

<b>Requesting Organization :</b>	World Relief	
<b>Allocation Type :</b>	Reserve allocation 4	
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>
HEALTH		100.00
		<b>100</b>
<b>Project Title :</b>	Emergency Mobile Health Interventions in Southern Unity	
<b>Allocation Type Category :</b>	Frontline services	

**OPS Details**

<b>Project Code :</b>	SSD-15/H/73042	<b>Fund Project Code :</b>	SSD-15/HSS10/RA4/H/INGO/666
<b>Cluster :</b>	Health	<b>Project Budget in US\$ :</b>	102,525.47
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	High (H)
<b>Planned Start Date :</b>	01/12/2015	<b>Planned End Date :</b>	31/05/2016
<b>Actual Start Date:</b>	01/12/2015	<b>Actual End Date:</b>	31/05/2016

<b>Project Summary :</b>	<p>This project aims to maintain access to critical lifesaving preventative, curative and community health services in Koch County by:</p> <ul style="list-style-type: none"> <li>• Continued supply of mobile medical kits to our health teams on the ground to qualified health partners moving with the community to treat common morbidities such as malaria, respiratory tract infections, acute diarrhea and bacterial infections, war wounds/trauma and skin diseases.</li> <li>• Continue outreach clinics with mobile clinical teams to conduct consultations, antenatal care and immunization for the general population and vulnerable groups according to MOH, IMCI, and MISP guidelines</li> <li>• Provision of essential NFI's for preventative health: mosquito nets and clean delivery kits</li> <li>• Re-establishing Community Based Drug Distributors with the ICCM approach to ensure community led treatment of the most deadly diseases (malaria, pneumonia and diarrhea) in areas unable to be accessed by mobile medical teams.</li> </ul>
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**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
14,242	19,212	7,460	6,886	47,800

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total

**Indirect Beneficiaries :**

135,205 (mid year Koch population)

**Catchment Population:**
**Link with allocation strategy :**

The 2015 CHF reserve allocation seeks to provide for "activities that most directly address life-threatening needs" and to "save lives and alleviate suffering," through "activities in support of essential common humanitarian services" in the southern counties of Unity State. Since renewed violence broke out in May 2015, World Relief has provided creative and flexible health interventions in Koch county that have enabled the extremely vulnerable and displaced populations to continue to have access to life saving drugs and supplies despite the current security constraints. WR proposes to continue these activities with the reserve allocation funds. This short term emergency program addresses the 2015 HRP revision health cluster priorities to "improve access to and responsiveness of essential and emergency health care" and to "improve availability, access and demand for services, focusing on implementing the basic package of health services and strengthening partners for rapid response and mobile capacities in displacement and deep field sites."

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

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**Organization focal point :**

Name	Title	Email	Phone
Kelly Nau	Health Program Manager	knau@wr.org	+211(0)950035333
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**BACKGROUND**

**1. Humanitarian context analysis**

Unity State Paradigm Shift

Since May 2015 the whole of Southern Unity has experienced unprecedented levels of insecurity, violence, and intentional destruction resulting in a dramatic halt in humanitarian services and mass displacement of civilians. Approximately 50% of the population has fled outside the county – predominantly to the Bentiu POC, although also to safe areas in Mayom, Old Fangak and Leer counties. The population that remains in the county is hiding in deep bushes far from main town centers and roads. Unfortunately, the signing of the peace deal in September 2015 has not brought the calm that was hoped for and violent confrontations, insecurity and displacement continue in Southern Unity.

World Relief believes that the changing dynamics in Unity state require creative and flexible mobile solutions in the southern counties in order to provide health services to populations on the move. With the exception of Panyijar, all southern counties have lost access to sustained static health services and continued insecurity underscores the need for a mobile model as the best way forward over the course of the next year.

**2. Needs assessment**

One of the current program obstacles is that due to continued insecurity, partners have been unable to return for formal assessments in Koch county. However during focus group discussions conducted during rapid response missions, the communities have identified their top three priority needs as Food, Health care services and then NFIs. Even with no formal assessments conducted, the needs in Southern Unity are alarming with a population that has been surviving with the bare minimum and with no permanent humanitarian presence since May 2015. The health needs of the communities hiding in the swampy areas of Koch county were also evidenced by the fact that an overwhelming 1,050 medical consultations were conducted within a 3 days RRM window in September 2015.

