

Requesting Organization :	Sudan Medical Care				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Improve Health status of the communities of returnees and internally displaced in Duk County of Jonglei state				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/H/NGO/693		
Cluster :		Project Budget in US\$:	100,000.00		
Planned project duration :	5 months	Priority:			
Planned Start Date :	01/02/2016	Planned End Date :	30/06/2016		
Actual Start Date:	01/02/2016	Actual End Date:	30/06/2016		
Project Summary :	<p>this Project seek to meet the emergency and primary health care needs for the internally displaced persons from conflict affected states in south Sudan, with focus on the post-conflict movements in Duk county. We seek to meet significant gaps in Jonglei state affected counties, with initial target of 45,366 beneficiaries in Duk county of Jonglei sate.Knowing that the most urgent need are saving lives which does translate to health, water and sanitation, food security. this project focuses on improve the health status of the vulnerable people in Duk Counties through provision of effective and Equitable basic health care and emergency health services to support the current already offered basic package supporting the most vulnerable group of the rural communities to have access to improved infrastructure and disease prevention and control measures.The primary health care services (including Ante-natal care, maternal and child health., reproductive health) As well as the emergency heath (disability,trauma referral and GBV screening as well as psycho-social needs with infrastructure rehabilitation components in Duk counties of Jonglei state, where most of their infrastructures facilities has been affected or destroyed during the recent conflict.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
10,957	22,809	5,950	5,650	45,366	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	5,478	14,798	3,228	2,300	25,804
Children under 5	0	0	861	928	1,789
People in Host Communities	3,652	4,761	1,061	1,700	11,174
Other	1,827	3,250	800	722	6,599
Indirect Beneficiaries :					
The number of indirect beneficiaries are 6599 People					
Catchment Population:					
The catchment population of this project will be 45,366 people, with hundred % focus in Duk county					
Link with allocation strategy :					
<p>Our Project link with the allocation strategy will be based on our focus to intervene in the following areas:</p> <ol style="list-style-type: none"> 1-Support the existing health services on the delivery of basic health services with the community engagement. 2-support the No-Functional/damaged health facilities to revive functionality if the security permit. 3-Ensure logistic support for emergency referrals to appropriate level of the care. 4-Strengthen service deliveries to the the areas outside the PoC and the hard to reach areas as the access and Security permit. 5-Strengthen communicable diseases control amd outbreak response to address the prevalence of the diseases including Inter-cluster synergiees, address the need of the highly vulnerable groups including service fosing on across cutting issues, such as GBV, HIIV/AIDS, mental health and Psycho-social services. 					

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
Moses Kinyanjui	Finance and Grant Manager	mosekinya06@yahoo.com	0956036547

BACKGROUND**1. Humanitarian context analysis**

The South Sudan problems are many faceted, where every county, payam and village/resentment is asking for attention and the service of basic needs. The sudden closure of the health facilities led to huge hamper of the preventive services with destruction of infrastructure, withdrawal of health personnel from the most affected and remote areas in greater Upper Nile states. Peaked by the recent conflict leading to over 56 % of the population with access challenges to the health services, low immunization coverage and only 10 % of the institutional deliveries with Obstetrician serving over 20,000. Persistent challenges to access and respond to population on the move or in hard to reach areas in conflict affected areas. We remain mindful of the devastating, and man made humanitarian crisis unfolding before us. More than 4.7 millions people currently in need, with 49% being female and 1.5 million children being targeted for this year 2016. Our institutional facilities were reduced drastically in Duk counties from 11 to 2 functional health facilities, being supported by outreach services in many villages through 2014 and 2015. 2016 remain our hope with the peace being signed, as the great opportunity to reopen a chain of health facilities in our operational areas, where limitation to access people in need will be no more a challenge and the Outreach services offered will reach more hard to reach areas than the previous years. Bor and Duk counties are inhabited by Agro-Pastoralist communities, which already been facing many challenges in terms of the development, security and frequent cattle raiding and child abductions. In 2016, we are focusing our resource mobilization on Bor and Duk counties, in order to minimize our efforts and utilization of the human and financial resources. Our facilities contributed to the alleviation and live saving through their service delivery, which our current data shows at different IDPs: a total consultation of 9,358 (under 5yrs males: 3181 children with 3rd Pentavalent dose 945, functional facilities 25). People reaches with Health education and Promotion Messages were 7,646 with 19 % of pregnant mothers been attended by skilled workers at our health facilities. Sudan Medical Care, is the leading agency on primary health care service delivery in Bor and Duk counties, of Jonglei state and we have the expertise and area knowledge to return the health services to the Pre- December 2013. We are looking forward to help our people return to their normal lives through the health service provision at their communities.

