

Requesting Organization :	The Health Support Organization				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of accessible emergency integrated essential lifesaving healthcare services managing major causes of morbidity and mortality among targeted conflicts affected and vulnerable populations				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-17/HSS10/SA1/H/NGO/5262		
Cluster :		Project Budget in US\$:	143,046.16		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/04/2017	Planned End Date :	30/09/2017		
Actual Start Date:	01/04/2017	Actual End Date:	30/09/2017		
Project Summary :	<p>This project is designed to provide integrated lifesaving emergency health care services, improve referrals and medical treatment of severe acute malnutrition, management of SGBV survivors and conflict affected community members among the marginalised, underserved population with intermitted humanitarian response due to ongoing conflict. The project is targeting 3110 direct beneficiaries and 12436 indirect beneficiaries out of the 89471 populations in need of services. Services will be provided through four primary health care centres; Two (2 PHCCs) in Twic East County and two (2) PHCCs in Urur County. It includes; general out patients' and inpatients services, EPI services, antenatal, services, health facility based delivery by skilled birth attendance, inpatients services at major referral centres. Medical camps outreaches using rapid response mechanism model shall be use to reach hard to reach areas including places with destroyed health infrastructures. Communicable diseases such as tuberculosis, HIV/AIDS, and malaria management will be incorporated at PHCC level and surveillance of epidemiological diseases will be scale up as these locations are prone to outbreaks. Referral pathways will be increased especially from community level to health facilities level. Community will be mobilised and sensitised on diseases prevention, immunisations, and antenatal and postnatal services importance.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	898	920	638	654	3,110
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	272	288	560
Internally Displaced People	180	166	74	72	492
People in Host Communities	359	368	146	146	1,019
Refugee Returnees	359	386	146	146	1,037
Indirect Beneficiaries :					
12436					
Catchment Population:					
89471					
Link with allocation strategy :					

This project is design to provide emergency live saving health care services targeting 3109 direct beneficiaries, and 12,436 indirect beneficiaries out of over 89741 most vulnerable populations of Twic East and Uror Counties of Jonglei state in line with all the three strategic objectives of 2017 humanitarian response plan. There is no access to emergency health care services at the moment after closer of World bank project phase I in June 2016. As at October 2016, In Jonglei, 33.3 %(Hospitals), 81.80% (Primary Healthcare Centre's), 98.30 %(Primary Healthcare Units) averaging 96.30% total of all Health Facilities in the location closed-representing a total funding gap in excess of 1.1M in Jonglei. In Uror County, the fighting that took place in Yuai Payam in February 2017, displaced more than 5000 populations and affected Yuai PHCC and impacted more on the existing health problems faced by the community.

The January/February 2017 joint assessment by THESO/UNICEF and other partners in Twic East, and Uror revealed that even though all age groups and sex are not having access to health care services, women of reproductive age and under five children are in dire needs of services compared to others due to lack of services as most health facilities are closed. THESO in partnership with all the county health departments will be providing lives saving interventions of all essential health activities. Health statistics from the January – February 2017 assessments revealed an increased morbidity and mortality from epidemic prone disease outbreaks (measles/malaria/ cholera), common childhood illnesses, malnutrition, pregnancy related complications, Tuberculosis and other communicable diseases in these locations.

THESO intend to intervene and manage the worsening health situation working closely with ministry of health at all levels, health cluster, and other partners providing services in different clusters at county level. The World Bank funding phase II earmarked to start in July 2017, will help address filling the gaps in services delivery as the humanitarian response fund will be use to provide lives saving services in a few selected major referral health facilities in each county.

