

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 lakes states.																																														
Fund Code	SSD-15/HSS10/SA2/H/NGO/529																																														
Cluster	Primary cluster		Sub cluster																																												
	HEALTH		None																																												
Project Allocation	2nd Round Standard Allocation	Allocation Category Type	Frontline services																																												
Project budget in US\$	120,026.58	Planned project duration	6 months																																												
Planned Start Date	01/08/2015	Planned End Date	31/12/2015																																												
OPS Details	OPS Code	OPS Budget	0.00																																												
	OPS Project Ranking	OPS Gender Marker																																													
Project Summary	<p>This project seek to meet the emergency and primary health care needs of the internally displaced persons from conflict affected states in South Sudan with focus on the post conflict movements in Bor, Duk counties , as well as the IDPs leaving in Awerial, with little hope to returns back, if peace is not yet signed. With the current uncertainty on peace prospect, this project seeks to meet significant gaps in Jonglei affected counties, targeting 89,450 beneficiaries in the counties of Bor, Duk and Awerial of lake state. Acknowledging that the most urgent needs are on the following areas of health, shelter,water & sanitation and food security, this project focuses on improving the status of the vulnerable people in our targeted counties, through provision of effective and equitable basic health care and emergency health services to the most vulnerable group of the rural communities, to have access to improved infrastructure and diseases prevention and control measures.</p> <p>The primary health care services(include antenatal care, maternal child health , reproductive health, routine out patient, in-patient and outreach services to hard to reach areas in Bor and Duk counties) as well as emergency health including disability and trauma referral, GBV screening and management as well as referral for psycho-social services.However.in 2014, records shows Tuberculosis and HIV/AIDS to be responsible for the highest number of death among IDPs living in POCs; signaling that several lives are been lost unknowingly outside POCs, where we will focus to improve detection and referral of the cases with TB or HIV/AIDS to the concerns institutions with capacity building of our health workers in the state. Jonglei state targeted counties where immensely affected with a measure infrastructure damages in Bor and Duk counties, such needs on infrastructure are also elements to be address, with rehabilitation of health facilities in order to deliver services in adequate and protected facilities.</p>																																														
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>10957</td> <td>22809</td> <td>5950</td> <td>5650</td> <td>45,366</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>861</td> <td>928</td> <td>1789</td> </tr> <tr> <td>Internally Displaced People</td> <td>5478</td> <td>14798</td> <td>3228</td> <td>2300</td> <td>25804</td> </tr> <tr> <td>People in Host Communities</td> <td>3652</td> <td>4761</td> <td>1061</td> <td>1700</td> <td>11174</td> </tr> <tr> <td>Other</td> <td>1827</td> <td>3250</td> <td>800</td> <td>722</td> <td>6599</td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	10957	22809	5950	5650	45,366	Total beneficiaries include the following:						Children under 5	0	0	861	928	1789	Internally Displaced People	5478	14798	3228	2300	25804	People in Host Communities	3652	4761	1061	1700	11174	Other	1827	3250	800	722	6599
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Indirect Beneficiaries	the number of the Indirect beneficiaries are 6599 people.	Catchment Population	the catchment population of this project will be 45,366 people in the three Counties, of Duk, Bor and Awerial.																																												
Link with the Allocation Strategy	<p>This project is meant to address the emergency and primary health care services in no-functional/damaged facilities area in conflict affected states with special focus on IDPs, vulnerable groups, and children in Awerial, Bor and Duk counties of lakes and Jonglei state. This focus is to increase access to lifesaving, essential health care services for underserved communities in the hard to reach areas in the affected state of Jonglei, with a component to address IDPs and host communities as the result of the ongoing conflict. There is huge deterioration of the humanitarian assistance, creating gaps in term of human resources, Medicines and others commodities supplies with the infrastructure damage to already ill and deficient health system. Helping on addressing 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, like SMC, will continue to work toward the opening of non-functional health facilities and deliver lifesaving interventions through outreach services to address the identifies priorities for the 2015 as follows: 1) Provision of emergency primary health care (PHC), targeting the main causes of avoidable mortality among vulnerable group, particularly women and children, with limited or no access to health services, with priorities directed to Expanded Program of Immunization (EPI) and Integrated management of childhood illness (IMCI). General consultations and inpatient services, improve access to MISDP and emergency obstetric and neonatal care, strengthening identification and referral of complicated labour, case detection, refill and referral of TBA and HIV/AIDS patients for ongoing treatment. 2) Response to diseases outbreaks among them cholera, Measles and Polio. 3) Procurement of Medical supplies and commodities, including essential medicine, basic equipment's to ensure effective provision of front line services. in coordination with health partners , SMC work focus on strengthening communicable diseases control and outbreak response to address the prevalent of diseases, with inter-cluster synergies, address the needs of highly vulnerable groups, including services focusing on cross cutting issues ,such as gender based violence, HIV/AIDS, mental health and psycho-social services. Our project aim on supporting such priorities areas, which is in line with the cluster strategies on addressing the current humanitarian needs.</p>																																														
Sub-Grants to Implementing Partners			Other funding Secured For the Same Project (to date)																																												
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BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

