110.00
7.3	Inter-net subscription & communication airtime These shall be charges related to official communications via inter-net in head offices, and cell phones for all head of health facilities under this project	D	1	300	6	50.00%	900.00	450.00	450.00	0.00	0.00	900.00
7.4	Vehicle Maintenance the field vehicles are of high use on a very rough terrain that keeps them frequently breaking down. 1.e high use of the spares is value at \$ 400 dollars per each vehicle. this are the spare parts for replacement and during repairs (Shockabsorbers, tires,injector pump,break shoes etc)	D	3	300	6	50.00%	2,700.00	1,350.00	1,350.00	0.00	0.00	2,700.00
7.5	Vehicle fuel & Lubricants these are fuel, (diesel and petrol)lubricant filters, etc for an estimated 5 vehicles and one motorboat in the three counties of our operation.	D	3	250	6	50.00%	2,250.00	1,125.00	1,125.00	0.00	0.00	2,250.00
7.6	Bank charges These are charges levied to the bank transactions where the funds shall be channelled	D	1	100	6	100.00%	600.00	300.00	300.00	0.00	0.00	600.00
Section Total							11,310.00	5,655.00	5,655.00	0.00	0.00	11,310.00

Sub Total Direct Cost	144,189.18
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)	3%
Audit Cost (For NGO, in percent)	1%
PSC Amount	4,325.68

Quarterly Budget Details for PSC Amount	2015				Total
	Q1	Q2	Q3	Q4	
	2,162.84	2,162.84	0.00	0.00	

Total Fund Project Cost	148,514.86
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Project Locations							
Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Bor South	30					0	
Jonglei -> Duk	50					0	
Lakes -> Awerial	20					0	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS	
Document Description	
1. Quotation of Medical Equipments from One of the suppliers in Ju.pdf	

2. SMC Equipment Inventory List Bor.pdf

3. SMC list of looted asset by Counties, following the crisis in D.pdf