THESO intend to provide gender sensitive integrated health care services that will meet the health needs of all patients and clients of different age groups and sex. THESO will provide just distribution of resources as per guidance of community members, create or strengthen networks of relationships across divisions, use participatory processes for decision making, support traditional or indigenous mechanisms for conflict resolution and reconciliation, inclusion of diversity of ethnic or religious groups, gender, or youth in programme activities and leadership structures. This will make the project become a uniting factor rather than a contributing factor or source of conflict that will affect access and utilisation of the much-needed services. This will improve accountability and transparency to affected people and the authorities.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Dr. Jeff Okello	Director	jeff@theso.org	+211955065096
Guma Richard	Health and Nutrition Manager	richard.guma@theso.org	+211955976877

BACKGROUND

1. Humanitarian context analysis

The Counties of Twic East and Uror are in dire needs of emergency health services following the closer of health facilities in July 2016 when world bank project came to an end. As at October 2016, In Jonglei, 33.3 %(Hospitals), 81.80% (Primary Healthcare Centre's), 98.30 %(Primary Healthcare Units) averaging 96.30% total of all Health Facilities in the location closed-representing a total funding gap in excess of 1.1M in Jonglei state. The results of the February 2017, THESO/UNICEF join assessment revealed that more than 95% of the health facilities in these counties where non-functional with over 200, 000 populations. Most health facilities in these locations were destroyed and or looted during the 2013/2015 war and where never rehabilitated. Since returned of populations from Minkaman IDPs, Bor PoC and other locations, the health needs of the populations have surged up and requires urgent response. In Uror County, the fighting that took place in Yuai Payam in February 2017, displaced more than 5000 populations and affected Yuai PHCC and impacted more on the existing health problems faced by the community. The join assessment reports revealed that even though all age groups and sex are not having access to health care services, women of reproductive age and under five children are in dire needs of services compared to others due to lack of services as most health facilities are closed. All health facilities are out of essentials supplies and mixed set of skilled health cadres to provide the much-needed services. In addition, delayed funding from 2016 mid-July in these locations has resulted in a massive scale down of essential health services. THESO in partnership with all the county health departments will be providing lives saving interventions of all essential health activities. Generally, the health needs in these locations are enormous ranging from lack of EPI, Safe deliveries, breakage in referral pathways, limited outpatient services, stock out of essential supplies, Lack of access to some locations. Health statistics from the January – February 2017 assessments reveal an increased morbidity and mortality from epidemic prone disease outbreaks (measles/malaria/ cholera) common childhood illnesses, pregnancy related complications, HIV/AIDS and Tuberculosis in these locations and THESO intend to go on the ground and manage the appealing health situation working closely with ministry of health at all levels, health cluster, and other partners providing services in different clusters at county level. The World Bank funding phase II earmarked to start in July 2017, will help address filling the gaps in services delivery as the humanitarian response fund will be use to provide lives saving services in a few selected major referral health facilities in each county. THESO is requesting for South Sudan Humanitarian Fund to provide lives saving emergency health care services to population of the two counties. THESO will use this grant to start provision of emergency health services provision in Yuai and Motot PHCCs of Uror County and Panyagor PHCC, and Paliau PHCC of Twic East County targeting 3110 direct beneficiaries, 12436 indirect beneficiaries out of 89471 populations in need of emergency health services. THESO will work closely with WHO, UNICEF, health cluster and MoH in ensuring additional funding is source to expand services to other PHCCs and PHCUs; timely distribution of lifesaving essentials supplies is not interrupted and deploys mixed cadres of skilled workforce that will implement scale up and efficient response to the ongoing needs. THESO intend to provide gender sensitive integrated health care services that will meet the health needs of all patients and clients of different age groups and sex.

2. Needs assessment

THESO will use the assessment reports that will be generated by UNICEF following the February 2017 assessments conducted in these two counties. The results of the February 2017, THESO/UNICEF joint assessment revealed that more than 95% of the health facilities in these counties were non-functional with over 200,000 populations. Most health facilities in these locations were destroyed and/or looted during the 2013/2015 war and were never rehabilitated. In Uror County, the fighting that took place in Yuai Payam in February 2017, displaced more than 5000 populations and affected Yuai PHCC and impacted more on the existing health problems faced by the community. The joint assessment reports revealed that even though all age groups and sex are not having access to health care services, women of reproductive age and under-five children are in dire needs of services compared to others due to lack of services as most health facilities are closed. All health facilities were out of essential supplies and mixed set of skilled health cadres to provide the much-needed services. In addition, delayed funding from 2016 mid-July in these locations has resulted in a massive scale down of essential health services.

