

<b>Requesting Organization :</b>	Sudan Medical Care					
<b>Allocation Type :</b>	2nd Round Standard Allocation					
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>				
HEALTH		100.00				
		<b>100</b>				
<b>Project Title :</b>	Improve Health status of the affected communities and internally displaced by conflict in Bor and Duk counties of Jonglei state.					
<b>Allocation Type Category :</b>						
<b>OPS Details</b>						
<b>Project Code :</b>	SSD-16/H/89792	<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/H/NGO/3417			
<b>Cluster :</b>	Health	<b>Project Budget in US\$ :</b>	100,385.55			
<b>Planned project duration :</b>	5 months	<b>Priority:</b>	4			
<b>Planned Start Date :</b>	01/09/2016	<b>Planned End Date :</b>	31/01/2017			
<b>Actual Start Date:</b>	01/09/2016	<b>Actual End Date:</b>	31/01/2017			
<b>Project Summary :</b>	<p>This Project seek to meet the emergency and Primary Health care needs of vulnerable and Internally displaced population in two counties of Jonglei state, with focus on post-conflict movements in Bor and Duk counties. We Seek to meet significant gaps in Jonglei state affected Counties, with initial target of 120,000 beneficiaries in Bor and Duk , with focus on lives lifesaving, which translate to health, water and sanitation, and food security. Our focus is to improve the health status of Bor and Duk vulnerable and IDPS communities through the provision of effective and Equitable basic health Care and Emergency health service to support the current already offered basic package of primary health care, supporting the most vulnerable group of rural communities to have access to improved infrastructure and disease prevention and control measures. the Primary Health care services (Including Ante-Natal care, maternal &amp; Child health, reproductive health Health ,Expanded program of immunization and curative services ) as well as the emergency health with focus on ( disability, trauma referral and GBV screening as well as psycho-social needs with infrastructure rehabilitation components in most stable areas in Both counties.</p>					
<b>Direct beneficiaries :</b>						
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
	21,480	82,000	8,470	8,050	120,000	
<b>Other Beneficiaries :</b>						
	<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	Children under 5	0	0	6,000	6,000	12,000
	Internally Displaced People	11,480	34,000	1,000	760	47,240
	People in Host Communities	8,000	23,000	650	590	32,240
	Other	2,000	25,000	820	700	28,520
<b>Indirect Beneficiaries :</b>						
this Project will cover over 28,520 indirect beneficiaries as a result of it implementation.						
<b>Catchment Population:</b>						
the coverage of this project will be targeting 120,000 people with 60 % of the funding allocated to Duk county.						
<b>Link with allocation strategy :</b>						
<p>this project is meant to address the emergency and primary health care services in areas previously affected by the conflict where infrastructure and basic needs such as safe drinking water and sanitation facilities are scarce in areas inhabited by internally displaced , vulnerable groups and children in Duk and Bor counties of Jonglei state. given the escalating humanitarian needs in the country, our focus will be on life saving and alleviating the suffering through safe access to services with dignity. Our objectives include ensuring that the communities are capable and prepared to cope with all the challenges through knowledge sharing, training and services provision. Our areas of operations are been categorized among the most affected during the conflict years, which led to the deterioration of Humanitarian assistance, creating gaps in term of human resources and consequently the services deliveries in the field of health, Education and others commodities With already huge damage on the health infrastructure resources. Our respond in Duk revived the health services to IDPs with opening of 2 Health facilities and several out reaches services directly supported through the first allocation. To Address the deterioration in the health system across the country ,the health cluster acknowledges the emergencies and primary health care interventions should be coupled with multisectoral interventions. The cluster Partners will continue to deliver life lifesaving interventions to address the identified priorities.</p>						

**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

**Organization focal point :**

Name	Title	Email	Phone
Dr. Deng Mayom Deng	Executive Director	dengmayom@gmail.com	0955117468
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moses Kinyanjui	Grant and Finance manager	mosekinya06@yahoo.com	0956036547

