

# Project Proposal

Organization	HLSS (Health Link South Sudan)																																	
Project Title	Accelerating Access to Essential and Emergency health services to women, girls, boys and men in affected and vulnerable communities in Lakes and Eastern Equatoria in order to reduce excess morbidity and mortality.																																	
Fund Code	SSD-15/HSS10/SA2/H/NGO/596																																	
Cluster	<table border="1"> <tr> <td><b>Primary cluster</b></td> <td><b>Sub cluster</b></td> </tr> <tr> <td>HEALTH</td> <td>None</td> </tr> </table>		<b>Primary cluster</b>	<b>Sub cluster</b>	HEALTH	None																												
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Project Allocation	2nd Round Standard Allocation	Allocation Category Type	Frontline services																															
Project budget in US\$	250,001.36	Planned project duration	5 months																															
Planned Start Date	01/08/2015	Planned End Date	31/12/2015																															
OPS Details	OPS Code	SSD-15/H/72974/R	OPS Budget	0.00																														
	OPS Project Ranking		OPS Gender Marker																															
Project Summary	<p>The aim of this project is to reduce excess morbidity and mortality from common communicable diseases and injuries sustained from violent conflict among IDPs at Mingkaman in Awerial county. The strategy is to maintain access to lifesaving emergency primary health care and Secondary health services for displaced people in Mingkaman while focusing on achieving the agreed health cluster priorities and objective for the year 2015.</p> <p>The main objective of the project are:</p> <ol style="list-style-type: none"> <li>To Provide access to emergency Primary Health Care services for vulnerable populations (with focus on women, girls and boys) within the IDP sites through the provision basic equipment, drugs, medical supplies, basic lab equipment, human resources and supplies</li> <li>Provide access to emergency secondary health services (Specialized In-Patient Care) for women, children and men within Mingkaman IDP Site</li> <li>Strengthen early warning surveillance and response system for outbreak-prone diseases among IDPs at Mingkaman IDP sites.</li> </ol>																																	
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>6307</td> <td>17619</td> <td>22814</td> <td>24627</td> <td>71,367</td> </tr> <tr> <td colspan="6"><b>Total beneficiaries include the following:</b></td> </tr> <tr> <td>Internally Displaced People</td> <td>6307</td> <td>17619</td> <td>22814</td> <td>24627</td> <td>71367</td> </tr> <tr> <td>People in Host Communities</td> <td>3215</td> <td>4321</td> <td>6754</td> <td>7234</td> <td>21524</td> </tr> </tbody> </table>					Men	Women	Boys	Girls	Total	Beneficiary Summary	6307	17619	22814	24627	71,367	<b>Total beneficiaries include the following:</b>						Internally Displaced People	6307	17619	22814	24627	71367	People in Host Communities	3215	4321	6754	7234	21524
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Indirect Beneficiaries	21,524 people from host communities may benefit indirectly from this project	Catchment Population																																
Link with the Allocation Strategy	<p>Health Link Intends to ensure continuity in provision of Essential and Emergency health services to women, girls, boys and men in Mingkaman IDP Camp Awerial County, Lakes State in order to reduce excess morbidity and mortality. This will be achieved by providing essential basic curative care in Site I Hospital and Site II PHCC and operational health facilities with EmONC centres, Train outbreak surveillance and emergency response team, Conduct emergency vaccinations, Clinical management of rape and GBV survivors, Provide HIV services in emergency including PMTCT, To provide emergency supplies, Conduct Growth monitoring &amp; Nutritional assessment to under five years males and Females among others. Although the main focus of this project is on IDPs, host communities living in the IDP area will also be allowed to access these basic services These selected activities are designed to achieved the health cluster objectives and strategy which HLSS has adopted.</p>																																	
Sub-Grants to Implementing Partners			Other funding Secured For the Same Project (to date)	<table border="1"> <thead> <tr> <th>Source</th> <th>US\$</th> </tr> </thead> <tbody> <tr> <td>Diakonie</td> <td>100,000.00</td> </tr> <tr> <td></td> <td>100,000.00</td> </tr> </tbody> </table>	Source	US\$	Diakonie	100,000.00		100,000.00																								
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## BACKGROUND INFORMATION