3. Description Of Beneficiaries

The project targets 3,110 (898 men, 920 women, 654 girls and 638 boys) as direct beneficiaries and 12,436 indirect beneficiaries out of the 89,471 vulnerable populations mixed of the host communities, returnees, and internally displaced persons in Twic East and Uror Counties of Jonglei state. The project has targeted 3110 direct beneficiaries through four PHCCs in the next six months and would require more resources to scale up activities to other health facilities within the counties so that accessibility of services become more easier to all.

4. Grant Request Justification

The populations in the two counties of Twic East, and Uror are in dire needs of emergency health interventions since world bank health project came to an end in June 2016. THESO/UNICEF joint assessment in February revealed that the total population are in urgent need of accessible health care however women of reproductive age and children under-fives are in more needs than other age groups and sex. The most vulnerable populations in urgent needs are <5 children, Pregnant and Lactating Women, and the elderly, particularly in the opposition control areas of Uror and Twic East who are more prone to both morbidity and mortality and decreased in disability adjusted life years of the affected populations. As such it is of utmost importance that THESO needs urgent funding to meet the emergency health needs of boys; girls; men; women and the elderly IDPs and host community in the two areas. The proposed project will put in place emergency health measures including mobile clinics outreaches in hard to reach areas addressing the health needs and scale up THESO surge capacity to meet high number of IDPs and host community affected by the current crisis targeting children <5; PLW, and the elderly. There is need to continue and expand the current provision of health services so that communities can access and utilize quality health care services through primary health care centres and units. THESO will provide just distribution of resources as per guidance of community members, create or strengthen networks of relationships across divisions, use participatory processes for decision making, support traditional or indigenous mechanisms for conflict resolution and reconciliation, inclusion of diversity of ethnic or religious groups, gender, or youth in programme activities and leadership structures. This will make the project become a uniting factor rather than a contributing factor or source of conflict that will affect access and utilisation of the much-needed services. This will improve accountability and transparency to affected people and the authorities. THESO is seeking SSHF to support provision of emergency health services through four health facilities in Twic East and Uror counties where there is no other partner providing health care services right now to provide emergency health services to 3110 direct beneficiaries, 12436 indirect beneficiaries out of 89471 vulnerable populations in dire needs of health services. THESO has submitted PCA to UNICEF to provide ICCM services to children under-fives in Twic East, and Uror that will be in partnership with other partners in WASH, and Nutrition. THESO has no other source of funding right now as the world bank project phase II is likely to start from July 2017 and this will also be used to complement services not covered by other funding to avoid duplication of resources as well as expand services to other health facilities that are not included in this request.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To provide access to and utilization of integrated lifesaving emergency Primary healthcare, improve referrals and medical treatment of severe acute malnutrition, and treatment to SGBV survivors and conflict affected community members