**3. Description Of Beneficiaries**

Pre May 2015 population beneficiary targets were:  
 Women: 19212  
 Girls: 6886  
 Men: 14242  
 Boys: 7460  
 Total: 47800

During the most recent RRM in Koch town and Boaw respectively, 1,050 patients were seen and 55% were female, 45% male, out of which 24% were under-fives. Out of the 20,279 people who received GFD rations, 1,144 women were identified as PLWs (5%). Though this is an extremely limited sampling as not all areas of the payams were able to be accessed, from this we can surmise that entire family units still remain in Koch county under the most difficult of circumstances. In addition, due to anecdotal stories from new arrivals and staff in the Bentiu PoC, we know that many of the most vulnerable people (medically impaired, elderly) remained in county as they were not able to make the multi-day journey through swamps.

**4. Grant Request Justification**

With the flexibility of CHF funds and the support of the Health cluster and technical secretariat, WR restructured its CHF grant to provide emergency mobile health services to displaced populations on the move within and outside the county through several modalities. First, the provision of 25 mobile medical kits to local health staff moving with the population with critical medicines and supplies to keep populations alive during displacement. These teams formed 8 mobile clinic sites (4 in Koch, 4 in Guit) who continued to treat the population in the face of insecurity and life threatening circumstances.

Second, through the deployment of our WR mobile teams on 2 rapid response missions to the newly formed government and opposition areas of Southern Unity. These missions have provided 1065 consultation services and support immunization of 10,018 against measles, 10,956 against Polio and 2,185 pregnant women against tetanus. All health services were in complement with Nutrition, WASH, FSL, and NFI cluster responses.

These activities; and the mobile model we propose are still in complement to our 3 year partnership with HPF and the CHD to increase quality and accessibility of health service delivery in Koch county and build capacity of the the government health structures and local clinical staff as well as our in kind UN partners (UNICEF, WHO, UNFPA).

During the outbreak of the crisis, World Relief has demonstrated the capacity to respond to the changing context in Koch county. CHF funds play a key role in allowing WR to be flexible in implementing mobile health outreaches essential to the emergency context of Unity State and in line with the HRP objectives of sustained access to curative services for all populations.

**5. Complementarity**

World Relief will continue to collaborate with the SMOH, County Health Department (CHD), the Health cluster, WHO and other health actors in southern Unity to provide services in response to the emergency and growing number of IDPs in the project areas. World Relief is the Health Pooled Fund implementing partner in Koch county through March 2016. This CHF grant brings in the much needed flexible emergency response model appropriate for the Southern Unity context in support of the activities supported by the HPF grant. The project will work hand in hand with the remnant of the local community leadership in the county; who will be requested to assist in creating awareness about the program design, participate in evaluation exercises whenever feasible, and play a significant role in information sharing and identification of community workers. WR will use some UNICEF GIK to support the program.

**LOGICAL FRAMEWORK**

**Overall project objective**

To maintain access to critical lifesaving preventative, curative and community health services in Koch County.

**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	80
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	20

**Contribution to Cluster/Sector Objectives :** The 2015 CHF reserve allocation seeks to provide for “activities that most directly address life-threatening needs” and to “save lives and alleviate suffering,” through “activities in support of essential common humanitarian services” in the southern counties of Unity State. Since renewed violence broke out in May 2015, World Relief has provided creative and flexible health interventions in Koch county that have enabled the extremely vulnerable and displaced populations to continue to have access to life saving drugs and supplies despite the current security constraints. WR proposes to continue these activities with the reserve allocation funds. This short term emergency program addresses the 2015 HRP revision health cluster priorities to “improve access to and responsiveness of essential and emergency health care” and to “improve availability, access and demand for services, focusing on implementing the basic package of health services and strengthening partners for rapid response and mobile capacities in displacement and deep field sites.”

**Outcome 1**

Koch population will have adequate supply of medicines and medical supplies to treat common morbidities such as malaria, respiratory tract infections, acute diarrhea and bacterial infections, war wounds/trauma and skin diseases.

