

<b>Requesting Organization :</b>	Nile Hope	
<b>Allocation Type :</b>	1st Round Standard Allocation	
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>
HEALTH		100.00
		<b>100</b>
<b>Project Title :</b>	Provision of emergency lifesaving and gender sensitive high impact health services for hard to reach, underserved and conflict affected IDPs and vulnerable communities in Leer County of Unity state and Fangak County of Jonglei state.	
<b>Allocation Type Category :</b>		

**OPS Details**

<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA1/H/NGO/815
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	100,000.06
<b>Planned project duration :</b>	5 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	01/02/2016	<b>Planned End Date :</b>	30/06/2016
<b>Actual Start Date:</b>	01/02/2016	<b>Actual End Date:</b>	30/06/2016

**Project Summary :** The project is intended to provide a high impact life saving emergency health care to IDPs and the Host community in selected localities of both counties reaching to a total of 56,190 beneficiaries who are among the most vulnerable communities of selected two counties Fangak and Leer counties, This project will basically focus in two localities of Puom and Leer Kok island. Provision of Maternal and Child Health care, Reproductive Health Care and Safe motherhood services will be the other prong of service delivery in addition provision of basic MHPSS services will also be part of the package to the conflict affected, traumatized, rape survivors and others multitude causes that builds up with the prolonged and repeated insecure situation in the counties.

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
11,700	20,328	12,120	12,042	56,190

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	6,500	5,500	12,000
Internally Displaced People	8,700	10,059	4,620	4,542	27,921
People in Host Communities	4,080	5,111	3,600	7,000	19,791
Pregnant and Lactating Women	0	1,680	0	286	1,966

**Indirect Beneficiaries :**

This project will benefit local general community through awareness creation mobilization and health education that will be extended to the community. The diffusion effect of the project will enhance the knowledge and local understanding which will support family members to benefit in their efforts to be empowered to be able to generate or produce a health family and community.

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

This funding will fill the funding and service gap both in Leer and Fangak counties where IDPs are highly concentrated. Major mainstay of the project will reach out to the most vulnerable mothers and children and adolescent girls through a package of Maternal and child health care that includes ANC, Delivery, post natal care as a components of safe motherhood. Referral linkage will also be part of the project in ensuring continuity of care for patients that require a high level medical and therapeutic attention, hence Nile Hope will enhance its service linkage with partners operating in both counties especially [partners providing secondary level health care.

Leer and Fangak are among the most conflict ridden localities, as the area is highly militarized with the existing fast paced change of security military situations personal and family security remained to be at risk, the level of stress within family continues to build up which is manifesting as PTSD among the most vulnerable others and young ppl in the community, Hence Nile Hope will be providing MHPSS services in both localities.

Through health education and awareness raising exercise Nile Hope will ensure that basic knowledge on communicable disease control, HIV/AIDS, community protection against sexual and physical violence against women will be addressed to enhance community based protection and prevention of disease transmission.

**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
Getachew Gezahegn	Health Advisor	getachew@nilehope.org	+211928747787
David Tolu	Health manager	dtolu@nilehope.org	+211928747787

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

The common causes of morbidity, especially boys and girls under 5 years continue to be communicable disease especially acute respiratory infections, diarrheal disease and malaria. In 2015, outbreaks such as cholera, measles, and kala azar continue to be a significant burden of disease. Lack of access to ANC/ante natal care, safe options for delivery and post natal care are primary health needs for women. Only 56% of population has no access to health care showing that only a fraction of the population has access to health care. Provision of essential and emergency health care to displaced populations is a major need for 2016. Joint IRNA Report to New Fangak August 12-14/2015 showed the IDP population is estimated to be 19,092 which is over double of the host community both in New Fangak and Wichmoun payam (SSRA). The county is inhabited by an extremely vulnerable and traumatized community who are physically and psychologically exposed to multitude of stressors. Access to basic services in the area is literally non-existent, The same assessment showed that with the high armed elements The only means of movement within the county is the river. CMA is the lead organization supporting basic Primary health care in the area. Similarly Kok Island Leer County is a site where over 15,000 IDPs are described as a hard to reach location for it is only accessible through direct flight and through the river if used Nyhal route. This makes access to and delivery of basic supplies, medical equipment and drugs too expensive and at a time difficult despite using all possible means. With the rainy season ahead (April-May) access to the islands and isolated localities in Fangak will remain to be difficult, calling for the need to preposition and plan ahead in all matters related to sustainable mobile clinics with all a self-sustaining capacity during the time of a total break in material and logistic support.

