

Requesting Organization :	John Dau Foundation			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		100.00		
		100		
Project Title :	Provision of gender sensitive basic emergency primary health care services and response to disease outbreaks in the islands in Twic East County, Jonglei state, South Sudan			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-17/H/103173	Fund Project Code :	SSD-17/HSS10/SA1/H/NGO/5261	
Cluster :	Health	Project Budget in US\$:	131,400.15	
Planned project duration :	10 months	Priority:		
Planned Start Date :	01/03/2017	Planned End Date :	31/12/2017	
Actual Start Date:	01/03/2017	Actual End Date:	31/12/2017	
Project Summary :	<p>The project target for curative and preventive health intervention is composed of U5 (at least 75% of the beneficiaries, boys and girls equally targeted) and P&LW women (at least 25% of the beneficiaries) from host, IDP and returnees' communities of Twic East county targeting entire population in the remaining payams of Lith,Ajuong and Pakeer since JDF is currently active in Twic East for health services with an active ICCM proposal with UNICEF. However, the project only covers one of the three new counties in Twic East. CHF funding will allow JDF to expand services in Twic East and fill health gaps not supported by UNICEF.</p> <p>The overall objective is to maintain and sustain the existing safety net of basic essential emergency health services with improved emergency referral services for communities in Twic East County with a focus on women, children & IDPs/returnees. This project will provide support to host communities in underserved areas affected by the recent violence in Twic East County. The intervention will also target new arrivals fleeing recent insecurity in the neighboring Counties of Urur and Duk. The goal of the project is to contribute to the reduction in health related mortality and morbidity, and improve access to high quality Lifesaving emergency health interventions for the most vulnerable populations notably U5 children and pregnant and lactating women.</p> <p>The project will support 2 PHCC, 3 PHCUs EPI outreaches and community health education outreach activities in the 3 Payams of Ajuong, Lith and Pakeer. Program approaches will include inpatient and outpatient consultation, ICCM program, community health education, active case detection and treatment of SAM, deworming and Vitamin A, campaigns and EPI program both static and mobile out reaches targeting IDPs and host communities. Therefore, the activities of this project will focus on ensuring that PHC and RH services are available in all the area; integrated capacity building refreshers (WASH, Health and Nutrition) to prevent, detect and respond to epidemic prone disease outbreaks in the main land and islands, guarantee an adequate availability of drugs such as anti-Malarial, anti-diarrheal, cholera medications, sensitize the communities promoting the adoption of good health and hygiene practices; ensure measles and OPV vaccinations for under 5 in addition to routine vaccination at the Health facilities.</p> <p>The project will strengthen provision of emergency primary health care services with particular focus on maternal and child health care both preventive and curative services to the most vulnerable group of the rural communities supported by pre positioning of essential drugs, medical equipment & supplies to all the targeted health facilities as well as strengthening health facilities and capacity of health staffs to respond to quality emergency health services in Twic East County.</p> <p>The added value of the project is integration with Nutrition and WASH program; long-standing partnership with CHDs for health system strengthening and improved health service delivery for local communities and IDPs/returnees.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
9,258	5,401	8,545	13,885	37,089

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	9,258	5,401	8,545	13,885	37,089

Indirect Beneficiaries :

24,727

Catchment Population:

61,816 people (this for project supported 2 PHCCs & 3 PHCUs)

Link with allocation strategy :

The grant will enable JDF to fill critical funding gaps in its on-going primary health care programme and complete the project. It will also enable JDF to provide emergency health services in a gender-sensitive way, and the project will help save lives of many women, children and IDPs and returnees in remote & underserved areas where no alternative health services presently exist. The funds will ensure that efforts are directed at activities that directly address the new emergency caused by the developing context; specifically the increased disease burden; the vulnerability of the IDPs, mothers and children to malaria, Pneumonia, Diarrhea and related malnutrition of these populations; the probable stock-out of the MOH pharmaceuticals; and needs for LLITNs. The fund will sustain the operational capacity of health facilities to respond to the new emergency and take advantage of dry season to maximize services.

JDF will continue with its support to 4 PHCCs and 5 PHCU namely Kongor, Panyagor, Maar and Paliu PHCC served by Pongborong, baping, wangulei, patiou and Khir PHCUs. The funding will enable JDF to recruit 2 midwives (1 each in Maar and Paliu PHCCs), also 1 nurse, 1 Laboratory technician and 1 clinical officers will be recruited to cope with the sharply increased demands for health services; JDF will support motivational incentives for 22 PHCC and PHCU staffs including 13 CHD staffs to ensure timely functionality of health facilities; to support maintenance cost of ambulance for efficient timely referral of emergency cases to hospital; support timely repositioning of medical supplies to cover rainy season; to support project operation cost for efficient delivery of emergency health services vulnerable populations in targeted communities; to undertake repair works on are essential facilities to ensure their functionality.

UNICEF has committed for ongoing health program in Twic East for the period from January 2017 to December 2017. UNICEF provided 83% while JDF provided 17% with total funding of \$621,058 to sustain basic health care activities in 2 PHCCs and 5 PHCUs in Nuak and Kongor payams with highest population that covers 51% of the county's total population. This present allocation will allow JDF to support CHDs including additional 5 Health Facilities (2 PHCCs, 3 PHCUs), CHF allocation will make possible the improvement of the quality of the health emergency and referral services.

The project will contribute to the Health Cluster priority through the support of the county health systems of Twic East which are considered geographical priority areas by the cluster by:

1. Strengthening communicable disease control and outbreak response including supplies
2. Strengthening early warning surveillance and response system for outbreak-prone diseases
3. Supporting immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns
4. Capacity building interventions which include
 - Emergency preparedness and communicable disease control and outbreak response
 - Emergency obstetrical care, and MISP (minimum initial service package-MISP)
 - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
 - Trauma management for key health staff
5. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies);
6. Provision of Emergency mental health and psychosocial care
7. Support to referral system for emergency health care.
8. Support to minor rehabilitation and repairs of health facilities
9. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

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
Morris Okwir	Program Manager	info@johndaufoundation.org	+211923506671
Morris Okwir	Program Manager	morrisokwir@johndaufoundation.org	+211923506671