**Output 1.1**

**Description**

Deliver 50 mobile PHCU kits to qualified county health department clinicians serving the Koch population

**Assumptions & Risks**

Security situation and rainy season allow access, GIK available from cluster partners, qualified clinicians continue to remain active in county, coordination, mobilization and support by local community.

**Activities**

**Activity 1.1.1**

Procure essential medicines and sundry items for mobile kits

**Activity 1.1.2**

Procure backpack style go bags for each kit

**Activity 1.1.3**

Prepare consultation guidelines supportive/reporting documents for kits

**Activity 1.1.4**

Prepare visibility materials (tshirts, stickers, banners) for clinical staff identification

**Activity 1.1.5**

Transport mobile kits to field sites

**Activity 1.1.6**

Conduct weekly thuraya check ins, collect field morbidity and mortality reports and drug consumption reports in a timely fashion, share information with relevant health stakeholders and track progress

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] # of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	14,242	19,212	7,460	6,886	47,800

**Means of Verification :** Field reports

**Output 1.2**

**Description**

Continue monthly outreach clinics with mobile clinical teams to conduct consultations, antenatal care and immunization for the general population and vulnerable groups according to MOH, IMCI, and MISP guidelines

**Assumptions & Risks**

Security situation and rainy season allow access, availability of qualified staff, coordination, mobilization and support by local community.

**Activities**

**Activity 1.2.1**

Hire/allocate qualified staff for 2 mobile teams: (2 CO, 1 Midwife, 1 Nurse per mobile team)

**Activity 1.2.2**

Outfit and mobilize teams for field missions

**Activity 1.2.3**

Provide IMCI driven curative services for children under 5

**Activity 1.2.4**

Provide minimum initial service package of RH services including condoms to reduce HIV/AIDS and safe deliveries during mobile clinics

**Activity 1.2.5**

Provide culturally sensitive contraception methods, family planning counseling sessions for women of child bearing age during mobile clinics

**Activity 1.2.6**

Provide clinical management of rape care for sexual assault survivors referred or who self-present

**Activity 1.2.7**

Partner with UNICEF and WHO, facilitate routine and outreach immunization campaigns during mobile clinics

**Activity 1.2.8**

Collect field morbidity and mortality reports and drug consumption reports in a timely fashion, share information with relevant health stakeholders and track progress

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	1,800	2,400	1,000	1,000	6,200
<b>Means of Verification</b> : Field mission reports							
Indicator 1.2.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			1,000	1,000	2,000
<b>Means of Verification</b> : Field mission reports DHIS							
Indicator 1.2.3	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					25
<b>Means of Verification</b> : field reports Delivery registers							
Indicator 1.2.4	HEALTH	[Frontline services] Number of Rape survivors provided PEP within 72 hours of possible exposure	0	20	0	0	20
<b>Means of Verification</b> : field reports							
Indicator 1.2.5	HEALTH	[Frontline services] # of children under 5 who have received measles vaccinations in emergency or returnee situation			5,200	4,800	10,000
<b>Means of Verification</b> : field reports							

**Output 1.3**

**Description**

Provision of essential NFI's for preventative health: mosquito nets and clean delivery kits during mass distributions and establish new baseline statistics about the changing dynamics in Koch county.

**Assumptions & Risks**

Security situation and rainy season allow access, availability of qualified staff, coordination, mobilization and support by local community.

**Activities**

**Activity 1.3.1**

Distribute LLTN mosquito nets to pregnant and lactating women and children under 5 during mobile clinics and mass distributions

**Activity 1.3.2**

Distribute clean delivery kits to pregnant women during antenatal care services and mass distributions

**Activity 1.3.3**

Provide essential health messages at mass distributions to promote best IYCF practices, malaria prevention and acute watery diarrhea prevention