The conflict that began in December 2013 has had serious negative social and economic impacts on the population of South Sudan. this make each county, Payam and village/settlement vulnerable, facing major public health crisis with disruption of essential primary and secondary health services and limited capacity for basic service delivery. Peaked by the increased tensions and the current internal conflict which led to an estimate of 8 million people to be food insecure, while 4.6 million in need of health services. large populations have been displaced from their homes to bush, islands and other states where access to adequate shelter, sanitation, clean water or food are challenging, rendering them to be vulnerable to main causes of avoidable mortality, such as Malaria, Diarrheal diseases, Acute Respiratory diseases and Malnutrition. The sudden closure of health services, with 57 % of health facilities in the three states most affected by conflict are not functional, essential drugs, medical supplies, surgical supplies, medical equipment have been looted, preventive care weaken due to the destruction of the cold chain system. SMC was supporting 34 health facilities in both counties of Bor and Duk, before the conflict. Following December 2013, vast majority of this facility where affected, with major infrastructure damages and sudden closure of full chain of primary and secondary health care services. In 2014 SMC was among the leading agencies in greater Bor counties and Minkaman to establish a chain of mobiles clinic and re-open facilities in Bor and Duk under the RRHP and OFDA funding. Three of the health facilities supported by OFDA, where then been supported through CHF grant,1st standard allocation; increase hope and percentage of functional health facilities in jonglei. This facilities are supporting IDPs and host communities in Bor and Duk of Jonglei state and Minkaman(Awerial County) of lake state. The rise in malnutrition will affect health needs considerably. As the rainy season approaches partners expected a seasonal increase in water born diseases, which could be exacerbated with the current outbreak of Cholera diseases in the country. SMC is current operating in Jonglei and Lakes states, where our facilities epidemiological data shows the level of service delivery offered and the need to keep them operational as eminent. Our clinic in Awerial County, where we serve IDPs from greater Bor and host communities , are receiving over 70 patients a day, with others 2 health facilities daily average of 55 patients per day. the following are the statistic data of our three health facilities from January-June 2015. This facilities will be increasing the access to lifesaving , essential health care services for underserved communities in Jonglei and Awerial county of lake state in particular.SMC was among CHF supported partners visited this year with outstanding progress in our work, the following figures reflect some of the data at our Minkaman, Bor and Duk Counties.(Minkaman: total consultation 8567, Under 5 yrs Male 1353, Under 5 Female 1443 and above 5 yrs Male 1520 and Female 4251) while in Jonglei counties, our Clinic serving the IDPs and host communities figures are as follows: (Bor