BACKGROUND**1. Humanitarian context analysis**

The 2013 conflict has affected those in Twic East County greatly. Twic East County has high population of 122,325 with 61,816 total numbers of people in need. Demand for basic health services is high and 50% of people do not have easy access to a health facility. In Twic East, the antenatal visits and skilled delivery remains a major challenge with only 15% of pregnant women attending 4 visits. The unmet need for family planning remains high with only 4% utilizing services (DHIS 2016). Antenatal is often reported not to be provided as comprehensive package and therefore complicated pregnancies are rarely identified and timely referred. Skilled delivery is less than 6%, since few health units are permanently staffed with skilled birth attendants. The Sexually transmitted infection level is 14% of annual OPD consultations. Child Health indicators are alarming. The immunization coverage is very low 49% of pregnant women received TT2 while 30% of U1 completed DPT3; therefore, children under the age of 5 will be at risk of measles outbreaks (DHIS 2016). Malnutrition is high, GAM at 25.6 %, MAM at 21.6% and SAM at 4.0 % which is above the WHO threshold for emergency intervention a situation considered worse than previous years (SMART Survey report 2016). Most households with pregnant and lactating women are food insecure which leads to adverse birth outcomes due to malnutrition. The County has high burden of disease caused mainly by malaria (50%), diarrhoea (17%) and pneumonia (10%) which contributes to 70% of outpatient consultations (DHIS report 2016). In addition, a Cholera outbreak in the Twic Islands has heavy consequences. CHD capacities are limited due to lack of technical skills in planning, monitoring, managing human resource, managing financial resources and reporting.

2. Needs assessment

Demand for basic health services is high and 50% of people do not have easy access to a health facility. In Twic East, the antenatal visits and skilled delivery remains a major challenge with only 15% of pregnant women attending 4 visits. The unmet need for family planning remains high with only 4% utilizing services (DHIS 2016). Antenatal is often reported not to be provided as comprehensive package and therefore complicated pregnancies are rarely identified and timely referred. Skilled delivery is less than 6%, since few health units are permanently staffed with skilled birth attendants. The Sexually transmitted infection level is 14% of annual OPD consultations. Child Health indicators are alarming. The immunization coverage is very low 49% of pregnant women received TT2 while 30% of U1 completed DPT3; therefore, children under the age of 5 will be at risk of measles outbreaks (DHIS 2016). Malnutrition is high, GAM at 25.6 %, MAM at 21.6% and SAM at 4.0 % which is above the WHO threshold for emergency intervention a situation considered worse than previous years (SMART Survey report 2016). Most households with pregnant and lactating women are food insecure which leads to adverse birth outcomes due to malnutrition. The County has high burden of disease caused mainly by malaria (50%), diarrhoea (17%) and pneumonia (10%) which contributes to 70% of outpatient consultations (DHIS report 2016). In addition, a Cholera outbreak in the Twic Islands has heavy consequences. CHD capacities are limited due to lack of technical skills in planning, monitoring, managing human resource, managing financial resources and reporting. JDF will integrate Health interventions at the community level with a special focus on maternal and child health & nutrition, and community health education and referral, for better program outcomes. In addition to the high disease prevalence, capacity in the prevention and treatment of common childhood illness is significantly lacking in Twic East County as a result of decades of conflict, which have undermined the training and education of health professionals and prevented the establishment of an effective, wide reaching health system. Consequentially, there exists an urgent need to train and build the capacity of national staff among conflict affected populations.

3. Description Of Beneficiaries

A total of 37,089 (7,418 HH); 13,885 girls, 8,545 boys, 5,401 women and 9,258 Men will be reached with emergency primary health care services; Children U 5, pregnant and lactating women, other groups of people, including elderly and people with special needs, are particularly vulnerable.

The project target for curative and preventive health intervention is composed of 7,047 U5 (at least 75% of the beneficiaries, boys and girls equally targeted) and 1,484 P&LW women (at least 25% of the beneficiaries) from host, IDP and returnees' communities in the payams of Lith, Ajuong and Pakeer. However, in line with the health cluster strategy, JDF is prioritizing PLWs and children under 5 who are both at risk will receive both curative and preventive health intervention.

Other groups will be men and women in the targeted areas, 100 CBDs, 35 CHD workers, caretakers, people with disabilities and the elderly among IDPs and host families who will benefit from health education and training. Through community based groups, sessions on health best practices, vitamin A and EPI promotions, hygiene and sanitation topics geared towards at reducing burden of preventable disease in children and pregnant and lactating mothers will be conducted. JDF will support 2 PHCCs and 3 PHCUs including internal capacity building for 100 CBDs, 20 CHWs and health facility staffs. Trainings will be based on MOH and internationally recognized protocols and IEC materials which will be sourced from both MOH/UNICEF/WHO.

4. Grant Request Justification

JDF proposes to address the needs of host communities and IDPs in Twic East County that the health cluster has identified as prioritized area of high humanitarian need. The interventions will focus on providing curative and preventive health intervention by maintaining and sustaining the existing safety net of basic essential emergency health services with improved emergency referral services with a focus to women, children & IDPs/returnees.

The County is one of the worst affected areas where demand for basic health services is high and 50% of people do not have easy access to a health facility. The health indicators are poor in which, the antenatal visits and skilled delivery remains a major challenge with only 15% of pregnant women attending 4 visits. The unmet need for family planning remains high with only 4% utilizing services (DHIS 2016).

Antenatal is often reported not to be provided as comprehensive package and therefore complicated pregnancies are rarely identified and timely referred. Skilled delivery is less than 6%, since few health units are permanently staffed with skilled birth attendants. The Sexually transmitted infection level is 14% of annual OPD consultations. Child Health indicators are alarming. The immunization coverage is very low 49% of pregnant women received TT2 while 30% of U1 completed DPT3; therefore, children under the age of 5 will be at risk of measles outbreaks (DHIS 2016). Malnutrition is high, GAM at 25.6 %, MAM at 21.6% and SAM at 4.0 % which is above the WHO threshold for emergency intervention a situation considered worse than previous years (SSR 2016). Most households with pregnant and lactating women are food insecure which leads to adverse birth outcomes due to malnutrition. The County has high burden of disease caused mainly by malaria (50%), diarrhoea (17%) and pneumonia (10%) which contributes to 70% of outpatient consultations (DHIS report 2016). In addition, a Cholera outbreak in the Islands has heavy consequences. CHD capacities are limited due to lack of technical skills in planning, monitoring, managing human resource, managing financial resources and reporting.