The major barrier towards timely response and support to field Juba is access to communication means, With regard to Fangak and Leer both counties are only accessible through either Thuraya/Satellite Phone/ and or internet services such as portable Bush internet in the isolated islands of Kok and Puom areas. Provision of EPI activities in both Fangak and Leer had been a difficult challenge as there is no cold chain system in place.

Immunization services in most areas of our operation were difficult for reasons related to access and vaccine supply as most of the solar refrigerators that used to exist in Leer (Adok PHCU) were destroyed and looted as a result of the active conflict. This translates to the need of an active surveillance and building the local capacity towards emergency preparedness and response so as to detect and deter any occurrence of outbreaks and epidemics in case of existence

**2. Needs assessment**

Since 2008 Nile Hope had been supporting those areas to date and has a clear understanding of the IDP localities, movement and needs in these counties. Thorough the support from HPF Nile Hope had been supporting five facilities in Leer County, but following the conflict and recurrent attack the project is now focusing on provision of emergency services in selected localities. Which is too small to cover the community needs Leer and Fangak counties remains in a dire need of emergency health support.

Leer County following the recurrent attacks, IDPs have experienced multiple displacements and health service infrastructure has been significantly damaged had left facilities destroyed and deserted as the local community from Tonyor, Dindin, Gandor, Yang and Rubichany had left their places and escape to a swampy islands within the county namely Toyriak, Kok, Gaph and Nyoat areas of Leer and IDPs concentration localities of Fangak areas which are relatively safer. The repeated attacks displacement had also exposed the community to be at a higher level of insecurity which builds up lawlessness alcoholism and physical and sexual harassments to girls and unaccompanied children, Nile Hope is targeting these islands and hard to reach areas which are physically inaccessible Payams and villages of Leer and Fangak Counties with psychosocial, medical and Rh services to survivors and victims. The unpredictable and changing nature of health emergencies in South Sudan highlights the need for flexible and rapidly available humanitarian response. Hence the emergency funding will enable Nile Hope to respond to the health and nutrition needs of the community affected by the ongoing conflict in the areas.

**3. Description Of Beneficiaries**

The project mainly targets children under five, mothers and adolescent girls in provision of immunization, safe motherhood and reproductive health care services to IDPs and the host community in their respective areas.

It also targets the general population through provision of primary health care and basic preventive and curative care which are the pillars of the emergency health care service in all the two conflict affected counties.

Hence IDPs, the host community that is located in the hard to reach and insecure localities are the prime targets and beneficiaries of the emergency health care service in Fangak and Leer counties.

Through this project a total of 56,000 the population of the two counties Fangak and Leer will be reached with immediate life-saving services especially IDPs and the host community,

Assessment in Fangak 13,404 House-holds were registered in a joint RRM mission with UNICEF. Nile Hope estimates that there are over 43,000 IDPs within the islands in Leer County.

**4. Grant Request Justification**

Thorough the support from HPF Nile Hope had been supporting five facilities in Leer County, but following the conflict and recurrent attack the project is now focusing on provision of emergency services in selected localities. Which is too small to cover the community needs Leer and Fangak counties remains in a dare need of emergency health support. In Leer County following the recurrent attacks, IDPs have experienced multiple displacements and health service infrastructure has been significantly damaged had left facilities destroyed and deserted as the local community from Tonyor, Dindin, Gandor, Yang and Rubichany had left their places and escape to a swampy islands within the county namely Toyriak, Kok, Gaph and Nyoat areas of Leer and IDPs concentration localities of Fangak areas which are relatively safer. The repeated attacks displacement had also exposed the community to be at a higher level of insecurity which builds up lawlessness alcoholism and physical and sexual harassments to girls and unaccompanied children, Nile Hope is targeting these islands and hard to reach areas which are physically inaccessible Payams and villages of Leer and Fangak Counties with psychosocial, medical and Rh services to survivors and victims. The unpredictable and changing nature of health emergencies in South Sudan highlights the need for flexible and rapidly available humanitarian response. Hence the emergency funding will enable Nile Hope to respond to the health and nutrition needs of the community affected by the ongoing conflict in the areas.