HEALTH									
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities				
Improve access to essential health care for conflict-affected and vulnerable populations.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection			60				
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			20				
Improve access to psychosocial support and mental health services for vulnerable people		SO3: Support at-risk communities to sustain their capacity to cope with significant threats			20				
Contribution to Cluster/Sector Objectives :									
Outcome 1									
Outcome 1: 3110 vulnerable populations lives healthy life in target area									
Output 1.1									
Description									
4PHCCs operational seven days a week providing emergency outpatients and inpatients health care and nutrition services in line with the basic package of health services									
Assumptions & Risks									
Funding availability									
Indicators									
					End cycle beneficiaries		End cycle		
Code	Cluster	Indicator			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of of children (under - 5) supplemented with Vitamin A					272	288	560
Means of Verification : Weekly facility reports, monthly reports, quarterly reports and end of project report									
Indicator 1.1.2	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation					365	392	757
Means of Verification :									
Indicator 1.1.3	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states							65
Means of Verification :									
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					136	122	258
Means of Verification :									
Activities									
Activity 1.1.1									
Timely distribution of drugs nutrition supplies, equipment and other essential supplies to all health facilities to provide integrated health services to populations									
Activity 1.1.2									
Provide emergency immunization, deworming and vitamin A supplementation services at both health facility and out reaches in hard to reach areas to under one children (Boys and Girls) and women of childbearing age									
Activity 1.1.3									
Conduct campaigns against meningitis and measles outbreaks at health facilities and outreaches in target areas									
Activity 1.1.4									
Strengthen systems and capacity CHD and facility based staff to effectively scale –up equitable, evidence –based nutrition interventions' and provide robust data.									
Activity 1.1.5									
Provide antenatal care and postnatal care services at health facility to pregnant and expectant mothers and infants while improving facility based child birth services to expectant mothers by skilled birth attendance (mid wives) at all health facilities									
Activity 1.1.6									
Train 40 health workers on IDSR and ICCM, and essentials of public health									
Outcome 2									
County health department able to provides emergency preparedness and response plan including surgical interventions									
Output 2.1									
Description									

Essential clinical health care services with dignity and care provided to targeted vulnerable populations							
Assumptions & Risks							
Funding availability and accessibility							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	15	15			30
Means of Verification : Monthly Report, Quarterly Reports							
Indicator 2.1.2	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in conflict states					4
Means of Verification :							
Indicator 2.1.3	HEALTH	[Frontline services] Number of health facilities providing SGBV services					4
Means of Verification :							
Activities							
Activity 2.1.1							
Increase the accessibility of health and reproductive health facilities that integrate GBV related services.							
Activity 2.1.2							
Enhance the capacity of health workers to deliver quality care to survivors through training, support and supervision							
Activity 2.1.3							
Provide post exposure prophylaxis (PEP) to clients exposed to rapes, and other form of sexual gender based violence							
Activity 2.1.4							
Children with severe acute malnutrition access and utilise appropriate management and care at designated health facilities							
Activity 2.1.5							
Strengthen systems and capacity CHD and facility based staff to effectively scale –up equitable, evidence –based nutrition interventions' and provide robust data.							
Activity 2.1.6							
Integrate TB/HIV/AIDS care and prevention services in primary health care and in community initiatives to reach affected populations							
Outcome 3							
Patients/clients with psycho social case lives a dignified life							
Output 3.1							
Description							
Access to psychosocial support and mental health services improved and provided to the vulnerable population, including sustainable capacity to at risk immunities to cope with significant threats							
Assumptions & Risks							
Funding availability and accessible							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	[Frontline services] Number of health facilities providing SGBV services					4
Means of Verification : Facilities monthly reports, Quarterly reports							
Activities							
Activity 3.1.1							
Set up counselling centres in selected PHCCs in each county and provide psychosocial support to all clients with mental health issues							
Activity 3.1.2							
Provide access to care for people with severe mental disorders and strengthen referral pathway							
Activity 3.1.3							
Establish collaboration with local authorities, indigenous and traditional health systems							
Activity 3.1.4							
Conduct community awareness on harm related to alcohol and other substance use							
Activity 3.1.5							
Welcome, accept, register, and management of complaints from beneficiaries in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages							

Activity 3.1.6

Refer complaints that do not fall within the scope of THESO mandate to relevant party in a manner which is consistent with good practice and humanitarian principles

Additional Targets :

M & R

Monitoring & Reporting plan

THESO will use its health monitoring and evaluation plan from the overall organisation programme comprehensive monitoring and evaluation framework that involve short and longer term effects of the humanitarian response and related projects on the affected and wider populations. SSHF and health cluster will lead in the monitoring and evaluation of this project using health cluster designed tools as by IASC guidelines. THESO M&E Officer will regularly monitors project performance, including in relation to THESO accountability commitment and quality management system, and will communicate findings and progress reports to stakeholders, including the beneficiaries we are serving.

THESO and County Health Departments shall support SSHF in the Monitoring and Evaluation of the project in a participatory process that includes staff.