**BACKGROUND****1. Humanitarian context analysis**

South Sudan had been facing many humanitarian crisis since the conflict broke out on Dec 2013, where every county, Payam and village/resettlement is asking for attention and the service of basic needs though the greater Upper Nile region was the most affected areas; following the signing of the peace agreement by the government and Opposition a relative peace was seen in our operational areas as a result. We established a chain of health services targeting the over 25,000 IDPs people in Duk counties from Uror, Nyirol and Ayod respectively with support from CHF and 12,525 IDPs from Bor with 500 returnees from greater Equatoria, as the result of the recent conflict, current unserved. Since the beginning of 2016, the humanitarian crisis in the country was increasing and spreading quickly, being a greater concern despite the transitional government of national unity formation in April 2016. The July incident in Juba revealed more negative hazards in the country should be expected if necessary measures are not taken, with current stand of more than 2.5 millions people affected, with 1.6 million IDPs, with 53.4 % being children and nearly 900,000 refugees in the neighboring countries. Hunger and malnutrition have reached historic levels and taken hold in previously stable areas. Jonglei state and Duk and Bor Counties have been in dire need of humanitarian assistance like most of greater Upper Nile communities where half million were displaced and complete destruction of the health and school infrastructures was seen. The recent peace accord was their hope for rebuilding hope for rebuilding and strength to move forward. SMC is national based organization which is the leading agency supporting health services in the two counties, with a chain of 25 Health facilities. The destruction of health infrastructure especially in Duk county and the insecurity which make accessibility more difficult haven't improve much, since the first six months of 2016 saw continued reports of widespread of sexual violence, mortality has been exacerbated by acute malnutrition and diseases, including a malaria and cholera outbreaks. SMC supported counties of Bor and Duk are vulnerable for major outbreak of diseases due to the highest number of displaced persons, returnees and much more host communities where in a day the record number of consultation received round up to 100 patients for a day. The following are our data for one week. Date 26/7/2016-6/8/2016 recorded cases on Malaria 253, Severe acute respiratory syndrome 391, Diarrhoea with blood cases 25, Acute watery diarrhoea 90, curative consultation 601 and other cases. In our Bor areas inhabited by IDPs and surrounding facilities reflected the following data total consultation 7832, Respiratory tract Infections 2,458, diarrhoea 2182 and Penta 1007

Despite the new transitional government formation (TGoNU), the violence continued in multiple location causing a lot more challenges, especially economic deterioration indicators, humanitarian needs to intensify and increase leading to instability in the areas previously considered relatively stable in the areas Greater Bahr El Ghazal and Greater Equatorial regions of which in the other way round forced the resident living within the region some move to the neighboring countries and other moved to their indigenous areas with hope at least of a better living which contributes to the higher demand for the services to the area. Our Operation areas in Duk and Bor are just clear. Example of the recent fighting which force over 20,000 people to Poktap and Padiet as well as creating. Moreover with the presence of SMC in Duk and Bor Counties, we are community motivated to reach and deliver the services to the beneficiaries and IDPs where ever they are been settled. SMC will still continue operating its facilities and delivering services in Duk and Bor counties, where our main strategy will focused to reach the most beneficiaries demands.

**2. Needs assessment**

SMC is implementing Primary health care services to Duk IDPs for the last two Years. Based on our previous surveys and community discussion, the Urgent need are related to the basic needs such maintaining the health service delivery in adiet and Dorok, where IDPs been settled. We have 2 Health facilities functional at 100 % support from CHF, since the RRHP funding been very slow and reduced. In Bor county people from Malou, arek, gakyuom and others surrounding areas near the river have been with out services and they are unable to go back to their original sites due to fear and insecurity. Based on this finding and with communication from the coenrs CHDs and Counties leadership, We acknowledge and have identify to address such gaps in their areas. retention of qualified personnel in areas such as Dorok and Padiet is crucial, since the previous situation led to the personnel gap and the current RRHP low stage and delay of funding could lead to a total collapse of the services. the Conflict already was translated to poor health service and negatie impact on basic services. These services are teir hope to stay and rebuild their lives, otherwise a situation of being displaced could emerge if we don't deliver such basic needs.

Our intervention is clearly focusing on the main causes of avoidable mortality such as diarrheal diseases, Acute respiratory infection, Malaria and maternal health related complications, as well as the Expanded programm of Immunization which threaten thousand of lives. The increase potential cases of TB and HIV/AIDS among IDPs, while the host community require to stretch already limited resources in other areas of services. this is the current situation in our operation areas such as poktap and Padiet, where thousand IDPs from Payang Just arrived following the recent fighting in Pajut between Government and Rebels group. There is clear gap of emergency obstetric and neonatal care, the trauma cases though considered reduced, we could expect huge numbers if the current situation is not contained and managed well. Considering the lack of Secondary services, the current health facilities are the only options, where all cases are managed and then referred to the concerns institution, mostly out of the county.

**3. Description Of Beneficiaries**

Project beneficiaries target is 120,000 as broken down based on the gender, male 21,480 representing 17.9% , female population is 82,000 of which has the highest percentage of 69 % and children under the age of five years 16,720 in three counties. The highest population being IDPs or returnees to their counties of origin which amount the major vulnerability environment and exposure to the outbreak of diseases and which leads to the most need for medicals and other basic services in the area. The women in their age bearing ages, children and other vulnerable groups, consisting of individuals who come to the health facilities for access for a day to day consultation.

