

<b>Requesting Organization :</b>	Nile Hope			
<b>Allocation Type :</b>	2nd Round Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
HEALTH		100.00		
		<b>100</b>		
<b>Project Title :</b>	Provision of emergency lifesaving and gender sensitive high impact health services for hard to reach, undeserved and conflict affected IDPs and vulnerable communities in Uror county in Bieh State and Akobo County in former Jonglei state.			
<b>Allocation Type Category :</b>	Frontline services			
<b>OPS Details</b>				
<b>Project Code :</b>	SSD-17/H/103507	<b>Fund Project Code :</b>	SSD-17/HSS10/SA2/H/NGO/6472	
<b>Cluster :</b>	Health	<b>Project Budget in US\$ :</b>	230,000.01	
<b>Planned project duration :</b>	6 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/08/2017	<b>Planned End Date :</b>	31/01/2018	
<b>Actual Start Date:</b>	01/08/2017	<b>Actual End Date:</b>	31/01/2018	
<b>Project Summary :</b>	<p>The emergency health project will be majorly tailored to provide emergency health services to the needy community of Akobo and Uror counties in Northern Jonglei state. The project will target the IDPs and the vulnerable host community who were affected by the recent conflict and Cholera outbreak in Northern Jonglei state targeting 24615 beneficiaries (9334 men, 10112 women, 2584 boys and 2585 girls) through provision of lifesaving health services; emergency curative services including responding to treatment of cholera, malaria and other communicable diseases, safe motherhood, emergency immunization services, providing special services like CMR, psychosocial support and health education before the outbreaks arises</p> <p>The project also is geared to respond to any emergencies including outbreak of disease like cholera and Malaria that are anticipated to arise in the area in the course of implementation period and also raise an alert for any outbreak occurring in the aforementioned locality. The project will endeavor to reduce the risk of cholera and Malaria transmission/spread among boys, girls, as well among adult men and women in both Uror and Akobo counties. The project will endeavor to reduce the risk of cholera and Malaria transmission/spread among boys, girls, as well among adult men and women in both Uror and Akobo counties. Capacity of the local health centers providing emergency will be enhanced in several areas including cholera management, Clinical Management of rape, other communicable disease treatment and prevention, Emergency and preparedness in order to provide quality care to the patient seeking essential health services and special services in the health facilities. The project will establish 4 mobile clinics in areas with high IDPs population and have no health facilities, established 3 Cholera treatment unity and also provide support to 10 health facilities on provision of emergency health services</p> <p>Through these project, the organization will secure emergency drugs and cholera kits from the common pipe-line partner and pre-position them in the field to control drugs rapture and provide on time cholera treatment and other disease to the vulnerable community. To reduce cholera spread, Nile Hope team will provide oral cholera vaccination to the community of Uror and Akobo west. To increase immunization services that have been very low in the area, a cold chain technician is currently deployed in the field to repair the fridges in Uror county and their after send the vaccine to the field level to boost routine immunization coverage. The fridge will also be used during oral cholera vaccination campaign to store OCV. Clean and safe delivery kits will be secure from UNFPA or UNICEF and pre-position in PHCC supported facilities in order to enhance and provide quality safe motherhood. These will be supplemented by deploying qualified mid wife and Medical Doctors in these PHCCs. Additionally, the project is designed in the way monitoring of the project to track how activities are being implemented in the field will be the key in order to run the project smoothly and efficiently. The project is ensured that maximum impact is achieved through the proposed interventions.</p> <p>The main focus for the entire emergency health project is to reduced Morbidity and Mortality rate of women, Men, Boys and Girls seeking health services through enhancing prevention strategy among Women, Girls, Boys and Men seeking health services in supported health facilities in Uror and Akobo counties.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
9,334	10,112	2,584	2,585	24,615

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	3,734	3,721	0	0	7,455
People in Host Communities	5,600	5,582	0	0	11,182
Pregnant and Lactating Women	0	809	0	0	809
Children under 5	0	0	2,584	2,585	5,169

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

Nile Hope health project is meant to saving lives and alleviating suffering through provision of quality emergency and timely health services to the displaced persons in Akobo and Uror counties. This emergency health project is meant to reach the most vulnerable people including IDPs and other targeted highly vulnerable Girls, Boys, Women and Men in the community including HIV/AIDS people, people with mental problem and rape survivors. Since the conflict erupted in South Sudan and subsequent repeated eruption of conflict including the recent offensive in northern Jonglei (Uror, Nyirol and Akobo) has been marked by brutal violence against civilian and deepening suffering across the country. Despite the recent attempt to established national dialogue, the fighting continues unabated. The crisis has been characterized by widespread displacement caused by violence; high rates of deaths, disease and Injures; severe food insecurity and disrupted livelihoods, major Malnutrition and outbreak of disease like cholera. In addition, health facilities in these mention counties were neither spared, some of the facilities in Uror county were looted and other markedly destroyed. This has added community suffering since they do not get enough health services in an already poor health infrastructure even before conflict eruption. Through this project the affected community both IDPs and the vulnerable host communities will have access to emergency health services including cholera Management. Nile Hope will make sure through the support of CHF, Emergency curative services including cholera treatment, ANC, delivery services and health education is provided in the both static facilities and Temporary (Mobile clinic), in order to save the lives of people and reduce deaths. Nile Hope using it personnel will strengthen the existing system to prevent, detect and respond to disease outbreak like cholera; this will be through provision of health education on cholera prevention, immunization service, surveillance of disease out breaks including investigation and respond to disease outbreak. Uror and Akobo is among the counties in South Sudan commonly prone with outbreak especially Measles, Cholera and Kala-azar thus enhancing the staffs' capacity on Emergency prepared & Respond will really increase the capacity of the organization to respond timely. With the recent recurrent conflict still continuing, they have been cases of gender base violence including rape in the affected communities thus increasing the need to provide equality services including clinical management of rape and psychosocial support. Nile Hope will strengthen health services delivery in these affected counties in order to provide even additional emergency services that were initially not provided in the health facilities. Mobile clinics services will be set up in places with higher number of IDPs and has no HFs near in Akobo and Uror, whereby this mobile clinic will move with community in case of another displacement.