	and Duk counties total consultation both sex:6746/5204, under 5 yrs male 1564/502, Under 5 yrs Female 1106/550, above 5yrs male 1469/1552 and female 2607/2600 respectively) EPI services remain the major challenge and the figures were below the target with Pentavalent vaccine at 301 and Measles: 1423, with more areas identifies for outreach services in Duk, our aim with this project is to reach every corner where people are in need of health services.
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. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	Following December 2013, many serious negatives social and economic impacts on the population of south Sudan have been highlighted. The country faces a major Public health crisis, with disruption of essential primary health care and Secondary health care services and a limited capacity on basic services in general. As of June 2015, an estimated of 8 million people were food insecure, while 4.6 million people are in need of health services. Large population have been displaced from their homes to bush,swampy areas and islands where they do not have access to adequate shelter, Sanitation, clean water or food. Our operational areas are in Jonglei state, one of the most affected states with huge displacements, negative impact on health service deliveries , with destruction of Infrastructure,damaged Cold chain system and withdrawal of health personnel due to security concerns. Bor, Duk,twice and Awerial have influx of IDPs from greater Bor mainly and our current services can cover all their need, considering their settlement and funding constraints. With the main causes of avoidable mortality, include acute respiratory infection, Malaria and diarrhea diseases, threatening thousand of lives,Limited reproductive health services,,increase of cases of Tuberculosis and HIV/AIDS among the IDPs, while the host communities are required to stretch already limited resources. There is a clear gap in the availability of emergency obstetric care and neonatal services, the trauma cases, though reduced in some parts of the conflict, it remain among the many challenges, due to the lack or poor status of secondary and tertiary services in the country. As the rainy season started, we are expecting seasonal increase in water borne diseases. Indeed the current outbreak of cholera in Juba, has spread to Bor county and others locations are considered at high risk. Awerial and Bor counties, remains to be considered safes areas, while Duk population have been displaced to areas in twice and Western bank of canal towards swampy areas for safety require our outreaches interventions.
3. Description Of Beneficiaries	This project will target 45,366 beneficiaries, in the three counties with 22809 women, representing 50 % of our target, 10,957 Men and 11,600 children, with our Under 1 year target being 1789. The main tarded population are IDPs, or returnees to their counties of origin, women in their childbearing ages,children and other groups, consists of individuals other then children and women in their childbearing age, who come to health facilities for a day to day consultation
4. Grant Request Justification.	The ongoing conflict has had serious negative social and economic impacts on the population of greater Upper-Nile states. In Jonglei state, where SMC operate in two counties, more then 250,000 people were displaced from our operational areas as the result of the current conflict between rival factions. SMC has been operating in both counties for the last 11 years, with huge experience in the geographical areas and community involvement. Huge efforts have been made to improve infrastructure facilities in Duk and Bor following their destruction last year,when most of the facilities unjustifiably burned or looted, through this grant , we are going to support 3 health facilities in the three counties, which are currently been supported through CHF funding,and where previously supported through OFDA. These facilities are supporting IDPs and Host communities with human team will equipped and if not supported , bearing in mind the urgent need of Qualified personnel to be allocated to hard to reach areas and others places where IDPs or host communities are hiding will be impossible and we will have no option then the closure of such services we have been offering for the last One year.While peace negotiation continue to bear little results. We remind mindful of the devastating and man made humanitarian crisis unfolding before Us, and SMC will continue supporting its beneficiaries where ever they are, if financially supported through this grant. Despite the challenges, we are aware of huge number of people coming back to our operational areas from their hiding points and we strongly believe returning home should be made attractive and availing health services among others basic needs ,will always shows great sign of hope. Before the conflict SMC was supporting 34 health facilities in both counties of Jonglei state. In 2014, due to the devastating destruction our operating health facilities reduced to 23 in the three counties of Bor , Duk and Awerial, with 3 facilities being supported through CHF funding. With the ongoing extension from our Developmental funds, SMC will be supporting 20 health facilities in both counties, with focus on well established PHCCs/PHCUs, while the previously CHF supported Health facilities, will not be among RRHP supported, creating a gap in hard to reach areas and in areas where infrastructures has been destroyed in jonglei state, as well as in areas like Minkaman, where a well established facility work closely with others institutions and systematic referral of Maternal related emergencies through our speedboat to Bor state Hospital as been crucial, several lives been safes through referral to Secondary attention.CHF funding will eventually support the continuation of the 3 health facilities in Bor, Duk and Awerial counties, resulting in retention of the Qualified personnel and services deliveries to our targeted beneficiaries, which are in hard to reach and rural areas.Also, part of the funding will be dedicated to SMC capacity building,Medical Equipment and supplies, rehabilitation of 3 facilities and supporting the staff salaries in the three Health facilities. We are entering rainy season, with an outbreak of cholera, health education and promotion toward awareness are crucial elements to avoid a devastating consequences,considering the poor infrastructure and difficult access to safe drinking water and sanitation facilities during this period, the closure of 1 health facility will eventually be translated in many lives to be lost and less hope to reach the level of Pre-war health services.Others commodities, vaccines and nutritional supplies will be supplied by WHO,UNICEF,IMA and the Ministry of Health.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	SMC, being one of the partner who has been responding to emergencies services in our areas of operation, is also the leading institution on developmental project with funding from IMA to run the basic health services in the targeted counties of Jonglei state. The current project will be complementing each other, because, RRHP funding will be covering specific facilities, such as Poktap, Ayuelid in Duk and over 20 Health facilities in Bor county, were access and Security have improved.While areas hard to reach in Duk, the IDPs people from Duk in the southern parts of the County and those in Awerial counties will mainly benefit from CHF funding. An essential element has been the supplies of medical Equipment's to the facilities, such has beds, delivery beds, Examination coaches etc, which have been purchased and supplied to Many SMC facilities in the three counties and RRHP funding couldn't cover them following the recent looting after the conflict. Many facilities are currently been supplied with such Equipment's and we will continue to increase the level of our facilities getting the basic mechanical Equipment's and supplies to complement the current activities under the developmental project, such as RRHP, which could now focus on rehabilitation and construction of health facilities