## 5. Complementarity

This project will complement to the existing emergency health care in Fangak and leer counties that were supported by the emergency gap funding (CHF). A project supported by Health Polled fund had been streamlined to supporting IDPs in Kok islands which now has to reorganize and focus in to the fixed facility based health care, hence this funding will enable Nile Hope to sustain the existing emergency mobile clinic in Kok island of Leer County.

## LOGICAL FRAMEWORK

### Overall project objective

To improve access to health care services for IDPS and the local communities in Kok island of Leer County, IDPs and the Host IDPS of Puom in Fangak County of Jonglei state by mid of 2016. This will happen through Improved access to high impact primary health care services and practices by the vulnerable target groups including the IDPs community in the targeted counties as well as strengthening the capacity of the service providers to prevent, direct and effectively manage disease outbreaks and provide psychosocial support and mental health services for the vulnerable population to alleviate suffering and maintain their dignity.

## 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	50
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	25
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	25

**Contribution to Cluster/Sector Objectives :** Nile Hope has limited its activities to purely its emergency response health activities to be in agreement with the cluster objectives that meet to contribute to the three Cluster objectives, All the activities are streamed to achieve improved access through opening mobile clinics and timely provision and distribution of essential drugs to hard to reach localities, In this project three mobile clinics will be opened in selected hard to reach and inaccessible areas.

This project is also able to target the most affected counties Leer and Fangak where access to and movement within these areas is challenging and the IDPs and the host community are decisively unable to access basic and life saving humanitarian services, this areas are epidemic prone sections as they do not have access to preventive health care and services where Nile Hope will reach the community through this entails that Nile Hope will contribute to the cluster objectives of preventing detecting and responding to epidemic prone disease outbreak in conflict affected and vulnerable community which is in total agreement with the cluster objectives and strategic response plan. The activities intended to be implemented in all the three counties are streamlined towards the strategic response plan and there by the cluster objectives, the activities include:- that the health Cluster objectives are meet include: Setting up three mobile clinics, Purchasing and distribution of drugs and medical supplies to all the three counties, Provision of safe motherhood and RH services to mothers and adolescent girls, Provision of preventive and curative health care to major health problems in all the three conflict affected counties who have been affected by conflict; Recruiting and deployment of health workers

Conducting community mobilization and health education to the conflict affected general public, Training health workers and community health promoters on emergency preparedness and response and outbreak investigation and mitigation methods, Training health workers on safe motherhood, maternal and child health care provision to midwives, nurses and clinical officers.

### Outcome 1

Reduce Morbidity and mortality rate among women, men, boys and girls of the conflict affected and vulnerable community and IDPs of leer and fangak

#### Output 1.1

##### Description

Basic curative and preventive health care services provided to 12,100 men, 14,500 women, 10,500 girls and 10,000 boys in Fangak and Leer counties

##### Assumptions & Risks

Security in the area will be relatively calm, community will be willing to access and use health services in their locality, health workers willing to move to the conflict affected area and provide basic services.

##### Activities

###### Activity 1.1.1

Provide emergency preventive and curative health care to 7,150 men, 8,000 women, 6,400 boys and 6,800 girls which includes management and care of communicable diseases /Kalazar, malaria etc/ and provision of safe motherhood services to pregnant and lactating mothers.

**Activity 1.1.2**

Purchase and preposition of basic/emergency drugs and medical supplies to ensure access to drugs and prevent drug stockouts in all the facilities of operation

**Activity 1.1.3**

Distribute 500 Safe delivery kits to mothers in the third trimester of pregnancy for all the facilities in Fangak and Leer counties.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # of births attended by skilled birth attendants in conflict-affected and other vulnerable states		80			80

**Means of Verification** : Monthly reports, Record books, Quarterly report

Indicator 1.1.2	HEALTH	Frontline # of staffs trained on Clinical Management of Rape (CMR)	24	18			42
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**Means of Verification** : Record books, Monthly and Quarterly report

**Outcome 2**

Knowledge and skill of health workers enhanced to be able to prevent, detect and respond to disease outbreaks.