**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
Tolu Lemiso	Ass health Coordinator	dtolu@nilehope.org	09200103329
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**BACKGROUND****1. Humanitarian context analysis**

Violence continue to intensify and spread in multiple location causing suffering to thousands of people across the country. The conflict has cause Mass displacement of Women, Men, Boys and Girls in Northern Jonglei especially in Uror and Akobo counties. As from Feb 2017 Northern Jonglei have experience repeated incident of conflict thus leading to mass displacement in the area. According to MSF Published reports of June 2, 2017, it state that 'More than 27,000 people have fled their homes in Yuai and Waat since mid-February after clashes between the Sudan People's Liberation Army (SPLA) and opposition groups. Those who escaped to Pieri have told MSF teams that civilians were shot at, raped, and killed and their houses burned to the ground. Now desperately short of food, health, water, and shelter, many of the displaced people are living under trees and eating leaves to survive'.

OCHA April bulletin reported that, "Renewed fighting has caused thousands of people to flee from multiple locations including Waat and Walgak, amidst concerns that clashes may spread to additional areas. Although it has not yet been possible to verify displacement figures due to the fluidity of the situation, preliminary estimates indicate that up to 100,000 people have been affected and displaced, many of whom had previously been displaced during fighting in February which caused thousands of people to flee from Motot and Pulchuol in Uror to Waat, Lankien, Akobo and Ethiopia".

Food insecurity reached unprecedented levels, with April OCHA bulletin stating that the renewed fighting and displacement may exacerbate food insecurity in Jonglei heading into the lean season, where Uror and Nyirol was already expected to face emergency (IPC Phase 4) levels of food insecurity. However, before even the February offensive and subsequent offensive, greater Akobo region was experiencing shortage on food, Health services and insecurity. According to REACH assessment report for Jonglei state, January 2017 it state that "As was the case in previous months, displacement from Greater Akobo to Akobo Town has continued in January. REACH surveyed 115 newly arrived IDPs in Akobo Town originating from these counties. However, some populations recently displaced from Greater Akobo also appear to have made the long journey to Juba, where REACH interviewed 148 new arrivals coming from Greater Akobo in Juba PoC 1 and 3 in January. As in December, the top reported reason for new arrivals who had recently left Greater Akobo to both Akobo Town and Juba was food insecurity, reported by 59% of KIs. This was followed by lack of health services (48%) and insecurity (39%)."

The conflict in the area have cause a major public health crisis by plunging an already weak health infrastructure deeper into crisis. Since the violence erupted, already severely insufficient primary health care services have been extensively disrupted and some HF's have remained Non-functional thereby reducing access to much needed health care services. The escalation of conflict and collapse of the healthcare system exacerbated the spread of communicable diseases. Cholera outbreak has been experience in the area as from May and partners are struggling to contain it but with difficulties due to accessibility.

## **2. Needs assessment**

South Sudan has one of the worst health indicators in the world, Maternal mortality rate in South Sudan is at 2054 per 100,000 live births, the under 5 mortality rate was 105 per 100,000 live births /SSHS 2010/ before the crisis, which is predicted to have deteriorated further with the recent conflict. The ongoing offensive in the Northern Jonglei since February has led to much deterioration of health services that were very limited in the area with the cessation of the IMA /world banks health project since the month of June 2016. According to Nile Hope assessment in the month of May in Uror and Akobo, only report 21% of the health facilities in Akobo and Uror county were providing health services. The rest of the facilities were not operating due to lack of man-power and drugs in the facilities thus showing that only a fraction of the population has access to health care. The assessment also showed there was generalize looting of essential medical and other supplies in Uror and Akobo west, where Walgak PHCC and Yuai PHCC experience much of the looting more than other HF's. Operational facilities in the counties where also not providing fully basic package of primary health care due to limited drugs, human resource and other essential health items.

Cholera cases have been reported in Pieri, Pulchuol and Karam in Uror county while Suspected cases of cholera have been report in Wechjal/Yidit in Akobo west of Akobo county. According to Nile Hope 15th July health report from the field in Uror county; Karam had seen 36 cholera cases and 7 deaths, Pulchuol 5 cases and 4 deaths, and Pieri more than 100cases. The mention area has limitation of center to provide cholera treatment and lack of qualified trained man-power to provide cholera treatment. High number of malaria cases have been experience in the two counties where Wechjal/ Walgak PHCC have been seeing 16-20 cases per day. This have been attributed with heavy rain thus creating favorable breeding place for mosquito and community on the other hand, has no protective gear like mosquito nets. Women and girls in this remotely counties lack Reproductive health services thus posing a major health risks. Men and Boys in these conflict affected counties have been mobilized or coercively recruited by armed groups, thus living their family with nobody to cater to their basic needs. Sexual and gender base violence and exploitation of Women and Girls has increased since the start of crisis. The lack of appropriate health services for these survivors is a major gap, especially in these remotely counties. Psychosocial support programmes to reduce distress are inadequate and services for women and men with mental illness or physical disabilities remain virtually non-existent. Much of the care with people living with chronic condition such as HIV/AIDS has broken down.

Immunization services are Non-Existence more especially in Uror county and Akobo west were some of the cold chain facilities were vandalized and looted. The common causes of morbidity, especially boys and girls under 5 years continue to be malaria, diarrheal and acute respiratory disease in Akobo and Uror counties. The health situation in these counties will continue to deteriorate towards the coming month of 2017 unless the security situation improved.

Since 2008 Nile Hope had been supporting those aforementioned areas to date and has a clear understanding of the IDP localities, movement and needs in these counties. Through the support from World bank/ IMA Nile Hope had been supporting 21 health facilities in Uror and Akobo before the cessation of world bank/IMA funding in June 2016. Despite the recent announcement of resumption of the fund, the funds will not be enough and places were the IDPs are located have no existing facilities that were being supported by the funds thus leaving the IDPs still vulnerable.

