

Requesting Organization :	Sudan Medical Care				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Improve health status of internally displaced and host communities in Duk county of Jonglei state				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/H/103831	Fund Project Code :	SSD-17/HSS10/SA2/H/NGO/6449		
Cluster :	Health	Project Budget in US\$:	300,015.04		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/08/2017	Planned End Date :	31/01/2018		
Actual Start Date:	01/08/2017	Actual End Date:	31/01/2018		
Project Summary :	<p>This project seeks to meet the emergency and primary health care needs of Internally displaced persons from conflict-affected areas in Duk county Jonglei state. This project seeks to meet significant gaps with initial target of 72,800 beneficiaries. The most urgent need are Health, Water and sanitation, food and Security, this project focuses on live saving interventions and alleviate suffering, protecting the right and dignity of the vulnerable people and IDPs.</p> <p>The primary health care services (Including Antenatal, maternal and Child health, reproductive health) as well as emergency health and Outbreak respond (Including disability and trauma referral, GBV screening, Cholera outbreak) training and supportive supervision.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	12,888	50,000	5,082	4,830	72,800
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,412	1,500	2,912
Internally Displaced People	6,888	24,000	2,320	1,934	35,142
People in Host Communities	4,015	23,000	1,100	1,240	29,355
Other	1,985	3,000	250	156	5,391
Indirect Beneficiaries :					
The number of Indirect beneficiaries are 5392 in Duk of Jonglei state.					
Catchment Population:					
The Project is designed to cover both counties with focus on IDPs settings, Hard to reach areas and all the location where there is health needs and Cholera outbreak.also our project has no segregation of any type.					
Link with allocation strategy :					

This project is meant to address the emergency respond and the primary health care services in many areas currently been affected or not supported by the current funding mechanism in Duk county of Jonglei state. Given the escalating humanitarian needs in the country in 2017, following the Major military offensives have displaced thousands of civilians in Jonglei and Upper Nile and continued insecurity and conflict in greater Equatoria region. The cholera outbreak that was first declared on 18 June 2016 has become the longest, most widespread and most deadly outbreak of the disease since South Sudan became independent. The impact of the outbreak on the humanitarian response has been two-fold: firstly, humanitarian organizations have had to mobilize rapid responses with the necessary resources in unanticipated locations; secondly, this has depleted core pipeline supplies for the overall humanitarian response, particularly for the WASH Cluster. The current situation, where IDPs lacking the basic services, the spread of the cholera outbreak in Duk and many counties of Jonglei for more than year, require a more robust respond to improve basic services needs such as safe drinking water and sanitation facilities in areas inhabited by the IDPs, vulnerable ground and Hot spots areas in Duk county. Our respond to Duk is to revive the basic health service deliveries, prioritizing live saving interventions through provision of Mobiles clinics and outreaches services and scaling up our respond to the current cholera outbreak through the second allocation. These interventions are meant to address the deterioration in the health services and established more robust and integrated intervention to fight the current cholera outbreak and the poor health services. The health cluster acknowledges the emergencies and Primary health care interventions should be coupled with multisectoral interventions. The cluster partners will continue to deliver lifesaving interventions to address the identified priorities.

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
Deng Mayom Deng	Executive Director	dengmayom@gmail.com	+211955117468
Zacheus Arabon	Emergency coordinator	zacheusarabon@yahoo.com	+211954129367
Moses Kinyanjui	Grant and Finance Manager	mosekinya06@yahoo.com	0954382453
Malual Abijok Deng	Program Director	malualabijok@yahoo.com	0955082850

BACKGROUND

1. Humanitarian context analysis

Many negatives social and Economic impacts on the population of South Sudan have been highlighted since the beginning of the conflict. The Country faces a major Public crisis, by the end of May, over 2 million people where internally displaced and more than 1.9 million fled the country as refugees. Food security reached unprecedented levels, with famine declaration in February 2017. Jonglei state has never been in peace since the begging of 2013 conflict the escalation of the conflict resulting the recent fighting in central Jonglei. Let to deterioration of social fabric with Malnutrition rates reaches the emergency threshold records, a collapse of the healthcare system, following the World Bank funding deactivation for more than a year, exacerbated the spread of communicable diseases. For the first time, since Independence, the cholera outbreak continued through the dry season, reaching new locations and becoming the longest and most widespread outbreak since 2011. The current months are likely to see an increase in the spread of Cholera and malaria, as well as the deepening of the food security and malnutrition crisis, as highlighted by the updated integrated phase classification (IPC) analysis in June 2017. Duk county fall to be one of the vulnerable areas which require urgent support due to the displacements, active cholera transmission, low level of Primary health care services, food insecurity, IPC phase 4 and GAM rates above 26.1%. The IDPs estimated to be 35142 are originated from Urur, Yirol, Ayod and other parts, currently settled in Padiet, Poktap, Pajut and Payuel. They do not have access to adequate health services, shelter, Sanitation, clean Water or food. Already affected health care system with breakdown of the cold chain system and limited qualified personnel, due to funding and the current active Cholera Outbreak in Duk County reflect to needs and why should we be supported. These are direct translation to live threatening indicators, such as poor health services food insecurity and severe malnutrition prevalence which require urgent intervention to be address. Our current services will be covering their basic needs in term of health services (PHC emergency respond) considering their settlement and utilize the available resources to focus our respond to the main causes of the avoidable mortality, such as Diarrhea diseases, Acute respiratory infection and Malaria which threaten thousands of lives. Limited reproductive health services, increase of potential cases of TB and HIV/AIDS among the IDPs and the host communities, low Immunization coverage and increase level of respond to the ongoing cholera outbreak are our priorities areas of intervention with this funding. There is a clear gap in the availability of basic health services, inclusive of Emergency obstetric care and neonatal services, the trauma cases though considerable reduced in the country. It's remain among our challenges, considering the sporadic security concerns and cattle raiding frequencies and the lack of status of secondary and tertiary services as well as the referral system constrains at the county levels. The following data reflect our current cholera respond in Duk from April- June with 318 in June consultation under 5yr 3,024 and above 5 yrs 9,548. The current funding, remain our best chance to address most of the current emergencies (Cholera outbreak) and health related issues by accessing hard to reach areas and providing basic health care.