**Output 2.1**

**Description**

Under five years of age provided with measles vaccination in health facilities of Fangak and Leer counties and protected from vaccine preventable diseases

**Assumptions & Risks**

Access to facilities is ensured and there wont be insecurity incidnes, Mothers will be keen to and willing to bring their children to the facility for vaccination, Vaccine will be made available to be transported to the counties

**Activities**

**Activity 2.1.1**

Provide measles immunization services to under five children and mothers of reproductive age group with respective antigens.

**Activity 2.1.2**

Conduct weekly data collection and analysis of disease occurrence and send data for local action on a timely basis.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			800	900	1,700

**Means of Verification** : Monthly facility report, Record books, Progress report

Indicator 2.1.2	HEALTH	Frontline # of staff trained on disease surveillance and outbreak response	26	18			44
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**Means of Verification** : Training report, Monthly progress report

**Output 2.2**

**Description**

Emergency preparedness and response mechanism established in Fangak and Leer counties

**Assumptions & Risks**

Working situation /security and mobility within areas of operation remains calm, Health workers will be available to be trained on ERnR,

**Activities**

**Activity 2.2.1**

Provide health education and promotion message to 12864 (6561 women and 6303 men) in Leer and Fangak counties.

**Activity 2.2.2**

Conduct timely collection and analysis of trend of disease occurrence on a timely basis, and share with health team for action.

Indicators													
Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 2.2.1	HEALTH	Frontline # of epidemic prone disease alerts verified and responded to within 48 hours					24						
<b>Means of Verification</b> : Weekly IDSR report, Monthly HMIS report													
<b>Outcome 3</b>													
Improve access to and demand for health services among the most conflict affected and vulnerable community of Fangak and Leer counties													
<b>Output 3.1</b>													
<b>Description</b>													
Set-up 2 mobile health facilities in the hard to reach and in accessible localities of Fangak and Leer counties.													
<b>Assumptions &amp; Risks</b>													
Access to the areas remain possible, Security allows free movement,													
<b>Activities</b>													
<b>Activity 3.1.1</b>													
Provide community awareness education to mothers, adolescent girls and the most vulnerable section of the community on health care provision and the importance of early treatment and disease prevention.													
<b>Activity 3.1.2</b>													
Setting up two mobile clinics in Fangak and Leer counties in selected hard to reach and inaccessible areas.													
<b>Activity 3.1.3</b>													
Rehabilitate three facilities of Leer and Fangak areas that are damaged as a result of the conflict in the counties.													
Indicators													
Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 3.1.1	HEALTH	Frontline # Number of functional health facilities in conflict -affected and other vulnerable states					2						
<b>Means of Verification</b> : Monthly and quarterly progress report													
Indicator 3.1.2	HEALTH	Frontline # of people reached by health education and promotion before and during outbreaks	5,000	6,504	5,200	6,200	22,904						
<b>Means of Verification</b> : Monthly report, facility -education record books													
<b>Additional Targets</b> :													
<b>M &amp; R</b>													
<b>Monitoring &amp; Reporting plan</b>													
Nile Hope health department together with county health coordinators and field coordination offices will play the role of getting the reports compiled and shared with the health cluster and relevant local partners. Weekly IDSR and monthly HMIS report will be shared with WHO and the Ministry of health and will also be part of the county report at all levels. Nile Hope will ensure a timely and complete narrative progress and final report is shared with the cluster. Health coordinator will be responsible to spearhead project implementation and updating the cluster on project progress. County health coordinators of both locations (Fangak and Leer) will be the prime focal people to timely compile analyze and share reports within the county and Nile hope coordination office. Programs coordinator will have the role of supporting the health department head and his team in timeliness and completeness of reports to ensure reports are complete timely and with all the relevant information, while the country director will play an oversight and liaison role in the process of project implementation representing the organization.													
<b>Workplan</b>													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide emergency preventive and curative health care to 7,150 men, 8,000 women, 6,400 boys and 6,800 girls which includes management and care of communicable diseases /Kalazar, malaria etc/ and provision of safe motherhood services to pregnant and lactating mothers.	2016		X	X	X	X	X						
Activity 1.1.2: Purchase and preposition of basic/emergency drugs and medical supplies to ensure access to drugs and prevent drug stockouts in all the facilities of operation	2016		X	X									
Activity 1.1.3: Distribute 500 Safe delivery kits to mothers in the third trimester of pregnancy for all the facilities in Fangak and Leer counties.	2016		X	X									
Activity 2.1.1: Provide measles immunization services to under five children and mothers of reproductive age group with respective antigens.	2016				X	X	X						