<b>Activity 1.3.4</b>							
Collect field activity reports in a timely fashion, share information with relevant health stakeholders and track progress							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	[Frontline services] # of people reached with health education and promotion messages	7,121	9,606	0	0	16,727
<b>Means of Verification</b> : Field reports							
Indicator 1.3.2	HEALTH	Number of LLTNs distributed to pregnant and lactating women and children under 5					5,000
<b>Means of Verification</b> : Field Reports Distribution reports							
Indicator 1.3.3	HEALTH	Number of clean delivery kits distributed to Pregnant women					600
<b>Means of Verification</b> : field reports distribution reports							
<b>Output 1.4</b>							
<b>Description</b>							
Re-establish Community Based Drug Distributors with the ICCM approach to ensure resilience and community led treatment of the most deadly diseases (malaria, pneumonia and diarrhea) in areas unable to be accessed by mobile medical teams							
<b>Assumptions &amp; Risks</b>							
Security situation and rainy season allow access, availability of willing volunteers, coordination, mobilization and support by local community.							
<b>Activities</b>							
<b>Activity 1.4.1</b>							
Mobilize 30 community based volunteers with GIK and monthly incentives							
<b>Activity 1.4.2</b>							
Conduct 5 day ICCM curriculum training for new CBDs							
<b>Activity 1.4.3</b>							
Establish 2 CBD supervisors and reporting protocols, timelines and monitoring plans							
<b>Activity 1.4.4</b>							
Supply CBDs with essential medicines and supplies for ICCM activities							
<b>Activity 1.4.5</b>							
Supply CBDs with educational materials and visibility tools to promote community participatory health care through the dissemination of health messages							
<b>Activity 1.4.6</b>							
Collect field patient treatment and referral reports and drug consumption reports in a timely fashion, share information with relevant health stakeholders and track progress							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.4.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	15	15			30
<b>Means of Verification</b> : Field reports Training report							
Indicator 1.4.2	HEALTH	# of outfitted and active mobile CBDs					24
<b>Means of Verification</b> : Monthly reports							
<b>Additional Targets</b> :							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

World Relief will use DHIS hard copies forms to collect data from the field and enter the data in to DHIS software which will be send to SMOH and other partners , the data will also be analyzed to inform program decision making. M&E systems have been built into the design of the HPF program for Koch County with a goal for WR and KCHD monitoring and evaluation teams to visit each program location approximately once every two weeks. With the mobile intervention model, WR/KCHD monitoring teams will be meeting the mobile health personnel approximately once every two weeks. The M&E team will develop an evaluation tool that will be used to assess work for each team including the indicators in the CHF project. A corrective action plan will be made together with health mobile team staff when progress is not being made towards achieving project targets. Once each quarter, the M&E team will evaluate work done by the mobile teams using an adapted model of the quarterly MoH Supervisor Checklist. The report of WR/KCHD M&E team will form the basis of analyzing and reporting on the project achievements. Supplementary records will include WR procurement documents and finance records, routine weekly and monthly health facility reports and on-site facility records such as registration ledgers and stock records.

Narrative and financial reports will be submitted as required in the CHF contract.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procure essential medicines and sundry items for mobile kits	2015												X
	2016	X	X										
Activity 1.1.2: Procure backpack style go bags for each kit	2015												X
	2016												
Activity 1.1.3: Prepare consultation guidelines supportive/reporting documents for kits	2015												X
	2016		X										
Activity 1.1.4: Prepare visibility materials (tshirts, stickers, banners) for clinical staff identification	2015												X
	2016												
Activity 1.1.5: Transport mobile kits to field sites	2015												X
	2016	X	X	X	X	X							
Activity 1.1.6: Conduct weekly thuraya check ins, collect field morbidity and mortality reports and drug consumption reports in a timely fashion, share information with relevant health stakeholders and track progress	2015												X
	2016	X	X	X	X	X							
Activity 1.2.1: Hire/allocate qualified staff for 2 mobile teams: (2 CO, 1 Midwife, 1 Nurse per mobile team)	2015												X
	2016	X											
Activity 1.2.2: Outfit and mobilize teams for field missions	2015												X
	2016												
Activity 1.2.3: Provide IMCI driven curative services for children under 5	2015												X
	2016	X	X	X	X	X							
Activity 1.2.4: Provide minimum initial service package of RH services including condoms to reduce HIV/AIDS and safe deliveries during mobile clinics	2015												X
	2016	X	X	X	X	X							
Activity 1.2.5: Provide culturally sensitive contraception methods, family planning counseling sessions for women of child bearing age during mobile clinics	2015												X
	2016	X	X	X	X	X							
Activity 1.2.6: Provide clinical management of rape care for sexual assault survivors referred or who self-present	2015												X
	2016	X	X	X	X	X							
Activity 1.2.7: Partner with UNICEF and WHO, facilitate routine and outreach immunization campaigns during mobile clinics	2015												X
	2016		X		X								
Activity 1.2.8: Collect field morbidity and mortality reports and drug consumption reports in a timely fashion, share information with relevant health stakeholders and track progress	2015												X
	2016	X	X	X	X	X							
Activity 1.3.1: Distribute LLTN mosquito nets to pregnant and lactating women and children under 5 during mobile clinics and mass distributions	2015												X
	2016	X	X	X	X	X							
Activity 1.3.2: Distribute clean delivery kits to pregnant women during antenatal care services and mass distributions	2015												X
	2016	X	X	X	X	X							