This allocation will enable JDF to fill critical funding gaps in its on-going primary health care programme and complete the project. It will also enable JDF to provide emergency health services to vulnerable populations in targeted communities. The funds will ensure that efforts are directed at activities that directly address the new emergency caused by the developing context; specifically the increased disease burden; the vulnerability of the IDPs, mothers and children to malaria, Pneumonia, Diarrhea and related malnutrition of these populations; the probable stock-out of the MOH pharmaceuticals; and needs for LLITNs. The fund will sustain the operational capacity of health facilities to respond to the new emergency and take advantage of dry season to maximize services.

The focus of basic health services will be on the most vulnerable groups, especially women, children, blind persons and IDPs and returnees. The grant will enable JDF to provide these emergency health services in a gender-sensitive way, and the project will help save lives of many women, children and IDPs and returnees in remote & underserved areas where no alternative health services presently exist. Due to this, the bulk of project resources will be utilized in the county to address emerging humanitarian needs. The allocation will support additional 2 PHCCs and 3 PHCU to ensure timely functionality of health facilities; to support maintenance cost of ambulance for efficient timely referral of emergency cases to hospital; support timely prepositioning of medical supplies to cover rainy season; to support project operation cost for efficient delivery of emergency health services vulnerable populations in targeted communities; to undertake repair works on are essential facilities to ensure their functionality.

5. Complementarity

JDF is currently active in Twic East for health services with an active ICCM proposal with UNICEF. However, the project only covers two payams out of five payams the County. CHF funding will allow JDF to expand services in Twic East and fill health gaps not supported by UNICEF.

Activities for this project will focus on:

- ensure that PHC and RH services are available in all the area;
- integrated capacity building refreshers (WASH, Health and Nutrition) to prevent, detect and respond to epidemic prone disease outbreaks
- Guarantee an adequate availability of drugs such as anti-Malarial, anti-diarrheal, cholera medications, etc.
- Sensitize the communities promoting the adoption of good health and hygiene practices.
- ensure measles and OPV vaccinations for under 5 in addition to routine vaccination at the HFs

As UNICEF funds can cover up to 51% of the PHCs service delivery costs in Nuak and Kongor payams with highest population that covers 51% of the county's entire total population leaving 49% of the county with no health services. The project shall then address the following:

- routine basic health service delivery and RH gaps;
- Oral Rehydration Therapy (ORT)
- Cold chain reinforced at HF level;
- Supported facilities are provided timely with drugs and medical supplies;
- Epidemiological surveillance and outreaches for communicable diseases are conducted.
- immunizations campaigns via fixed and mobile health clinics targeting vulnerable groups
- Health facilities capacities are empowered and the referral system is enforced;
- CHD capacities are developed in EP&R.
- Capacity building on emergency management
- Restoration of some key health facilities

Added values:

- Integration with Nutrition and WASH program;
- long-standing partnership with CHDs for health system strengthening
- Improved health service delivery for local communities and IDPs/returnees.

LOGICAL FRAMEWORK

Overall project objective

To maintain and sustain the existing safety net of basic essential emergency health services with improved emergency referral services for communities in Twic East County with a focus on women, children & IDPs/returnees.

The specific objectives are:

1. To increase the population reached with provision of emergency primary health care services with particular focus on maternal and child health care both preventive and curative services to the most vulnerable group of the rural communities in Twic East County;
2. To improve the quality of basic health services by pre positioning of essential drugs, medical equipment & supplies to all the targeted health facilities in Twic East county;
3. To strengthen health facilities and capacity of health staffs to respond to quality emergency health services in Twic East County.

The specific objective of the project will be achieved through:

- the increase access to PHC at facility level, including at least 5% increment in women's access (monthly baseline: 850 boys, 1388 girls, 925 men, 540 women) and IDPs;
- the increase in the access to emergency health service in 10 months (monthly baselines: 10 emergency referrals);
- The increase of 5% in the number of referred patients in 10 months (monthly baseline: 34 referred patients).

The project timeframe (10 months) is adequate to meet the project objectives, since JDF is already operating and have functioning field base in the target county; (ii) collaboration with institutional partners (Jonglei State MoH and Twic East CHDs) has been established and is fruitful.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives		Percentage of activities			
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection		50			
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations		SO2: Protect the rights and uphold the dignity of the most vulnerable		50			
Contribution to Cluster/Sector Objectives :							
<p>The project will contribute to the Health Cluster priority through the support of the county health systems of Twic East which are considered geographical priority areas by the cluster by:</p> <ol style="list-style-type: none"> 1. Strengthening communicable disease control and outbreak response including supplies 2. Strengthening early warning surveillance and response system for outbreak-prone diseases 3. Supporting immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns 4. Capacity building interventions which include <ul style="list-style-type: none"> • Emergency preparedness and communicable disease control and outbreak response • Emergency obstetrical care, and MISP (minimum initial service package-MISP) • Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues • Trauma management for key health staff 5. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies); 6. Provision of Emergency mental health and psychosocial care 7. Support to referral system for emergency health care. 8. Support to minor rehabilitation and repairs of health facilities 9. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions <p>The grant will enable JDF to fill critical funding gaps in its on-going primary health care programme and complete the project. It will also enable JDF to provide emergency health services in a gender-sensitive way, and the project will help save lives of many women, children and IDPs and returnees in remote & underserved areas where no alternative health services presently exist. The funds will ensure that efforts are directed at activities that directly address the new emergency caused by the developing context; specifically the increased disease burden; the vulnerability of the IDPs, mothers and children to malaria, Pneumonia, Diarrhea and related malnutrition of these populations; the probable stock-out of the MOH pharmaceuticals; and needs for LLITNs. The fund will sustain the operational capacity of health facilities to respond to the new emergency and take advantage of dry season to maximize services.</p> <p>JDF will continue with its support to 4 PHCCs and 5 PHCU namely Kongor, Panyagor, Maar and Paliu PHCC served by Pongborong, baping, wangleui, patiou and Khir PHCUs. The funding will enable JDF to recruit 2 midwives (1 each in Maar and Paliu PHCCs), also 1 nurse, 1 Laboratory technician and 1 clinical officers will be recruited to cope with the sharply increased demands for health services; JDF will support motivational incentives for 22 PHCC and PHCU staffs including 13 CHD staffs to ensure timely functionality of health facilities; to support maintenance cost of ambulance for efficient timely referral of emergency cases to hospital; support timely prepositioning of medical supplies to cover rainy season; to support project operation cost for efficient delivery of emergency health services vulnerable populations in targeted communities; to undertake repair works on are essential facilities to ensure their functionality.</p> <p>UNICEF has committed for ongoing health program in Twic East for the period from January 2017 to December 2017. UNICEF provided 83% while JDF provided 17% with total funding of \$621,058 to sustain basic health care activities in 2 PHCCs and 5 PHCUs in Nuak and Kongor payams with highest population that covers 51% of the county's total population. This present allocation will allow JDF to support CHDs including additional 5 Health Facilities (2 PHCCs, 3 PHCUs), CHF allocation will make possible the improvement of the quality of the health emergency and referral services.</p>							
Outcome 1							
Gender-sensitive emergency primary health care services with particular focus on maternal and child health care both preventive and curative services maintained							
Output 1.1							
Description							
Output 1.1 Out & inpatient, health education, EPI, reproductive health, ANC services delivered							
Assumptions & Risks							
<ul style="list-style-type: none"> • Communities can access health facilities. • Security permits delivery of health & referral services. • Leaders & health promoters can mobilize communities to receive IMCI services. 							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	9,258	5,401	8,545	13,885	37,089

