

Requesting Organization :	International Organization for Migration		
Allocation Type :	Reserve Allocation 1		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		100.00	
		100	
Project Title :	Lifesaving health assistance and prevention, detection and response to disease outbreaks for IDPs and Host Communities in Wau, Western Bahr el Ghazal (WBeG).		
Allocation Type Category :			
OPS Details :			
Project Code :		Fund Project Code :	SSD-16/HSS10/RA1/H/UN/3156
Cluster :		Project Budget in US\$:	\$125,000.00
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/07/2016	Planned End Date :	31/12/2016
Actual Start Date:	01/07/2016	Actual End Date:	31/12/2016
Project Summary :	Establishment of two semi-static clinics at two sites in Wau town including South Sudan Red Cross (SSRC) and Cathedral sites, as well as mobile teams deployed to additional sites security permitting. Provision of life-saving primary health care (PHC) services to vulnerable internally displaced women, girls, men and boys and conflict-affected host communities. The use of a combination of semi-static and mobile clinics allows IOM to respond rapidly to the specific contextual needs within a given emergency situation.		

Direct beneficiaries :				
Men	Women	Boys	Girls	Total
16,806	17,192	4,428	4,609	43,035

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	16,781	17,167	4,428	4,609	42,985
Trainers, Promoters, Caretakers, committee members, etc.	25	25	0	0	50

Indirect Beneficiaries :

All direct beneficiaries provided with services improve the general health of the population, particularly in regards to vaccinations, which increases the heard population, thus providing an additional level of protection for the general population who have not been vaccinated.

Catchment Population:

The catchment population will be the conflict affected populations in Wau Town, specifically the population displaced sheltering at the South Sudanese Red Cross (SSRC) site and the Cathedral site, as well as more difficult to reach locations in the surrounding areas that our Rapid Response Mobile Team, security permitting.

Link with allocation strategy :

This project responds to the first Health Cluster objective, "Improve access, and scale-up responsiveness to, essential and emergency health care, including emergency obstetric care services" (HRP SO1) by contributing to the provision of life-saving PHC and referral services through semi-static and mobile clinics, and rapid response teams, for vulnerable populations in target areas. The basic package of PHC services integrates comprehensive reproductive health services, including antenatal and postnatal care, emergency obstetric care services, PMTCT and family planning during emergency response.

The second Health Cluster objective "Strengthen existing health systems to prevent, detect and respond to disease outbreaks" (HRP SO1) is addressed through health service delivery provided by IOM's semi-static and mobile clinics, health education on communicable diseases (such as water-borne illnesses) and procurement, transport and pre-positioning of essential drugs and medical supplies. The project also focuses on continuing IOM's capacity to monitor, analyze and respond to disease trends through participation in the health cluster's rapid response mechanism (RRM) and deployment of rapid response teams (RRT). Furthermore, IOM is an active member of the national Emergency, Preparedness and Response Taskforce led by the Ministry of Health and WHO.

Finally the proposal addresses the third objective "Increase availability, access to and demand for Psycho-Social Support services, GBV and Mental Health targeting vulnerable people". (HRP SO2) This project aims to mainstream mental health and psychosocial support (MHPSS) into ongoing PHC services through the training of health workers in supportive communication and Psychological First Aid (PFA), basic MHPSS needs and responses in emergency and post emergency situations, and identification of most common mental disorders and referral.

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
Kelsi Kriitmaa	Health Programme Manager	kkriitmaa@iom.int	+211 (0) 922 406 631
iain Mclellan	programme support officer	imclellan@iom.int	+211920885985
Jenny Pro	Programme Support Coordinator	JPro@iom.int	+211 920 885 988

BACKGROUND**1. Humanitarian context analysis**

IOM and partners initiated an immediate humanitarian response after insecurity in Wau County, Western Bahr el Ghazal (WBeG) escalated on 24 June. Serious fighting in Wau town led to largescale displacement and targeted killings, harassment, looting of homes and businesses and sexual and gender based violence. There are now approximately 42,111 internally displaced people (IDPs) in collective centres in Wau town, and 46,800 IDPs outside town (approx. 88,911). New and previously displaced populations are now with minimal access to health services, appropriate water, sanitation and hygiene (WASH) facilities and shelter and non-food items (S-NFI). Prepositioned pipeline humanitarian supplies were utilised, with additional supplies deployed, but urgent assistance is critically required for the very vulnerable populations. The continuation of violence, lack of sufficient and appropriate space in collective centres, destruction of services and continuous influxes requires an immediate surge response. At all sites, health needs are immense and additional, trained health professionals and medical supplies are urgently needed. Outside town, the situation in many sites is precarious with limited food, medical supplies and protection from the elements.