2. Needs assessment

Following December 2013 crisis, many negatives social and Economic impacts on the population of South Sudan have been highlighted. The Country faces a major Public crisis, with disruption of the essential primary health care and Secondary health care services and a limited capacity on basic services in general. As of the end of 2015 and estimated 4.7 people are been reported in urgent need with 49 % female and over 1.5 million children. Large population have been displaced from their homes to bush, swampy areas and new areas of settlement, where they do not have access to adequate shelter, Sanitation, clean Water or food. Duk county is one of the most affected Counties during the conflict, where destruction of over 10 health facilities took place, breakdown of the cold chain system and withdrawal of Qualified health personnel due to security concerns. This was a direct translation to poor health services and Negative Impact of the Health service delivery after several years of dedication and improvement on the Infrastructure development. Duk county have the influx of both Ayod and Urur, as well as their own internally displaced people from Panyang payam and others areas, Our current services will be covering their basic needs in term of health services, considering their settlement and funding limitation. Focusing on the main causes of avoidable mortality, such as DIARRHEA DISEASES, ACUTE RESPIRATORY INFECTION AND MALARIA, which threaten thousand of lives, limited reproductive health services, increase of potential cases of TB and HIV/AIDS among the IDPs, while the host community require to stretch already limited resources in other areas of services. There is a clear gap in the availability of Emergency obstetric care and neonatal services, the trauma cases though considerable reduced in the county, it remain among our challenges, considering the sporadic security concerns and cattle raiding frequencies and the lack of status of secondary and tertiary services as well as the referral system constrains at the county level. The dry season, remain our best chance to address most of our issues regarding access, referral and reach hard to reach or lock areas with in the county.

3. Description Of Beneficiaries

this Project will be targeting a population of 45,366 people, mainly from the following target groups, 22,809 are female, representing 50 % of our target group, with 10957 male, with further segregation of Children Under 18 years representing 9073, Equivalent to 19.9 % of our targeted population in Duk county. Our targeted population is also segregated in IDPs being 56.8 % of the total population (25804) and the Host communities representing 24.6% equivalent to 11174 people. Based on our operation years in the County and has the result of the conflict, the current population was identify as a vulnerable groups and we have been serving them at different areas in the health sector. Many have been displaced and depend on the humanitarian assistance, others have their health service and other basic infrastructures destroyed, while others have been facing security and access related challenges.

4. Grant Request Justification

the recent conflict situation in South Sudan have affected greatly the greater upper Nile states, jonglei state, is one of the affected areas ,where SMC is operational in two counties. More the n 250,000 people were displaced from our operational areas as a result of the recent conflict between the government and the rebels. With the Peace being signed it gives back hopes that service deliveries will be reinserted and issues related to security and access challenges will be eventually addressed, leading to our institution and partners to offer the most needed basic services to the affected communities in greater Bor in particular. It remain a challenge to our operational areas , following the destruction the infrastructure during the conflict and looting with many lives lost and left with little hope.We believe our intervention will give hopes to displaced people and will be starting point for those who may decided to come back. SMC will strategize on holistic approach where wash, nutrition and health intervention are integrated , with focus on the basic health services , with nutrition component through screening, detection and management of the Acute and Moderate cases, deworming and distribution of Vit A and Mental psycho-social management and identification be the trained health personnel and social mobilizers in the vulnerable communities, strengthening the existing referral system to secondary levels, EWARN coverage and Increase Efforts on health education and promotion to prevent diseases at the facilities and communities levels. The deployment of Qualified personnel to address the health related issues in affected areas hoping the recently signed peace will allow more access to humanitarian operations is an important element. SMC is a national NGO , who has been operating in the two counties for more then 10 years, with huge Experience in the geographical areas, with his staff being Sons and Daughters of the targeted communities, being an advantage for our institution work.