Activity 2.1.2: Conduct weekly data collection and analysis of disease occurrence and send data for local action on a timely basis.	2016	X	X	X	X	X								
Activity 2.2.1: Provide health education and promotion message to 12864 (6561 women and 6303 men) in Leer and Fangak counties.	2016	X												
Activity 2.2.2: Conduct timely collection and analysis of trend of disease occurrence on a timely basis, and share with health team for action.	2016	X	X	X	X	X								
Activity 3.1.1: Provide community awareness education to mothers, adolescent girls and the most vulnerable section of the community on health care provision and the importance of early treatment and disease prevention.	2016	X	X	X	X	X								
Activity 3.1.2: Setting up two mobile clinics in Fangak and Leer counties in selected hard to reach and inaccessible areas.	2016	X												
Activity 3.1.3: Rehabilitate three facilities of Leer and Fangak areas that are damaged as a result of the conflict in the counties.	2016	X												

## OTHER INFO

### Accountability to Affected Populations

Community members and social structures will be part of the project implementation hence activities are geared to the standard level of the expectation of the beneficiaries.. Nile Hope will ensure that projects activities are implemented with full scope to the intended community in need with the standards set within the project. To ensure project sustainability, community members, the CHD and the local authority will be brought on board when the project commences. A continuous engagement and consultation will be in place to make sure that community needs and expectations are heard and a timely briefing to beneficiaries will be put in place to ensure that project progress is shared and community is collectively aware of the status of the project.

### Implementation Plan

Nile Hope shall ensure that planned activities are implemented at the scope of the planned time frame, a monitoring and follow-up visit will be conducted by the technical team to ensure service quality. Project implementation will be strictly followed with the developed log frame to ensure consistency and quality, Narrative progress reports will be analyzed and shared with the cluster and MoH on a timely basis. Community based awareness creating health education will be provided. Essential drugs will be made available to ensure that patients will be treated for medical ailments are timely managed. Health workers will also be trained on the communicable disease control and disease prevention and control methods. Health volunteers will be trained to enhance referral linkage between community and mobile facility.

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNFPA	Nile Hope will be getting kits to support the Reproductive health care in both counties

### Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

### Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

### Justify Chosen Gender Marker Code

The project is designed in a way that it will reach the most vulnerable community with a focus on Mothers and adolescent girls through the provision of Rape management and services to that will ensure the wellbeing of a mother and the new born are also the focus of the project which includes Family planning, ANC, delivery services and post natal care. These are services that enhance the wellbeing and empower mothers and adolescent girls to be empowered. Prevention and promotive health care also focused on home health promoters where by almost 90 percent are female volunteers, This basically will empower mothers and adolescent girls.

### Protection Mainstreaming

Nile Hope Health team will work closely with protection team to ensure that community awareness on GBV, MHPSS care to survivors is provided, apart from social and community awareness raising exercises, Health team will work closely to ensure a strong referral linkage between Protection field team and our mobile service is created hence rape and physical abuse survivors shall get Clinical management through the continuum of care. Nile Hope shall also ensure that the all boys and girls shall get equal rights of getting medical services of all kinds. Confidentiality of the identity of all rape survivors and victims of sexual and physical abuse shall be maintained at all levels of care.