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 Respiratory diseases, Acute Watery diarrhea 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 medical supplies including emergency obstetric care services
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Code	Description	Assumptions & Risks
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Output 1.1	Number of functional health facilities in Bor, Duk and Awerial counties, serving the IDPs and Host communities.	Insecurity does not prevent communities from accessing services and difficulty in skilly staff recruitment
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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	1000	6500	1800	1500	10800
		Means of Verification:	Out Patient register Books				
Indicator 1.1.2	HEALTH	[Frontline services] # of children under 5 who have received measles vaccinations in emergency or returnee situation			950	800	1750
		Means of Verification:	EPI reports and register books				

Activities

Activity 1.1.1	Provision of basic health services at the supported health facilities with all the basic Equipment's and adequate human resources
Activity 1.1.2	functional EPI services with routine and out reach services established at the facilities and surrounded communities
Activity 1.1.3	supportive supervision and Joint monitoring with CHDs at our operational counties to all the facilities serving IDPs and host communities.

Output 1.2	Number of functional health facilities with Improved access and received essential medical supplies, including emergency obstetric care	Availability of funds to support the facilities.
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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 functional health facilities in conflict-affected and other vulnerable states					3
Means of Verification: Field visit and Weekly and monthly reports							

Activities

Activity 1.2.1	provide comprehensive primary health care services with special focus on child and maternal health care and establishment of a referral system
Activity 1.2.2	Monthly staff payment and supervision by the field supervisor to the supported facilities
Activity 1.2.3	Generate, Weekly, monthly and Quarterly progressive narrative report

Outcome 2 Maintain the existing functional health facilities at the operational levels in Bor, Duk and Awerial counties during the project cycle.