We believe the current created vacuum by the conflict will eventually be filled by the CHF funding and SMC efforts will be towards returning the health services to their previous status before the fighting begin in December 2013.

A fully functional chain of health services in Duk and Bor counties, with adequate Human resources and the availability of the basic medical Equipment at each level in order to reach the beneficiaries demand remain our priority. The developmental funds will eventually continue to support all the reinstate and operational health facilities in both counties. We believe the returning home should be made attractive and availing health services, with improved Infrastructure will always show a great sign of peace dividend.This is the only chance , before the rainy season, where we can develop and improve Infrastructures, reach hard to reach areas and open nonfunctional or closed health facilities in Duk, where access has been difficult for the last 2 years. The CHF funding will cover medical Equipment and supplies , training of the medical personnel, salaries to the newly open facilities and outreach services and infrastructure development component; other commodities such as medicines, vaccines and nutritional supplies will be supplied by WHO,UNICEF,IMA and MoH to our Operational areas. We will also benefiting from EMF drugs supplies to the County, where our CHF supported facilities will receive most of their medical supplies during the project cycle. Currently we have a preposition of Medicines for the first 2 months in the county of our operation.

5. Complementarity

SMC, being one of the partner who has been responding to emergencies services in Awerial, Bor and Duk Counties for the last 3 years, is also the leading institution on developmental project with funding from IMA to run the basic health services in Bor and Duk counties of Jonglei state, Where we support 22 health facilities. The current project will be complemented with 100 % focus in Duk county, main because, of funding limitation and considering our access during the last Quarter as limited due to road and Security concerns. Currently we are enjoying a relatives peace in the county, while the RRHP funding will be covering specific facilities, such as Poktap, Ayueldit in Duk and over 20 Health facilities in Bor county. Others areas such as Amiel, Padiet, Panaru, Dorok haven't been access or hard to reach in Duk, the IDPs people from Duk in Twice East county and new arrivals from Urur and Ayod counties will mainly benefit from CHF funding. An essential element has been the supplies of medical Equipment's to the facilities, such has beds, delivery beds, Examination coaches etc, which are to be purchased and supplied to Many SMC facilities in the three counties and RRHP funding couldn't cover them following the recent looting after the conflict. Supporting the Qualified Human resources to such areas require financial support ,by paying their salaries and basic allowances to keep running the health services in the County. Many facilities are currently been destroyed and a limited fund will be dedicated to support the minor rehabilitation of One facilities in Duk county, Considering the current dry season as the main window to do rehabilitation and RRHP are not able to fund construction at the moment, considering the financial challenges,

LOGICAL FRAMEWORK

Overall project objective

improve health status of the affected and vulnerable people in Duk counties of Jonglei state. Providing effective and Equitable health care that is accessible to the most vulnerable group of the internally displaced people and rural communities . Improve infrastructure and disease prevention and control measures against malaria, Acute Watery Diarrhea, pneumonia and pregnancy related complication.

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	20
CO3: Improve access to psychosocial support and mental health services for the vulnerable population, including those services related to the SGBV response	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	10

Contribution to Cluster/Sector Objectives : the contribution to the cluster/sector objectives is clearly stated on the support this project will be providing to the most vulnerable and needy communities of Duk County, being our main and primary target. Our focus is to deliver lifesaving interventions, reduce the suffering of the IDPs and host communities, currently struggling to return to their normal lives, by supporting the current functional health facilities as well to rehabilitate and open those who have been close in already populated areas , as well as to focus on operating outreach health services to special areas ,where infrastructure can't be rebuild and require huge financial support in both counties. We acknowledge the challenges following the current fragile peace process, but our hope and efforts to support these communities, will eventually help on revitalize their energies and support their resilience through the provision and availability of basic health services with the beneficiaries engagement and ownership. capacity building of health personnel and continues supportive supervision to promote outcome and sustainability . Strengthening service delivery to hard to reach areas as access and security will see improvement following the ongoing peace process to address the needs of the targeted vulnerable group, keeping in mind crosscutting issues such as gender base violence, Psycho-Social services, HIV/AIDS and elderly people. SMC will strengthen his response to outbreak, communicable diseases etc, through inter-cluster approach. With our current M&E team , well equipped and trained on the current reporting systems, will eventually improve our response and coordination, while sharing information through the cluster forums will give Us a guidance