### Country Specific Information

#### Safety and Security

This project will be implemented in the volatile and insecure areas of Leer County/Unity state/ Leer county had been a hot spot of repeated armed conflict since April/2015, Following signing of the compromised peace agreement the area is relatively calm but with a high level of uncertainty. Fangak county is relatively stable and calm especially New Fangak had been the IDPs settlement area for its geographically inaccessible for military intervention and armed engagements, But it is among the highly militarized counties in Jonglei state with close proximity to the government controlled areas.

#### Access

Movement within the county during rainy season it is limited to the river through which almost Old and new Fangak can be reached, Nile Hope will use boat to reach to operation sites, and the county head quarter, While during dry season most areas are accessible by road but as the county is swampy movement by foot remains to be the least feasible means to reach most payams. Leer county especially Kok Island is among the IDP concentration points which is selected as a protection and hiding area from military attacks, hence the only way to access Kok is by road to Adok and using boat to reach the IDPs locality.



BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Health Advisor (1)	D	1	6,000.00	5	30%	9,000.00
	<i>1. Spear heads the project implementation and works for five months charges 50% to CHF, he is the technical head of the activities implemented in this project, he is responsible to technically support and monitor project implementation meeting set standards</i>						
1.2	Health Manager (1)	D	1	5,500.00	5	30%	8,250.00
	<i>Assists the health advisor to ensure projects are implemented with set standards health, in compiling and finalizing reports</i>						
1.3	Health Supervisors/Coordinators	D	4	2,500.00	5	25%	12,500.00
	<i>Ensure project implementation and follow set activities in their respective counties and ensure that quality and life saving services are rendered to the community in need</i>						
1.4	Nurses (4)	D	4	700.00	5	100%	14,000.00
	<i>Three Nurses will be assigned (One per operation site) to provide basic nursing care to patients and assist the health team in clinical management of patients in their respective areas of operation.</i>						
1.5	Midwives (2)	D	2	700.00	5	100%	7,000.00
	<i>Two midwives will be at \$ 800 per month for a period of six months charging 100% of their pay, They will be responsible to provide ANC, delivery, PNC and family planning services to pregnant and lactating mothers and under five children within their respective mobile catchment areas.</i>						
1.6	CHW Mobile Clinics in Fangak and Pigi IDP site	D	2	300.00	5	100%	3,000.00
	<i>2 CHWs at 300 per month for a period of 6 months charging 100% from the CHF fund</i>						
1.7	Vaccinators (2)	D	2	250.00	5	100%	2,500.00
	<i>2 vaccinators at \$ 250 per month for a period of six months charging 100% from CHF to provide children and mothers with immunization services and providing health education to the community on the importance of immunization for a healthy mother and child.</i>						
1.8	MCHWs (2)	D	2	250.00	5	100%	2,500.00
	<i>2 MCHWs at \$ 250 per month for a period of six months charging 100% from CHF are responsible to provide Reproductive Health services to IDPs and the vulnerable community within their respective mobile catchments.</i>						
1.9	Executive Director (1)	S	1	6,500.00	5	8%	2,600.00
	<i>He receives \$ 6500 for six months at 20% of his salary will be paid from CHF, he is responsible to oversee the overall project implementation and as a figurehead for the project representing Nile Hope in the UN platform</i>						
1.10	Support staff (4)	S	4	200.00	5	8%	320.00
	<i>Six staff will be recruited (two per site in Pigi, Fangak and Leer counties) they will be ensuring the security and sanitation of the service provision units in their respective areas.</i>						
1.11	Finance manager (1)	S	1	6,000.00	5	8%	2,400.00
	<i>Makes sure money is disbursed and utilized as per the set project activities in respective locations.</i>						
	<b>Section Total</b>						<b>64,070.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Rehabilitation of health facilities including sanitary facilities	D	2	1,500.00	1	100%	3,000.00
	<i>A total of two facilities in Leer County will be rehabilitated since the facilities were destroyed during the conflict and needs level of rehabilitation.</i>						
2.2	Procurement and distribution of emergency drugs	D	1	2,000.00	1	100%	2,000.00
	<i>To ensure uninterrupted supply of drugs and other medical supplies in all the areas of operation we will be purchasing and timely distribute emergency drugs basically focusing the essential drugs list of the Republic of South Sudan</i>						
2.3	Procurement of medical equipments	D	1	2,000.00	1	100%	2,000.00
	<i>Nile Hope will purchase and distribute medical supplies in all the areas of operation, This will basically focusing the identified missing items in all the three localities</i>						