<p><b>1. Humanitarian context analysis..</b> Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>Nearly 20 months since the declaration of L3 emergency in south Sudan, sporadic and heavy violence continues to displaced tens of thousands people majority of them are women, girls, boys, elderly people and people with disability from Unity, Upper Nile and Jonglei States. A big chunk of the displaced populations continues to settle in Mingkaman IDP Site in Awerial county of Lakes State with relative peace in the area. Although there has been movement of people out of Mingkaman IDP Camp in the first quarter of the year, there is evidence of more influx in the recent times following heavy violence in Unity State. Inter-communal violence; including attacks on civilians, in Lakes State continues to cause concern for relief actors and local authorities. During the past several months, Lakes has experienced an increase in violence linked to cattle raiding and political disputes with significant population displacement across the state. Specifically in Mingkaman, According to Biometric Registration by IOM January 2015, there were 71,367 people still living in Mingkaman IDP Site.</p> <p>Although no current assessment has been done, this situation is estimated to have greatly changed in the recent times as there has been reported influx of population into Mingkaman IDP site following heavy violence in Unity State and sporadic violence in Jonglei and Lakes States.</p> <p>Besides, South Sudan is high prone to epidemic of communicable diseases more especially Cholera given the poor state of hygiene and sanitation. By 22nd June 2015, the MOH declared Cholera outbreak in Juba County. This continues to spill over to Bor in Jonglei State and Torit in Eastern Equatoria. As of 15 July 2015, a total of 1,014 cholera cases including 36 deaths (CFR 3.55%) have been reported in Juba and Bor Counties in Central Equatoria and Jonglei States respectively. In Juba County, 920 cases including 35 deaths (CFR 3.8%) have been reported from eight Payams and 90 villages (Table 1). In Bor, 94 cases including one death (CFR 1.06%) have been reported from Malou in Makuach Payam and other areas within the County.</p> <p>The initial cases in Juba were traced back to 18 May 2015 in UN House PoC where the first cholera case was confirmed on 1 June 2015. Most of the cholera cases in Juba have been reported from Gumbo followed by New site, Gudele 2, and Juba 3 PoC.</p> <p>In Bor, the initial cases were reported from Malou in Makuach Payam. Later, cases were reported from Arek, Block 8, Hai Salam, Achengdii, Langbar and several other areas around the city.</p> <p>Malaria, Pneumonia and Diarrhoea are among the top causes of morbidity and mortality in Awerail County. Accordingly, Malaria contributes to 34% of the total disease burden, followed by Diarrhoea (13%), Malnutrition and Pneumonia each contributing to 3% of the total causes of childhood illnesses in the County. The pie chart below illustrates the distribution of the common causes of morbidity in Awerail County.</p> <p>About 3% of the total consultations are admitted in the health facilities and under go In patient care for a minimal of 24 hours before discharge. Significantly, 62% of the total admissions are related to severe forms of malaria, pneumonia and diarrhoeal diseases. In 2014, due to the aggressive health care provision, there were only 23 deaths registered at the health facilities. This translates to Crude Mortality Rate of 0.04%. However, of all deaths reported, significant proportion 14 (61%) were children under five.</p>
<p><b>2. Needs assessment.</b> 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</p>	<p>There is a huge gap in provision of basic emergency primary health and secondary care services in Mingkamman IDP camp. Since the exit of MSF-CH in October from Mingkamman, health link south Sudan has been the only one partner providing in-patient care and secondary health care for the entire IDPs. Although the humanitarian situation in the camp has improved, life saving health needs has remained critical. Communicable disease burden has remained high as witnessed by frequent disease outbreaks e.g. an on-going Hepatitis E outbreak, measles outbreak reported in the previous months while ongoing cholera outbreak in the neighboring counties. According to HMIS and IDSR data collected by health partners, Malaria, acute respiratory tract infections, acute watery diarrhea, intestinal</p>

beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

worms, malnutrition and anemia are among the top causes of morbidity and mortality. Nonetheless, injuries from gunshots and other forms of trauma have also been reportedly widespread and among the top causes of morbidity and mortality in all IDP sites and affected places. With basic service delivery systems and infrastructure already disrupted morbidity and mortality in the affected counties might exceed the epidemic threshold. The current scenario may be further exacerbated by outbreak of a new wave of fighting in the conflict affected areas. Health link therefore intends to contribute to the reduction of excess morbidity and mortality in Mingkaman, Juba and Meljjo IDPs site and other vulnerable areas by scaling up provision of essential and emergency health services to affected communities.