Means of Verification : • Semi-annual project reports. • Data from inpatient/outpatient clinics.									
• Semi-annual project reports. • Data from EPI services units.									
• Semi-annual project reports. • IDSR reports generated weekly.									
Indicator 1.1.2	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states							579
Means of Verification : Semi-annual project reports. Data from ANC and Maternal clinics.									
Indicator 1.1.3	HEALTH	[Frontline services] Number of facilities providing BEmONC services							2
Means of Verification : Semi-annual project reports. Data from PHCCs and Hospital									
Indicator 1.1.4	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			955	930			1,885
Means of Verification : Semi-annual project reports. Data from PHCCs/PHCUs.									
Indicator 1.1.5	HEALTH	[Frontline services] Number of children with 3 doses of pentavalent vaccine			229	350			579
Means of Verification : Semi-annual project reports. Data from EPI services units.									
Indicator 1.1.6	HEALTH	[Frontline services] Number of health facilities providing SGBV services							5
Means of Verification : Semi-annual project reports. Data from PHCCs/PHCUs.									
Indicator 1.1.7	HEALTH	[Frontline services] Number of health personnel trained on MHPSS in conflict affected states	5	5					10
Means of Verification : Semi-annual project reports. Data from capacity development unit									
Activities									
Activity 1.1.1									
Provision of emergency Primary Health care services including Antenatal care services (ANC),HIVAIDS services, health education and Expanded Program in Immunization (EPI) in for both outpatient and inpatient services in 2 PHCCs and 3 PHCUs. Total consultation of 29,300 (F=15,236 & M =14,064).									
Activity 1.1.2									
Provision of integrated management of childhood illnesses (IMCI) through enhanced child survival package from 3 PHCUs and 2 PHCCs. Total consultation of 7,789 children (M=3,739 & F=4,050).).									
Activity 1.1.3									
Provision of routine therapeutic and medical treatment to children 0 -59 month including PLW with severe acute malnutrition with medical complications									
Activity 1.1.4									
Provision of emergency and ordinary comprehensive RH commodities (MISP, FP, ANC, safe and clean delivery, PNC, STI) at HF level. RH services will be reinforced in the community through regular field visit and referral of cases to the PHC system.									
Activity 1.1.5									
Provision of skilled attended delivery and BEmONC in at least 2 PHCC.									
Activity 1.1.6									
Provision of focused ANC and PNC in 5 health facilities and through weekly outreach service to host communities.									
Activity 1.1.7									
Provision of routine EPI services in 5 health facilities and through weekly outreach services EPI (also for new-born and pregnant women).									
Activity 1.1.8									
Provision of VCT/PMTCT services in 5 health facilities and community outreaches									
Outcome 2									
Essential drugs & medical supplies pre-positioned to remote health facilities.									

Output 2.1							
Description							
5 medicine kits, supplies & equipment; 2 PHCC & 3 PHCU kits delivered / month							
Assumptions & Risks							
JDF & State MOH are able to procure & deliver vaccines & essential pharmaceuticals.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			3,739	4,050	7,789
Means of Verification : Semi-annual project reports. Data from PHCCs/PHCUs							
Indicator 2.1.2	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in conflict states					5
Means of Verification : Semi-annual project reports. Data from PHCCs/PHCUs							
Indicator 2.1.3	HEALTH	[Frontline services] Number of children (under - 5) supplemented with Vitamin A			3,739	4,050	7,789
Means of Verification : Semi-annual project reports. Data from PHCCs/PHCUs.							
Activities							
Activity 2.1.1							
Prepositioning supplies of essential drugs ensuring adequate supplies to cope with emergencies, a probable MOH stock out and regularly supply of laboratory and medical equipment and reproductive health, EPI supplies to PHCC & PHCU facilities. Total of 2 PHCC kits and 3 PHCU kits of medicine, medical equipment & supplies delivered per month							
Outcome 3							
Health delivery systems maintained to cope with complex emergencies situation.							
Output 3.1							
Description							
Increased knowledge disease prevention practices in communities							
Assumptions & Risks							
<ul style="list-style-type: none"> • Leaders & health promoters can mobilize communities to receive health education. • Security permits delivery of health education outreaches. • Men are prepared to participate in reproductive health awareness. 							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	[Frontline services] Number of people reached by health education /promotion	2,500	4,822	1,250	2,568	11,140
Means of Verification : • Semi-annual project reports. • Data from health education outreaches on participants. • Data from community-based monitoring on application of message practices. • Semi-annual project reports. • Data from health education outreaches on participants. • Data from community-based monitoring on application of message practices.							
Indicator 3.1.2	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	9	8			17
Means of Verification : Semi-annual project reports. Data from capacity development unit.							
Indicator 3.1.3	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					1
Means of Verification : Semi-annual project reports IDSR reports generated weekly							

Activities

Activity 3.1.1

Establishing boma health committees, payam health committees & strengthening CHDs to sustain and coordinate services during emergencies, including health education outreaches, EPI services, and actively spreading reproductive health messages and gender awareness among men & women community members. Total of 1 CHD, 3 payam health departments & 6 boma health committees (comprised of 50% women) operating, and 60 men & 60 women health promoters (30 per PHCC) delivering health messages & gender awareness.

Activity 3.1.2

Participation to the monthly Health Cluster and inter-cluster coordination mechanism at county, state and national level.