Outcome 1

Improve health service deliveries by maintaining the existing functional health facilities and Open more in conflict affected and other vulnerable states

Output 1.1

Description

Number of functional and supported health facilities in conflict -affected and other vulnerable states

Assumptions & Risks

Security doesn't prevent communities from accessing services and availability of funding to support skilled personnel

Activities

Activity 1.1.1

Provision of basic health services at the supported health facilities with all the basic Equipment's and adequate human resources

Activity 1.1.2

provide comprehensive Primary health care with focus on maternal-Child health care and establishment of referral system at the supported institutions

Activity 1.1.3

Distribution of Drugs/medicines and vaccines to the 2 supported health facilities in Duk county

Activity 1.1.4

conduct Health Education and Promotion sessions in all our operational health facilities and out reach sites on the prevention and treatment of the commonest diseases.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	3,500	23,136	914	900	28,450
Means of Verification : weekly and month reports plus a field supervision.							
Indicator 1.1.2	HEALTH	Frontline # Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states		250			250
Means of Verification : health facility weekly and monthly reports							
Indicator 1.1.3	HEALTH	Frontline # of people reached by health education and promotion before and during outbreaks	3,450	5,460	1,100	1,500	11,510

Means of Verification :

Outcome 2							
Maintain the existing functional health facilities at the operational level in Duk county , during the project cycle.							
Output 2.1							
Description							
returnees, IDPs and Host communities have access to better Quality health services in Duk County of jonglei state.							
Assumptions & Risks							
SMC staff has sufficient operational capacity to continue the implementation and availability of funding							
Activities							
Activity 2.1.1							
training of health workers to strengthen their capacity on diagnosis and treatment of commonest diseases at the Health facilities in Duk county.							
Activity 2.1.2							
provision of cold chain system and vaccines at all the level of functional health facilities in Duk county.							
Activity 2.1.3							
Supportive supervision and joint monitoring with the CHD and partners to the functional and supported health facilities in Duk county							
Activity 2.1.4							
provision of monthly staff salaries through the project cycle							
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			550	600	1,150
Means of Verification : 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			800	750	1,550
Means of Verification :							
Indicator 2.1.3	HEALTH	Frontline # of staff trained on disease surveillance and outbreak response	6	2			8
Means of Verification :							
Outcome 3							
Improve health service delivery through better infrastructure and Well Equip facilities							
Output 3.1							
Description							
Provision of basic medical equipment ,supplies and rehabilitation of Infrastructures of the functional facilities serving the IDPs and the Host communities in Duk county							
Assumptions & Risks							
availability of Funding							
Activities							
Activity 3.1.1							
procurement and distribution of medical equipment and supplies, plus others commodities to support the functional health facilities in Bor and Duk counties							
Activity 3.1.2							
Minor Rehabilitation of 1 PHCU health facilities in Duk counties for better facility use							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	Frontline # Number of facilities providing BEmONC services					2
Means of Verification : monthly and filed visit report							
Indicator 3.1.2	HEALTH	Number of closed or partially destroyed health facilities been rehabilitated in Duk county					1
Means of Verification : rehabilitation and 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 Duk county. 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 string 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) 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: Provision of basic health services at the supported health facilities with all the basic Equipment's and adequate human resources	2016		X	X	X	X	X						
Activity 1.1.2: provide comprehensive Primary health care with focus on maternal-Child health care and establishment of referral system at the supported institutions	2016		X	X	X	X	X						
Activity 1.1.3: Distribution of Drugs/medicines and vaccines to the 2 supported health facilities in Duk county	2016		X		X		X						
Activity 1.1.4: conduct Health Education and Promotion sessions in all our operational health facilities and out reach sites on the prevention and treatment of the commonest diseases.	2016		X	X	X	X	X						
Activity 2.1.1: training of health workers to strengthen their capacity on diagnosis and treatment of commonest diseases at the Health facilities in Duk county.	2016		X		X								
Activity 2.1.2: provision of cold chain system and vaccines at all the level of functional health facilities in Duk county.	2016		X	X									
Activity 2.1.3: Supportive supervision and joint monitoring with the CHD and partners to the functional and supported health facilities in Duk county	2016		X		X		X						
Activity 2.1.4: provision of monthly staff salaries through the project cycle	2016		X	X	X	X	X						
Activity 3.1.1: procurement and distribution of medical equipment and supplies, plus others commodities to support the functional health facilities in Bor and Duk counties	2016			X	X								
Activity 3.1.2: Minor Rehabilitation of 1 PHCU health facilities in Duk counties for better facility use	2016		X	X									