2. Needs assessment

SMC is currently responding to the Cholera outbreak in Duk county and the lead partner in primary health care service delivery. Despite the challenges faced due to funding, We have been consistently making efforts to do our best on delivering the basic health services in Duk County. Based on our previous surveys, partners assessments to the areas and continues discussion with our beneficiaries, the Urgent need are related to the activation, expansion of primary health care services by increasing the number of functional health facilities and reaching IDPs in many parts where there is no Health facilities through the Mobile clinic and establishment of Cholera respond facilities in areas of greater Padiet (Padiet, Amiel, Dongchak and Dorok), Pajut (Patuet, Paqueleng), Ayueldit and Poktap in Duk and opening health services. These facilities in form of 3 Mobile clinic and 4 CTC/CTU and 6ORPs represent the current gaps in order to address the health service needs in Duk County, following our discussion with the beneficiaries and the CHDs concerns. We acknowledge and have Identify to address such gaps in these areas by employing and retaining qualified personnel which will be fully supported by the SSHF funding. Our Intervention is clearly focusing on the main causes of avoidable mortality such as diarrheal diseases, acute respiratory diseases, Malaria and maternal health related complication, as well as the Expanded Programme of Immunization (EPI) and the increase potential cases of TB, HIV/AIDS among the IDPs which threaten thousands of lives. The current months of rainy season are likely to see an increase in the spread of Cholera and We are responding by supporting the already chain of 4Cholera treatment centers/units and the 6 Oral rehydration points across Duk County. The trauma cases, though considerable reduced in the county remain among our challenges, with the recent and frequents cattle raiding and attacks in Duk areas and the lack of secondary services, especially in Duk County. The current funding remain our best chance to address the current needs in term of health services deliveries to the IDPs and the Host communities of Duk County, since We will be able to access all the hard to reach areas during the project cycle.

3. Description Of Beneficiaries

This Project will be targeting a population of 72,000 people, mainly from the following target groups, 50,000 are female, representing 68 % of our target group, with 12,888 male, representing 17 % and 5082 boys (6%) and girls 4830 representing 6 %. with Children Under 18 years representing 12,376 Equivalent to 17 % of our targeted population in Duk County. Our targeted population is also segregated in IDPs being 48 % of the total population (35,142) and the Host communities representing 28 % equivalent to 34,240 people. Targeting 100% population in Duk County equivalent to 72,800 people segregated as Male 12888, female 50,000, boys 5082 and girls 4830. Based on our operation years in the County and has the result of the conflict, the current population was Identify as a vulnerable groups and we have been serving them in different areas in the health sector. Many have been displaced and depend on the humanitarian assistance, others have their health service and other basic infrastructures destroyed, while others have been facing security and access related challenges. The current Cholera Outbreak, becoming a common factor to these populations in general in both counties.

4. Grant Request Justification

Given the escalating humanitarian needs in the country in 2017, and following the Major military offensives in Jonglei thousand of people been displaced and current settled in the IDPs sites lacking basic services such as Health food , water and sanitation facilities. The cholera outbreak that was first declared on 18 June 2016 has become the longest, most widespread and most deadly outbreak of the disease since South Sudan became independent in 2011. The impact of the outbreak on the humanitarian response has been two-fold: firstly, humanitarian organizations have had to mobilize rapid responses with the necessary resources in unanticipated locations; secondly, this has depleted core pipeline supplies for the overall humanitarian response, particularly for the WASH Cluster. The current situation, where IDPs lacking the basic services, the movement of cattle pastorals, the spread of the cholera outbreak in Duk county for than a year, require a more robust respond to improve basic services needs such as safe drinking water and sanitation facilities in areas inhabited by the IDPs, vulnerable ground and Hot spots areas in Duk county. Our respond to Duk County, will be on holistic approach to revive the basic health service deliveries, prioritizing live saving interventions through provision of 3 Mobiles clinics and outreaches services and scaling up our respond to the current cholera outbreak through the second allocation, aimed to continue supporting our current operational 4CTC/CTUs and 6ORPs in Duk County. These interventions are meant to address the deterioration in the health services and established more robust and integrated intervention to fight the current cholera outbreak and the poor health services. The training of health personnel and social mobilizers in the vulnerable communities, strengthening existing referral system to secondary levels, increase EWARNS Coverage and more efforts on health Education and promotion to prevent diseases at the facilities and communities levels. The deployment of Qualified personnel to address the health related issues is a key intervention since we have access to reach all our targeted groups in both counties. SMC, is a national NGO, who has been operating in the two areas for more than 10 years, Our current Experience in the geographical areas are unique with our staff being from the areas being an advantage for our institution work. We believe the recent gaps due to funding this areas for over 10 months have impact on the current poor results and SSHF will fill these funding gaps, while SMC efforts will be towards returning the health services to their previous status, of being available to all. A fully functional chain of health services with cholera respond strategically built and functional in Duk County, with adequate human resources and availability of the basic medical equipments and supplies at each level in order to reach the beneficiaries demand remain our priority. We believe returning home and the IDPs settlements should be made attractive to raise their hopes by availing the basic services, such as health, nutrition, wash and sanitation, with improved infrastructure will always show a great sign of peace dividend. The SSHF funding will cover health personnel salaries mobiles clinics and cholera respond teams, basic medical Equipment's and supplies, training of health personnel and social mobilizers, EPI outreaches services and minor infrastructures components. Others commodities such as medicines, vaccines, nutritional supplies will be supplied by the WHO, UNICEF and IMA, while SMC will cater for transportation of these supplies as needed in our operational areas. SSHF supported health facilities and the cholera respond will revive the health services and eventually clear the current outbreak of cholera before the end of the year 2017 to our operating areas.