2.4	EP&R Training (Pigi, Leer and fangak)	D	2	500.0 0	1	100%	1,000.00
<i>60 staff will be training on Emergency Preparedness and response</i>							
2.5	Communicable Disease Prevention and Control	D	2	500.0 0	1	100%	1,000.00
<i>68 health workers will be trained on communcabled disease control and management of comm disease</i>							
2.6	Clinical Management of Rape Survivors /CMR Training	D	2	300.0 0	1	100%	600.00
<i>A total of 32 Health workers (Midwives, Clinicaloffcers, Nurses and other health workers) will be traied on Maternal and child health care</i>							
2.7	Training VHC and health promoters on Hygiene promotion	D	2	1,000 .00	1	100%	2,000.00
<i>A total of 150 (50 per county) VHC and health promoters on Hygiene promotion so as to rduce the prevalent acute watery darhoea and other water born and water related diseases</i>							
2.8	Transporting drugs and MoH supplies to respective facilities	D	2	1,000 .00	1	100%	2,000.00
<i>Drugs and other medical supplies will be transported from the county headquarter to respective facilities through boat/river transport and or local means will be used to reach respective destination to Fangak, igi and leer counties</i>							
2.9	Setting up moble clinics	D	2	1,000 .00	1	100%	2,000.00
<i>Three mobile clinics will be setted up in selected hatd to reach and inacceible loalities,</i>							
2.10	Sixty four health workers will betraind on Outbreak investigation and response.	D	1	500.0 0	1	100%	500.00
<b>Section Total</b>							<b>16,100.00</b>
<b>Equipment</b>							
3.1	Lap tops	D	1	1,000 .00	1	100%	1,000.00
<i>Purchase one laptop for the team working on the project to faciitate data collection and reporting.</i>							
<b>Section Total</b>							<b>1,000.00</b>
<b>Travel</b>							
5.1	Flight cost for health staff (Pigi, Leer and Fangak)	D	6	200.0 0	2	100%	2,400.00
<i>This will cater the transport cost for the medical/ technical and supporting team together with management to and from field to juba UNHAS flight.</i>							
5.2	Local field transport	D	3	800.0 0	1	100%	2,400.00
<i>This will cater the transport cost withn espective counties to and fro county head warter and their respective operational locations/payams.</i>							
5.3	Fuel cost	D	3	2,000 .00	1	100%	6,000.00
<i>This will cater the fuel for boat to transport workers supplies and equipments to facilities.</i>							
<b>Section Total</b>							<b>10,800.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Office Rent	S	1	4,000 .00	2	9%	720.00
<i>This will support some 10% of thtotal office rent for ile Hoe pe Juba coordination office rent @5000/month</i>							
7.2	internet	S	1	2,000 .00	2	10%	400.00
<i>This will catter the internet support cost for Juba coordination office and Fangak bush internet services to facilitate field office communciation and reporting</i>							
7.3	Bank Charges	S	1	184.0 0	2	100%	368.00



	<b>Section Total</b>						<b>1,488.00</b>
<b>SubTotal</b>		57.00					<b>93,458.00</b>
Direct							86,650.00
Support							6,808.00
<b>PSC Cost</b>							
PSC Cost Percent							7%
PSC Amount							6,542.06
<b>Total Cost</b>							<b>100,000.06</b>
<b>Grand Total CHF Cost</b>							
							<b>100,000.06</b>

<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Fangak	45	6,400	10,128	6,010	6,022	28,560	
Unity -> Leer	55	5,300	10,200	6,110	6,020	27,630	

<b>Documents</b>	
Category Name	Document Description
Project Supporting Documents	Medical equipment for mobile clinics in Leer and Fangak counties.docx
Project Supporting Documents	Medical equipment for Mobile Clinics Leer and Fangak.docx