## **3. Description Of Beneficiaries**

Nile Hope being the lead agency in health in Uror and Akobo counties in provision of primary health care to women, Men, Boys and Girls of Host communities and IDPs, courtesy of support from World bank/IMA and providing emergency health services these two aforementioned counties will continue to provide emergency health services to women, Men, boys and Girls who are affected by conflict. However, being the lead agency in the two counties, it's an organization responsibility to make sure the entire population (Women, Men, Girls and Boys) are provided with essential services including people with disabilities and minorities. However, the emergency health services will mostly target people who are highly vulnerable and have been identified using the local mechanism; VHC, Community leader including women leader, and the local authorities in the counties. The targeted beneficiary is the collection of data's from our health facilities in addition with the current political trend and movement of communities. Experience has shown most women do not come to health facilities to seek reproductive health services due to Norms and sometime being overburden by home activities. Through this emergency health provision Nile Hope have planned to target higher number of women since they are most vulnerable through engaging them from the development of the project and use other community outreach health services to reach those who might not be able to come and seek services in the health facilities and Mobile Clinics. Boys and Girls < 5 years targeted in this project is a projection using the current data in the health facilities and suspected health trend in the year 2017. The minority and people with disabilities are also in cooperated in this project since there are also very vulnerable in the community. Men on the other hand are subjected to injuries, trauma both physical and mental and diseases. The identified men through health facilities data and 2017 health needs will be also benefit with this emergency health services. The project will reach 24,615 beneficiaries in Akobo and Uror as follows:  
 Akobo county: 4647 Women, 1292 Girls, 1292 Boys, 4667 Men and 409 Pregnant & lactating women  
 while in Uror county: 4656 Women, 1293 Girls, 1292 Boys, 4667 men, 400 pregnant & lactating women

#### **4. Grant Request Justification**

Nile Hope in this project will be targeting area with high number of IDPs and hard to reach areas which are physically inaccessible Payams and villages of Akobo and Uror counties with emergency curative health services including treatment of cholera, emergency reproductive health services, Psychosocial support to survivors and victims of gender base violent and rape. The unpredictable and changing nature of health emergencies in South Sudan highlights the need for flexible and rapidly available humanitarian response. Hence the emergency funding will enable Nile Hope to respond to the emergency health needs of the community affected by the ongoing conflict in the areas, mostly putting more effort on were the IDPs are Located in both Akobo and Uror counties.

The organization will secure emergency drugs and cholera treatment kits from the core pipeline partners and preposition it in the field on time to be able to provide quality services and control drugs rapture in the cause of project implementation. With the outbreak of cholera and increase in malaria cases as we start the peak season of malaria, cholera treatment kits and malaria drugs will be given first priority in pre-position of drugs. Enough supplies will be send to these two location before heavy rains. Currently Nile Hope and UNICEF are in the process to repair the cold chain fridge in Pulchuol, Modit and Pieri in Uror county thus provision of immunization services in the area increase since the location immunization coverage for last one year has been non-existence. In addition to cholera treatment, Oral cholera vaccine will be provided to 14000 people to reduce the spread and boost the immunity of the community. The repaired fridge will support in storage of OVC before the campaign. Few medical supplies will be procured and replenish to facilities that were looted during eve of conflict so as the staff can be able to provide quality care to Patient. On reproductive health, Nile hope will secure clean and safe delivery kits from UNFPA and pre-position them in the field to provide clean deliveries. Qualified midwife will be station in the PHCC; Pulchuol PHCC, Walgak PHCC and Peiri to be able to provide skill delivery services in the two counties

To be able to respond well to outbreak the health staff capacity will be enhanced on emergency preparedness and respond mechanism, including being able to report the outbreak before 48 hours. With the on-going cholera outbreak in part of the region and re-emergency of cholera in area that had no outbreak, Nile Hope will plan to provide training to health staffs to provide quality treatment to cholera cases to the vulnerable community and IDPs in Uror and Akobo county. Additionally, special services will be provided in supported PHCC where currently we have qualified medical doctor; mental and psychosocial support will be provided to victim of war in the HFs facilities in the area since most of the people have been affected by war. Clinical management of rape will be given also priority in the HFs where PHCC will be equip with essential drugs for rape cases. HIV/AIDs awareness raising will be enhanced in the area to reduce its prevalence. The above mention services will reduce the morbidity and mortality rate of the cases in the community and improve the life of the community in Akobo and Uror.

#### **5. Complementarity**

Nile Hope emergency health project in Uror and Akobo counties is geared toward increasing availability of emergency health services which are currently limited since the counties get health support through developmental fund that had ceased for the last one year. Nile Hope being the lead agency in Uror and Akobo in providing basic services of health care and emergency health care, will wish to strengthened and continue providing emergencies health services to the needy communities who are in dire need of this services. The health project is not designed differently from the previous emergency project, it meant to continue providing the same services but with increase of the target beneficiaries due to the on-going conflict that have increase the needs of the people in these two mention area due to the recent flare up of conflict