OTHER INFO

Accountability to Affected Populations

The Accountability to the affected population is and require 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. We believe 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 1 health facilities as part of the response to the huge Influx of the IDPs of Duk county Twice East due to the current conflict. The current support will be dedicated to continue the service deliveries in Duk county at 100% up to June of 2016.SMC, is also the 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. These facilities does increase the number of health facilities in the conflict affected areas and paved the way for our developmental fund take over this facilities toward the end of the year, 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 identifying 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 supervision.data analysys, wayforward, planing and coordination at different levels					
Partners and Overral coordination		SMC activities are coordinated by at the lvel of the State Minitry 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,Oxfam,C&D,JDF and WFP and its partners in the food security and Education clusters.					
Environment Marker Of The Project							
A: Neutral Impact on environment with No mitigation							
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 proposal is proposed to address health issues with special focus on the maternal and neonatal health issues and Gender Equity at the level of our Institution 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							
Following the last 2 years of conflict and the signing of the current fragile peace agreement, any efforts towards the re-establishing health services in affected state remain a challenge and call for a realistic planning and time frames. In the context of Jonglei state and particularly of Duk county, the planning must take into account the need for basic services, the Infrastructure challenges and security concerns in term of access.We have seen hope and new areas have become accessible for the first time after several months of Insecurity with feasible potential traders mobility in Duk from other neighboring counties.While sustainable interventions are becoming realities due to the current peace and accessibility, though concerns 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 logistic. We beleive and have planned to implement all the activities with litle disturbances. SMC is already engaging the relavant 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 reahcs 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 dry season, we will have access to all our planned operational sites in the County. SMC have one vehicle to facilities our activities in Duk, which make our operation more efficient, by facilitating the outreach team, EPI services and drugs and other medical supplies distribution process.							
BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	clinical Officer	D	2	780.00	5	100%	7,800.00
<i>He/she will be in-charge of the facility and it daily administrative management,including staffing attendance, condcut diagnostic and management of all the cases,carry out minor surgeries and all the saving procedures, refer cases to the next level of health care, lead the Health Education planning at the facility levels.He/She will document and reports all the activities at the facility level with submission of Weekly and monthly reports data to the M & E officer and does report to the field supervisor; there will be 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	Certified Nurses	D	2	740.0 0	5	100%	7,400.00
	<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. Assitant	D	2	300.0 0	5	100%	3,000.00
	<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	450.0 0	5	100%	4,500.00
	<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	Pharmacist	D	2	300.0 0	5	100%	3,000.00
	<i>He/She will be responsible for receive and storage of all the medical supplies at the facility level, establishing an inventory list with each drugs Name, doses and expiration date. He/She will issue out drugs prescribed by the clinician, CHW or the Nurse. HE/She will maintain the hygiene and organization of the pharmacy, make sure all the patients have taken their drugs regardless of her/his off time, reports any Expired, stock out and submitted the monthly reports; there will be 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>						
1.6	CHW/MCHWs	D	4	300.0 0	5	100%	6,000.00
	<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& E departments through the Field Supervisor;there will be four 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>						
1.7	EPI	D	4	325.0 0	5	100%	6,500.00
	<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& E officer through the Field supervisor; there will be four 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>						
1.8	Guards	D	2	225.0 0	5	100%	2,250.00
	<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 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>						
1.9	Clerk	D	2	230.0 0	5	100%	2,300.00
	<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	225.0 0	5	100%	2,250.00
	<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	180.0 0	5	100%	1,800.00
	<i>She/He will be incharge of general cleaning of the Health supported facilities on day to day basis; 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>						
1.12	Driver Mecahnic	D	1	700.0 0	5	100%	3,500.00
	<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>						