2. Needs assessment

The continued, escalating tension has increased displacement and decreased access to already low levels of basic services. Accessing any available services is made more difficult by the fear of armed groups and militia. Humanitarians have had to quickly respond to the needs of approximately 88,911 people. Formerly displaced populations are receiving assistance now because the conflict has expanded and affected more individuals. People need immediate assistance with health and services. People's ability to live in conditions of dignity, health, safety and well-being have been put into jeopardy after the scale of violence, looting and displacement. Health needs are immense, and IOM and health partners have delivered hundreds of consultations per day. The main morbidities are malaria (31%), respiratory tract infections (17%) and acute watery diarrhea (10%).

3. Description Of Beneficiaries

Beneficiaries are women, girls, boys and men from the catchment population which is the conflict affected populations in Wau Town, specifically the population displaced sheltering at the South Sudanese Red Cross (SSRC) site and the Cathedral site, as well as more difficult to reach locations in the surrounding areas that our Rapid Response Mobile Team, security permitting.

4. Grant Request Justification

The funding will provide lifesaving health assistance and help prevent, detect and respond to disease outbreaks. South Sudan is currently experiencing the rainy season, and overcrowded displacement sites carry the risk of waterborne disease such as cholera, and rapid transmission of communicable diseases. Cholera was confirmed in Juba on July 22nd, 2016. The effect on vulnerable populations in congested conditions could be dire without support and concurrent hygiene education, where WASH infrastructure is limited and open defecation occurs. Appropriate and basic medicines and medical commodities are not always readily available in town and must be procured and sent in immediately. Sharing accurate, disaggregated information on site populations leads to a better targeted and effective response and better value for money.

5. Complementarity

IOM has considered the gaps in service delivery and where IOM can add institutional value and experience. IOM is working in close coordination with all OCHA Clusters under the ICWG, including the CCCM, S-NFI, WASH, Health and Protection and Logistics Clusters. Clusters are coordinating with the International Committee of the Red Cross (ICRC), South Sudan Red Cross (SSRC), MSF, the Catholic Diocese and other community and faith based organizations as important responders, particularly for health and working with other Health and Protection I/NGOs on the ground as selected by Clusters. The project team is coordinating with traditional leadership structures, local authorities, religious and business leaders, and women and youth groups as important stakeholders. Teams are discussing options and methods for community-prioritised and sustainable interventions with local NGOs. Where possible, a community engagement component will encourage beneficiary participation.

LOGICAL FRAMEWORK**Overall project objective**

Establishment of two semi-static clinics at two sites in Wau town including South Sudan Red Cross (SSRC) and Cathedral sites, as well as mobile teams deployed to additional sites security permitting. Provision of life-saving primary health care (PHC) services to vulnerable internally displaced women, girls, men and boys and conflict-affected host communities. The use of a combination of semi-static and mobile clinics allows IOM to respond rapidly to the specific contextual needs within a given emergency situation.

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	60
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	30
CO3: Improve access to psychosocial support and mental health services for the vulnerable population, including those services related to the SGBV response	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	10

Contribution to Cluster/Sector Objectives : To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving, rapid response primary health care services, TB and HIV diagnosis and treatment for vulnerable IDPs, returnees and conflict-affected host communities in and surrounding Wau town.

Outcome 1

Avoidable mortality remains under emergency threshold among target populations

Output 1.1

Description

Mobile and semi-static health facilities are maintained ensuring provision of emergency basic primary health and quality emergency obstetric care through reproductive health services.

Assumptions & Risks

Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Also assuming that Rapid Response teams are mobile, able to respond across country when needed. Risks are security and increased conflict over the dry season.

Activities

Activity 1.1.1

Provision of enhanced emergency primary health care services through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men; health services include general clinical and injury care, child health, management of communicable and non-communicable diseases, as well as health promotion and environmental health.

Activity 1.1.2

Provision of emergency obstetric care through reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post-natal care.

Activity 1.1.3

Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.

Activity 1.1.4

Regular monitoring and reporting of service provision

Activity 1.1.5

Regular reporting of activities to Cluster and CHF as required.