#### **LOGICAL FRAMEWORK**

##### **Overall project objective**

The main objective of this project is to improve access and scale up responsiveness to essential and emergency health services to Vulnerable communities, reaching 9334 men, 10112 women, 2584 boys, 2585 girls of IDPs and vulnerable of Uror and Akobo counties through focusing on major causes of mortality among under 5 and building the capacity of health staffs on emergency preparedness and response to reduce and mitigate the impact of health and health related emergencies by the end of January 2018.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
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	60				
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	20				
Improve access to psychosocial support and mental health services for vulnerable people		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	20				
<p><b>Contribution to Cluster/Sector Objectives :</b> Nile Hope health project is contributing to the three cluster objective by improving access and scale up responsiveness to essential health care focusing on the major causes of mortality among under five children, improving access to psychosocial support and mental health services, prevention, detect and respond to epidemic prone disease and outbreaks and also increasing availability of emergency health care to the vulnerable community living in Akobo and Uror counties who are in dire need of this services. Through these project Mobile clinics will be set up to reach the community that are in places with high concentration of IDPs and where access to health services is an-heard off and static health facilities will be supported to provide essential health services that are inclusive and implemented with dignity. Community health promoter including TBA and VHC capacity will be enhance on detecting any complicated cases that is a raising in the community and referring them to the nearest HFs to be provided with the emergency health care services. Mostly obstetric condition in Women and children under five complicated diseases will be given the first priority in referral linkage since there are the most vulnerable groups in the community. The project will also enhance the capacity of the Health facility staffs, CHD and mobile clinic staff on detection and responding to emergency outbreak like cholera in places with higher IDPs. Surveillance mechanism will be enhanced from the field and the staff will be tasked to report on weekly basis so as to monitor the trend of disease by use of IDSR ministry tool. The crisis has increase cases of gender base violence, report from field level showed higher rise of rape cases by arm groups in northern Jonglei and also majority of people being traumatized by the conflict. The project will provide services to rape survivors including psychosocial support to traumatized cases in order to improve the health of the whole community</p>							
<b>Outcome 1</b>							
Reduced Morbidity and Mortality rate for Women, Girls, Boys and Men seeking health services in supported health facilities in Uror and Akobo counties							
<b>Output 1.1</b>							
<b>Description</b>							
A total of 6534 men, 6512 Women, 1809 boys and 1810 girl provided with Emergency curative health services including cholera and Malaria treatment in Akobo and Uror counties							
<b>Assumptions &amp; Risks</b>							
Availability of delivery service guideline, A formal and functional referral linkage established, Security situation stable to provide health services, Emergency drugs available in the Clinic both mobile and static HFs, Availability of qualified Personal to be recruited in the field and community willing to bring the sick to the Mobile clinic and HFs							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	6,534	6,512	1,809	1,810	16,665
<b>Means of Verification :</b> register books, HMIS reports and DHIS reports							
Indicator 1.1.2	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	48	52	60	60	220
<b>Means of Verification :</b> Outpatient register, cholera Line-sting report, Weekly IDRS report							
Indicator 1.1.3	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					6
<b>Means of Verification :</b> monthly report, Photos of the CTU centers and ORP points							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Provide emergency curative health services including case management of cholera to 6534 men, 6512 women, boys 1809 and 1810 girls through setting Up of Mobile clinics in area with Health emergencies and supporting the existing MoH/partner health facilities in Uror and Akobo counties							
<b>Activity 1.1.2</b>							
Established 4 mobile clinic; 2 in Uror county and 2 in Akobo county and support 10 Health facilities in the mention counties to provide emergency health care services include treatment of cholera and Malaria cases targeting IDPs and the vulnerable host community							
<b>Activity 1.1.3</b>							
Pre-position lifesaving emergency drugs and emergency medical supplies in Uror and Akobo counties in order to provide quality health services in both the counties							
<b>Activity 1.1.4</b>							

conducts minor repairs in health facilities that were damaged during the conflict to be able to provide quality services to the community affected

#### Activity 1.1.5

Provide treatment of 220 cholera cases in Pulchuo PHCC/CTU and Karam PHCU/CTU in Uror county, Walgak/Wechjal PHCC/CTU in Akobo west/Yidit Payam

#### Activity 1.1.6

Established 3 CTU (2 in Uror county and 1 in Akobo west) and 3 ORPs center (2 in Uror county and 1 in Akobo west) to manage cholera cases as they emerge in the community

#### Output 1.2

##### Description

A total of 911 Mothers reached with emergency reproductive health services including ANC, deliveries and treatment of STDs in Uror and Akobo counties.

##### Assumptions & Risks

RH kits available and preposition in the field, Women willing to seek RH services, security situation favourable for women to seek RH services

##### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	[Frontline services] Number of facilities providing BEmONC services					3
<b>Means of Verification</b> : DHIS reports, Monthly and quarterly reports							
Indicator 1.2.2	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					120
<b>Means of Verification</b> : Delivery register book, DHIS Report							
Indicator 1.2.3	HEALTH	Number of ANC client seen in Mobile clinic and HFs					412

**Means of Verification** : ANC register books, HMIS report and Monthly DHIS report

##### Activities

#### Activity 1.2.1

Provide emergency focus antenatal care services to 412 pregnant mother in Akobo and Uror counties

#### Activity 1.2.2

conduct clean and safe delivery of 120 pregnant women by using skill birth attendant in the HFs and Mobile clinic in Uror and Akobo counties

#### Activity 1.2.3

secure and preposition clean delivery kits in Uror and Akobo, to be provided to mother that are in their third trimester to deliver safely

#### Outcome 2

Improve prevention and response of preventable disease outbreaks by at least 90%, thus reducing continued outbreaks in the community

#### Output 2.1

##### Description

Emergency preparedness and response mechanisms established in Akobo and Uror counties, 1 in each county

##### Assumptions & Risks

staff willing to be trained in the field, security stable

##### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					100
<b>Means of Verification</b> : EWARS report, surveillance report							
Indicator 2.1.2	HEALTH	[Frontline services] Number of people reached by health education /promotion	3,600	3,824	1,200	1,200	9,824

**Means of Verification** : health education report, Photos showing people being provided with Health education

<b>Activities</b>
<b>Activity 2.1.1</b>
Conduct investigation and respond to disease outbreak using the staff previously trained on emergency preparedness and response
<b>Activity 2.1.2</b>
enhance community level surveillance and strengthen EWARS reporting
<b>Activity 2.1.3</b>
Conduct targeted health education and promotion messages before and during the disease outbreaks targeting 9824 people in Uror and Akobo counties

<b>Output 2.2</b>
<b>Description</b>
A total of 2420 children under five (1210 girls and 1210 boys) provided with emergency vaccination antigen including measles vaccine and Penta 3 in the Mobile clinic and health facilities in Akobo and Uror counties
<b>Assumptions &amp; Risks</b>
cold chain system functioning well in the field site, caretaker willing to bring children immunization, Vaccination accessories available in the health facilities,

<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			678	678	1,356
<b>Means of Verification</b> : EPI register, HMIS part 2 report, Monthly DHIS reports							
Indicator 2.2.2	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in priority locations					3

<b>Means of Verification</b> : Monthly reports							
<b>Activities</b>							
<b>Activity 2.2.1</b>							
Provide immunization services to Boys and Girls under the age of five years reaching 2420 (1210 girls and 1210 boys) in order to boost their immunity against public health preventable disease							

<b>Activity 2.2.2</b>							
Repairs two cold chain systems in the Health facilities to provide emergency vaccination services							

<b>Output 2.3</b>							
<b>Description</b>							
A total of 14000 individual in Uror county and Akobo west provided with Oral cholera vaccine to boost their immunity against cholera antigen							
<b>Assumptions &amp; Risks</b>							
availability of vaccine in the country, cold chain functional in the field level							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.3.1	HEALTH	[Frontline services] Number of people vaccinated with oral cholera vaccines in priority locations	5,309	5,751	1,470	1,470	14,000

<b>Means of Verification</b> : immunization register, vaccination report							
<b>Activities</b>							
<b>Activity 2.3.1</b>							
Provide 14000 people with oral cholera vaccine in Uror and Akobo county, targeting area with current cholera outbreak in Karam, Pieri, Pulchuol, Pathai and Wechjal							