1.13	Boat captain	D	1	600.0 0	5	100%	3,000.00
	<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>						
1.14	Project Officer	D	1	800.0 0	5	100%	4,000.00
	<i>He/She is in charge 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>						
1.15	M & E officers	D	1	450.0 0	5	100%	2,250.00
	<i>He/She is in charge of collecting and compiling weekly & monthly data for reporting purposes. The unit number includes ALL benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.16	Executive Director	D	1	4,400 .00	5	10%	2,200.00
	<i>The Executive Director is in charge of the overall SMC management and Programming both inside and outside South Sudan. He/she SHALL SPEARHEAD SMC's vision and mission as stipulated, his role consist on representing SMC with Donors, partners and Governments, presenting the efforts done by SMC and making fundraising to fulfill the funding gaps; He/she is in charge of ensuring the institution's funding is utilized in accordance to required standard of the accountability and will oversee the implementation of this project. The unit number includes ALL benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.17	Finance & Grants Manager	D	1	3,300 .00	5	10%	1,650.00
	<i>He shall be in charge of entire SMC's Financial & Grants management including this grant & financial reporting. The unit number includes ALL benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.18	Hiring of Tutors/trainers (4tutors per training x 4days)	D	1	150.0 0	2	100%	300.00
	<i>These shall be tutors/trainers hired during refresher training @ \$100 per day each</i>						
	Section Total						63,700.00
Supplies, Commodities, Materials							
2.1	Refresher training materials	D	1	200.0 0	1	100%	200.00
	<i>The health staff and cadres are refreshed once a year at least to update their knowledge and improve on their performances. a consultant and program manager does it on job and at the PHCCs/PHCUs level with the support of Field supervisors. the managers also are attending proposal writing, monitoring and Evaluation and Human resource management courses conducted in the county, Juba by partners or consultancy group. they always require some books, reference teaching aids, flip charts, pens & hiring of projector.</i>						
2.2	lunch & refreshments for trainees	D	8	20.00	3	100%	480.00
	<i>The trainees, coordinators & tutors shall be offered refreshments & lunch during the training period which is estimated at \$20 per person per day as per the current market rates</i>						
2.3	Hiring of training hall (1 training hall x 2 days)	D	1	100.0 0	2	100%	200.00
	<i>This shall be hiring a hall for 2 days where the training shall be conducted. The current market rates forms the basis of \$100 per day</i>						
2.4	Non-medical supplies (detergents, protective gears)	D	1	820.0 0	1	100%	820.00
	<i>the Units are calculated based on our previous purchase as per the supporting Documentation. these supplies consist of detergents, protective gear, cleaning materials etc and meant for the projected health facilities in the three counties of our Operation.</i>						
2.5	Digital BP machines, thermometers, stethoscopes, fetalscopes	D	1	800.0 0	1	100%	800.00
	<i>These are going to be use at the PHCCs/PHCUs by the staff doing consultations. The cost is based on the current market rates and our previous purchase of such Equipments.</i>						
2.6	Plastic Tables	D	8	70.00	1	100%	560.00
	<i>There shall be 8 plastic tables per unit for consultation, EPI & Lab/pharmacy departments</i>						
2.7	Plastic Chairs	D	6	20.00	1	100%	120.00
	<i>These shall be 6 plastic chairs per unit for consultation, EPI & Lab/pharmacy departments</i>						
2.8	Wooden benches	D	6	100.0 0	1	100%	600.00
	<i>These shall be 6 wooden benches per unit for consultation, EPI & Lab/pharmacy departments</i>						