**3. Description Of Beneficiaries** This project will target both IDPs and Host communities; Women, girls, Boys and men with focus People with special needs; People living with HIV/AIDS, TB, people with disability as well as pregnant mothers. Special focus will be paid to Gender Based Violence among young girls and women and involvement of the uniform personnel in Mingkaman IDP Camp and the Civil Authorities

**4. Grant Request Justification.** Health Link South Sudan is best suited to continue provision of basic emergency health care services in Mingkaman IDP Camp. Currently Health Link South Sudan is the major partner providing Quality Primary and Secondary Health Care Services in Mingkaman IDP Camp at Mingkaman Site 1 Hospital and Mingkaman Site II PHCC along with integrated Community Case Management of Malaria, Pneumonia and Diarrhoeal diseases well rooted at community levels. HIV/AIDS, TB, and Gender Based Violence Services are well integrated in the routine health care services provision at the two Health Facilities operated by Health Link. Over the past year of work in Mingkaman IDP Camp, Health Link South Sudan has established a functional net work of community volunteers in the capacity of Community Based Drug Distributors (CBDs) and Home Health Promoters (HHPs) who are engaged in community EPI, HIV/ADS, TB DOTS and GBV service delivery. With the exit of MSF-CH in October 2014 from Mingkaman, only one partner (Health Link South Sudan) has continued to provide in-patient care with emergency surgical services. Health Link is currently experiencing funding gap to maintain access to the most needed life saving health care for the IDPs in Mingkaman. The funding request from CHF is purely intended to meet this gap and so ensure continuous services delivery in Mingkaman IDP Camp. The humanitarian situation in these IDP sites and affected places is described as dire with low coverage of basic services; e.g. sanitation (Toilet) coverage at Mingkaman is currently at 36 individuals per toilet compared to 20 individuals per toilet by sphere standards. Communicable disease burden is on the rise as witnessed by frequent disease outbreaks; on-going Hepatitis E sporadic cases, measles outbreak reported in the previous months while recent cholera outbreak in the counties such as Juba, Torit, Bor. According to HMIS and IDSR data collected by health partners, Malaria, acute respiratory tract infections, acute watery diarrhea, intestinal worms, malnutrition and anemia are among the top causes of morbidity and mortality. Nonetheless, injuries from gunshots and other forms of trauma have also been reportedly widespread and among the top causes of morbidity and mortality in Mingkaman, Aweril County. With basic service delivery systems and infrastructure already disrupted morbidity and mortality in the target area might exceed the epidemic threshold. The current scenario may be further exacerbated by outbreak of cholera spilling out of Bor to Mingkaman given undefined level of immunity of the IDPs in Mingkaman. Health link therefore intends to contribute to the reduction of excess morbidity and mortality in Mingkaman by ensuring continuity of essential and emergency health services delivery to Mingkaman IDPs and Host Communities.

**5. Complementarity.** Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

**LOGICAL FRAMEWORK**

**Overall project objective** To reduce excess morbidity and mortality from common communicable diseases and injuries sustained from violent conflict among IDPs at Mingkaman in Aweril county

**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	50
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
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement	20

<b>Outcome 1</b>	Improved access to, and responsiveness of, essential emergency health care, and including emergency obstetric care services	
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>

<b>Output 1.1</b>	The population in affected areas provided with quality curative, preventive and promotive health care services including emergency obstetric care	Security remains relatively stable, Camp population remains constant
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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] # of >5 outpatient consultations in conflict-affected and other vulnerable states	11000	15000			26000
		<b>Means of Verification:</b> Weekly/Monthly HIMS/DHIS reports					
Indicator 1.1.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			11030	10730	21760
		<b>Means of Verification:</b> Weekly/Monthly HIMS/DHIS reports					
Indicator 1.1.3	HEALTH	[Frontline services] Number of HIV-positive pregnant women provided PMTCT		20			20
		<b>Means of Verification:</b> Weekly/Monthly HIMS/DHIS reports					
Indicator 1.1.4	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	16	24			40
		<b>Means of Verification:</b> Weekly/Monthly HIMS/DHIS reports					