<b>Outcome 3</b>							
Improved availability, access and demand for services targeting highly vulnerable people in supported 14 facilities (Static and temporary) in Uror and Akobo counties							

<b>Output 3.1</b>							
<b>Description</b>							

A total of 4 Mobile clinic established and 10 health facilities supported and equipped to provide CMR services, GBV, HIV, community based mental health and psycho social support to affected communities including women, Girls, Boys and men of IDPs and the vulnerable host communities

**Assumptions & Risks**

Supplies pre-position in the field, affected people in the community willing to come and seeks special services, community will to share information of the affected people

**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** : HF monthly reports

**Activities**

**Activity 3.1.1**

Provide support to 4 Mobile clinic and health facilities to provide clinical management of rape in Akobo and Uror counties

**Activity 3.1.2**

Provide community based mental health and psychosocial services in Uror and Akobo counties

**Activity 3.1.3**

Conduct Monitoring visits, Reporting and Evaluation of the project to confirm and measure progress and impact respectively

**Outcome 4**

Improved knowledge and skill for health staff on offering quality health services in both static and temporary health facilities in Akobo and Uror county

**Output 4.1**

**Description**

A total of 80 health staffs trained on cholera management and other communicable disease treatment and prevention, CMR and disease outbreak surveillance, 40 in Uror county and 40 in Akobo counties

**Assumptions & Risks**

clinical health staff willing to be trained

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 4.1.1	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	15	15			30

**Means of Verification** : Training report, Attendance sheet, training photos

Indicator 4.1.2	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	20	20			40
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**Means of Verification** : training report, attendance sheet and training photos

Indicator 4.1.3	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	20	20			40
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**Means of Verification** : training report, Attendance sheet, training photos

**Activities**

**Activity 4.1.1**

Provide training to 40 health staff on clinical management of rape, targeting medical doctors, clinical officer, nurses, Mid wife and some of the CHW.

**Activity 4.1.2**

Conducting cholera management and other communicable disease training to clinicians in order to provide quality health case services to the targeted beneficiaries in Uror and Akobo counties

**Activity 4.1.3**

Train 40 people in Uror and Akobo counties on disease surveillance and outbreak respond to the targeted community of Uror and Akobo counties.

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**



Nile Hope, being the implementing agency of this emergency health program will work closely with the CHD/MOH, community and other cluster partners, to ensure the project is monitored well and reporting done timely. For the organization to run the project smoothly and efficiently, the project will be monitored to track how activities are being implemented in the field. The Project Log- frame and Work plan will be the main tools to measure the extent of how activities are achieved; where necessary to draft a way forward on how to fast track it, if it's not achieved as expected. In addition to the Log-frame, Nile Hope's Monitoring and Evaluation Team led by the M&E Officer and CHD will use cluster M&E tools and other techniques like Focus Group Discussions and stakeholder workshops to evaluate the quality of services provided by the project. Analysis of the project achievements will be presented in form of Graph, table and charts to produce quality reports. Weekly IDSR, monthly HMIS and DHIS are the quantitative tools that will be used to gather information in the HF's and eventually shared to the Ministry of Health and the cluster to closely have informed information on what is happening in the field in term of emergency health project implementation. In addition, Nile Hope will continuously be updating cluster on Bi-weekly basis on the progress of implementation of the project so as to receive technical support and advise where possible to improve the quality of services delivery and also share challenges encountered. Mid Term report and the final report will be shared to CHF using the GMS reporting systems in order to monitor the progress of the project. The organization will use the CHF midterm and the final reporting format to send this report on timely basis. Ministry of Health State and cluster lead will visit the site at the mid of the project and at the end of the project, or as deemed appropriate to monitor the progress towards achievement of project targets as envisaged. In addition, there will be common interdepartmental M&E activities to track cross cutting issues. The Finance Department on the other hand will ensure continuous and robust budget tracking to ensure resources are spent and accounted within the defined ceilings. The Grants Manager will ensure adherence to, and interpretation of, the existing MoU.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide emergency curative health services including case management of cholera to 6534 men, 6512 women, boys 1809 and 1810 girls through setting Up of Mobile clinics in area with Health emergencies and supporting the existing MoH/partner health facilities in Uror and Akobo counties	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Established 4 mobile clinic; 2 in Uror county and 2 in Akobo county and support 10 Health facilities in the mention counties to provide emergency health care services include treatment of cholera and Malaria cases targeting IDPs and the vulnerable host community	2017								X	X			
	2018												
Activity 1.1.3: Pre-position lifesaving emergency drugs and emergency medical supplies in Uror and Akobo counties in order to provide quality health services in both the counties	2017								X			X	
	2018												
Activity 1.1.4: conducts minor repairs in health facilities that were damage during the conflict to be able to provide quality services to the community affected	2017									X	X		
	2018												
Activity 1.1.5: Provide treatment of 220 cholera cases in Pulchuo PHCC/CTU and Karam PHCU/CTU in Uror county, Walgak/Wechjal PHCC/CTU in Akobo west/Yidit Payam	2017								X	X	X	X	X
	2018	X											
Activity 1.1.6: Established 3 CTU (2 in Uror county and 1 in Akobo west) and 3 ORPs center( 2 in Uror county and 1 in Akobo west) to manage cholera cases as they emerge in the community	2017								X	X			
	2018												
Activity 1.2.1: Provide emergency focus antenatal care services to 412 pregnant mother in Akobo and Uror counties	2017								X	X	X	X	X
	2018	X											
Activity 1.2.2: conduct clean and safe delivery of 120 pregnant women by using skill birth attendant in the HF's and Mobile clinic in Uror and Akobo counties	2017								X	X	X	X	X
	2018	X											
Activity 1.2.3: secure and preposition clean delivery kits in Uror and Akobo, to be provided to mother that are in their third trimester to deliver safely	2017									X	X		
	2018												
Activity 2.1.1: Conduct investigation and respond to disease outbreak using the staff previously trained on emergency preparedness and response	2017								X	X	X	X	X
	2018	X											
Activity 2.1.2: enhance community level surveillance and strengthern EWARS reporting	2017								X	X	X	X	X
	2018	X											
Activity 2.1.3: Conduct targeted health education and promotion messages before and during the disease outbreaks targeting 9824 people in Uror and Akobo counties	2017								X	X	X	X	X
	2018	X											
Activity 2.2.1: Provide immunization services to Boys and Girls under the age of five years reaching 2420 (1210 girls and 1210 boys) in order to boost their immunity against public health preventable disease	2017								X	X	X	X	X
	2018	X											