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		210			210

Means of Verification : Clinic register and weekly reproductive health reports

Indicator 1.1.2	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	4,282	4,456	877	913	10,528
-----------------	--------	---	-------	-------	-----	-----	--------

Means of Verification : Clinic registers/IDSR reports

Output 1.2

Description

Emergency health care is provided through rapid response teams including health needs assessments; life-saving health assistance; provision of drugs and medical supplies; routine and mass vaccinations campaigns; capacity building on communicable disease prevention, detection and control; disease early warning surveillance and outbreak control mechanisms. Trends, data collection, and regular reports will be collated and distributed as needed to the cluster and CHF. Data is collected for each activity, and from each beneficiary to maintain close eye on trends and location specific health outcomes.

Assumptions & Risks

Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Also assuming that Rapid Response teams are mobile, able to respond across country when needed. Risks are security and increased conflict over the dry season.

Activities

Activity 1.2.1

Provision of health needs assessments as part of a rapid, multi-sector response to include life-saving primary and reproductive health care including referral services; logistical support and medical supplies.

Activity 1.2.2

Regular data collection and reporting of emergency health activities

Activity 1.2.3

Refresher trainings on epidemic prone diseases; support early warning and disease surveillance.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Frontline # of staff trained on disease surveillance and outbreak response	15	15			30

Means of Verification : IOM records

Indicator 1.2.2	HEALTH	Frontline # of people reached by health education and promotion before and during outbreaks	12,250	12,750	0	0	25,000
-----------------	--------	---	--------	--------	---	---	--------

Means of Verification : Clinic Registers

Outcome 2

Increase in Vaccination coverage across conflict affected states

Output 2.1**Description**

Routine (EPI) and mass campaign, particularly for boys and girls under five and women of childbearing age, is provided and supported.

Assumptions & Risks

Assuming that drugs are available, and active. Also assuming that vaccine campaigns are accepted culturally. The risk are conflict, lack of beneficiary interest in vaccines, and cold chain storage issues.

Activities**Activity 2.1.1**

Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.

Activity 2.1.2

Collating and reporting data from rapid response missions, including health consultations, EPI vaccinations, morbidities, RH provision and EPI vaccinations

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			3,551	3,696	7,247

Means of Verification : IOM health records

Outcome 3

Increase In vulnerable populations in need accessing MHPSS services.

Output 3.1**Description**

Training of health workers in supportive communication and Psychological First Aid (PFA), basic MHPSS needs and responses in emergency and post emergency situations, and identification of most common mental disorders and referral.

Assumptions & Risks**Activities****Activity 3.1.1**

Training of health workers in PFA and MHPSS.

Activity 3.1.2

Regular monitoring and reporting

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	Frontline Number of health personnel trained on MHPSS in conflict affected states	10	10			20

Means of Verification : IOM Health unit records

Additional Targets:**M & R****Monitoring & Reporting plan**

IOM health staff are required to send weekly and monthly reports to IOM Juba providing statistics on the number of consultations conducted, types and scope of morbidities and vaccinations as well as details on health promotion activities. This consistent flow of information from the field allows project managers to closely monitor morbidity trends and outbreaks, as well as individual project activities and how they are contributing to the achievement of the project's expected results and overall objective. Weekly monitoring reports aggregated into monthly, quarterly and mid-year reports coupled with quarterly site visits allow managers to evaluate short, medium and long-term project progress and to address any challenges in a timely manner. Based on the WHO Health Cluster Morbidity report and the Infectious Disease Surveillance Reporting form, IOM developed an excel sheet in late 2012 to capture all data and which allows for easy sharing with relevant partners such as the WHO, the Ministry of Health at all level, county coordinating mechanism lead agencies and donors. It is expected that this same data collection tool will be used in 2016. Furthermore, the health teams hold on-site evaluation meetings every week to discuss the needs, achievements and any adjustments at the field level. Additionally, at least two field visits from IOM Juba will be conducted during the implementation of this six month project to ensure all staff are aware of reporting requirements, tools and procedures.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of enhanced emergency primary health care services through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men; health services include general clinical and injury care, child health, management of communicable and non-communicable diseases, as well as health promotion and environmental health.	2016							X	X	X	X	X	X
Activity 1.1.2: Provision of emergency obstetric care through reproductive health services, including MISAP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post-natal care.	2016							X	X	X	X	X	X
Activity 1.1.3: Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.	2016							X	X	X	X	X	X
Activity 1.1.4: Regular monitoring and reporting of service provision	2016							X	X	X	X	X	X
Activity 1.1.5: Regular reporting of activities to Cluster and CHF as required.	2016							X	X	X	X	X	X
Activity 1.2.1: Provision of health needs assessments as part of a rapid, multi-sector response to include life-saving primary and reproductive health care including referral services; logistical support and medical supplies.	2016							X	X	X	X	X	X
Activity 1.2.2: Regular data collection and reporting of emergency health activities	2016							X	X	X	X	X	X
Activity 1.2.3: Refresher trainings on epidemic prone diseases; support early warning and disease surveillance.	2016							X	X	X	X	X	X
Activity 2.1.1: Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.	2016							X	X	X	X	X	X
Activity 2.1.2: Collating and reporting data from rapid response missions, including health consultations, EPI vaccinations, morbidities, RH provision and EPI vaccinations	2016							X	X	X	X	X	X
Activity 3.1.1: Training of health workers in PFA and MHPSS.	2016							X	X	X	X	X	X
Activity 3.1.2: Regular monitoring and reporting	2016							X	X	X	X	X	X