Activities	
Activity 1.1.1	Provide essential basic curative care in the selected IDP camps and operational health facilities
Activity 1.1.2	Provide mobile Clinic outreach services
Activity 1.1.3	Conduct Clean skilled birth deliveries
Activity 1.1.4	Conduct Antenatal care to pregnant mothers including provision of PMTCT, IPT, LLINTS, Micro-nutrient and BCC and and Health promotion
Activity 1.1.5	Conduct Growth monitoring & Nutritional assessment to under five years males and Females
Activity 1.1.6	Conduct under five vaccination against the six killer diseases
Activity 1.1.7	Provide community case management of malaria, pneumonia and diarrhea diseases
Activity 1.1.8	Conduct training of health workers in CMR

<b>Outcome 2</b>	Enhanced existing System to prevent, detect and respond to disease outbreak	
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>

<b>Output 2.1</b>	EWARN systems are available and functioning for early detection, response and prevention of disease outbreaks within the camp.		Supplies for collection and transportation of samples available Health activities remain active				
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					4
<b>Means of Verification:</b>		Weekly/Monthly IDSR and DHIS Reports					
<b>Activities</b>							
Activity 2.1.1	Carry out Community sensitization on disease outbreaks including BCC and Health Promotion						
Activity 2.1.2	Conduct refresher training of health workers in EWARN and IDSR						
Activity 2.1.3	Collect, and submit weekly IDSR report						
Activity 2.1.4	Conduct surveillance and rapid assessment and response to communicable diseases outbreaks, rumors with Prompt management of detected						

<b>Outcome 3</b>	Improved availability, access and demand for Gender Based Violence and Mental health services						
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>					
<b>Output 3.1</b>	GBV and integrated Mental health health care services are provided for the displaced people in the camp.	Fund available for integrated training of health facility staff					
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	[Frontline services] Number of Rape survivors provided PEP within 72 hours of possible exposure	0	10	2	20	32
<b>Means of Verification:</b>		Weekly/Monthly HIMSDHIS reports					
Indicator 3.1.2	HEALTH	[Frontline services] Number of health personnel trained in community based Mental Health and Psycho-Social Support in IDP settings	8	12			20
<b>Means of Verification:</b>		Weekly/Monthly HIMSDHIS reports					
<b>Activities</b>							
Activity 3.1.1	Provide Emergency medical services for GBV survivors including provision of PEP, STI care, and emergency contraception for women and girls within the IDP camp and host communities						
Activity 3.1.2	Conduct training of health workers in CMR						
Activity 3.1.3	Provide DCT and HCT to the IDP population including distribution of Condoms, BCC and health promotion						
Activity 3.1.4	Provide psychosocial counseling and other support services to Victims of GBV and other mental disorders						

<b>WORK PLAN</b>														
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 Provide essential basic curative care in the selected IDP camps and operational health facilities	2015								X	X	X
	Activity 2.1.1 Carry out Community sensitization on disease outbreaks including BCC and Health Promotion	2015								X	X	X	X	X
	Activity 3.1.1 Provide Emergency medical services for GBV survivors including provision of PEP, STI care, and emergency contraception for women and girls within the IDP camp and host communities	2015								X	X	X		X
	Activity 1.1.2 Provide mobile Clinic outreach services	2015								X	X	X		
	Activity 1.1.3 Conduct Clean skilled birth deliveries	2015								X	X	X		
	Activity 1.1.4 Conduct Antenatal care to pregnant mothers including provision of PMTCT, IPT, LLINTS, Micro-nutrient and BCC and and Health promotion	2015								X	X	X		
	Activity 1.1.5 Conduct Growth monitoring & Nutritional assessment to under five years males and Females	2015								X	X	X		
	Activity 1.1.6 Conduct under five vaccination against the six killer diseases	2015								X	X	X		
	Activity 1.1.7 Provide community case management of malaria, pneumonia and diarrhea diseases	2015								X	X	X	X	X
	Activity 2.1.2 Conduct refresher training of health workers in EWARN and IDSR	2015									X			
	Activity 2.1.3 Collect, and submit weekly IDSR report	2015								X	X	X		
	Activity 2.1.4 Conduct surveillance and rapid assessment and response to communicable diseases outbreaks, rumors with Prompt management of detected	2015								X	X	X	X	X
	Activity 1.1.8 Conduct training of health workers in CMR	2015									X			
	Activity 3.1.2 Conduct training of health workers in CMR	2015										X		
	Activity 3.1.3 Provide DCT and HCT to the IDP population including distribution of Condoms, BCC and health promotion	2015								X	X	X	X	X

Activity 3.1.4 Provide psychosocial counseling and other support services to Victims of GBV and other mental disorders	2015							X	X	X	X	X
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**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.