Code	Description	Assumptions & Risks
Output 2.1	Returnees, IDPs and host communities have access to better quality health services in the three counties.	SMC staff has sufficient operational capacity to continue the implementation. current conflict and rainy season do not inhibit the access to health care services.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	18	6			24
Means of Verification: training reports, weekly and monthly reports and trauma referral reports							
Indicator 2.1.2	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			750	850	1600
Means of Verification: Availability of vaccine at the main cold chain at the state level. Weekly and monthly EPI reports							

Activities

Activity 2.1.1	training of health workers to strengthen their capacity on diagnosis and treatment of common illness at the PHCC/PHCUs in Bor, Duk and Awerial counties.
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Output 2.2 IDPs, Returnees and host communities have access to improve infrastructure facilities in Bor and Duk funding availability. Current conflict do not inhibit access to the rehabilitation/construction sites.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	HEALTH	[Frontline services] # of EmONC centres established					3
Means of Verification: field visit reports. Weekly and Monthly reports							

Activities

Activity 2.2.1	procurement of Medical Equipments and supplies to improve the 3 health facilities offering EmOCNC and general Inpatient services in Bor and Duk Counties.
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Output 2.3 Provision of maternal health services to pregnant mothers and EPI services in the three supported health facilities funds available to support the team. staff reporting to duty site.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.3.1	HEALTH	[Frontline services] # of people reached with health education and promotion messages	1500	3500	1000	1300	7300
Means of Verification:							

Activities

Activity 2.3.1	Provision of health education & promotion of delivery at the facility by providing incentives to mothers delivering at the facility under skilled staff.
Activity 2.3.2	Provision of LLITs to all under 5 years attending consultation or EPI services at our facilities.

Outcome 3 Improve health service deliveries through capacity building of the health personnel and the CHDs.

Code	Description	Assumptions & Risks
Output 3.1	Provision of Basic medical Equipment's and supplies to functional health facilities serving IDPs and host communities in Bor, Duk Awerial counties.	Availability of funds. Security Improved.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	

	2. WHO & UNICEF, CHD, SMOH and the Health cluster	Data sharing, provision of core pipelines (Drugs, RH kits, vaccines and others supplies) We also carry out joint and supportive supervision, data analysis, way forward, planning and coordination at different levels.
	3. Partners and Overall coordination	SMC activities are coordinated by at the level of the State Ministry of Health, County health department and health cluster, while specific issues such as epidemic diseases and Immunization are supported by WHO, UNICEF, water and sanitation by directorate of rural and development at the state ministry of infrastructure with support from partners and UNICEF. RRC at the state and others levels coordinate the operational levels between partners in collaboration with others agencies such as OCHA, UNHCR, and WFP and its partners in the food security cluster.

Environmental Marker Code	A+: Neutral Impact on environment with mitigation or enhancement
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 special focus on maternal health issues and gender Equity at the level of our institution deliveries
Protection Mainstreaming	
Safety and Security	Following the recent conflict, any efforts towards re-establishing health services in affected states call for realistic planning and time frames. In the context of Jonglei, particularly in Bor, Duk and twice east counties, the planning must take into account the need for basic services, the challenging infrastructure and system 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 conflict, new areas have become accessible for the first time after several months of Insecurity. While sustainable interventions are becoming reality in Bor, twice east, and Duk, though sporadic concerns with security, make some areas to be still under emergency mode. Our current operational areas are relatively safe and calm, though there may be some constraints, specifically on security situations, we believe and have planned to implement most of our activities with little disturbances. SMC is already engaging the relevant authorities and institutions, so they are part of the planning. Management and delivery of the current humanitarian services in the health sector, partner monitoring plans, visits to health facilities or outreach sites, will be developed under the leadership of the county health departments and in collaboration with the County commissioners.
Access	We have access to all our planned operational areas in the two states. We have mobility access too, with vehicles and a boat to facilitate our services at the counties levels and between Minkaman and Bor stat hospital. This means of transportation make our operation more efficient, specially during the dry season in areas like Bor and Duk, making easy our outreach services to new locations and areas currently unable to be reach during the rainy season are well accessed.