Activity 2.2.2: Repairs two cold chain systems in the Health facilities to provide emergency vaccination services	2017									X	X		
	2018												
Activity 3.1.1: Provide support to 4 Mobile clinic and health facilities to provide clinical management of rape in Akobo and Uror counties	2017									X	X	X	X
	2018	X											
Activity 3.1.2: Provide community based mental health and psychosocial services in Uror and Akobo counties	2017									X	X	X	X
	2018	X											
Activity 3.1.3: Conduct Monitoring visits, Reporting and Evaluation of the project to confirm and measure progress and impact respectively	2017									X	X	X	X
	2018												
Activity 4.1.1: Provide training to 40 health staff on clinical management of rape, targeting medical doctors, clinical officer, nurses, Mid wife and some of the CHW.	2017									X			
	2018												
Activity 4.1.2: Conducting cholera management and other communicable disease training to clinicians in order to provide quality health case services to the targeted beneficiaries in Uror and Akobo counties	2017										X		
	2018												

**OTHER INFO**

**Accountability to Affected Populations**

Nile Hope traditionally has been implementing its different project with a close collaboration with the community. We have developed a culture of engaging the community as from the initiation of the project in order for the community feel the sense of ownership. Particularly, on this project, as a lead organization on the ground we have directly been engaging the community representative on several occasion for them to come up with specific needs of the community and how they think, they can be help to improve their life. Throughout the lifespan of these project, we will continue to engage the community of Uror and Akobo in this emergency project for it to run smoothly. A stakeholder workshop will be organized in the two counties where the community will be provided with information regarding the whole entire project implementation in order to participate fully and be accountable in the project implementation. Nile Hope will work closely with the existing health system structure including, CHD, VHC, TBA and the House Hold Promoters to enhance information sharing and also through them, feedback from the beneficiaries will be heard. Community will be very free to use the local system/structure to express their concerns; Views and also provide any feedback rather than talking directly to the implementing organization. The community views and feedbacks will be used to make concrete decision and developed the way forward on improvement of the project. The project is design as conflict – sensitive since the needs of the communities that we are providing services is taken to, into account as from project development. The beneficiaries will be involved fully as from start of the implementation, Monitoring, Evaluation and reporting time. Women, girls, boys and men of the vulnerable and minority groups will be given high priority during the implementation period in order to make them feel secured and less vulnerable. To make the project more quality, all the groups in the community will be involved equally to reduce one group feeling neglected. Certain information in the course of the project implementation will be keep confidential to protect the entire community and prevent harm to intended beneficiaries.

**Implementation Plan**

Nile Hope, being the partner providing emergency health services and the leading NGO in Uror and Akobo counties in provision of health care service while providing emergency health services will work closely with the CHD/MOH, community and other cluster partners in our area of implementation to prevent duplication and provide quality emergency services, as from inception of the project to the end to ensure a sense of ownership which will lead to sustainability of the project in the field. The health staff in the field will be capacitated on different health topics including health emergencies along with CHD and follow up on-the-Job training will be continuously put in place to improve the skills of staffs in the field in provision of emergency services. Drugs supplies will be monitored closely to prevent rapture/stock out using ministry of health tools (Drugs consumption form). Health facilities including mobile clinic will be supervised on monthly basis together with the CHD to correct any mistake seen on spot and be able to improve the quality of health services. Weekly surveillance of disease in the field will be strengthened in order to detect any outbreaks in the field this will be done together with CHD and state ministry through weekly EWARN/IDSR reporting. The weekly surveillance report will be sent to the state and central Ministry of Health. The organization will also participate in attending Health Cluster Coordination meetings to secure and share latest information and the progress of the implementation process. Nile Hope finance department will promptly resource activities from disbursement, manage the grant, to ensure accountability and reporting.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale

**Environment Marker Of The Project**

**Gender Marker Of The Project**

2b-The principal purpose of the project is to advance gender equality

**Justify Chosen Gender Marker Code**

The organization has ranked its health project with gender maker of 2b since throughout the project from the summary; Justification; outcomes and activities; women, men, girls and boy's needs are articulated well. In the Humanitarian context analysis women and Girls are prone to gender base including rape and psychological trauma. This need is responded well in the outcome and activities through provision of special services including treatment of rape and psychosocial support. Reproductive health services to women of reproductive age are limited since the conflict started and it suspected to be worse in the remaining month of 2017 due to continued hostilities and lack of services. RH services will be provided to women through several activities and output shown in the logo frame part. Men on the other hand are exposed to traumatizing event during the conflict leading them to be psychologically affected. The respond mechanism to men needs is reflected in the outcome and activity part. Boys on other hand are forced to join armed groups and others are encouraged to join the groups due to lack of livelihood activities that can keep them busy. Girls and Boys are prone to diseases that are preventable though immunization services that are currently non-existence in this counties, which is well shown in the project justification analysis. Women and men with HIV and Disable needs are also shown and responded appropriately. The entirety of the proposal show that needs of men, women, boys and Girls are clearly shown and responded to during the implantation of this project.

### **Protection Mainstreaming**

Persons with specific needs like the un-accompanied boys and girls; older people (Men and women) and disable women and men in our project implementation area will be given first priority in emergency health services. In addition, Nile Hope protection staffs will be providing protection education session during the daily provision of health services in both static and temporary services like mobile clinic. Psychosocial support will be provided during health services provision to the community in a private and conducive environment in aforementioned areas by either the protection staff (case Manager) where this cadre are available or through health staff who will be capacitated during inception of the project. During the services provision confidentiality will be given high priority in order to safe guide information of women, girls, Boys and Men who seek emergencies services from the Health facilities. In addition to protection, Gender parity has been one of the key factors that have been considered in all of Nile Hope projects. The project is designed that, during emergency implementation of this project, special needs of women, men, boys and girls will be considered and during the initiation of the project both male and female will be involved in decision making. The gender parity in this project will be reflected in staffing and during treatment of patient in the health facilities. During the health service activities equal participation and access to services of the community members will be enhanced. Nile Hope will endeavor to conduct robust awareness and sensitization campaigns in the respective communities to ensure communities become aware about their protection concerns and human rights. At the same time, we shall make use of community-based local protection mechanisms such as Community Complaints and Management Structures.