5. Complementarity

SMC, being the leading health partner in Bor and Duk counties and the current implementing agent responding to the Cholera outbreak for the last years, will be directly supporting the CHDs, who will be supporting the current health facilities under IMA in Duk. In Bor We have a chain 24 health facilities, many very far from the communities due to the current displacements and resettlement in new areas. This project will complement all our health efforts in both counties to reach hard to reach areas, address cholera emergencies respond and attend to those currently residing the swampy areas of Jalle. Also through this funding Facilities at the IDPs setting and at each county level will benefit s from basic medical supplies such as beds, delivery beds, Examination coaches and other basic medical Equipment for better service delivery. Supporting Qualified staff and retain them in rural areas , has been among the biggest challenges, when the funding are not available, because it require the staff salaries and feeding as well as the other basic needs for the running of the clinic in the counties , specially remotes location and hard to reach. areas. many IDPs and communities have not been reach or not receiving health services, the current grant will be the hope and window to reach them and enjoy some of the basic human needs ,such a has health, water , sanitation and food security.

LOGICAL FRAMEWORK

Overall project objective

To improve the health standard of vulnerable people in the communities of Duk County of Jonglei, through lifesaving interventions and scaling Up and strengthens basic health services and response to diseases outbreak through diseases surveillance and timely response to confirmed epidemic-prone diseases outbreaks. These efforts will provide an effective and equitable health care that is accessible to the most vulnerable groups of (IDPs, Returnees and the Host communities), improve infrastructure and diseases prevention, through control measures against malaria, Acute Watery diarrhea, pneumonia, pregnancy related complication and cholera outbreak and build relationship of cooperation among the partners of different sectors to enhance our intersectoral respond.

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 : The contribution to the cluster sector Objectives will be reflected clearly on the support of this project, which will provide to the most vulnerable group among the IDPs and Host communities, being our primary target. Our focus is to deliver lifesaving interventions and protect the rights and uphold the dignity of the most vulnerable people in our targeted areas of operations. The suffering of the IDPs and the host communities, currently struggling to return to their normal lives, supporting the health service deliveries and setting up mobiles clinics to hard to reach areas in Duk County, Including intervention and strategies targeting the Islands and the pastoral groups, currently struggling with the Cholera outbreak for almost a half a year. Will eventually translate into saves lives and hope for better future. Our support will help these communities to revitalize their energies through availability of continues support in the areas of health service delivery, nutrition and water and sanitation. supporting the health services with community engagements, strengthening mobiles clinics to hard to reach areas and address the needs of vulnerable groups, including cross cutting issues such as gender violence, Psycho-social services, HIV/AIDS and TBA case management and referrals strengthens communicable diseases control and outbreak response through intersectoral approach. SMC has strategically strong monitoring and evaluation units that need to be supported and our responses will be coordinated and shared accordingly with the cluster coordinators and all the stakeholders for a success interventions.

Outcome 1

Improve the standard of health service deliveries reaching all the targetted groups and provide emergency obstetric care and medical supplies to all the functional health facilities

Output 1.1

Description

Number of functional and supported health facilities with improved access and received essential supplies serving IDPs and the Host communities in Duk County

Assumptions & Risks

SMC personnel are well determined and security doesn't prevent communities and health staff from accessing each others. funding are available to support the intervention.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	12,000	18,000	3,500	2,500	36,000
Means of Verification : Daily registration book, weekly and monthly reports							
Indicator 1.1.2	HEALTH	[Frontline services] Number of facilities providing BEmONC services					3
Means of Verification : daily , weekly and monthly reports							
Indicator 1.1.3	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					850
Means of Verification : Daily, Weekly and Monthly reports at the facilities							
Indicator 1.1.4	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			2,575	3,025	5,600
Means of Verification : EPI Daily registration book, Campaign report, weekly and monthly reports							

Activities

Activity 1.1.1

comprehensive provision of primary health care services through 3 mobile clinics with focus on basic care, maternal health, EPI services and referral system set Up in Duk County of Jonglei state.

Activity 1.1.2

Train 40 Health staff in cholera case management : using the national protocols and guidelines in Duk County.