Activity 3.1.3

Supporting quarterly review meetings with 5 Community groups, 3 Boma health committees, 3 payam leaders, 2 County leaders and 2 State leaders in Jonglei SMOH to share project implementation progress as accountability to the affected population

Activity 3.1.4

Supporting quarterly joint monitoring and evaluation of project implementation with community group leaders, boma health committees, payam leaders, CHDS, Partners, SMOH and MOH at national level

Activity 3.1.5

Providing weekly IDSR reports to MOH with focus on Cholera, kala azar, measles, malnutrition, SGBV other disease outbreaks that may occur. Total of 1 disease outbreaks, 1,885 SAM cases U5 and 1,951 MAM cases for PLWs reported, and incidents of GBV treated and reported to local authorities.

Activity 3.1.6

Training medical personnel to provide and sustain basic health services (ANC, safe motherhood & appropriate referral services) during emergencies Total of 8 health personnel trained (2 clinical officers, 2 nurses/midwives, 1 public health officer and 2 laboratory technicians); 63 workers trained on-the-job (laboratory workers, pharmacy assistants, CHWs, community health promoters & EPI workers

Activity 3.1.7

Providing awareness on SGBV, sexual reproductive health rights including the value of ANC services and importance facility deliveries by trained skilled health workers. Total of 2,000 men & 2,000 women undertake health messages related to reproductive health and gender sensitization; 579 pregnant women attend 2+ ANC clinics; 500 women are delivered by nurses, midwives & doctors

Additional Targets :

M & R

Monitoring & Reporting plan

Accountability to Affected Populations

JDF is accountable to the women, men, boys and girls whose lives it aims to improve, and places this responsibility at the core of its humanitarian policy. As a matter of human rights and meaningful programming, JDF defines Accountability to Affected Populations (AAP) as “an active commitment by humanitarian actors and organizations to use power responsibly by taking account of, giving account to and being held to account by the people they seek to assist”.

By being more accountable to affected populations – increasing their participation and feedback in programme identification, design, delivery and lesson learning – JDF achieves programmes of higher quality, with greater and more sustainable impact. It increases the space for communities to shape their own recovery and for JDF to better deliver against its commitments to stakeholders, including the people JDF assists and the resource partners who make assistance possible.

On the ground, AAP starts with effective information sharing and communication channels. Sharing information about JDF programmes in a timely, accessible and inclusive way puts affected communities in a position to understand and shape decisions that impact their lives.

Moreover, JDF is committed to ensure that people receiving support participate in and influence all steps of the programme cycle, including initial assessment, project design, beneficiary selection, implementation, monitoring and evaluations.

Accountability also hinges on establishing effective feedback channels as well as complaints and response mechanisms, so JDF and its partners know what impact programmes are having on participants and can incorporate feedback or address problems rapidly, including prevention of sexual abuse and exploitation. Systems of community representation must be fair and representative, enabling the most marginalized, vulnerable and affected to have a voice.

Monitoring & Reporting Plan

Progress towards project objectives are monitored internally through weekly supervision visits, and regular collection & analysis of essential health data varying from daily outbreak line listing reports to weekly and monthly clinic morbidity and mortality data.

JDF also utilizes monthly situation reports by JDF management including the Health Project Manager and Monitoring & Evaluation Officer.

JDF will conduct patient exit interviews quarterly to monitor patient satisfaction with the programme as well as quality of treatment and patient education.

Follow-up assessments for health may also include measuring immunization coverage rates or qualitative and quantitative evaluations of new onset interventions. For health, JDF will contribute to all national reporting mechanisms relevant to the activities being implemented, and will build capacity of local healthcare workers to continue using those mechanisms.

JDF may use Lot Quality Assurance Sampling (LQAS) methodology to conduct household surveys to guide or evaluate on-going intervention plans at the discretion of the Monitoring and Evaluation Officer and management. Project Managers and team leaders are responsible for monitoring of activities during implementation and upon completion of assessments and interventions. JDF disseminates summary reports for assessments and interventions to external actors, remaining accountable to government, donors, and the humanitarian community through that process. The Program Director is responsible for ensuring quality of interventions, through oversight of the Project Managers and field visits. In addition, the JDF Program Director provides technical input and quality assurance for project activities. The Monitoring and Evaluation Officer assumes responsibility for tracking all required indicators and for survey design, in consultation with the Program Director at country level.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of emergency Primary Health care services including Antenatal care services (ANC),HIVAIDS services, health education and Expanded Program in Immunization (EPI) in for both outpatient and inpatient services in 2 PHCCs and 3 PHCUs. Total consultation of 29,300 (F=15,236 & M =14,064).	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Provision of integrated management of childhood illnesses (IMCI) through enhanced child survival package from 3 PHCUs and 2 PHCCs. Total consultation of 7,789 children (M=3,739 & F=4,050).	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.3: Provision of routine therapeutic and medical treatment to children 0 - 59 month including PLW with severe acute malnutrition with medical complications	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.4: Provision of emergency and ordinary comprehensive RH commodities (MISP, FP, ANC, safe and clean delivery, PNC, STI) at HF level. RH services will be reinforced in the community through regular field visit and referral of cases to the PHC system.	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.5: Provision of skilled attended delivery and BEmONC in at least 2 PHCC.	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.6: Provision of focused ANC and PNC in 5 health facilities and through weekly outreach service to host communities.	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.7: Provision of routine EPI services in 5 health facilities and through weekly outreach services EPI (also for new-born and pregnant women).	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.8: Provision of VCT/PMTCT services in 5 health facilities and community outreaches	2017			X	X	X	X	X	X	X	X	X	X
Activity 2.1.1: Prepositioning supplies of essential drugs ensuring adequate supplies to cope with emergencies. a probable MOH stock out and regularly supply of laboratory and medical equipment and reproductive health, EPI supplies to PHCC & PHCU facilities. Total of 2 PHCC kits and 3 PHCU kits of medicine, medical equipment & supplies delivered per month	2017					X	X						
Activity 3.1.1: Establishing boma health committees, payam health committees & strengthening CHDs to sustain and coordinate services during emergencies, including health education outreaches, EPI services, and actively spreading reproductive health messages and gender awareness among men & women community members. Total of 1 CHD, 3 payam health departments & 6 boma health committees (comprised of 50% women) operating, and 60 men & 60 women health promoters (30 per PHCC) delivering health messages & gender awareness.	2017				X	X	X	X	X	X	X	X	X