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
								Q3	Q4	
1.1	Clinical Officer He/she will be in-charge of the facility and it daily administrative management, including staffing attendance, conduct 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 & 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	891	5	100.00%	13,365.00	6,683.00	6,682.00	13,365.00
1.2	Certificated Nurses He/she will be in charge of the nursing units at the Health facility and the hard to reach mobiles 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	3	743	5	100.00%	11,145.00	5,573.00	5,572.00	11,145.00
1.3	Lab Assistants 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	372	5	100.00%	5,580.00	2,790.00	2,790.00	5,580.00
1.4	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	455	5	100.00%	6,825.00	3,413.00	3,412.00	6,825.00
1.5	Pharmacist Asst 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	298	5	100.00%	4,470.00	2,235.00	2,235.00	4,470.00
1.6	CHW 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 & 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	244	5	100.00%	3,660.00	1,830.00	1,830.00	3,660.00
1.7	EPI Vaccinators They 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 & 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	6	232	5	100.00%	6,960.00	3,480.00	3,480.00	6,960.00
1.8	Guards 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	148	5	100.00%	2,220.00	1,110.00	1,110.00	2,220.00
1.9	Clerk there will be Three 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	198	5	100.00%	2,970.00	1,485.00	1,485.00	2,970.00
1.10	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	135	5	100.00%	2,025.00	1,013.00	1,012.00	2,025.00
1.11	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	158	5	100.00%	2,370.00	1,185.00	1,185.00	2,370.00
1.12	Driver Mechanic	D	1	620	5	100.00%	3,100.00	1,550.00	1,550.00	3,100.00

	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									
1.13	Hiring of Tutors/trainers (3 tutors per training x 3 days)	D	3	50	3	100.00%	450.00	225.00	225.00	450.00
	These are tutors hired to train health staff in refresher training for									
1.14	M & E Officers	D	2	656	5	25.00%	1,640.00	820.00	820.00	1,640.00
	He/She is in charge of collecting and compiling weekly & monthly data for reporting purposes. The unit number include 7% benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension									
1.15	Dispensers	D	3	200	5	100.00%	3,000.00	1,500.00	1,500.00	3,000.00
	Section Total						69,780.00	34,892.00	34,888.00	69,780.00

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
								Q3	Q4	
2.1	Refresher training materials	D	2	300	1	100.00%	600.00	600.00	0.00	600.00
	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, flip charts, pens & hiring of projector.									
2.2	lunch & refreshments for trainees	D	33	10	3	100.00%	990.00	990.00	0.00	990.00
	The trainees, coordinators & tutors shall be offered refreshments & lunch during the training period which is estimated at \$10 per person per day as per the current market rates									
2.3	Hiring of training hall (2 training hall x 3 days)	D	2	100	3	100.00%	600.00	600.00	0.00	600.00
	This shall be hiring a hall for 3 days where the training shall be conducted. The current market rates forms the basis of \$100 per day									
2.4	Non-medical supplies (detergents, protective gears)	D	1	2000	1	100.00%	2,000.00	1,000.00	1,000.00	2,000.00
	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.									
2.5	Digital BP machines, thermometers, stethoscopes, fetalscopes	D	1	3000	1	100.00%	3,000.00	3,000.00	0.00	3,000.00
	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 Equipment.									
2.6	Plastic Tables	D	9	100	1	100.00%	900.00	900.00	0.00	900.00
	These shall be 3 plastic tables per unit for consultation, EPI & Lab/pharmacy departments									
2.7	Plastic Chairs	D	20	20	1	100.00%	400.00	400.00	0.00	400.00
	These shall be for consultation, EPI & Lab/pharmacy departments in every health facility									
2.8	Wooden benches	D	9	100	1	100.00%	900.00	900.00	0.00	900.00
	These shall be 3 wooden benches per unit for consultation, EPI & Lab/pharmacy departments									
2.9	Road transport	D	1	3000	1	100.00%	3,000.00	3,000.00	0.00	3,000.00
	The equipment, construction materials & program supplies shall be transported by hired road transport to all the three counties									
	Section Total						12,390.00	11,390.00	1,000.00	12,390.00