#### **4. Grant Request Justification**

The crisis phenomenon in South Sudan has totally deepened and escalated despite the hope for current formation of transitional government of unity. The Upper Nile states being affected since the beginning of the conflict in 2013 and the recent signed peace being their only hope to return and rebuild their homes. with the same crisis situation particularly in Jonglei state which its always in a tense on daily outbreaks (due to over flooding in the area) that lead to lose of life, other being cases of gun shots, ANC cases, high rate of malaria, water/blood Diarrhea cases, and need more of health education practices. SMC does operate in two counties, More than 250,000 people were displaced that earlier from 2013 and still more unstable environment due to poor hygiene, cattle raiding cases causing havoc notions among the communities which results to hostility and deaths (through cattle raiding). As June monthly updates indicates the results as follows: Duk facilities summery Consultations under 5yrs 1,125, consultations above 5yrs 2,343,Diarrhea cases under 5yrs195, Pneumonia under 5yrs 122, malaria cases 497, ANC 1st 32, ANC 2nd 19, and the health education exercise which covered 13,991 beneficiaries in the month of June and cholera awareness carried on in the month of May, the participant beneficiaries on the ORP site 10,025 and number treated ORS-321.

The operation for not less than 10 years in the region have made the familiarity of SMC staff get in-touch closely to the communities around the region/ highly cooperation that leads to team work and a well huge geographical experience areas and community involvement. Through this grant we are going to support 5 health facilities in Duk and Bor Counties targeting Pajut, Dorok and Padiet in Duk and Malou and Arek in Bor respectively . Some of this facilities were supported by CHF in the first phase ended on 31/jun/2016 and others are areas where need have been highlighted both by the partner,CHD and the Communities leaders. If not supported, it will be much more difficult to deploy the qualified personnel to address the health related issues affecting these populations.for the agent need for qualified personnel to be allocated to reach the beneficiaries i.e IDPs/host communities as far as the geographical nature of the region is concerned and due to the recent received medical supply we urge your highly support in coordination with your office to make this to the next goal. Absence of this support (CHF) will actually leave the community desperate and exposed to more crisis than before as far as health is concerned.

SMC,we already been operating in holistic approach where WASH,Nutrition and Health are integrated, with focus on live saving and basic health service deliveries. strengthening the existing referral and reporting system such as DHIS and EWARNS as our mean of reporting with the cluster and national system, to increase coverage and efforts on health education and promotion to prevent diseases at the facilities and communities levels.SMC is the leading agency on primary health care services, its our obligation to reinforce the community of the health services in the 5 facilities, retention and the relocation of qualified personnel in many areas, capacity building of SMC personnel, medical equipment's and rehabilitation and payment of the staff salaries in four facilities in Duk county. Failure to support will eventually lead to poor delivery of services to the vulnerable communities whom they are already been facing the challenges, might also lead to closure of the facilities supporting IDPs in the county and leaving no change to reopen some of the conflicted affected health facilities in places where population have returned back.

#### **5. Complementarity**

This Project is designed to complement our ongoing Primary Health care services in Bor and Duk counties, Since our developmental funding can't cover all the counties need at least for now, The CHF funding will eventually support the needs of the identifies communities in both counties by availing the health service closer to them and as a result SMC and the county will be palnning the future interventions in order to take over such activities. most of the facilities are currently struggling with staff unppaid which represent the Major chain of our Health facilities in both counties with over 22 health facilities.the propoused areas of intervention have been accissible all through and with particular focus in Duk Padiet and Dorok has been supported through the CHF funding at 100 % during the first Quater. a great appreciation from the beneficiaries make Us to continue serving their needs.