Activity 3.1.2: Participation to the monthly Health Cluster and inter-cluster coordination mechanism at county, state and national level.	2017				X	X	X	X	X	X	X	X	X
Activity 3.1.3: Supporting quarterly review meetings with 5 Community groups, 3 Boma health committees, 3 payam leaders, 2 County leaders and 2 State leaders in Jonglei SMOH to share project implementation progress as accountability to the affected population	2017				X			X				X	
Activity 3.1.4: Supporting quarterly joint monitoring and evaluation of project implementation with community group leaders, boma health committees, payam leaders, CHDS, Partners, SMOH and MOH at national level	2017				X			X				X	
Activity 3.1.5: Providing weekly IDSR reports to MOH with focus on Cholera, kala azar, measles, malnutrition, SGBV other disease outbreaks that may occur. Total of 1 disease outbreaks, 1,885 SAM cases U5 and 1,951 MAM cases for PLWs reported, and incidents of GBV treated and reported to local authorities.	2017			X	X	X	X	X	X	X	X	X	X
Activity 3.1.6: Training medical personnel to provide and sustain basic health services (ANC, safe motherhood & appropriate referral services) during emergencies Total of 8 health personnel trained (2 clinical officers, 2 nurses/midwives, 1 public health officer and 2 laboratory technicians); 63 workers trained on-the-job (laboratory workers, pharmacy assistants, CHWs, community health promoters & EPI workers	2017					X	X						
Activity 3.1.7: Providing awareness on SGBV, sexual reproductive health rights including the value of ANC services and importance facility deliveries by trained skilled health workers. Total of 2,000 men & 2,000 women undertake health messages related to reproductive health and gender sensitization; 579 pregnant women attend 2+ ANC clinics; 500 women are delivered by nurses, midwives & doctors	2017			X	X	X	X	X	X	X	X	X	X

OTHER INFO

Accountability to Affected Populations

Community consultation and participation are crucial aspects of JDF programme design processes and are critical in terms of ensuring success and promoting future sustainability. To this end, all potential interventions are discussed with community members in structured and non-structured forums. JDF's staffing structure is based largely on local staff, with the employment of international staff and re-locatable national staff in strategic leadership and capacity building roles.

This approach fosters community ownership and enables JDF to focus on the sustainability and appropriateness of interventions.

JDF's integrated Health program provides communities with the knowledge and tools needed to assume management of preventative and curative activities to reduce the impact of any future health crisis as well as assisting with the immediate response and the reconstruction of temporary health structures. Sustainability within the health project is increased through a training and education program provided to CHWs, Midwives, Nurses, Laboratory technician, pharmacy assistant, TBAs, HHPs, MCHWs, caregivers and local leaders. JDF also employs staffs from the target community who are expected to be a vital reference resource after the end the project. The education program includes critical subjects such as essentials of Community health and referral mechanism including identification of disease outbreak and appropriate hygiene practices at household level, which will increase household resilience after the exit. Training of JDF staff from the target communities will assist in the continuation of best practices in the management of common health related problems and treatment of sick beneficiaries. Mother to mother groups will be created and trained on awareness creation within the target beneficiary community and are also expected to be supportive of their respective neighborhoods into the future.

Implementation Plan

JDF will implement this project in collaboration with CHDs, and with the participation of local community-based groups. No other NGOs or contractors will be involved in the delivery of this project

JDF's structure for the emergency health care program is headed by Program Director who hold the responsibility for overseeing the health teams comprised of senior personnel including a Program officer, a clinical officer, midwives and nurses in the entire targeted PHCCs and PHCUs. This team of skilled personnel will supervise the laboratory technicians, pharmacy technicians, CHWs, EPI workers and logistical and support personnel of the PHCC & PHCUs.

The laboratory technologist holds the responsibility of traveling to all sites to train the South Sudanese laboratory technicians and ensure these personnel are capable of running the laboratory. Each PHCU team will be comprised of 2 CHWs and support personnel. These personnel will work under the supervision and report to the clinical officer located at the PHCC.

A Commodity Officer will be responsible to ensure that each PHCC has a plan to manage pre-positioning of essential pharmaceuticals, managing the expected MOH pharmaceutical stock-out. A Finance Manager and Logistics officer will be responsible for procuring and delivering all the supplies necessary to maintain program operations to sustain the ongoing health services.

JDF will continue to be very closely linked to the MOH to ensure all protocols and guidelines provided by the MOH, as detailed in the BPHS and PHCC/PHCU checklists are followed as far as possible.

JDF has consulted extensively with County Commissioners and MOH in relation to selecting areas for this project and to operate in respect of the protocols, policies, strategies and practices directed by government.

At the national level, JDF will coordinate with other health service stakeholders ensuring an adequate exchange of knowledge and information through meetings, sitting on committees and sharing of annual reports and lessons learned.

At the state level, JDF will collaborate with MOH as follows:

- Identifying project locations to ensure that assistance reaches remote and underserved areas worst affected by the emergency;
- Developing and sharing plans with MOH on training and ensure project implementation is done according to policies established by MOH, and address the needs of delivering services in the context of the present emergency;
- Link with MOH to monitor drug supplies and anticipate the expected drug stock-out, in order to be prepared to act in a timely manner and secure drugs supplies for the PHCCs covered in this program.

At the county levels, JDF will ensure regular consultation with CHDs and the County Commissioners and links with other agencies to facilitate delivery of mass EPI services and medical relief assistance, and other services as required coping with the emergency.

At the payam level, JDF's orientation in coordination will be on mobilizing the local stakeholders to take increasing responsibility for emergency health services, especially preventive practices; ensuring PHC services meet priority needs of local and IDP/returnee populations, and blind persons, vulnerable women and children and ensuring the safety of all personnel located in the PHCCs/PHCUs.