Activity 1.1.3

provision and transportation of medical supplies to all the functional health facilities and the Cholera treatment centers in Duk County.

Outcome 2							
to have improved emergency respond to the current cholera outbreak by Improving surveillance and scaling Up our capacity in term of skilled and adequate personnel at the facilities level.							
Output 2.1							
Description							
supported Establish and support Cholera treatment centers /Cholera treatment units (CTCS/CTUs) and Oral re-hydration point (ORPs) in Duk county of Jonglei state							
Assumptions & Risks							
availability of funds to support the facilities and the staff.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of people reached by health education /promotion	10,000	45,000	4,000	5,000	64,000
Means of Verification : Daily, Weekly monthly health Education sessions at the Health facilities,CTC/CTU and ORPs as well as at the community centers and villages							
Indicator 2.1.2	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					10
Means of Verification : Daili Weekly and monthly reports, field visit reports							
Indicator 2.1.3	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	30	10			40
Means of Verification :							
Indicator 2.1.4	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	150	250	110	120	630
Means of Verification : Cholera daily line listing, Weekly and monthly reports							
Activities							
Activity 2.1.1							
Conducting Daily Health Education on hygiene promotion, commonest diseases prevention (Malaria) and personal and community sanitation at the level of the CTCs/CTUs, ORPs and at the community centers and villages.							
Activity 2.1.2							
To train 100 community health promoters within the community to spread awareness through door to door home visits and ORS distribution.							
Activity 2.1.3							
Supporting the 3 mobile, 4 CTCs/CTUs and 6ORPs in Duk County, by paying staff salaries during the project cycle.							
Activity 2.1.4							
Coordinate daily cholera task force meeting with partners and CHD in Duk and other partners as well as at the state level through information sharing to update plan and respond accordingly.							
Activity 2.1.5							
transportation of cholera supplies, including water guard, Aqua-tab, beds and other sanitation supplies during the respond							
Additional Targets :							

M & R							
<u>Monitoring & Reporting plan</u>							
<p>SMC has adopted all the current national M &E reporting systems to support our indicators in our operational areas of Jonglei state. We will utilizes the Daily, weekly, Monthly and Quarterly reports systems in all our programing sector and strong records in monitoring our activities implementation and results , to show impact of the health project as part of our goal. Using DHIS system, Weekly IDRS format, Cholera daily line listing ,health cluster monthly reports format,all these systems measures progress towards objectives and their impact and ensure appropriate report is aligned to meet all the SSHF reporting requirements.Our M&E officer in both counties of Duk and Bor south are familiar and have been using the national HIMS SYSTEM (DHIS) and have strong experiences in data collection and reporting in their respective working areas of Jonglei.</p> <p>for the last 15 months we have been working with host and IDPs communities in both areas and our records shows our efforts are excellent at the facilities levels. The utilization of the national register Books (Weekly & Monthly) for the collection of the data of relevant activities such as the Out-Patients, Inpatient, ANC,EPI, cholera daily line list registers to produce the summary Quarterly reports. Such data could be accessed by others institutions with access the the national DHIS system,the current national data base. In addition, the weekly IDRS is filled and shared with the County Health Department (CHD), state and National ministries of health, cluster coordinator and any other relevant institution such as the National surveillance department. Commodities received and distributed will be reported to SSHF and the cluster respectively. With over 12 years Experience in emergency setting and primary health care service delivery using a range of reporting formats and timelines, this background make SMC team a strong and capable of ensuring appropriate monitoring and reporting plan, that is aligned to meet SSHF and the cluster reporting requirements. We will be providing detailed reporting specific to scope of the proposal and segregate the data by gender, sex, location during the our summary reports. All the reports will be shared with the concerns institutions timely and verification of all reported data will be undertaken by SMC,CHD and SMOH in each state of our operation.</p>							
Workplan							

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: comprehensive provision of primary health care services through 3 mobile clinics with focus on basic care, maternal health, EPI services and referral system set Up in Duk County of Jonglei state.	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Train 40 Health staff in cholera case management using the national protocols and guidelines in Duk County.	2017								X	X			
	2018												
Activity 1.1.3: provision and transportation of medical supplies to all the functional health facilities and the Cholera treatment centers in Duk County.	2017								X			X	
	2018												
Activity 2.1.1: Conducting Daily Health Education on hygiene promotion, commonest diseases prevention (Malaria) and personal and community sanitation at the level of the CTCs/CTUs, ORPs and at the community centers and villages.	2017								X	X	X	X	X
	2018	X											
Activity 2.1.2: To train 100 community health promoters within the community to spread awareness through door to door home visits and ORS distribution.	2017								X	X			
	2018												
Activity 2.1.3: Supporting the 3 mobile, 4 CTCs/CTUs and 6ORPs in Duk County, by paying staff salaries during the project cycle.	2017								X	X	X	X	X
	2018	X											
Activity 2.1.4: Coordinate daily cholera task force meeting with partners and CHD in Duk and other partners as well as at the state level through information sharing to update plan and respond accordingly.	2017								X	X	X	X	X
	2018	X											
Activity 2.1.5: transportation of cholera supplies, including water guard, Aqua-tab, beds and other sanitation supplies during the respond	2017								X			X	
	2018	X											