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To improve health standard of vulnerable people in the communities of Bor and Duk county of Jonglei states. Provision of effective services and equitable health care that is accessible to the most vulnerable groups (IDPs,returnees, and host community) Improve infrastructure and disease prevention, through control measures against malaria, Acute watery Diarrhea, Pneumonia pregnancy related cases complication and Co-existent on building relationship and creating awareness on outbreak diseases in Duk county region.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity			70		
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity			30		
<p><b>Contribution to Cluster/Sector Objectives :</b> Contribution to the cluster/sector objectives will be reflected clearly on the support of this project which will provide to the most vulnerable and needy persons, being our primary target. Our focus is to deliver lifesaving interventions, the suffering of the IDPs and Host communities, currently struggling to return to their normal lives, supporting the current functional Health facilities and setting an out reach services to such location and hard to reach area in Bor and Duk counties county of Jonglei despite the all challenges, in the other case our support will help them to revitalize their energies through the availability of continues support in the areas of health service deliveries and in support of existing health services delivery of the basic health services with community engagement, revamping functional health facilities, strengthening services delivery to hard environment as an access and security permit and address the needs of the vulnerable groups, cross cutting issues such as gender violence, psycho-social services, HIV cases management and referrals, strengthen communicable disease control and outbreak response through inter-cluster approach. SMC has strategical strong Monitoring and Evaluation units where our responses will be coordinated and shared accordingly with the cluster coordinators and present on duties for the delivery of health services.</p>							
<b>Outcome 1</b>							
To improve the standard health services deliveries by revamping and maintaing the existing facilities in conflict affected and vulnerable regions.							
<b>Output 1.1</b>							
<b>Description</b>							
Number of functional and supported health facilities with improved access and received essential medical supplies serving the IDPs and the Host communities in Bor and Duk counties of Jonglei state.							
<b>Assumptions &amp; Risks</b>							
SMC personnel are well determined and security doesn't prevent communities from accessing services and availability of funding to support skilled personnel							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
A comprehensive provision of primary health care, focus on maternal-child health cases, establishment of referral system at supported institutions							
<b>Activity 1.1.2</b>							
Monthly supervision by project officer and field supervisor to all functional health facilities within the SMC operational area							
<b>Activity 1.1.3</b>							
functional EPI services at the supported helth facilities with all the basic Equipments and adequate and Qualified Human ressource.							
<b>Activity 1.1.4</b>							
provide comprehensive Primary health care services with focus on maternal and child health with establishment of referral system							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # Number of functional health facilities in conflict -affected and other vulnerable states					3
<b>Means of Verification</b> : weekly and month reports, field supervision and monitoring							
Indicator 1.1.2	HEALTH	Frontline # of people reached by health education and promotion before and during outbreaks	6,500	15,200	2,300	1,500	25,500
<b>Means of Verification</b> : health facility weekly and monthly reports							
Indicator 1.1.3	HEALTH	Frontline Total number of U5 deaths recorded within the facility			3,000	2,500	5,500
<b>Means of Verification</b> : Weekly and Monthly reports							
<b>Outcome 2</b>							
Improve health service deliveries through capacity building of the health personel, CHD and rehabilitation of infrastructure							
<b>Output 2.1</b>							
<b>Description</b>							
Returnees, IDPs and host communities have access to better quality health services in Jonglei state in Bor and Duk Counties							
<b>Assumptions &amp; Risks</b>							

SMC staff has sufficient operational capacity to continue the implementation and availability of funding

**Activities**

**Activity 2.1.1**

Provision of cold chain system and vaccines at all the level of functional health facilities in Jonglei,with focus on Bor South and Duk counties.

**Activity 2.1.2**

Supervision and joint monitoring with the CHD and partners to the functional and supported health facilities in Jonglei state, specially in Bor south and Duk counties.

**Activity 2.1.3**

Provision of monthly staff salaries through the project cycle

**Activity 2.1.4**

procurement and distribution of medical equipment and supplies, plus others communities to support the functional health facilities in Bor South and Duk counties of Jonglei State

**Activity 2.1.5**

Minor rehabilitation and maintenance of facilities of totally affected by rains in Padiet, Duk county and Lualdit respectively in Bor South

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			1,550	1,600	3,150
<b>Means of Verification :</b> weekly and monthly reports at each facility							
Indicator 2.1.2	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			1,000	1,250	2,250
<b>Means of Verification :</b>							
Indicator 2.1.3	HEALTH	Frontline # of staff trained on disease surveillance and outbreak response	20	10			30
<b>Means of Verification :</b>							
Indicator 2.1.4	HEALTH	number of health facilities ( PHCC/PHCU rehabilitated in Bor South and Duk Counties of Jonglei State					2