In the implementation of this project at all levels, Health Link will work in close collaboration with the health cluster, the MoH/SMoH and CHDs and other NGO partners. This project will be valuable in analysing the situation based on the data collected, the design of the activities and linkage with other key stakeholders like the communities, community leaders and other NGOs in reporting, monitoring and the evaluation of the project. Health Link will compile daily, weekly and monthly reports that will be shared with the health cluster. The reports will have details of beneficiaries reached e.g. number of children; girls and boys reached as per each indicator provided in the project. Various tools will be used to collect this data ranging from OPD registers, IPD, maternity and others. A detailed narrative quarterly report will be provided to CHF, the health cluster and SMOH/MoHI detailing the achievements and lesson learnt from the intervention implemented in Mingkaman IDP Camp, Awerial County, Lakes State. Health Link will also submit end project report to CHF and the health cluster. This report will include financial reporting requirements as outlined in the grant agreement.

**OTHER INFORMATION**

**Accountability to Affected Populations**  
The design of this project involved full participation of all actors right from the time of need assessment, prioritization and project planning. The implementation methodology also provides a platform for full participation for women, girls, boys and men in the project area by ensuring their participation in camp health management committees and governance structures. During the implementation of this project, HLSS will also conduct focused group discussions and community meetings that will be attended by women and girls as well as boys and men in the camp. During these meetings, feedback on quality of service delivery and other concerns will be addressed and incorporated in the implementation of the project.

**Implementation Plan:** Describe for each activity how you plan to implement it and who is carrying out what.

HLSS is a National NGO, major health service provider in Mingkaman IDP site, Health Pool Fund (HPF) County Lead agency for Primary Health Care in Cueibet County of Lakes state and also CCCM county lead agency in Magwi County of Eastern Equatoria State. In recent months, HLSS has also developed surge capacity and responded to cholera outbreak in more than 5 counties of eastern Equatoria. HLSS coordinates its development and humanitarian programmes with various partners including the national counter parts, RoSS ministry of health, SMOH, Health NGO forum. HLSS is a member of Humanitarian Country Team, NGO steering committee, health forum strategic advisory team, South Sudan CCM-Global Fund as well as State Health NGO forum. With the above experience and expertise, this proposed project is designed to respond to the health cluster priorities and objectives for the 2015. Although the attainment of expected results largely depend on the availability of technical health professionals, Health link south Sudan already has a network of national, regional and international health professionals that are working under various HLSS projects. Additional capacity could be easily mobilized within 72hrs to respond to this project and any surges within South Sudan. This project has prioritized a range of cost effective activities perceived to have high impact in achieving the project objectives: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services. To achieve this objective, HLSS will enhance the provision of basic equipment, drugs, medical supplies, basic lab equipment, human resources and supplies; provide emergency consultation services to under five years children (Males& females) as well as to adults or those above five years both (Males& females); provide routine ANC services to pregnant mothers including IPT/LLINS, Haematinics to pregnant mothers and lactating mothers; provide HCT/PMTCT services including profiling of PLWA( this service was handed back to the National TB program); provide Clinical care to SGBV /Rape survivors; Vaccinate children under five years (Male & Female) against measles during routing EPI and pulse campaigns including provision of Vitamin A supplementation; conduct growth monitoring & Nutritional assessment to under five years children (males and females); provide essential drugs, equipment and laboratory supplies to ensure high quality services delivery. The project will also improve access to emergency secondary health services for women, children and men within Mingkaman IDP sites by strengthening case management and referral of medical and surgical emergencies within Mingkaman; provide In-Patient care for all cases from all sites and sectors of the camp. Conduct 24hrs clean health facility deliveries including Obstetrical Emergencies, provide equipment and instruments for emergency obstetric, and ensure qualified health workers are available to provide emergency secondary health care; provide a central facility for management and referral of all severe medical conditions including blood transfusion services within the camp. The project will further strengthen early warning surveillance and response system for outbreak-prone diseases among IDPs at Mingkaman IDP sites by maintaining and scaling up surveillance for early detection of communicable disease outbreaks & rumors through active surveillance and rapid assessments as well as providing immediate response within 72 hours for the management of outbreaks, provide re-fresher training for Health Workers(Males & Females) in communicable diseases / outbreaks / IMCI /CMR/ referral mechanisms including infection prevention at health facilities, regularly record, compile, analyze, interpret and disseminate vital statistics through DHIS, IDSR and other EWARN systems.