Internal Review Framework

THESO have its internal review Monitoring and Evaluation framework derived from the overall organization M&E system. This maintain THESO's realignment to the overall goals and objectives of the project.

Field Visits

THESO shall carry out monthly and quarterly visits to the various health facilities. The visits shall also be collaborated by SSHF and mobilized through Jonglei State Ministry of Health in participation of county health departments.

The monthly visit shall be synergized with CMEs that shall supplement and fill in the health services delivery gaps. The monthly CME shall be coordinated by THESO through the office of the SMOH and co facilitated by county health departments. CMEs shall be facilitated by the health staff members that have already received trainings in IMCI, IDSR, HIMS, DHIS, IECHC etc monthly. This is to foster total facility exposure of health and nutrition issues. The CMEs shall be conducted at the health facilities after the check list assessment has been done. After every two (2) months, THESO technical team shall carry out a check list assessment. The M&E Officer shall use defined documents to gather community/beneficiaries' expectations, complaints, and feedback on project implementation to learn and continuously improve on services delivery.

During the visits the visiting technical team mentioned above shall have a checklist that shall be used to evaluate the equipment, supplies and the infrastructure where these services are being offered. The Health facilities in charges shall be requested to generate a report based on the findings from the visit and shall forward this report to the office of the State Ministry of Health and avail a copy of the same to THESO.

Reporting plan

All THESO staffs are expected to produce weekly and monthly reports of the activities implementation including beneficiaries / community feedback on project implementation. These reports are to be compiled by the project leaders into quarterly reports that in turn contribute to the bi-annual report. NB. In health facilities with suspected outbreak and or health emergency, health reports shall be submitted based on any new event that unfold to SMOH, OCHA, health Cluster lead and co-lead

THESO shall prepare monthly, quarterly and biannually narrative and financial reports on the progress of the project.

The tools that shall be used are to be designed by THESO and SSHF. These tools shall capture information in the periods mentioned.

These reports shall be generated from the field reports that shall be generated by the field health officers. The field officers shall then forward these reports through the medical coordinator to the Health Manager, SMOH and THESO programme director then compile an overall narrative report of the whole project and forward this report to the health Cluster Lead, Co-Lead, SMOH, MoH and OCHA.

The reports shall all be sent together with the financial reports, M&E reports on a monthly, quarterly and biannual basis by the end of the 1st week of the next month or as per health cluster guidance.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Timely distribution of drugs nutrition supplies, equipment and other essential supplies to all health facilities to provide integrated health services to populations	2017				X	X	X	X	X	X			
Activity 2.1.1: Increase the accessibility of health and reproductive health facilities that integrate GBV related services.	2017				X	X	X	X	X	X			
Activity 3.1.1: Set up counselling centres in selected PHCCs in each county and provide psychosocial support to all clients with mental health issues	2017				X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

- Leadership/Governance: The Health Support Organisation will ensure needs of the affected populations are integrated timely in monitoring and evaluations, trainings and partnership agreements with South Sudan Humanitarian Fund and accurate reporting.
- Transparency: Beneficiaries and community meetings on regular bases to access quality of services provided by THESO, cluster meeting attendance, weekly and monthly reporting to health cluster about activity progress.
- Feedback and complains: THESO will ensure feedback and complains mechanism is open to improve project performance from stakeholders, partners and the community. Thus, enhance affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected is represented and have influence through the project implementation.
- Monitoring of project progress will be conducted on daily, weekly, monthly, quarterly basis as a way of measuring programme success, this will involve affected populations, feeding learning back into the organisation on an ongoing basis and reporting on the results of the process.
- Work in partnership with other stakeholders in achieving this project results through information sharing, coordination meeting at both state and National levels, bi weekly cluster meeting attendance and monthly Health progress reporting to Health Cluster.
- THESO will provide just distribution of resources as per guidance of community members, create or strengthen networks of relationships across divisions, use participatory processes for decision making, support traditional or indigenous mechanisms for conflict resolution and reconciliation, inclusion of diversity of ethnic or religious groups, gender, or youth in programme activities and leadership structures.