**Means of Verification :** Rehabilitation and construction and the field visit reports

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

SMC is the leading health institution in Duk county for the last 10 years in Primary health care delivery services and we utilizes a Weekly, monthly and Quarterly reports system in all our programming sector with strong records in monitoring our activities implementation and results, to show the impact of the health services as part of our goals. We have adopted all the current national M & E reports systems, to reports our indicators in our operational areas of Jonglei will particular focus in Bor and Duk counties. Using the DHIS system, the national IDSR- weekly format and the health cluster weekly report format. These systems measures progress towards objectives and their impact and ensure appropriate report that is aligned to meet the CHF's reporting requirement. Our M & E officer are familiar and have been going through training update each year, with several years using the system, leading to strong knowledge and experience on the system and data collection. For the last 2 years of the conflict, we have been operating in different IDPs areas such as Minkaman in Awerial, Twice east and Bor serving the IDPs people, and our past records shows our effects are excellent at the facilities levels. We are going to utilize the national reporting registries ( Weekly, monthly and Quarterly reports forms) to collect data of relevant activities such as the Out- Patient, ANC, EPI, referral cases, out -reach services etc, to produce the Quarterly, Midterm and final reports. Such data could be accessed by others institutions with access to the national reporting system, such as DHIS and IDRS as national data base services. In Addition, the weekly IDRS is filled shared with the County CHD, state Ministry of health, health cluster coordinator and national ministry of Health weekly. Commodities received and distributed will be reported to CHF and the cluster respectively through the Midterm or final report and Uploaded to the GMS system. With over 10 years using various reporting formats and timelines, this background make SMC team strong and capable of ensuring appropriate monitoring and reporting plan that align itself to meet all the CHF and cluster reporting requirements. We will both institutions with the detailed reporting specific to scope of the proposal and segregate the data by gender, age etc as may be required by the summary reports. All the reports will be shared with all the concerns institutions timely and verification of all the reported data will be undertaken by the SMC,CHD, SMoH in our operational areas.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: A comprehensive provision of primary health care, focus on maternal-child health cases, establishment of referral system at supported institutions	2016									X	X	X	X
	2017	X											
Activity 1.1.2: Monthly supervision by project officer and field supervisor to all functional health facilities within the SMC operational area	2016									X		X	
	2017	X											

Activity 1.1.3: functional EPI services at the supported health facilities with all the basic Equipments and adequate and Qualified Human resource.	2016									X	X	X	X
	2017	X											
Activity 2.1.1: Provision of cold chain system and vaccines at all the level of functional health facilities in Jonglei,with focus on Bor South and Duk counties.	2016									X	X	X	X
	2017	X											
Activity 2.1.2: Supervision and joint monitoring with the CHD and partners to the functional and supported health facilities in Jonglei state, specially in Bor south and Duk counties.	2016									X		X	
	2017	X											
Activity 2.1.3: Provision of monthly staff salaries through the project cycle	2016									X	X	X	X
	2017	X											
Activity 2.1.4: procurement and distribution of medical equipment and supplies, plus others communities to support the functional health facilities in Bor South and Duk counties of Jonglei State	2016									X		X	
	2017												
Activity 2.1.5: Minor rehabilitation and maintenance of facilities of totally affected by rains in Padiet, Duk county and Lualdit respectively in Bor South	2016										X	X	X
	2017												

## OTHER INFO

### Accountability to Affected Populations

The Accountability to the affected population is and requires commitment from Us through ensuring the feedback and accountability mechanisms being integrated into our strategies, monitor and evaluation and Recruiting staff, which are possible through the leadership commitment and our Human resource department. We discussed, shared with Affected population in order to request the current support. The active participation of the affected population in decision making and identification of their needs through the establishment of a system to engage them and ensure that most marginalized and affected are represented. Through our project, we are looking forward to provide accessible and timely information to the affected community on organizational procedures, structures and process that affected them to ensure that they can make informed decision and choices. Facilitating dialogues between the organization and the affected community over information provision. The formation of village health committees, the Joint supervision with the County health authorities and administration and community meeting with the affected community member are some of our channel where related issues could be addressed. We believe in order to be accountable to the affected population, a strong leadership, transparency, feedback and complain mechanism and community participation are the best ways to be accountable and share the same position with those affected, them being part of the service offered and most importantly, be part of decision making process.

### Implementation Plan

SMC is already supporting 2 health facilities as part of the response to the huge Influx of the IDPs of Duk due to the current conflict; We will be adding an additional Health facility to cover Bor Population in areas of Malou, Arek and Gakyuom. The current support will be dedicated to continue the service deliveries in Duk and Bor counties at 100% to the three facilities, since RRHP funds and Operation been greatly affected and reduced, for the Second Quarter of 2016. As a leading agency on Primary health care service deliveries in Bor and Duk Counties, where we are supporting 20 health facilities in Bor and 2 in Duk county, We look forward to scale Up and reopen more facilities in Duk county, under RRHP as soon as they avail he necessary financial support. These facilities does increase the number of health facilities in the conflict affected areas and paved the way for our IDPs return to their original villages and Payams as soon as the peace prevail. The current CHF facilities could be added to be supported under the developmental fund earlier next year, depending on the implementation and progress of the Peace agreement, this strategy highlight the sustainability of this facilities, when funding end. from February to June, We will be supporting two Health facilities and increase our focus to outreach, EPI services, help on opening and rehabilitating previously closed health facilities and reaching those hard to reach through mobile services with this funding support. Considering the current level of funding, We are targeting our services to be in Duk at 100 %, the current Human resource will continue supporting the 2 health facilities, being supported through CHF funding in order to maintain such services and part of the funding will be use for training, medical Equipment's and supplies as well as to support our office operation in Juba.