Coordination with other Organizations in project area	Name of the organization	Areas/activities of collaboration and rationale
	1. IMC	OPD/Mobile clinics and referral pathway among IDP Camp site 3
	2. CCM	OPD/Mobile clinics and referral pathway, among Host communities in Awerial
	3. SMC	OPD/Mobile clinics and referral pathway among IDP Camp site 0

**Environmental Marker Code**  
A+: Neutral Impact on environment with mitigation or enhancement

**Gender Marker Code**  
2b-The principal purpose of the project is to advance gender equality

**Justify Chosen Gender Marker Code**  
This project has been designed with focus to address gender issues in health. The project integrated HIV/AIDS, TB DOTS and Gender Based Violence Activities in the routine provision of primary health care services. Men, women, boys are girls are given equal opportunities to access health care services in Mingkaman, Health Link views the differences in sexual division of labor, power and the structure of Cathexis at both institutional and societal levels. In general, women are often assigned to do "women's work", uncompensated responsibilities such as childrearing, housework, and caring for the sick and elderly and are assigned less value because they are not income generating. This significantly keeps women at low economic status with increased risk of HIV Infection and Gender Based Violence. In addition women in our areas of operation have limited knowledge of HIV prevention, they do not perceive themselves to be vulnerable to HIV, and do not have power over the decision to use condoms, thus making them more vulnerable to HIV and other STDs. This project addresses risk of HIV and Sexual Violence among women and young girls among others

**Protection Mainstreaming**  
The project has mainstreamed general concerns of women, girls and boys by undertaking key activities addressing GBV. This includes provision of emergency medical services PEP, emergency contraceptives Hepatitis B vaccination, and psychosocial support for survivors of GBV. General RH activities will also be implemented to reinforce gender equity and inclusion in this project. Health link health officers will also ensure a joint activity planning with the GBV section, attend GBV sub-cluster meetings to reinforce concerns of women, girls, boys and men in health. A checklist of minimum safety and privacy standards for women will be adopted and used at all health facilities

**Safety and Security**  
HLSS has security policy framework that provides a modest mechanism for accessing level of personal security risks to its personnel. All HLSS field locations have emergency communication equipments such as Thuraya, VHF radio, Mobile telephones and VSAT systems all designed to improve security monitoring and reporting. Above all, all HLSS personnel undergo basic security training before being deployed on ground. this precautionary measures are designed to provide for better management and assessment security concerns while in the field. HLSS is also working with Security working group under NGO forums. Additional support is also received from UNDSS.

**Access**  
Mingkaman and Melijo IDP camps are largely accessible during the entire year. Both places can be accessed by road and air.

**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	Medical Doctors	D	1	3500	3	100.00%	10,500.00	10,500.00		0.00	10,500.00
	1 Medical doctors to provide consultations and surgery hired at 3000 USD per month 100% based in Mingkaman										
1.2	Medical Clinical Officers	D	3	1200	3	100.00%	10,800.00	10,800.00		0.00	10,800.00
	4 Medical clinical officer to provide patient management hired at USD 1200 per month 100% based in Mingkaman										
1.3	Laboratory Technologist	D	2	1500	3	100.00%	9,000.00	9,000.00		0.00	9,000.00
	2 Medical Lab technologists to provide laboratory support for investigation and diagnoses hired at 1500 USD per month 100% based in Mingkaman										