Implementation Plan

THESO will continue to work in partnership with Ministry of Health centrally and at state level alongside the County Health Departments, community leaders, and health facility staff in order to plan, implements, and monitor various activities that will promote health indicators and community health status growth with the three expected results. Within this strategy, THESO has a strong monitoring and evaluation (M&E) component that will focus on conducting supervisory visits to all facilities, tracking drugs, and essential supplies, EPI, ANC, and other medical supplies, providing weekly IDSR and monthly HIMS reporting and communications to key stakeholders, and supporting facility staff on improvements of health facilities and operations management.

Strategy 1: Improve access to essential health care for conflict affected and vulnerable populations

THESO will continue to provide support to improve access and availability of essential health services and supplies at all facilities, through logistics, human resources, and training to conflict affected and vulnerable populations. THESO intends to provide comprehensive PHC services with priorities given to, EPI, ANC, safe delivery, PNC, PEP, management of GBV cases, and treatment of common illnesses including malaria, acute respiratory infections, and diarrhea, among others through four PHCCs.

Strategy 2: Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable population

It is our collective responsibility as THESO to uphold the dignity and rights of all affected persons, particularly to reach those who are most at risk provide them with the much needed essential clinical health services in an inclusive manner with dignity. THESO will ensure that health services are provided impartially, without bias or discrimination based on age, gender, race, ethnicity or religion in all health facilities and communities within the implementation areas to provide specialized services. including provision of Immunization targeting all children under-fives and women of reproductive age members of the crisis-affected population to build individual and community resilience. Along with intensive dialogue focusing on the county management strategies, each facility will be adequately equipped and staffed to manage all health related emergency services. Staff, depending on their roles, will undergo topical trainings intended to improve their ability to assess, treat, or refer patients/clients as needed. Through supervisory visits, all facilities will be monitored with suggestions for improvement discussed.

Strategy 3: Improve access to psychosocial support and mental health services for vulnerable people

In these two targeted counties, people are affected in different ways during the conflict and require different kinds of mental health and psychosocial support. THESO will use community and family structures to promote well-being and the protection of women, children and other vulnerable groups. Additionally, individuals and groups at risk, such as women and girls, may benefit from focused person-to-person services, such as counselling, case management and emotional and practical support provided by trained community or social workers at the PHCCs. Finally, a smaller proportion of the population, who suffer from specific mental health issues, will require specialized services delivered by mental health professionals, such as a psychologist or psychiatrist in a manner which is appropriate to the local social and cultural context. THESO will set two (2) one-stop centre to provides integrated/holistic services for survivors of GBV, so the survivor does not have to travel to multiple sites, face stigma or retell their experience multiple times. These spaces will be attached to major referral PHCCs that will provide a range of services including legal, psychosocial, health and security.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Tear Funds	Nutrition and WASH
Save The Children	Protection
Care International	Livelihood and Food Security

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

THESO has a gender sensitive team who designed the live saving emergency health response plan with focused to offer mainstreaming of protection in our health and nutrition services to women, girls, boys and men who often have different needs, face different threats and have different skills and aspirations during project implementation.

This project sheet offers real and practical process taken on identifying and addressing the differing needs and situations of women, girls, boys and men; in other words, being sensitive to gender issues in humanitarian crises.

The project was designed to make concerns and experiences of women, girls, boys and men an integral dimension of the core elements of the project: gender analysis in the needs assessment was conducted to leads to gender-responsive activities and related gender outcomes. This careful gender mainstreaming in our health project design will facilitates gender equality then flowing into project implementation, process monitoring, evaluation and leaning.