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
JDF	John Dau foundation (JDF) is currently running nutritional services in Duk county, SMC team with CHD at the feel level and at our supported health facilities, does the Nutritional screening and identifyiong the cases for the referral to JDF as part of our current cooperation and coordination of the services at the county level.
WHO,UNICEF,CHD,SMoH,National MoH and Health cluster	Data sharing, provision of core pipelines (Drugs, RHkits, vaccines and others supplies) We also carry out joint and supportive supervsion.data analysys, wayforward, planing and coordination at different levels
Partners and Overral coordination	SMC activities are coordinated by at the lvel 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, CRS,C&D,JDF and WFP and its partners in the food security and Education clusters.

### Environment Marker Of The Project

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

This project is a tool to highlight and to address health issues with specially focus on maternal health issues and equity at the level of our organizational deliveries.

**Protection Mainstreaming**

Since the Conflict began in December 2013, the civilian population in South Sudan has faced indignity as the result of deliberate personal violence, deprivation and restricted freedom of movement. Our Institution working with IDPs, believe that our focus goes behind people immediate needs to wider questions of personal safety and dignity of the civilian population. Identifying threats, work out mitigations plans in coordination with communities or beneficiaries of this project and monitor progress are keys elements. It is clear that no single Agency can undertake this task and We will be directing and cooperating with partners with expertise working in these areas of protection, including the GBV and Child Protection by extending our partnership by sharing Information and way forward as a collective responsibilities. cases of violations should be referred promptly and in accordance with standard operating procedures and information sharing protocols established in the area.

**Country Specific Information****Safety and Security**

Our operational areas are accessible since the beginning of the 2016 with feasible potential traders mobility from other neighboring counties (Uror and Ayod). While sustainable interventions were becoming realities due the current peace and accessibility, though the major concerns remain on the recent developments and with sporadic incidents , make some areas to be still under emergency mode, This is the case of Pajut in panyang payam, to mention some. Our targeted areas are relatively safe and calm though there may be some constrains, specifically on logistical aspect , due to heavy rains and bad roads. We believe and have planned to implement all the activities with little disturbances, since the 2nd Allocation time frame will e eventually better. 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, visit to the health facilities and IDPs sites or out reaches visit, will be developed under leadership of the county health department and in collaboration with the Office of commissioner and SMC management team, these process will easy and improve our safety and security concerns in the area as well.

**Access**

Considering the current rainy season a challenge, though on the edges and the Upcoming dry season, the greater opportunity, we will have access to all our planned operational sites in the County. SMC have two vehicles to facilities our activities in Bor and Duk, which make our operation more efficient, by facilitating the outreach team, EPI services and drugs and other medical supplies distribution process. Though the High prices of the spare and repairs is great challenge with the current level of funding.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Clinical Officer	D	2	750.00	5	100.00	7,500.00
	<i>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 &amp; E officer and does report to the field supervisor; there will be two of them One allocated to each health facility. The unit number includes ALL benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.2	Certificated Nurses	D	2	700.00	5	100.00	7,000.00
	<i>He/she will be Incharge 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 standards, supervise junior nurses and other support staff. He/She will be incharge of all the documentation and reporting activities at the Unit. There will be two of them One allocated to each health facility. The unit number includes ALL benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.3	Lab Assistants	D	2	450.00	5	100.00	4,500.00
	<i>He/She shall assit the Lab Technicians on daily routines. there will be two of them One allocated to each health facility. The unit number includes ALL benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.4	Midwife	D	2	550.00	5	100.00	5,500.00
	<i>He/she shall be incharge 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 ALL benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.5	CHW	D	3	244.00	5	100.00	3,660.00