OTHER INFO

Accountability to Affected Populations

The accountability to the affected population is and require commitment from Us through ensure a sustainable feedback and accountability mechanisms are being integrated into our strategies, Monitoring and Evaluation and recruiting staff, which are possible through the leadership commitment. We believe active participation of the affected population in a decision making and Identification of their needs through the establishment of a system to engage and ensure that most marginalized and affected are represented is a key. through our project, we are looking forward to provide accessible and timely information to the affected communities on organizational procedures, structures and process to ensure that they can make informed decision and choices. facilitating dialogues between the organization and the affected community over information provision and the project goals. The formation of Village health committees, the Joint supervision with the County health department, the county administration and the meeting with the communities leaders and members of the affected communities are some of our channel where related issues could be addressed. We believe in order to be accountable to the affected population, a strong leadership, transparency, feedback, complain mechanism and active community participation are the key and best ways to be accountable and share the same position with those affected, through equal participation, being part of the service delivery and most importantly, be part of decision making process through the project cycle.

Implementation Plan

SMC is the leading partner in Duk and Bor County in primary health care Delivery for over the last 10 years. We are currently supporting 6 cholera treatments sites with 12 ORPs in in Bor and Duk on Emergency sites with a chain of 4 health facilities in Duk and 24 in Bor South. the current services are already overstretched due to the huge Influx of the IDPs in Duk and population movement due to insecurity in Bor south county. Because of the current distances from the Health facilities, SMC will be carrying outreaches services to hard to reach areas in both counties. the current support will be dedicated to continue delivering health services and fight against cholera outbreak in both counties. SMC will be supporting 2 mobile clinics, 4 CTC/CTU and 6 ORPs. These facilities does increase the number of health facilities , improving access to those in need. A focus to improve services such as EPI, ANC, community awareness etc.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
JDF	John Dau foundation (JDF) is currently the leading partner running nutritional services in the county. SMC team and the CHD at the field level and at our supporting health facilities level, Will be carrying out the screening and identifies cases are referred to JDF clinic for case management. We have been working together for several years in the county as part of our cooepration and partnership r
WHO/UNICEF/CHD/MoH-state/National MoH and the Health cluster	Data sharing, provision of core pipe lines, Drugs RHKits, vaccines, Cold cahins equipments. We also carry out joint and supportive supervision with the CHD and the MoH teams.
CRS and Wash partners	catholic Relieve Services (CRS) is the current Wash partner in our respond to cholera outbreak. We have jointly work on community awareness, improving sanitation at the community and institutional levels, facilitation and of materials and sharing communication Equipments e.g Internet.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

1-The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

The project is proposed to address health related needs with special focus on the maternal child health , neonatal care and emergency respond. We do Acknowledge and consider gender EQUITY, since our services doesn't segregate our beneficiaries.

Protection Mainstreaming

A relative peace was seen at the beginning of 2016 and deteriorated in July the same year. the civilian population in south Sudan and particularly in Jonglei has been faced indignity as the results of deliberate personal violence,deprivation and restricted freedom of movements. Our institution currently working with IDPs,believe that our focus should go behind the people immediate needs to wider questions of personal safety and dignity of the civilian population. Identifying threats, set up mitigations plans in a coordination with the communities or beneficiaries of the project and monitor progress are the key elements.it is clear that no single agency can undertake this task and we will be redirecting and cooperating with partners with expertise working in this areas of protection, including GBV, Child Protection by extending our partnership through information and way forward as a collective responsibility. cases of violence should be referred promptly and accordance with standard operating procedures and information sharing protocol established in the area.

Country Specific Information

Safety and Security

Since mid July 2016 the current fragile peace has been unstable with fighting in several states including Jonglei.Any efforts toward re-establishing health services may be under threats in many areas.in the context of Jonglei, particularly in Duk and Bor south Counties, the planning must take into account the needs of the basic services, infrastructure challenges and security concerns in term of access. though our areas have been stable with sporadic security threats and cattle raiders; thousand of IDPs have been moving from the neighboring counties to these areas with a relative peace looking for basic services such as health, nutrition and food security challenges. Our areas are relatively safe and calm, though there maybe some constrains, specifically on logistic. We believe and have plan to implement all the activities with a little disturbances. SMC is already engaging relevant authorities and institutions, so they are part of the planning, management and delivery of the current humanitarian services in the health sector, targeting both counties. Partner monitoring plans, visit to the health facilities, CTC/CTU/ORPs and IDPs sites or outreaches visit, will be developed under leadership of the county health department and in collaboration with the office of the commissioner and SMC management team, this process will easy and improve our safety, security concerns in the area as a well.