1.4	Nursing Superintendent	D	1	1000	3	100.00%	3,000.00	3,000.00	0.00	3,000.00
	1 Nursing superintendent hired at 1000 USD 100% based in Mingkamman									
1.5	Registered Nurse	D	1	850	3	100.00%	2,550.00	2,550.00	0.00	2,550.00
	1 Registered Nurse 100% based in Mingkamman hired at 1000 USD per month									
1.6	Registered Midwife	D	1	850	3	100.00%	2,550.00	2,550.00	0.00	2,550.00
	1 Registered Midwife hired USD 1000 100% based in Mingkamman for 6 months									
1.7	Enrolled Nurse	D	4	700	3	100.00%	8,400.00	8,400.00	0.00	8,400.00
	4 Enrolled Nurses hired at USD 700 per month 100% based in Mingkamman									
1.8	Enrolled Midwife	D	4	700	3	100.00%	8,400.00	8,400.00	0.00	8,400.00
	4 Enrolled Midwife hired at USD 700 per month 100% based in Mingkamman									
1.9	Certificated Nurse	D	3	700	3	100.00%	6,300.00	6,300.00	0.00	6,300.00
	3 Certificated Nurses hired at USD 700 per month 100% based in Mingkamman									
1.10	MCH Worker -TBA	D	6	150	3	100.00%	2,700.00	2,700.00	0.00	2,700.00
	6 MCH TBAs worker hired at 100 USD per month 100% based in Mingkamman									
1.11	Community Health Workers	D	4	150	3	100.00%	1,800.00	1,800.00	0.00	1,800.00
	4 Community Health workers hired at USD 150 per month 100% based in Mingkamman									
1.12	Hospital Administrator	D	1	1500	3	100.00%	4,500.00	4,500.00	0.00	4,500.00
	1 Hospital Administrator Hired at USD 1500 100% based in Mingkamman									
1.13	Data Clerk (M & E)	D	1	450	3	100.00%	1,350.00	1,350.00	0.00	1,350.00
	1 Data clerks hired at 400 USD per month 100% based in Mingkamman									
1.14	Project accountant	D	1	3500	3	30.00%	3,150.00	3,150.00	0.00	3,150.00
	1 Project accountant hired at USD 3,500 30% time allocated based in Juba									
1.15	Human Resource manager	D	1	3500	3	30.00%	3,150.00	3,150.00	0.00	3,150.00
	1 Human resource manager @ USD 3500 based in Juba with 30% time allocated for Mingkamman									
1.16	Chief Executive Director	D	1	8000	3	30.00%	7,200.00	7,200.00	0.00	7,200.00
	Cost allocation for Chief Executive Director of 30% LoE USD 8,000 USD									
1.17	Operations Manager	D	1	6500	3	30.00%	5,850.00	5,850.00	0.00	5,850.00
	Cost allocation for Operations Manager of 30% LoE USD 6,500.									
1.18	Health Programme Coordinator	D	1	3500	3	40.00%	4,200.00	4,200.00	0.00	4,200.00
	Cost allocation for Health Programme Coordinator of LoE 40% USD 3,500									
1.19	Support Staff	D	16	150	3	100.00%	7,200.00	7,200.00	0.00	7,200.00
	16 Support staff 12 Compound Cleaners, 12 ward Cleaners, 12 Guards									
	<b>Section Total</b>						102,600.00	102,600.00	0.00	102,600.00

**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	Procurement of Emergency drug Kits and Medical supplies	D	2	10000	1	100.00%	20,000.00	20,000.00	0.00	20,000.00
	Procurement of Emergency drug Kits and Medical supplies(essential drugs assorted)									
2.2	Linens	D	120	34.19	1	100.00%	4,102.80	4,102.80	0.00	4,102.80
	Purchase of hospital bed Linens for 300 pcs each at 34.19 use									
2.3	Medical Patient Treatment Forms	D	3000	1	1	100.00%	3,000.00	2,000.00	1,000.00	3,000.00
	printing of Medical Patient Treatment Forms assorted (Treatment charts, referral forms and patient booklets)									
2.4	Fuel for Project vehicle	D	7000	2	1	100.00%	14,000.00	14,000.00	0.00	14,000.00
	15,000 Liters of Diesel for vehicle and generator operation									
2.5	Procurement of Office Equipments	D	3	1200	1	100.00%	3,600.00	0.00	3,600.00	3,600.00
	Procurement of Office computers, 3 Desktops, 3 Laptops and 1 Photocopier									
	<b>Section Total</b>						44,702.80	40,102.80	4,600.00	44,702.80