	<i>He/She will be focal health persons and incharge 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&amp; E departments through the Field Supervisor;there will be three of them one allocated to each Supported Health facility. The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.6	EPI Vaccinators	D	6	300.00	5	100.00	9,000.00	
	<i>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&amp; E officer through the Field supervisor; there will be six of them two allocated to each Supported Health facility. The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.7	Dispenser	D	2	200.00	5	100.00	2,000.00	
	<i>He/she will be part of the team at the health facility level. His /her main duties will be dispensing the prescribed drugs, compiling and requesting drugs from pharmacist as well as explaining the dosage and drugs consumption to the patients.</i>							
1.8	Guards	D	2	148.00	5	100.00	1,480.00	
	<i>He/She will be incharge 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 three of them One allocated to each Supported Health facility. The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.9	Clerk	D	2	198.00	5	100.00	1,980.00	
	<i>there will be two of them One allocated to each Supported Health facility. The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.10	Cook	D	2	135.00	5	100.00	1,350.00	
	<i>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. He/She will be incharge 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 ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.11	Cleaner	D	2	158.00	5	100.00	1,580.00	
	<i>She/He will be incharge of general cleaning of the Health supported facilities on day to day basis; there will be three of them One allocated to each Supported Health facility. The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.12	M & E/Data Officer	D	2	250.00	5	100.00	2,500.00	
	<i>He/She is incharge of collecting and compiling weekly &amp; monthly data for reporting purposes. The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.13	Driver Mechanic	D	1	620.00	5	100.00	3,100.00	
	<i>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; he shall be located in Duk County. The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.14	Boat Captain	D	1	400.00	5	100.00	2,000.00	
	<i>He/she will take the lead role on major and minor repairs of the Motorboat as the soul responsibility. He will be the SMC Boat captain 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 boat.He/she will be ready to Navigate at odd hours and especially during emergencies and EPI outreaches;there will be One allocated to support Duk County. The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.15	Project Officer	D	1	800.00	5	100.00	4,000.00	
	<i>He/She is incharge of this program activities supervision and coordination in consultation with Program director. in guiding the training and the Construction or rehabilitation activities at each level. The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.16	Executive Director	D	1	4,500.00	5	10.00	2,250.00	
	<i>The Executive Director is incharge of the overall SMC management and Programming both inside and outside South Sudan. He/she SHALL SPEARHEAD SMC's vision and mission as stipulated, his role consist on representing SMC with Donors, partners and Governments, presenting the efforts done by SMC and making fundraising to fulfill the funding gaps; He/she is incharge of ensuring the institution's funding is utilized in accordance to required standard of the accountability and will oversee the implementation of this project . The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							

1.17	Finance & Grants Manager	D	1	4,000.00	5	10.00	2,000.00
	<i>He shall be in charge of entire SMC's Financial &amp; Grants management including this grant &amp; financial reporting. The unit number includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.18	Human resource	D	1	2,000.00	5	10.00	1,000.00
	<i>He/she shall be incharge of human resource recruitment process, making sure the hiring is done according to our manual and the hired personnel has the necessary credentials.</i>						
	<b>Section Total</b>						<b>62,400.00</b>
<b>Equipment</b>							
3.1	Hospital beds & mattresses	D	5	560.00	1	100.00	2,800.00
	<i>Based on our current Inventory list, there shall be need to equip each facility with 5 beds.</i>						
3.2	Blankets & bedsheets	D	10	150.00	1	100.00	1,500.00
	<i>Based on our current Inventory list, there shall be need to equip each facility with 5 pcs of blankets &amp; 5 pairs bedsheets.</i>						
3.3	Examination coaches	D	1	400.00	1	100.00	400.00
	<i>Based on our current Inventory list, there shall be need to equip each facility with 1 examination coach.</i>						
3.4	Delivery beds	D	1	541.70	1	100.00	541.70
	<i>Based on our current Inventory list, there shall be need to equip each facility with 1 delivery bed.</i>						
3.5	Microscopes	D	2	800.00	1	100.00	1,600.00
	<i>Based on our current Inventory list, there shall be need to equip each facility with 1 microscope. We are hiring Laboratory technician which requires Microscopes and others equipments in other to performs theirs duties.</i>						
3.6	Metallic Shelves	D	2	400.00	1	100.00	800.00
	<i>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.</i>						
3.7	Computer Laptop	D	2	900.00	1	100.00	1,800.00
	<i>These shall be allocated to Project officer and Executive Director offices</i>						
	<b>Section Total</b>						<b>9,441.70</b>
<b>Contractual Services</b>							
4.1	Rehabilitation of 2 Health facility in Duk county	D	2	2,535.00	1	100.00	5,070.00
	<i>Rehabilitation of 2 health facilities in Duk county, this is already existing facilities which have major damages as the result of the conflict and we are looking forward to reopen them as the population requested and returned back. there are repairs and particle reconstruction of this building in Duk county.</i>						
	<b>Section Total</b>						<b>5,070.00</b>
<b>Travel</b>							
5.1	In country travel Juba-Bor round flights for 3 people	D	3	200.00	3	100.00	1,800.00
	<i>this are round trips for the SMC management team during field visit to the project sites. it based on the current commercial flight rate</i>						
5.2	Local Travel, Perdiem, Accomodation, Bor, Duk - during supervision	D	8	50.00	5	100.00	2,000.00
	<i>there shall be 5 round trips per each county during the Implementation peiod, using the current commercial flight rates</i>						
5.3	Local Travel, Perdiem, during EPI outreach Bor, Duk	D	8	50.00	5	100.00	2,000.00
	<i>the perdiem and local trip are based on SMC perdiem policy considering hard to reach areas of implementation such as Touch etc</i>						
	<b>Section Total</b>						<b>5,800.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Stationaries	D	1	600.00	5	50.00	1,500.00
	<i>These shall includes stationaries and supplies for both head office &amp; health facilities</i>						