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
								Q3	Q4	
3.1	Hospital beds & mattresses	D	10	560	1	100.00%	5,600.00	5,600.00	0.00	5,600.00
	Based on our current Inventory list as a supporting Document to our Current. These materials will be additional to the health facility									
3.2	Blankets & bedsheets	D	10	130	1	100.00%	1,300.00	1,300.00	0.00	1,300.00
	Based on our current Inventory list as a supporting Document to our Current. These materials will be additional to the health facility									
3.3	Examination coaches	D	3	400	1	100.00%	1,200.00	1,200.00	0.00	1,200.00
	Based on our current Inventory list as a supporting Document to our Current. These materials will be additional to the health facility									
3.4	Delivery beds	D	2	600	1	100.00%	1,200.00	1,200.00	0.00	1,200.00
	Based on our current Inventory list as a supporting Document to our Current. These materials will be additional to the health facility									
3.5	Microscopes	D	2	800	1	100.00%	1,600.00	1,600.00	0.00	1,600.00
	Based on our current Inventory list as a supporting Document to our Current. These materials were burned or looted during The recent conflicts. We are hiring Laboratory Assistants which requires Microscopes and others equipment in other to performs their duties.									
3.6	Metallic Shelves	D	4	300	1	100.00%	1,200.00	1,200.00	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.									
	Section Total						12,100.00	12,100.00	0.00	12,100.00

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
								Q3	Q4	
	Section Total						0.00	0	0	0.00

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
								Q3	Q4	
5.1	In country travel Juba-Bor round flights for 2 people 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	3	100.00%	1,200.00	600.00	600.00	1,200.00
5.2	Local Travel, Perdiem, Accomodation, Bor, Duk - during supervision These shall be give as allowances/DSA while conducting supervision to the health facilities	D	9	20	5	100.00%	900.00	450.00	450.00	900.00
5.3	Local Travel, Perdiem, during EPI outreach Bor, Duk the perdiem and local trip are based on SMC perdiem policy considering hard to reach areas of implementation such as Touch etc	D	9	20	5	100.00%	900.00	450.00	450.00	900.00
5.4	Accomodation for 33 trainees for 4 days The trainees shall be accomodated for ease of gathering during the training period which is estimated at \$30 per person per day as per the current market rates	D	33	30	4	100.00%	3,960.00	3,960.00	0.00	3,960.00
5.5	Transportation & perdiem of trainees Based on the current market rate of transportation from their different locations. this is a round trip cost, and a per diem during their training to cater for soap, toiletries etc	D	30	25	1	100.00%	750.00	375.00	375.00	750.00
Section Total							7,710.00	5,835.00	1,875.00	7,710.00

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
								Q3	Q4	
Section Total							0.00	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
								Q3	Q4	
7.1	Stationaries These shall includes stationaries and supplies for both head office & health facilities	D	1	440	5	50.00%	1,100.00	550.00	550.00	1,100.00
7.2	Juba office rent SMC has satellite Office in Juba to facilitate the coordination and communication with Donors, partners and others institutions	D	1	2500	5	20.00%	2,500.00	1,250.00	1,250.00	2,500.00
7.3	Internet subscriptions 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	450	5	75.00%	1,687.50	844.00	843.50	1,687.50
7.4	Bank charges These are charges levied to the bank transactions where the funds shall be channelled	D	1	200	5	100.00%	1,000.00	500.00	500.00	1,000.00
7.5	Vehicle & speedboat 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 (Shock absorbers, tires,injector pump,break shoes etc)	D	3	400	5	50.00%	3,000.00	1,500.00	1,500.00	3,000.00
7.6	Vehicle & speed boat fuel these are fuel, (diesel and petrol)lubricant filters, etc for an estimated 2 vehicles and one motorboat in the three counties of our operation.	D	3	400	5	50.00%	3,000.00	1,500.00	1,500.00	3,000.00
Section Total							12,287.50	6,144.00	6,143.50	12,287.50

Sub Total Direct Cost 114,267.50

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent) 4%

Audit Cost (For NGO, in percent) 1%

PSC Amount 4,570.70

Quarterly Budget Details for PSC Amount	2015		Total
	Q3	Q4	
	2,285.35	2,285.35	4,570.70