Protection Mainstreaming

Country Specific Information

Safety and Security

Access

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Clinical Officers	D	4	1,150.00	6	100.00	27,600.00
	<i>Incharges of primary health care centers and act as the focal person for the designated health facility. HE/She is responsible for the day today functionality of the health facility conduct clinical management of complicated cases and refers complex cases to hospital level for further management management</i>						
1.2	Nurses	D	4	700.00	6	100.00	16,800.00
	<i>Provide nursing services to outpatients and inpatients patients and clients accessing health care services</i>						
1.3	Midwives	D	4	800.00	6	100.00	19,200.00
	<i>Provide daily antenatal and postnatal care services at PHCCs and hospital level and refers complicated cased to clinical officers and doctors for further management.</i>						
1.4	Laboratory Technicians	D	4	700.00	6	100.00	16,800.00
	<i>Provide daily laboratory diagnostic tests of routine medical requests from doctors and clinical officers to confirm suspected diseases based on clinical diagnosis and samples testing of suspected notifiable diseases</i>						
1.5	Vaccinators	D	4	100.00	6	100.00	2,400.00
	<i>Responsible for daily vaccinations and immunization of children under fives and women of reproductive age</i>						
1.6	Medical Coordinator	S	1	0.00	1	100.00	0.00
	<i>Responsible for project implementation, monitoring and evaluation, Monthly, Quarterly, and Final Project reporting</i>						
	Section Total						82,800.00
Supplies, Commodities, Materials							
2.1	Transportation of drugs and medical supplies	D	2	5,000.00	1	100.00	10,000.00
	<i>Transportation of drugs supplies from Juba to filed locations and THESO will use UNHAS and or MAF to transport the supplies to the field</i>						
2.2	Provision of ANC services to pregnant and expectant mothers	D	4	276.00	6	100.00	6,624.00
	<i>This cost is for facilitating community mobilization and sensitization of pregnant and expectant mothers to attend ANC services and deliver from health facilities assisted by midwives in four PHCCs.</i>						
2.3	Provision of EPI services to children under fives and women of reproductive age	D	4	276.00	6	100.00	6,624.00
	<i>This cost is to provide daily incentives of two vaccinators who will conduct immunization and vaccination services outreaches to children under-fives and women of reproductive age remote hard to reach areas within the catchment areas of the four PHCCs during the project period.</i>						
2.4	Conduct training of health staff on integrated diseases surveillance and response	D	1	2,790.00	2	100.00	5,580.00
	<i>Cost for 3days training 20 health staff and county health department on integrated disease surveillance and reporting from the two areas in Bor town</i>						
2.5	Conduct training of health staff on clinical management of SGBV and Psychosocial management	D	1	2,790.00	2	100.00	5,580.00
	<i>cost for 3days training of 20 health staff on clinical management of sexual gender based violence and psychosocial support management in Bor town.</i>						
	Section Total						34,408.00
Travel							
5.1	Monthly flights of M&E Officers to and from field sites	D	2	200.00	12	100.00	4,800.00
	<i>Monthly flights of M&E Officer from Juba to Field Sites</i>						
5.2	Monthly flights of Medical Coordinator to and from field sites	D	1	200.00	12	100.00	2,400.00
	<i>Monthly flights of Medical Coordinator to and fro field sites to access progress of project implementation and identification of challenges facing implementation of project activities</i>						
5.3	Quarterly flights of Health Program Manager to and from field sites	D	1	200.00	2	100.00	400.00

	Quarterly flights to field sites for support subversions								
	Section Total								7,600.00
General Operating and Other Direct Costs									
7.1	Procurement of Thuraya for communication	D	4	1,500.00	1	100.00		6,000.00	
	<i>Thuraya is very vital for communication in the field for data sharing and information sharing as there are no mobile network in the locations</i>								
7.2	Thuraya Airtime for field coordination	D	4	120.00	6	100.00		2,880.00	
	<i>The airtime will be use for daily surveillance update, weekly IDSR reporting, and monthly reporting and communication from the field</i>								
	Section Total								8,880.00
SubTotal			45.00					133,688.00	
Direct								133,688.00	
Support								0.00	
PSC Cost									
PSC Cost Percent								7.00	
PSC Amount								9,358.16	
Total Cost								143,046.16	
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	50	446	462	320	327	1,555			
Jonglei -> Uror	50	446	462	320	327	1,555			
Documents									
Category Name				Document Description					