At the PHCC level, monthly meetings with key stakeholders will be the means of undertaking this coordination. JDF will ensure the participation of the benefiting populations through the BHCs at the PHCU level, and through the PHDs at the PHCC level. Churches, women's groups, CBOs, and other NGOs help immensely in information dissemination and feedback. Community meetings will be continued as means to coordinate this local planning and feedback and to draw a high level of community participation into the planning and implementation of PHC services in the context of the current emergency.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	UNICEF is supporting Child health survival project in Twic East focusing on two payams including Vaccine supplies for EPI program as well as technical assistance on integrated health services delivery and health education
WHO	Technical advice and support on health issues and disease outbreaks including response
CHD/MOH	JDF works in close collaboration with the CHD/Ministry of Health to improve capacity of PHCC/PHCU to provide quality health services to targeted beneficiaries community

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

JDF's gender analysis shows women have low status, low education and almost no access to household resources that would enable them to access reproductive health, MCH & ANC programs. As such there is very low uptake of ANC services and most infant deliveries occur at home. Those who do come to JDF facilities have delivery complications. Men have not been educated to permit women to access home health promoters & health clinics for safe birthing. In addition, distance, insecurity and the harsh climate are deterrents for pregnant women to seek health and birthing assistance from health clinics. Similarly, women lack resources to ensure their children can access EPI services. Knowledge about the disease prevention value of EPI is still low. Clearly, education on MCH, ANC, EPI & hygiene needs to be increased. JDF will ensure women participate equally in the services provided through this project by conducting community workshops and regular health education outreaches that reach women and men in their communities and homes. Through these mechanisms, JDF will engage both men and women in awareness sessions on GBV, sexual and reproductive rights of women and girls, and on the specific health needs of pregnant women. These interventions will be intended to curb GBV, and encourage men to support women to access MCH & ANC services. JDF will ensure that women participate in decision making; through inclusion in leadership positions in Boma/Village health committees and Payam Health Committees. Community workshops targeting community leaders will reach both women and men and include issues on rights of women and girls, and promote basic and appropriate services that support well-being and quality of life of women.

Protection Mainstreaming

Protection concerns are considered in the planning of all health activities, in order to ensure that any risk of harm, abuse and exploitation faced by the target population is mitigated. The locations of JDF's supported facilities are determined in conjunction with county leaders, and have been selected as safe spaces, that are easily accessible.

Key to inclusive project implementation is that female and male staff members are recruited. This helps to ensure that beneficiaries feel comfortable in accessing the health services provided. A significant portion of the project staffing will come from within the community. They will be sensitized in relation to the risks facing many of the mothers accessing services, as well as the children, such as gender based violence or child abuse. Health staffs will be given the tools by JDF to refer cases that require follow up to relevant Protection agencies. Other vulnerable groups such as people living with HIV/AIDS, or people with disabilities, will receive equal access to the program. In the context of Twic East County, it is possible that children and adults are also suffering from HIV/AIDS and/or Tuberculosis (TB). Anyone who meets the admission criteria will automatically be admitted to for supervised treatment, regardless of the cause of their illnesses or age. Through trainings, health staff will improve their skills diseases that are related to HIV/AIDS, and will be advised on how they can support the beneficiary. JDF has Protection Policy and Code of Conduct that all staff and partners are required to sign prior to commencing work. The objective of this policy is to ensure that program participants are free from abuse, exploitation and harassment. In addition, JDF will once per month carry out spontaneous questionnaires directed at discharged families, to gather basic feedback and data on their satisfaction with the services provided. Designated members of the health team will be responsible for regularly reviewing all complaints, and based on the nature of the complaint, taking appropriate action to address genuine grievance.

Country Specific Information

Safety and Security

Jonglei has been the site of some of the most brutal and intense fighting of the conflict more so in Twic East, the security situation in the area continues to deteriorate, amid the emergence of a growing number of reports that cite significant abuse of civilians due to inter-tribal clashes. Additionally, there has been a marked upswing in violence and crime particularly thefts of animals and assaults. The proximity of different ethnic groups within sites and with armed actors outside as well as the overcrowding and frustrating conditions of the areas provides a combustible situation which there is a strong possibility will be a source of serious violence in the immediate future. However, throughout the year JDF has built a strong network of both formal and informal security resources which allows the organization to constantly monitor and assess the security situation and existing risks. This has ensured that even during bouts of serious inter-tribal conflict around the area, there has been a minimal impact on JDF's Health and nutrition programming.

Access

JDF has been implementing a health programme in the area amidst the conflict. Currently, the health facilities are more accessible due to improved road network in this dry season. Security constraints remain an issue as Twic East is a strategic fairly safe town in the ongoing inter-tribal conflict. Although operations from some areas are always temporarily suspended due to insecurity, however, currently staffs are able to operate daily in the health facilities that are within the settlement. JDF has strong rapport with the community and is viewed as a key partner in the provision of essential and lifesaving Health services. Regular meetings are held with the County Commission including community leaders and open dialogue is fostered between other community groups to ensure transparency and a stable operating environment.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	M&E Specialist	S	1	2,500.00	4	30.00	3,000.00
	<i>Responsible for data collection and entry into the DHIS system and he works with the project officer and the project manager to supervise health facility, monitor activities, record data, and complete reports, hence he will maintain monitoring systems at each PHCC</i>						
1.2	Laboratory technician	D	1	800.00	10	100.00	8,000.00
	<i>Responsible for quality assurance in all the laboratory department in 2 PHCCs while building capacity of Laboratory assistant to maintain good standard of laboratory practices. He works with clinical officer and project officer to ensure that laboratory supplies are delivered in adequate quantity. He is responsible for reporting weekly and monthly report while updating program manager on possible disease outbreak</i>						
1.3	Program Officer	D	1	800.00	10	50.00	4,000.00
	<i>The project officer works with the program manager to supervise health workers, monitor activities, record data, and complete reports. Program officer will be responsible for data collection, analysis and reporting, including emergency and crisis analysis. With assistance from the Program Director, the Program officer will analyze this data, interpret the results and prepare monthly reports for submission to JDF Program Director.</i>						
1.4	Commodities officer	D	1	800.00	10	50.00	4,000.00
	<i>Commodity Officer will be responsible to ensure that each PHCC has a plan to manage emergencies (in terms of personnel, facilities, pre-positioning of essential pharmaceuticals, managing the expected MOH pharmaceutical stock-out etc), an updated security and evacuation plan, with a designated and trained emergency preparedness focal person identified in each PHCC.</i>						
1.5	Logistics officer	D	1	800.00	10	50.00	4,000.00
	<i>The Logistics Officer is directly managed by the Program Manager . He provides Logistical Support for the procurement of goods related to the project and maintenance of the base operations critical to the movement of staff from the base to targeted villages. He is also responsible in delivering all the supplies necessary to maintain program operations through the period of the emergency, and to sustain the ongoing health services.</i>						
1.6	Project Driver	D	1	200.00	10	100.00	2,000.00