7.2	Juba office rent	D	1	2,000.00	3	40.00	2,400.00
<i>SMC has satellite Office in Juba to facilitate the coordination and communication with Donors, partners and others institutions</i>							
7.3	Internet subscriptions	D	1	500.00	4	75.00	1,500.00
<i>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</i>							
7.4	Bank charges	D	1	400.00	4	100.00	1,600.00
<i>These are charges levied to the bank transactions where the funds shall be channelled</i>							
7.5	Vehicle & speedboat maintenance	D	2	800.00	5	50.00	4,000.00
<i>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 \$ 1,500 dollars per each vehicle. this are the spare parts for replacement and during repairs (Shock absorbers, tires,injector pump,break shoes etc)</i>							
7.6	Vehicle & speed boat fuel	D	2	750.00	5	50.00	3,750.00
<i>these are fuel, (diesel and petrol)lubricant filters, etc for an estimated 1 vehicles and one motorboat in our operation.</i>							
<b>Section Total</b>							<b>14,750.00</b>
<b>SubTotal</b>			87.00				<b>97,461.70</b>
Direct							97,461.70
Support							
<b>PSC Cost</b>							
PSC Cost Percent							3.00
PSC Amount							2,923.85
<b>Total Cost</b>							<b>100,385.55</b>
<b>Grand Total CHF Cost</b>							<b>100,385.55</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	
Jonglei -> Bor South	40	10,513	59,191	5,950	5,650	81,304	<p>Activity 1.1.1 : A comprehensive provision of primary health care, focus on maternal-child health cases, establishment of referral system at supported institutions</p> <p>Activity 1.1.2 : Monthly supervision by project officer and field supervisor to all functional health facilities within the SMC operational area</p> <p>Activity 1.1.3 : functional EPI services at the supported health facilities with all the basic Equipments and adequate and Qualified Human ressource.</p> <p>Activity 2.1.1 : Provision of cold chain system and vaccines at all the level of functional health facilities in Jonglei,with focus on Bor South and Duk counties.</p> <p>Activity 2.1.2 : Supervision and joint monitoring with the CHD and partners to the functional and supported health facilities in Jonglei state, specially in Bor south and Duk counties.</p> <p>Activity 2.1.3 : Provision of monthly staff salaries through the project cycle</p> <p>Activity 2.1.4 : procurement and distribution of medical equipment and supplies, plus others communities to support the functional health facilities in Bor South and Duk counties of Jonglei State</p> <p>Activity 2.1.5 : Minor rehabilitation and maintenance of facilities of totally affected by rains in Padiet, Duk county and Lualdit respectively in Bor South</p>
Jonglei -> Duk	60	10,967	22,809	2,520	2,400	38,696	<p>Activity 1.1.1 : A comprehensive provision of primary health care, focus on maternal-child health cases, establishment of referral-system at supported institutions</p> <p>Activity 1.1.2 : Monthly supervision by project officer and field supervisor to all functional health facilities within the SMC operational area</p> <p>Activity 1.1.3 : functional EPI services at the supported health facilities with all the basic Equipments and adequate and Qualified Human ressource.</p> <p>Activity 2.1.1 : Provision of cold chain system and vaccines at all the level of functional health facilities in Jonglei,with focus on Bor South and Duk counties.</p> <p>Activity 2.1.2 : Supervision and joint monitoring with the CHD and partners to the functional and supported health facilities in Jonglei state, specially in Bor south and Duk counties.</p> <p>Activity 2.1.3 : Provision of monthly staff salaries through the project cycle</p> <p>Activity 2.1.4 : procurement and distribution of medical equipment and supplies, plus others communities to support the functional health facilities in Bor South and Duk counties of Jonglei State</p> <p>Activity 2.1.5 : Minor rehabilitation and maintenance of facilities of totally affected by rains in Padiet, Duk county and Lualdit respectively in Bor South</p>

## Documents

Category Name	Document Description
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