2.9	Road transport (Juba-Bor-Duk)	D	1	2,500.00	1	100%	2,500.00
<i>The equipment, construction materials & program supplies shall be transported by hired road transport</i>							
Section Total							6,280.00
Equipment							
3.1	Hospital beds & mattresses	D	4	640.00	1	100%	2,560.00
<i>Based on our current Inventory list, there shall be need to equip each facility with 4 beds.</i>							
3.2	Blankets & bedsheets	D	4	180.00	1	100%	720.00
<i>Based on our current Inventory list, there shall be need to equip each facility with 4 pcs of blankets & 4 pairs bedsheets.</i>							
3.3	Examination coaches	D	2	420.00	1	100%	840.00
<i>Based on our current Inventory list, there shall be need to equip each facility with 2 examination coach.</i>							
3.4	Microscopes	D	1	1,050.00	1	100%	1,050.00
<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>							
3.5	Metallic Shelves	D	2	400.00	1	100%	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>							
Section Total							5,970.00
Contractual Services							
4.1	Rehabilitation of 1 Health facility in Duk county	D	1	4,500.00	1	100%	4,500.00
<i>Rehabilitation of 1 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>							
Section Total							4,500.00
Travel							
5.1	In country travel Juba-Bor round flights for 2 people	D	2	300.00	3	100%	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	4	30.00	5	100%	600.00
<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	10	20.00	6	100%	1,200.00
<i>the perdiem and local trip are based on SMC perdiem policy considering hard to reach areas of implementation such as Touch etc</i>							
5.4	Accomodation for 8 trainees, 4tutors x 5days	D	12	30.00	5	100%	1,800.00
<i>The trainees & tutors shall be accomodated for ease of gathering during the training period which is estimated at \$50 per person per day as per the current market rates</i>							
5.5	Transportation & perdiem of trainees	D	8	25.00	1	100%	200.00
<i>Based on the current market rate of transportation from their different locations. this is a round trip cost, and a per diem during their training to cater for soap, toiletries etc</i>							
Section Total							5,600.00
General Operating and Other Direct Costs							
7.1	Stationaries	D	1	300.00	4	50%	600.00
<i>These shall includes stationaries and supplies for both head office & health facilities</i>							
7.2	Juba office rent	D	1	2,000.00	4	50%	4,000.00
<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	450.0 0	4	75%	1,350.00
<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	200.0 0	4	100%	800.00
<i>These are charges levied to the bank transactions where the funds shall be channelled</i>							
7.5	Vehicle & speedboat maintenance	D	2	900.0 0	4	50%	3,600.00
<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 \$ 900 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	900.0 0	4	50%	3,600.00
<i>these are fuel, (diesel and petrol)lubricant filters, etc for an estimated 1 vehicles and one motorboat in the three counties of our operation.</i>							
Section Total							13,950.00
SubTotal			124.00				100,000.00
Direct							100,000.00
Support							
PSC Cost							
PSC Cost Percent							
PSC Amount							0.00
Total Cost							100,000.00
Grand Total CHF Cost							100,000.00
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 -> Duk	100	10,957	22,809	5,950	5,650	45,366	Activity 1.1.1 : Provision of basic health services at the supported health facilities with all the basic Equipment's and adequate human resources Activity 1.1.2 : provide comprehensive Primary health care with focus on maternal-Child health care and establishment of referral system at the supported institutions Activity 1.1.3 : Distribution of Drugs/medicines and vaccines to the 2 supported health facilities in Duk county Activity 2.1.1 : training of health workers to strengthen their capacity on diagnosis and treatment of commonest diseases at the Health facilities in Duk county. Activity 2.1.2 : provision of cold chain system and vaccines at all the level of functional health facilities in Duk county. Activity 2.1.3 : Supportive supervision and joint monitoring with the CHD and partners to the functional and supported health facilities in Duk county Activity 3.1.1 : procurement and distribution of medical equipment and supplies, plus others commodities to support the functional health facilities in Bor and Duk counties Activity 3.1.2 : Minor Rehabilitation of 1 PHCU health facilities in Duk counties for better facility use

Documents

Category Name	Document Description
Project Supporting Documents	List of Medical Equipments & Supplies.xlsx