	<i>Responsible in maintenance and driving project of project vehicle including emergency referral of patients to the hospital</i>						
1.7	Finance and administrator Manager	S	1	2,250.00	4	30.00	2,700.00
	<i>Responsible for management of finances</i>						
1.8	Health Advisor	S	1	3,000.00	4	20.00	2,400.00
	<i>The staff is directly involved in the implementation of the project and heads the health program at Country office. This person will hold the responsibility for overseeing the health teams comprised of senior personnel including a Program officer, a clinical officer, midwives and nurses in the entire targeted PHCCs and PHCUs</i>						
1.9	Clinical officer	D	2	650.00	10	100.00	13,000.00
	<i>H/she will be responsible for daily consultation and over seeing the daily running of the facility. The incumbent reports to project officer and M&E officer while supporting in data, records, drug consumption and reporting for quality assurance.</i>						
1.10	Midwives	D	2	500.00	10	100.00	10,000.00
	<i>The Midwives will oversee quality delivery of pregnant mothers while focusing on BeMOC for early referral to Hospital. S/he will promote clean safe deliveries while managing all the related activities that involve pregnant mothers with their babies. S/he will conduct routine FANC and outreach programmes that are intended for mothers and WCBA including U 5 years old.</i>						
1.11	Nurses	D	2	500.00	10	100.00	10,000.00
	<i>The nurse is in charge of overseeing treatment and preventive activities at PHCC. Provide assistance according to technical guidelines and standards in Health. She/he will be responsible for nursing duties as well as monitoring patient to ensure that it adheres to the prescribed treatment while providing health education on preventive measures. S/he is responsible in managing all the nursing procedures including ward arrangement and record keeping for both OPD and inpatient care.</i>						
1.12	CHD Staffs	D	20	50.00	10	100.00	10,000.00
	<i>This are staffs in both PHCC and PHCUs who are providing both curative and preventive health services delivery employed by government under county health department</i>						
	Section Total						73,100.00
Supplies, Commodities, Materials							
2.1	Essential Drugs, ACT's and Disposable items	D	1	4,500.00	1	100.00	4,500.00
	<i>This will complements to MOH supplies as a back up kit to prevent stock out during rainy season. This contains 2 PHCC kits and 3 PHCU kits with all the basic medicines to cover at least 2 month period</i>						
2.2	Lab supplies	D	1	4,480.00	1	100.00	4,480.00
	<i>This will complements to MOH supplies as a back up kit to prevent stock out during rainy season. This kit is for 2 PHCC with all the basic reagents and commodities to cover at least 2 month period.</i>						
2.3	Transport of drugs/materials/supplies	D	1	2,500.00	1	100.00	2,500.00
	<i>To support transpotation of drugs and other supplies twice at rate of 2500USD in the entire period of the project</i>						
2.4	HF maintenance and running costs	D	1	3,000.00	1	100.00	3,000.00
	<i>Construction of waiting bay in one health facility and the cost is based on current bill of quantity estimated by organization engineer at 3000 USD per facility. All the work will be through contract with organization pre-qualified contractor to avoid any unnecessary delays</i>						
2.5	Health facility equipment / supplies	D	1	4,000.00	1	100.00	4,000.00
	<i>basic emergency supply for all supported Health facilities</i>						
2.6	Workshops/Training of opinion leadres (VHCs, HHPs, etc)	D	20	40.00	2	100.00	1,600.00
	<i>CHW, EPI vaccinators, HHPs will be trained on emergency response and referral and this will be non residential training of 20 participants</i>						
2.7	Training for health staff	D	15	30.00	5	100.00	2,250.00
	<i>CHW, EPI vaccinators, HHPs</i>						
2.8	Outreaches at community level	D	3	60.00	10	100.00	1,800.00
	<i>2 HHP+ 2 EPI + 1 TBA will conduct 120 outreaches including mass campaigns and national health days celebrations</i>						

2.9	Mass Campaign	D	1	1,000.00	1	100.00	1,000.00
	<i>Emergency response to outbreak includes transport, meals and DSA</i>						
	Section Total						25,130.00
Travel							
5.1	Road transport Direct staff (taxi, per diem, accomodation etc)	D	2	1,000.00	1	100.00	2,000.00
	<i>Juba, Bor and Twic East</i>						
5.2	Flight for direct and indirect staff (Juba/Bor - Bor-Juba)	D	4	500.00	1	100.00	2,000.00
	<i>Juba, Bor and Twic East</i>						
	Section Total						4,000.00
General Operating and Other Direct Costs							
7.1	Maintenance, fuel and spare parts for vehicles	D	1	950.00	3	100.00	2,850.00
	<i>To support both out reach and transportation of drugs within facilities. This will also support repairs and fuel for the vehicle</i>						
7.2	Maintenance, fuel and spare part for Ambulance	D	1	900.00	3	100.00	2,700.00
	<i>To strengthen emergency referrals of patients to hospital</i>						
7.3	IT materials and office supplies (toners, USD drives,stationery) for field offices	D	1	1,280.00	1	100.00	1,280.00
	<i>For project running in Twic East</i>						
7.4	VSAT communication for field office	D	1	600.00	10	100.00	6,000.00
	<i>To facilitate VSAT monthly subscription for efficient and timely reporting in Twic East</i>						
7.5	IT materials and office supplies (toners, USD drives,stationery) for Juba office	D	1	1,131.00	1	100.00	1,131.00
	<i>To support in purchasing toners, USD drives,stationery directly use for the project</i>						
7.6	Field offices running costs and maintenance	D	1	500.00	10	100.00	5,000.00
	<i>Fuel cost,cleaning and water for office running in Twic East</i>						
7.7	Juba office running costs	S	1	300.00	10	80.00	2,400.00
	<i>Fuel cost,cleaning and water for office running in Juba</i>						
7.8	visibility/bank charges	D	2	776.00	1	100.00	1,552.00
	<i>Bank charges and visibility</i>						
	Section Total						22,913.00
SubTotal			93.00				125,143.00
Direct							114,643.00
Support							10,500.00
PSC Cost							
PSC Cost Percent							5.00
PSC Amount							6,257.15
Total Cost							131,400.15

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 -> Twic East	100	9,258	5,401	8,545	13,885	37,089	Activity 1.1.1 : Provision of emergency Primary Health care services including Antenatal care services (ANC),HIVAIDS services, health education and Expanded Program in Immunization (EPI) in for both outpatient and inpatient services in 2 PHCCs and 3 PHCUs. Total consultation of 29,300 (F=15,236 & M =14,064).

Documents

Category Name	Document Description