**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	Purchase of Ward Equipments/Laboratory Equipments and Supplies	D	1	4000	1	100.00%	4,000.00	4,000.00	0.00	4,000.00
	Purchase of Ward Equipments/Laboratory Equipments and Supplies-Oxygen concentrator, mattresses, beds)									
3.2	Purchase of assorted surgical instruments CS kits	D	1	3000	1	100.00%	3,000.00	3,000.00	0.00	3,000.00
	8 CS kits to be procured									
3.3	Surgical Operating Lamp	D	1	5600	1	100.00%	5,600.00	5,600.00	0.00	5,600.00
	1 Unit of Surgical Operating light @ USD 5600 for Mingkamman									

3.4	Sterilizer	D	1	3500	1	100.00%	3,500.00	3,500.00	0.00	3,500.00
	2 unit of electric steriliser to procured at USD 3500									
	<b>Section Total</b>						16,100.00	16,100.00	0.00	16,100.00

**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	
4.1	Transportation of medical equipments and medicines	D	1	3500	1	100.00%	3,500.00	3,500.00	0.00	3,500.00
	Transportation of medical equipments and medicines									
4.2	Generator Servicing and maintenance	D	1	600	3	100.00%	1,800.00	1,800.00	0.00	1,800.00
	2 generator servicing cost									
4.3	EWARN/IDSR training for 16 Health workers	D	1	2580	1	100.00%	2,580.00	2,580.00	0.00	2,580.00
	24 health workers will be trained in EWARN/IDSR lasting for 5 days									
4.4	Training in GBV Survivor care (CMR) for 16 Health workers	D	1	3000	1	100.00%	3,000.00	0.00	3,000.00	3,000.00
	6 Midwives, 4 Clinical officer and 6 Certificated nurses will be trained in GBV care for 3 days									
4.5	Transportation of Fuel from Juba to Mingkaman	D	15000	0.25	1	100.00%	3,750.00	3,750.00	0.00	3,750.00
	15,000 Liters of diesel will be transported from Juba to Mingkaman									
	<b>Section Total</b>						14,630.00	11,630.00	3,000.00	14,630.00

**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	Local field flights	D	12	200	3	100.00%	7,200.00	5,000.00	2,200.00	7,200.00
	12 staff flights on UNHAS 2 flights per staff per year at 400 USD									
5.2	Hire of Toyoya Landcruiser as ambulance for transfer of Patients	D	1	150	200	100.00%	30,000.00	24,000.00	6,000.00	30,000.00
	Hire of 1 Toyoya Landcruiser as ambulance for transfer of Patients at USD 120 per day for 200 days									
5.3	Travel DSAs	D	8	100	4	100.00%	3,200.00	1,600.00	1,600.00	3,200.00
	8 Field staff travels for referral of patients and meetings @ USD 100 per day for 4 days									
5.4	DSA HQ management Supervision visit	D	4	200	3	100.00%	2,400.00	1,200.00	1,200.00	2,400.00
	4 HQ staff support visits lasting 5 days four times a year @ 150 USD per person									
	<b>Section Total</b>						42,800.00	31,800.00	11,000.00	42,800.00

**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	
	<b>Section Total</b>						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	Office stationary	S	1	500	3	100.00%	1,500.00	1,500.00	0.00	1,500.00
	assorted Stationary supply for office at USD 900 per month									
7.2	Office Rent	S	1	1500	3	100.00%	4,500.00	1,500.00	3,000.00	4,500.00
	1 Office space rented at Juba at USD 5000 allocated charge for the project 20% (USD 1000)									
7.3	Communication and Internet	S	1	1500	3	100.00%	4,500.00	1,500.00	3,000.00	4,500.00
	1500 Internet charges monthly (512 for Mingkaman and 700 USD for HQ Juba)									
	<b>Section Total</b>						10,500.00	4,500.00	6,000.00	10,500.00

<b>Sub Total Direct Cost</b>	231,332.80
<b>Indirect Programme Support Cost</b> PSC rate (insert percentage, not to exceed 7 per cent)	7%
<b>Audit Cost</b> (For NGO, in percent)	1%
<b>PSC Amount</b>	16,193.30

Quarterly Budget Details for PSC Amount	<b>2015</b>		<b>Total</b>
	Q3	Q4	
	13,695.30	2,498.00	16,193.30

<b>Total Fund Project Cost</b>	247,526.10
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**Project Locations**

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Lakes -> Awerial	100					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**