Access

Considering the current rainy season challenges, SMC team will still accessing all his beneficiaries and deliver the basic services as planned. The rain has not been heavy in comparison to the previous years and our vehicles and motorbikes are able to move with in our operational areas. SMC, has 2 vehicles for each County and Boat based in Bor to access all the swampy and island sites during the cholera respond and distribution process.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Clinical Officer	D	4	900.00	6	100.00	21,600.00
	<i>He/she will be in-charge of the facility and its daily administrative management,including staff attendance, conduct diagnostic and management of all the cases,carry out minor surgeries and all the saving procedures, refer cases to the next level of health care, lead the Health Education planning at the facility levels.He/She will document and reports all the activities at the facility level with submission of Weekly and monthly reports data to the M & E officer and does report to the field supervisor; there will be four of them One allocated to each health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.2	Certificated Nurses	D	4	750.00	6	100.00	18,000.00
	<i>He/she will be In charge of the nursing units at the Health facility and the hard to reach mobiles clinics; and will be carry out all the nursing care procedures to the admitted or Out patients clients (administering Medications, requesting drugs supplies from the pharmacy,making wound dressing), He also will lead the basic hygiene and infection control according to the South Sudan/who STANDARD,supervise junior nurses and other support staff. SHE/He will be in-charge of all the documentation and reporting activities at the Unit. They will be four of them one allocated to each health facility.The unit figure includes ALL benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.3	Lab Technician	D	4	650.00	6	100.00	15,600.00
	<i>He/She will be in-charge of the laboratory services at the level of the Facility, starting from Identifying the patient, collecting the specimens, label all the containers,prepare specimen for the Microscopes or Rapid diagnostic tests, establish proper quality control records all the results in the laboratory registers, deliver results to the right patient or care taker,participate in the general maintenance and cleaning of the laboratory Equipment, make the request of lacking or missing Laboratory Reagents or Equipment and deliver a monthly reports to the facility In-charge at the end of the Months. They will be four of them One allocated to each facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.4	Lab Assistants	D	4	400.00	6	100.00	9,600.00
	<i>He/She shall assist th Technician on his daily duties. There will be four of them One allocated to each health facility .The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						

1.5	Pharmacist Asst	D	4	300.0 0	6	100.00	7,200.00
<p><i>He/She will be responsible for receive and storage of all the medical supplies at the facility level, establishing an inventory list with each drugs Name, doses and expiration date. He/She will issue out drugs prescribed by the clinician, CHW or the Nurse. HE/She will maintain the hygiene and organization of the pharmacy, make sure all the patients have taken their drugs regardless of her/his off time, reports any Expired, stock out and submitted the monthly reports. They will be four of them One allocated to each health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.6	Nutritionist	D	4	250.0 0	6	100.00	6,000.00
<p><i>The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.7	Midwife	D	4	500.0 0	6	100.00	12,000.00
<p><i>He/she shall be in-charge of all the ANC units care, providing ANC services ,conduct safe deliveries at the facility and community level,detect and refer complications, ensure breastfeeding, promote family planning and take care of Documentation and reporting of the activities at the mother child health Unit. She/He will be reporting to the Clinical officer or Senior Nurse. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.8	Dispenser	D	4	200.0 0	6	100.00	4,800.00
<p><i>The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.9	MCHW	D	8	250.0 0	6	100.00	12,000.00
<p><i>The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.10	CHW	D	8	200.0 0	6	100.00	9,600.00
<p><i>He/She will be focal health persons and in-charge at the level of PHCU, providing Medical care. Making Diagnosis and treatment of commonest illness at the community using the national guidelines, Provide Health Education and participate in health and development projects in collaboration with village health committees, community elders etc. Keep correct records of all treated cases, referral and provide Weekly and Monthly reports to the M& E departments through the Field Supervisor. There will be eight of them two allocated to each Supported Health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.11	Clerk	D	4	200.0 0	6	100.00	4,800.00
<p><i>There will be four of them One allocated to each Supported Health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.12	EPI Vaccinators	D	12	250.0 0	6	100.00	18,000.00
<p><i>They will be part of team to be conducting Immunization activities at the facility level as well as to conduct Outreaches services.Screen children, records information and prepare the vaccine, administer vaccine follow up schedule,stock the vaccines accordingly and return them to the central Cold chain, Records used vaccines by types and Quantity and submit a records plus daily, weekly and monthly reports to the M& E officer through the Field supervisor. There will be twelve of them three allocated to each Supported Health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.13	Cleaner	D	4	200.0 0	6	100.00	4,800.00
<p><i>She/He will be in-charge of general cleaning of the Health supported facilities on day to day basis. There will be four of them One allocated to each Supported Health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.14	Guards	D	4	200.0 0	6	100.00	4,800.00
<p><i>He/She will be in-charge of the security facility and guards and protect the facility assets, must make sure all the assets at the facility level, equipment, medical supplies, laboratory Equipment etc are safe and protected from thieves, HE/She is responsible for the general maintenance and cleaning of the Facility,under the guidance of the Head of the facility In-charge. There will be four of them One allocated to each Supported Health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.15	Cook	D	4	200.0 0	6	100.00	4,800.00
<p><i>She/he will be cooking for SMC staff in a given location and should also do other duties such as carry vaccines and other supplies during Outreach.She/He is in-charge of all the cooking in a given location,washing and cleaning of the rooms, fetch water,taking care and keeping inventory of the all cooking utensils and materials and will be reporting to the head of the facility for any shortage of the commodity or item. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.16	Site Sprayers	D	4	250.0 0	6	100.00	6,000.00
<p><i>The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i></p>							
1.17	Exrcutive Director	D	1	4,500 .00	6	20.00	5,400.00