### Justify Chosen Gender Marker Code

The project is designed to contribute significantly to gender equality. Males and females will have equal and gender sensitive access to health services; women and men will be trained as community volunteers without prejudice. Reproductive health services will be provided with special sensitivity to women. Health facility staff will receive training in GBV and clinical management of rape; health facilities will offer the basic package of GBV services.

Half of the home health workers will be women to allow close interaction between care takers and the worker; this is so because culturally most care takers are women. The health workers will be provided with quality training in community IMCI empower them with the knowledge they require while conducting activities at health sites. The project will target individuals affected directly or indirectly regardless of their sex hence promoting gender equality throughout the project period.

Reproductive health services will be provided with special sensitivity to women. Health facility staff will receive training in SGBV and clinical management of rape; health facilities will offer the basic package of SGBV services.

### Protection Mainstreaming

The protection may include many areas such as:

SGBV: Cases of SGBV will be handled in a confidential manner to protect the victims from the society as this is known to be sensitive issues in the society.

Children rights: all children have the right to access health services. This includes street children, children without families, children mentally not sound, and children with disabilities will all be treated without discrimination.

Mobile clinics will be set up in locations that could endanger patients coming for consultations. Two different mobile clinics will always be set up to function simultaneously in both government and opposition controlled territories to ensure beneficiaries are free to access the clinic in the location they feel safe to go to.

### Country Specific Information

#### Safety and Security

World Relief has a Security Manager that monitors and advises on security situations accordingly. Collective effort with other actors such as community leaders and UN bodies will be used to monitor the security situation. Formal information will be available whenever necessary to ensure security of the people involved in the project. A realistic security plan that is updated on a quarterly basis and operational plans developed every time there is a field mission to ensure good contingency planning for the safety of the staff and assets. Through its Security Manager, WR monitors security situation in Koch county and surrounding areas on a daily basis. Information obtained is triangulated as much as possible to ensure reliable information is obtained as much as possible to inform decision making.

#### Access

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Health Program Manager @ 20%	D	1	3,800.00	6	20%	4,560.00
	<i>Responsible for the management and technical guidance to the health program. Salary charged 20% to CHF.</i>						
1.2	Finance Manager and Grants manager	S	1	4,200.00	6	5%	1,260.00
	<i>Manages the financial aspects and financial reporting for the Grant at Juba level. Monthly salary charged 5% to CHF</i>						
1.3	Security Manager	S	1	3,700.00	6	10%	2,220.00
	<i>Responsible for security management, development of security and contingency plans, security information gathering and networking. Salary charged 10% to CHF</i>						
1.4	Program Director	S	1	4,000.00	6	5%	1,200.00
	<i>Responsible for overall program management and M&amp;E functions. Salary charged 5% to CHF</i>						
1.5	Intl. Staff Benefits	D	1	1,000.00	6	10%	600.00
	<i>Includes R&amp;R allowance, visa and work permit fees for international staff involved in the grant. 10% charged to CHF</i>						
1.6	Nurses for Mobile Teams	D	2	750.00	6	50%	4,500.00
	<i>2 nurses (1 per mobile team) salaries charged 50% to CHF</i>						
1.7	Community Drug Distributors (CBDs)	D	30	100.00	4	50%	6,000.00
	<i>Monthly incentives for 30 CBDs at 100\$ per month for 4 months. Salary charged 50% to CHF</i>						
1.8	Logistics Officer 10% (Unity State)	S	1	900.00	6	10%	540.00