OTHER INFO**Accountability to Affected Populations**

In line with health cluster strategy, IOM will maintain its commitment to engaging with affected communities at all phases of the program cycle through focus group discussions with women, men and youth on issues concerning their health. The use of IOM's breastfeeding groups and youth activities in health promotion is one example of how IOM engages the community in a sustainable and accountable manner to determine appropriate needs-based responses. IOM's M&E framework ensures that each project implemented is carried out effectively and continually reviewed in line with community needs and humanitarian frameworks.

Implementation Plan

This project's implementation will follow the work plan agreed. It will also be implemented in coordination with the Health Cluster and within the regulations of IOM South Sudan operating procedures. The Monitoring and Reporting principles that IOM operates under will be carried out and any issues that come to light will be dealt with in line with programming principles.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health Cluster	All areas of programming relate to IDPs.

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

Specific health interventions will target the needs of women and men, girls and boys. Women and girls are at high risk of gender based violence (GBV) and sexualized gender based violence (SGBV). Our health care professionals are trained on the clinical management of rape (CMR) and will respond to the health needs of these patients as they are referred. Careful attention will be made to recruit and staff with gender balance so that SGBV cases can be treated by male or female staff, depending on the comfort of the patient. With regards to monitoring, data collected will be disaggregated by gender in order to assess the impact of the activities on both genders.

Protection Mainstreaming

It is expected that there will be strong coordination with protection actors in order to promote protection mainstreaming. The link between health and Mental Health and Psycho Social Support remains strong, especially regarding referrals. Our team will work closely with the Protection Cluster to ensure all IASC guidelines for mainstreaming MHPSS in the humanitarian sector are streamlined. Our project will integrate into the referral pathway for survivors of GBV.

Country Specific Information

Safety and Security

IOM is operating under UNDSS procedures. The IOM Safety and Security Unit Officer is in Wau currently and has been assisting negotiations for humanitarian access. Any issues to date have been resolved with minimal issues. The risks of conflict breaking out are monitoring daily. Relocations of staff will be completed with UNMISS and UNDSS guidance.

Access

IOM work with partner agencies to ensure humanitarian access to areas outside of town and have been successful at gaining permissions for humanitarian movements. Insecurity and unpredictability is a challenge for all Agencies. All cars have to move in convoys, resulting in the need for additional vehicles. IOM works with UNDSS to ensure access to all sites and any issues are resolved with UNDSS and the Access Working group through the logistics cluster.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health Programme Manager	D	1	16,000.00	6	5%	4,800.00
	<i>International staff P3 x 1. Juba based with travel.</i>						
1.2	Migration Health Emergency Coordinator	D	1	14,000.00	6	5%	4,200.00
	<i>International staff P2 x 1. Juba based with travel.</i>						
1.3	Pharmacy/Storekeeper Assistant	S	1	2,300.00	6	5%	690.00
	<i>National staff G5 x 1. Juba based.</i>						
1.4	RRT Coordinator	D	1	12,000.00	6	5%	3,600.00
	<i>International staff P2 x 1. Roving/Wau</i>						
1.5	Health Officer	D	1	11,000.00	6	25%	16,500.00
	<i>International staff P1 x 1. Wau</i>						
1.6	Senior Medical Assistant	D	1	2,300.00	6	50%	6,900.00
	<i>National staff G5 Wau</i>						
1.7	Clinical Officer	D	1	2,000.00	6	50%	6,000.00
	<i>National staff G4 Wau</i>						
1.8	Nurse	D	1	1,800.00	6	50%	5,400.00
	<i>National staff G3 Wau</i>						
1.9	Midwife	D	1	1,800.00	6	50%	5,400.00
	<i>National staff G3 Wau</i>						
1.10	Vaccinator	D	1	84.00	6	50%	252.00
	<i>Daily rates, field based.</i>						
1.11	Health Promoter	D	5	84.00	6	50%	1,260.00
	<i>Daily rates, field based.</i>						