	<i>The Executive Director is in-charge of the overall SMC management and Programming both inside and outside South Sudan He/she SHALL SPEARHEAD SMC's vision and mission as stipulated,his role consist on representing SMC with Donors, partners and Governments, presenting the efforts done by SMC and making fundraising to fulfill the funding gaps; He/she is in-charge of ensuring the institution's funding is utilized in accordance to required standard of the accountability and will oversee the implementation of this project. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.18	Program Director	D	1	3,000.00	6	15.00	2,700.00
	<i>He/She is in-charge of supervision and coordination of the all the SMC in south Sudan in the field.He/She runs these activities in coordination with field supervisors and in consultation with executive director,He/She is in charge of program supervision and ensuring monthly and Quarterly reports are done and reached the Head Office timely, He will be guiding the training and the Construction or rehabilitation activities at each level;Jointly will be supervising the three counties with the Field supervisors, Executive Director and Donors when is required. He will be attending the State coordination and brief the Counties authorities on our project work development at each level. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.19	Finance & Grants Manager	D	1	4,000.00	6	20.00	4,800.00
	<i>He shall be in charge of entire SMC's Financial & Grants management including this grant & financial reporting. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.20	Emergency Coordinator	D	1	900.00	6	100.00	5,400.00
	<i>The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.21	M & E/Data Officer	D	1	700.00	6	100.00	4,200.00
	<i>He/She is in-charge of collecting and compiling weekly & monthly data for reporting purposes. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.22	Field Supervisor	D	1	1,000.00	6	100.00	6,000.00
	<i>He/She is in-charge of program activities supervision and coordination in consultation with Program director. in guiding the training and the Construction or rehabilitation activities at each level. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.23	HR Officer	D	1	1,300.00	6	50.00	3,900.00
	<i>He shall be in charge of entire SMC's Human Resources management, advertising the position and be part of the recruiting team provide each staff with Job description and orientation on the organization human resources management,Draft staff contract and filling system of all Human resources of the institution . The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.24	logistic Officer	D	1	700.00	6	50.00	2,100.00
	<i>He/She is incharge of procurement & logistics in ALL SMC counties. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.25	Cashier	D	1	1,000.00	6	50.00	3,000.00
	<i>He shall be in charge of entire SMC's cash handling and staff salaries payment. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
	Section Total						197,100.00
2. Supplies, Commodities, Materials							
2.1	Refresher training materials	D	2	300.00	1	100.00	600.00
	<i>The managers, supervisors and cadres shall be refreshed once within the project cycle at least to update their knowledge and improve their performances. A consultant and program manager does it on job and at the PHCCs/PHCUs level with the support of Field supervisors. The managers also are attending proposal writing,monitoring and Evaluation and Human resource management courses conducted in the county, Juba by partners or consultancy group. they always require some books, reference teaching aids, flip charts, pens & hiring of projector.</i>						
2.2	lunch & refreshments for 42 trainees (40 health workers 2 tutuors)	D	42	30.00	2	100.00	2,520.00
	<i>This shall cover both health workers & tutors. These trainees, coordinators & tutors shall be offered refreshments & lunch during the training period which is estimated at \$30 per person per day as per the current market rates</i>						
2.3	Hiring of training hall (1 training hall x 4 days)	D	1	100.00	4	100.00	400.00
	<i>This shall cover hiring a hall for 4 days in Duk County where the training for Health workers(2days) and HHPs (2days) shall be conducted. The current market rates forms the basis of \$100 per day</i>						
2.4	Non-medical supplies (detergents, protective gears)	D	1	2,000.00	2	100.00	4,000.00
	<i>the Units are calculated based on our previous purchase as per the supporting Documentation. these supplies consist of detergents, protective gear, cleaning materials etc and meant for the projected health facilities in the three counties of our Operation.</i>						

2.5	Plastic Tables	D	12	100.00	1	100.00	1,200.00
<i>These shall be 3 plastic tables per unit for consultation, EPI & Lab/pharmacy departments</i>							
2.6	Plastic Chairs	D	24	50.00	1	100.00	1,200.00
<i>These shall be 6 plastic chairs per unit for consultation, EPI & Lab/pharmacy departments</i>							
2.7	Road transport	D	1	8,000.00	1	100.00	8,000.00
<i>The equipment, construction materials & program supplies shall be transported by hired road transport to and within Duk</i>							
2.8	Hiring of Tutors/trainers (2 tutors per training x 2 days)	D	4	150.00	2	100.00	1,200.00
<i>These shall be Medical Doctors/Clinicians/Consultants to train the health workers during refresher training</i>							
2.9	Training of 100 Health Hygiene Promoters	D	100	30.00	2	100.00	6,000.00
<i>100 Health Hygiene Promoters shall be trained for two days as TOTs on how to create awareness on cholera outbreaks, distribution drugs, and training on how to make good use of sanitation facilities. Refreshments and food/lunch shall be given during the training estimated @ \$30 per person</i>							
Section Total							25,120.00
3. Equipment							
3.1	Hospital beds & mattresses	D	12	500.00	1	100.00	6,000.00
<i>Based on our current Inventory list as a supporting Document. Each facility shall be allocated 3pcs</i>							
3.2	Blankets & bedsheets	D	12	100.00	1	100.00	1,200.00
<i>Based on our current Inventory list as a supporting Document. Each facility shall be allocated 3 pcs blankets & 3 pairs bedsheets</i>							
3.3	Examination coaches	D	4	400.00	1	100.00	1,600.00
<i>Based on our current Inventory list as a supporting Document. Each facility shall be allocated 1 pc</i>							
3.4	Delivery beds	D	4	500.00	1	100.00	2,000.00
<i>Based on our current Inventory list as a supporting Document. Each facility shall be allocated 1 pc</i>							
3.5	Microscopes	D	2	950.00	1	100.00	1,900.00
<i>Based on our current Inventory list as a supporting Document. We are hiring Laboratory technician which requires Microscopes and others equipment in other to performs theirs duties. They shall be allocated in Duk Counties</i>							
3.6	Metallic Shelves	D	4	300.00	1	100.00	1,200.00
<i>These are going to be use at the PHCC s levels to keep medical supplies protected and safe. The cost is based on the current market rates and our previous purchase of such Equipment. Each facility shall be allocated 1pc</i>							
3.7	Solar system	D	2	5,000.00	1	100.00	10,000.00
<i>we are using the current market rates to purchase a solar system with the following components: solar, batteries, Invertor, wiring and complete installation to the facility. These are going to be allocated to Poktap PHCC and Padiet PHCU which are permanent buildings. each unit system will cost \$ 5,000</i>							
Section Total							23,900.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
NA							
Section Total							0.00
5. Travel							
5.1	In country travel Jubar-Panyagor-Juba round flights for 2 people	D	2	400.00	6	100.00	4,800.00
<i>This are round trips for the SMC management team during monthly field visit to the project sites. Unit cost is based on the current commercial flight rate</i>							
5.2	Local Travel, Perdiem, Accomodation, Duk - during supervision	D	4	40.00	12	100.00	1,920.00
<i>There shall be two supervisions per month per involving four staff, during the Implementation period, using the current market rates @40 per person</i>							