Total Fund Project Cost 118,838.20

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Bor South	15	1257	1803	676	630	4366	Activity 1.1.3 : supportive supervision and Joint monitoring with CHDs at our operational counties to all the facilities serving IDPs and host communities. Activity 1.2.2 : Monthly staff payment and supervision by the field supervisor to the supported facilities Activity 1.2.3 : Generate, Weekly, monthly and Quarterly progressive narrative report Activity 2.1.1 : training of health workers to strengthen their capacity on diagnosis and treatment of common illness at the PHCC/PHCUs in Bor, Duk and Awerial counties. Activity 2.2.1 : procurement of Medical Equipments and supplies to improve the 3 health facilities offering EmOCNC and general Inpatient services in Bor and Duk Counties. Activity 2.3.1 : Provision of health education & promotion of delivery at the facility by providing incentives to mothers delivering at the facility under skilled staff. Activity 2.3.2 : Provision of LLITs to all under 5 years attending consultation or EPI services at our facilities.
Jonglei -> Duk	60	5744	14281	3674	3520	27219	Activity 1.1.1 : Provision of basic health services at the supported health facilities with all the basic Equipments and adequate human resources Activity 1.1.2 : functional EPI services with routine and out reach services established at the facilities and surrounded communities

Activity 1.1.3 : supportive supervision and Joint monitoring with CHDs at our operational counties to all the facilities serving IDPs and host communities.
 Activity 1.2.1 : provide comprehensive primary health care services with special focus on child and maternal health care and establishment of a referral system
 Activity 1.2.2 : Monthly staff payment and supervision by the field supervisor to the supported facilities
 Activity 1.2.3 : Generate, Weekly, monthly and Quarterly progressive narrative report
 Activity 2.1.1 : training of health workers to strengthen their capacity on diagnosis and treatment of common illness at the PHCC/PHCUs in Bor, Duk and Awerial counties.
 Activity 2.2.1 : procurement of Medical Equipments and supplies to improve the 3 health facilities offering EmOCNC and general Inpatient services in Bor and Duk Counties.
 Activity 2.3.1 : Provision of health education & promotion of delivery at the facility by providing incentives to mothers delivering at the facility under skilled staff.
 Activity 2.3.2 : Provision of LLITs to all under 5 years attending consultation or EPI services at our facilities.
 Activity 3.1.1 : training of health personnel and CHDs on maternal health related complication and referral system
 Activity 3.1.2 : procurement and distribution of the medical equipment's and others commodities to the 3 supported health facilities in Bor, Duk and Awerial counties.
 Activity 3.1.3 : Distribution to functional health facilities of emergency kits to PHCC/PHCU,RH kit from the pipe lines supplies.

Lakes -> Awerial	25	3956	6725	1600	1500	13781	<p>Activity 1.1.1 : Provision of basic health services at the supported health facilities with all the basic Equipment's and adequate human resources Activity 1.1.2 : functional EPI services with routine and out reach services established at the facilities and surrounded communities Activity 1.1.3 : supportive supervision and Joint monitoring with CHDs at our operational counties to all the facilities serving IDPs and host communities. Activity 1.2.2 : Monthly staff payment and supervision by the field supervisor to the supported facilities Activity 1.2.3 : Generate, Weekly, monthly and Quarterly progressive narrative report Activity 2.1.1 : training of health workers to strengthen their capacity on diagnosis and treatment of common illness at the PHCC/PHCUs in Bor, Duk and Awerial counties. Activity 2.3.1 : Provision of health education & promotion of delivery at the facility by providing incentives to mothers delivering at the facility under skilled staff. Activity 2.3.2 : Provision of LLITs to all under 5 years attending consultation or EPI services at our facilities. Activity 3.1.2 : procurement and distribution of the medical equipment's and others commodities to the 3 supported health facilities in Bor, Duk and Awerial counties. Activity 3.1.3 : Distribution to functional health facilities of emergency kits to PHCC/PHCU,RH kit from the pipe lines supplies.</p>
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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