1.12	Registrar/Crowd Controller	D	2	84.0 0	6	50%	504.00
	<i>Daily rates, field based.</i>						
1.13	Guard	D	2	63.0 0	6	50%	378.00
	<i>Daily rates, field based.</i>						
1.14	Traditional Birth Attendants	D	2	84.0 0	6	50%	504.00
	<i>Daily rates, field based.</i>						
1.15	Cleaner/Water Carrier	D	2	63.0 0	6	50%	378.00
	<i>Daily pay rates, based in field locations.</i>						
1.16	International Support Costs	S	9	16,0 00.0 0	6	1%	4,320.00
	<i>Support staff that assist with various aspects of the project. This project will only charge 5% of the overall collective cost of these support staff.</i>						
1.17	National Support Costs	S	18	2,30 0.00	6	1%	1,242.00
	<i>Support staff that assist with various aspects of the project. This project will only charge 5% of the overall collective cost of these support staff.</i>						
	Section Total						62,328.00
Supplies, Commodities, Materials							
2.1	Medicines and Medical Commodities	D	1	16,9 69.4 3	1	100%	16,969.43
	<i>Medicines and supplies costs are calculated based average monthly consumption (ACM) reports from clinics. This included medicines as well as medical supplies including syringes, gauze, cotton wool, gloves, etc.</i>						
2.2	Transportation and Storage of Medicines and Medical Commodities	D	1	34,0 00.0 0	1	50%	17,000.00
	<i>Transportation costs estimated using cargo flight costs from IOM vendors from July 2016 Juba-Wau @ 17,000 USD for 10T.</i>						
2.3	Training and Capacity Building	S	1	500. 00	1	50%	250.00
	<i>Materials for necessary training sessions for HHPs, etc.</i>						
	Section Total						34,219.43
Travel							
5.1	M&E Travel	D	1	500. 00	1	100%	500.00
	<i>Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs - 1 return flight. Each return is 400 USD per trip.</i>						
5.2	M&E DSA	D	1	139. 00	5	100%	695.00
	<i>Domestic - estimated number of trips based on previous experience and projected estimates. Based on IOM standard costs - 91USD for estimated 5 days of DSA.</i>						
5.3	Staff travel - Relocatable staff	D	2	500. 00	1	100%	1,000.00
	<i>Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs. Each return is 500 USD per trip. 4 trips</i>						
5.4	Staff travel - Relocatable staff	D	2	139. 00	10	100%	2,780.00
	<i>Domestic - estimated number of trips based on previous experience and projected estimates. Based on IOM standard costs - 91USD pppd</i>						
	Section Total						4,975.00
General Operating and Other Direct Costs							
7.1	Mobile and Semi-static Clinic Operations	D	1	1,00 0.00	6	25%	1,500.00
	<i>Clinic costs estimated based on average monthly expenditure over 2015, monthly costs include repair of infrastructure (e.g. tents, fencing supplies) and supplies as needed (solar lights, buckets, beds, linens, etc.)</i>						
7.2	Security and shared radio room costs	S	1	145, 000. 00	6	1%	4,350.00
	<i>Security contract costs and common radio costs project charged 1.5% of entire costs for mission of yearly cost.</i>						

7.3	Office Rent and common costs	S	1	125,000.00	6	1%	3,750.00
<i>Shared costs are directly linked to the project implementation, based on a well-justified, reasonable and fair allocation system. Rent, cleaning, water, electricity. Project only charged 1% of entire costs for mission.</i>							
7.4	Vehicle Running Costs	S	1	110,000.00	6	1%	3,300.00
<i>Costs include fuel, repair and maintenance and other vehicle related costs, project charged 2% of entire mission's yearly cost</i>							
7.5	Communications	D	1	80,000.00	6	1%	2,400.00
Section Total							15,300.00
SubTotal			64.00				116,822.43
Direct							98,920.43
Support							17,902.00
PSC Cost							
PSC Cost Percent							7%
PSC Amount							8,177.57
Total Cost							125,000.00
Grand Total CHF Cost							125,000.00

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Western Bahr el Ghazal -> Wau	100	16,806	17,192	4,428	4,609	43,035	

Documents

Category Name	Document Description