5.3	Local Travel, Perdiem, during EPI outreach Duk	D	12	20.00	6	100.00	1,440.00
	<i>the perdiem and local trip are based on SMC perdiem policy considering hard to reach areas of implementation such as Touch etc</i>						
5.4	Accommodation for 40 trainees, 4 tutors x 2 days	D	42	40.00	2	100.00	3,360.00
	<i>The trainees & tutors shall be accommodated for ease of gathering during the training period which is estimated at \$40 per person per day as per the current market rates</i>						
5.5	Transportation & perdiem of trainees	D	42	20.00	1	100.00	840.00
	<i>Based on the current market rate of transportation from their different locations. this is a round trip cost, and a per diem during their training to cater for soap, toiletries etc</i>						
	Section Total						12,360.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Stationary	D	1	300.00	6	60.00	1,080.00
	<i>These shall includes stationaries and supplies for both head office & health facilities</i>						
7.2	Juba office rent	D	1	2,500.00	6	50.00	7,500.00
	<i>SMC has satellite Office in Juba to facilitate the coordination and communication with Donors, partners and others institutions</i>						
7.3	Internet subscriptions	D	1	1,100.00	6	50.00	3,300.00
	<i>These shall be charges related to official communications via inter-net in head offices, and cell phones for all head of health facilities under this project</i>						
7.4	Laptop & printer for Finance dept.	D	1	1,400.00	1	100.00	1,400.00
	<i>There shall be a need to procure 1 laptop for Finance department to fill the gap</i>						
7.5	Bank charges	D	1	200.00	6	100.00	1,200.00
	<i>These are charges levied to the bank transactions where the funds shall be channeled</i>						
7.6	Vehicle & speedboat maintenance	D	3	720.00	6	50.00	6,480.00
	<i>the field vehicles are of high use on a very rough terrain that keeps them frequently breaking down. 1.e high use of the spares is value at \$ 720 dollars per each vehicle. these shall include spare parts for replacement and during repairs (Shock absorbers, tires,injector pump,break shoes etc), including speedboat manitenance</i>						
7.7	Vehicle & speed boat fuel	D	3	900.00	6	50.00	8,100.00
	<i>these are fuel, (diesel and petrol)lubricant filters, etc for an estimated 2 vehicles and one motorboat in our operational area.</i>						
7.8	Generator running costs - Maintenance & fuel	D	2	130.00	6	60.00	936.00
	<i>Duk head offices has a generator which shall require maintenance & fuel estimated @300 per month each</i>						
	Section Total						29,996.00
SubTotal			431.00				288,476.00
Direct							288,476.00
Support							
PSC Cost							
PSC Cost Percent							4.00
PSC Amount							11,539.04
Total Cost							300,015.04

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Duk	100	12,888	50,000	5,082	4,830	72,800	<p>Activity 1.1.1 : comprehensive provision of primary health care services through 3 mobile clinics with focus on basic care, maternal health, EPI services and referral system set Up in Duk County of Jonglei state.</p> <p>Activity 1.1.2 : Train 40 Health staff in cholera case management using the national protocols and guidelines in Duk County.</p> <p>Activity 1.1.3 : provision and transportation of medical supplies to all the functional health facilities and the Cholera treatment centers in Duk County.</p> <p>Activity 2.1.1 : Conducting Daily Health Education on hygiene promotion, commonest diseases prevention (Malaria) and personal and community sanitation at the level of the CTCs/CTUs, ORPs and at the community centers and villages.</p> <p>Activity 2.1.2 : To train 100 community health promoters within the community to spread awareness through door to door home visits and ORS distribution.</p> <p>Activity 2.1.3 : Supporting the 3 mobile, 4 CTCs/CTUs and 6ORPs in Duk County, by paying staff salaries during the project cycle.</p> <p>Activity 2.1.4 : Coordinate daily cholera task force meeting with partners and CHD in Duk and other partners as well as at the state level through information sharing to update plan and respond accordingly.</p> <p>Activity 2.1.5 : transportation of cholera supplies, including water guard, Aqua-tab, beds and other sanitation supplies during the respond</p>

Documents

Category Name	Document Description