### **Country Specific Information**

#### **Safety and Security**

Uror and Akobo counties where these project will be implemented is slightly tense with sporadic fighting mostly in the last one month were most of the communities moved to interior payams. Nile Hope being a local organization on the ground have been recruiting the local staff who do not require frequent evacuation from the field but can walk with the displace population to safe place and continue providing basic services. This project is design that still Nile Hope will use it local staff and continue empowering them in order to provide the needed services to the community that is being served. However, in case of the staffs that are not from the area/ Locality and it happen the insecurity is tense, Nile Hope as usually has been working closely with other partner including OCHA, WFP and UNSSD for evacuation. If the location doesn't permit any evacuation, the local staffs that are more experience to their locality will move with the Non-local to safe places in the county. The security of our staff is very paramount and Nile Hope will do all its best to make sure that her staffs security is preserved

#### **Access**

The organization in this two location have a verse knowledge of the area including how to access the beneficiaries. Good relation with the community and use of local staff help us to use them to provide the needed services to the community despite accessibility issues. With good relation with the community, Nile hope has been using human transport, to transport essential drugs to where the communities are in large number. Through this project, Nile Hope will continue using human as mean of transport to where, vehicle and plane can't reach in order reach those communities that are leaving in remote payam/Buma's where accessibility is a challenge, with services at their disposal. In case of transportation of drugs and other supplies, Nile Hope will use log cluster or UNHAS to pre-position the drugs to the nearest airstrip in the county then thereafter the organization will use it local available mean to transport supplies to reach the needy community

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	County Health Coordinators (2)	D	2	2,500.00	6	80.00	24,000.00
	<i>2 The county coordinator will be responsible for the day to day supervision of the health activities in the counties. He/she will build the capacity of health teams in the counties afforded at \$ 2500</i>						
1.2	Nurses (4)	D	4	700.00	6	100.00	16,800.00
	<i>4 Nurses to be stationed at the mobile clinics afforded at \$ 900 according MoH Salary Scales, will be expected to provide nursing care to all outpatients according to NH protocols. Apply medical knowledge and skills to diagnosis and prevention (helped by clinical examination, laboratory results and exams available). To be based in 6 mobile clinics in Akobo and Uror.</i>						
1.3	CHW (8)	D	8	350.00	6	100.00	16,800.00

	8 CHW at \$ 400 per month for a period of 6 months charging 100% to SSHF, to assist Nurse in running the 6 mobile clinics in Akobo and Uror "							
1.4	Dispensor (4)	D	4	250.00	6	100.00	6,000.00	
	"4 Dispensor to be located in 6 Mobile Clinics @ Akobo and Uror with responsibility of prescribing drugs to patients and children"							
1.5	Vaccinator (4)	D	4	250.00	6	100.00	6,000.00	
	"4 Vaccinator to be located in 14 Mobile Clinics @ Akobo and Uror with responsibility of prescribing drugs to patients and children"							
1.6	MCHWs (4)	D	4	250.00	6	100.00	6,000.00	
	"4 MCHWs to be stationed at the mobile clinics afforded \$ 300 according to MoH Salary Scales, will be expected to provide safe motherhood services to all client according to NH protocols. Apply medical knowledge and skills to diagnosis and prevention (helped by clinical examination, laboratory results and exams available). To be based in 6 mobile clinics in Leer"							
1.7	Health Coordinator (1)	D	1	6,000.00	4	70.00	16,800.00	
	"1 Health Coordinator at \$6000 per month for period of 6 months charging 70% to SSHF, He will be responsible in coordination of all activities being implemented in this project, Monitoring the project using log frame and Reporting all activities to the donor and MoH to be based in Juba."							
1.8	Assistant Health Coordinator (1)	D	1	5,600.00	4	70.00	15,680.00	
	"1 Assistant Health Coordinator at \$5600 per month for period of 4 months charging 70% to SSHF, He/ She will plan organize and implement project in intervention site, ensure that all projects activities are implemented on the site within the budget period. To be based in both field location and frequent visit Juba for Reporting."							
1.9	Programme Coordinator (1)	S	1	6,000.00	6	15.00	5,400.00	
	"1 Programme Coordinator @ \$6000 per month for 6 months , 15% charged to SSHF activities Location: Juba. He is incharge of all programs and he has responsibilities of ensuring that the projects are implemented in accordance with the donors mandate, he will support the health team in monitoring and evaluation"							
1.10	Finance manager (1)	S	1	6,000.00	6	10.00	3,600.00	
	"1 Finance Manager @\$6000 per month for 6 months , 10% charged to CHF Locations: Juba. Evaluate the financial reporting systems, provide financial reports on a timely basis. Performs financial analysis, reporting and management activities. Develop the financial strategy for the organization and participate in the evaluation of finance staff. The Finance Manager has over 15 years experience and he is a qualified accountant"							
1.11	Project Accountant (1)	D	1	1,000.00	6	100.00	6,000.00	
	"1 Project Accountant @\$1200 per month for 6 months , 100% charged to SSHF Locations: Juba. The Project Accountant is charged with the responsibility of managing this project. He ensure that he collects all financial records from field site and compile income and expenditure report. He then submit the financial records and reports to Finance Manager who then verifies and reports to the donors"							
1.12	Country Director (1)	S	1	6,500.00	6	10.00	3,900.00	
	"1 Country Director @\$6500 per months for 6 months , 10% charged to SSHF activities, Locations:Juba. He oversee the organization policies ,top management,administrative and partners and donors coordination and meetings.He travels to the field frequently for program monitoring and encourage the team"							
1.13	Grants Manager (1)	S	1	5,000.00	6	10.00	3,000.00	
	"1 Grants Manager @\$5000 per month for 6 months , 10% charged to SSHF Locations: Juba. planning and implementing grant programs from its application to approval and utilization. In all, he/she has the ability to perform grant research, grant writing, grant program design and implementation, compliance and grant reporting."							
1.14	Logistics Officer (2)	S	2	2,000.00	6	10.00	2,400.00	