	<i>provides logistical support to the project activities. Salary charged 10% to CHF</i>						
1.9	Casual Labor: Guards , Poters, Cook/cleaners	D	1	788.0 0	6	50%	2,364.00
	<i>guards, cooks and cleaners to be hired during mobile response missions to Koch county at 788\$ per month for 6 months</i>						
1.10	Clinician incentive during mobile clinics	D	1	840.0 0	6	25%	1,260.00
	<i>Includes hazard pay for relocatable clinical staff participating in mobile interventions in Koch county (15USD x 8 persons x 7 days x 6 months). Charged 25% to CHF</i>						
1.11	Clinical Officers for Mobile teams	D	4	850.0 0	6	25%	5,100.00
	<i>Salary for 4 clinical officers to participate in mobile clinics. 2 COs per mobile team. 25% of salary charged to CHF</i>						
1.12	Mobile Team Midwives	D	2	820.0 0	6	50%	4,920.00
	<i>1 midwife per mobile team. salary charged 50% to CHF</i>						
1.13	National staff benefits	D	1	4,270 .00	1	100%	4,270.00
	<i>covers social insurance (17% NSIF) for national staff salary percentages covered by CHF</i>						
1.14	Nursing coordinator	D	1	3,150 .00	6	25%	4,725.00
	<i>expat nursing coordinator offering support, guidance and capacity building to the mobile clinical team. Salary charged 25% to CHF</i>						
	<b>Section Total</b>						<b>43,519.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Purchase of drugs and medical supplies	D	1	20,00 0.00	1	50%	10,000.00
	<i>supplementary fast moving drugs to be added to mobile medical kits. 50% charged to CHF</i>						
2.2	Transportation of medical kits and supplies	D	1	5,000 .00	3	50%	7,500.00
	<i>One 1MT charter flight every 2 months to Koch and Boaw to dispatch medical supplies. 50% charged to CHF</i>						
2.3	Mobile Team supplies	S	1	5,000 .00	1	50%	2,500.00
	<i>Tents, gumboots and other camping equipment and food for mobile teams. Charged 50% to CHF</i>						
2.4	PHCU level emergency "go" Kits & ICCM kits	D	1	3,000 .00	1	50%	1,500.00
	<i>ICCM training materials and supplies for 30 CBDs (metallic trunks, beads, backpacks, stationery and other equipment) 50% charged to CHF</i>						
2.5	Vehicle Hire for dispatch of supplies	D	1	1,500 .00	6	20%	1,800.00
	<i>vehicle hires in the field for 1500usd per month for 6 month, 20% charged to CHF</i>						
2.6	Casual labour and porters for supplies dispatch	D	1	200.0 0	6	50%	600.00
	<i>porters for dispatch of supplies to deep field locations charged. 50% charged to CHF (one porter costing 68usd for transporting 20kgs worth of supplies) Used when vehicle movement is not possible.</i>						
2.7	Visibility materials	D	1	900.0 0	1	100%	900.00
	<i>50 tshirts with health message and CHF logo for CBDs and mobile teams at 10usd each, 4 flags at 50usd each and 20 all weather stickers at 10usd each</i>						
	<b>Section Total</b>						<b>24,800.00</b>
<b>Equipment</b>							
3.1	Thuraya purchase for mobile team	S	2	1,500 .00	1	100%	3,000.00
	<i>Two sat phones for dispatch to the field for gathering project and security information</i>						
3.2	VHF radios for mobile teams	S	4	760.0 0	1	100%	3,040.00
	<i>4 VHF radios to be used during mobile teams deployment for ease of communication during field missions</i>						
	<b>Section Total</b>						<b>6,040.00</b>