	"2 Logistic officer @\$2000 per month for 6 months 10% charged to SSHF, Locations: Juba and is responsible for the movement of staff and materials in and out of Juba." "								
1.15	Liaison & Compliance Officer (1)	S	1	4,000.00	6	10.00	2,400.00		
	1 Liaison and Compliance Officer charged 10% on SSHF charged with the responsibility of ensuring that donors and government regulations and policies are adhered to								
1.16	Clinical Officer (2)	D	2	850.00	6	100.00	10,200.00		
	2 Clinical to be stationed in the Mobile Clinics, afforded @ 850 for 6 months , 100% charged to SSHF, CO have the responsibility to provide comprehensive and good quality clinical services to patients •Follow established treatment protocols at all times and ensure adherence to universal hygiene standards taking in to consideration quality and continuity of care. Ensure quality of clinical follow-up of patients. •Ensure that services that support the treatment process such examinations/tests and dispensing of drugs is carried out efficiently								
1.17	M&E officer	s	1	3,500.00	6	20.00	4,200.00		
	1 M& E officer @ \$3500 per month for 6 months, 20% charged from Health chf project. Location Juba and is responsible for all monitoring and evaluation of the project.								
	<b>Section Total</b>							<b>149,180.00</b>	
<b>2. Supplies, Commodities, Materials</b>									
2.1	Procurement of medical equipments	D	1	3,250.00	1	100.00	3,250.00		
	This costs relates to purchase of medical equipment to be used in the 7 Mobile Clinics, they include equipment like thermometer, BP Machines, Stethoscope, Otoscope, Weighing Scales, Incinerator, Hand washing facilities, Diagnostic sets, delivery sets, dressing sets.								
2.2	Transportation of Medical Drugs and Equipments	D	2	5,000.00	1	100.00	10,000.00		
	The costs relates to transportation of medical drugs and equipments-5 tons								
2.3	Back pack bag for carrying medical drugs	D	20	50.00	1	100.00	1,000.00		
	The costs relates to portable Back Packs to be used by the clinical officers, despensors and vaccinators to carry medical equipments and drugs to the mobile clinics								
2.4	Mental Health and Psychosocial Support Training targeting 20 Health Workers	D	20	120.00	1	100.00	2,400.00		
	This costs relates to Mental and Psycho social training in Akobo, and Uror , the costs relates to Hall Hire, Transport and Lunch Allowance for Participants								
2.5	EP&R/ outbreak and surveillance Training (Akobo, Uror)	D	30	100.00	1	100.00	3,000.00		
	This costs relates to EPR training in Akobo and Uror , the costs relates to Hall Hire, Transport and Lunch Allowance for Participants								
2.6	Cholera management training	D	45	130.00	1	100.00	5,850.00		
	This costs relates to cholera management and Control training in Uror and Akobo counties, the costs relates to Hall Hire, Transport and Lunch Allowance for Participants								
2.7	CMR Training Targeting 40 Health Workers	D	40	150.00	1	100.00	6,000.00		
	This costs relates to training of health workers on Clinical Management in Rape in Akobo and Uror , the costs relates to Hall Hire, Transport and Lunch Allowance for Participants								
2.8	Bemoc Training targetng 30 Mid Wife Nurses	D	30	120.00	1	100.00	3,600.00		
	This costs relates to 25 staff for BeMoc training in Akobo and Uror,								
2.9	Monitoring and Evaluation Costs	D	3	2,000.00	1	100.00	6,000.00		
	Joint Monitoring with SSHF on the progress of activities in the field i,e, Akobo and Uror								
2.10	IEC Materials	D	100	25.00	1	100.00	2,500.00		

	<i>IEC Materials, include Pamphlets, Posters, Banners to inform the stakeholders on mobile clinic facilities in Akobo and Uror as well as T Shirts to be worn by Staff who will be working on the mobile clinics</i>						
	<b>Section Total</b>						<b>43,600.00</b>
<b>3. Equipment</b>							
3.1	Printers (2)	D	2	400.00	1	100.00	800.00
	<i>Procurement of 1 printers to assist in operations. 1 to be in Jube, 1 in Uror</i>						
3.2	Laptops (2)	D	2	850.00	1	100.00	1,700.00
	<i>Purchase of 2 laptops, for Clinical Officer and County Health Coordinator to assist them in daily work</i>						
	<b>Section Total</b>						<b>2,500.00</b>
<b>4. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>5. Travel</b>							
5.1	Flight cost for health staff (Akobo and Uror)	D	5	550.00	2	100.00	5,500.00
	<i>"This is the cost of transporting health staff, management and monitoring team in the areas of project implementation through UNHAS flights"</i>						
5.2	Local field transport	D	5	1,000.00	1	100.00	5,000.00
	<i>"This is the cost of hire of vehicle to the areas of project implementation. The transportation is medical supplies, medical drugs and construction materials"</i>						
	<b>Section Total</b>						<b>10,500.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	Office rent	S	1	5,000.00	6	10.00	3,000.00
	<i>"This costs relates to office rent in Juba on a quarterly basis , 10% charged to SSHF"</i>						
7.2	internet	S	1	2,000.00	6	10.00	1,200.00
	<i>"The internet support cost for Juba and Fangak office, the monthly charge is \$ 2000 with 15% allocation in SSHF health budget"</i>						
7.3	Bank Charges	S	1	186.64	2	100.00	373.28
	<i>Charges levied by banks on transaction.</i>						
7.4	Office Stationeries	S	1	1,500.00	2	20.00	600.00
	<i>This is administration costs , office stationery to assist ithe office in day to day operations</i>						
7.5	Generator & Vehicle Maintenance	S	1	1,000.00	2	20.00	400.00

	<i>This costs relates to running and maintenance</i>						
7.6	Thuraya Airtime	S	1	600.00	6	100.00	3,600.00
	<i>This relates communication costs</i>						
	<b>Section Total</b>						<b>9,173.28</b>
<b>SubTotal</b>			350.00				<b>214,953.28</b>
Direct							180,880.00
Support							34,073.28
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							15,046.73
<b>Total Cost</b>							<b>230,000.01</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Akobo	50	4,667	5,056	1,292	1,292	12,307	
Jonglei -> Uror	50	4,667	5,056	1,292	1,293	12,308	
<b>Documents</b>							
Category Name				Document Description			