Contractual Services							
4.1	Vehicle contract - transport support to accelerated immunization campaign	D	2	1,000.00	1	50%	1,000.00
<i>2 vehicles for 2 weeks x 2 campaigns at 500usd each charged 50% to CHF</i>							
<b>Section Total</b>							<b>1,000.00</b>
Travel							
5.1	National air travel	D	8	400.00	2	50%	3,200.00
<i>Dispatch of teams to the field 8 peopleX400usd per trip X 2 trip charged 50% to CHF</i>							
5.2	Charter flight - mobile teams	D	1	5,000.00	6	25%	7,500.00
<i>charter flights to transport mobile teams to the field. 6 charters at 5000usd each charged 25% to CHF</i>							
<b>Section Total</b>							<b>10,700.00</b>
General Operating and Other Direct Costs							
7.1	Staff Training: ICCM Training for Community Drug Based Distributors	D	1	1,700.00	1	100%	1,700.00
<i>30 trainees x 5 days x 11.3usd per person per day</i>							
7.2	Office operation - Koch Field office/base	D	1	4,446.00	6	20%	5,335.20
<i>includes utilities and stationery for Koch general office operations charged 20% to CHF</i>							
7.3	Mobile Communication	D	1	1,500.00	6	20%	1,800.00
<i>thuraya credit for communication with the field teams and security information gathering at 1500usd per month charged 20% to CHF</i>							
7.4	Bank fees	S	1	340.00	6	10%	204.00
<i>bank charges for transactions related to the grant. 10% charged to CHF</i>							
7.5	Vehicle and Generator Fuel	S	1	600.00	6	20%	720.00
<i>500litres consumption per month charged 20% to CHF</i>							
<b>Section Total</b>							<b>9,759.20</b>
<b>SubTotal</b>			<b>77.00</b>				<b>95,818.20</b>
Direct							81,134.20
Support							14,684.00
PSC Cost							
PSC Cost Percent							7%
PSC Amount							6,707.27
<b>Total Cost</b>							<b>102,525.47</b>
<b>Total Audit Cost</b>							<b>1,025.25</b>
<b>Grand Total CHF Cost</b>							<b>103,550.72</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Koch	100	14,242	19,212	7,460	6,886	47,800	Activity 1.1.1 : Procure essential medicines and sundry items for mobile kits Activity 1.1.2 : Procure backpack style go bags for each kit Activity 1.1.3 : Prepare consultation guidelines supportive/reporting documents for kits Activity 1.1.4 : Prepare visibility materials (tshirts, stickers, banners) for clinical staff identification Activity 1.1.5 : Transport mobile kits to field sites Activity 1.1.6 : Conduct weekly thuraya check ins, collect field morbidity and mortality reports and drug consumption reports in a timely fashion, share information with relevant health stakeholders and track progress Activity 1.2.1 : Hire/allocate qualified staff for 2 mobile teams: (2 CO, 1 Midwife, 1 Nurse per mobile team) Activity 1.2.2 : Outfit and mobilize teams for field missions Activity 1.2.3 : Provide IMCI driven curative services for children under 5 Activity 1.2.4 : Provide minimum initial service package of RH services including condoms to reduce HIV/AIDS and safe deliveries during mobile clinics Activity 1.2.5 : Provide culturally sensitive contraception methods, family planning counseling sessions for women of child bearing age during mobile clinics Activity 1.2.6 : Provide clinical management of rape care for sexual assault survivors referred or who self-present Activity 1.2.7 : Partner with UNICEF and WHO, facilitate routine and outreach immunization campaigns during mobile clinics Activity 1.2.8 : Collect field morbidity and mortality reports and drug consumption reports in a timely fashion, share information with relevant health stakeholders and track progress Activity 1.3.1 : Distribute LLTN mosquito nets to pregnant and lactating women and children under 5 during mobile clinics and mass distributions Activity 1.3.2 : Distribute clean delivery kits to pregnant women during antenatal care services and mass distributions Activity 1.3.3 : Provide essential health messages at mass distributions to promote best IYCF practices, malaria prevention and acute watery diarrhea prevention Activity 1.3.4 : Collect field activity reports in a timely fashion, share information with relevant health stakeholders and track progress Activity 1.4.1 : Mobilize 30 community based volunteers with GIK and monthly incentives Activity 1.4.2 : Conduct 5 day ICCM curriculum training for new CBDs

**Documents**

Category Name	Document Description