

Requesting Organization :	Christian Mission for Development				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of emergency health services to internally displaced persons and vulnerable host communities in Ayod County, Jonglei State				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/NGO/7883		
Cluster :		Project Budget in US\$:	150,000.09		
Planned project duration :	6 months	Priority:			
Planned Start Date :	20/03/2018	Planned End Date :	30/09/2018		
Actual Start Date:	20/03/2018	Actual End Date:	30/09/2018		
Project Summary :	<p>Ayod hosts 166,334 persons, 50,664 of them IDPs. The county has had intermittent funding in the health sector, while hosting the largest number of IDPs in Jonglei mainly from parts of Unity and Upper Nile. There's been upsurges of disease outbreaks in the county over the past year, mainly linked to displacements, food insecurity and malnutrition.</p> <p>The 6 months project plans to reach 3,429 men, 5,000 women, 6,000 boys and 7,000 girls with emergency health services in the locations of Ayod county mainly in the payams of Wau, Mogok, Pagil and Pajiek through PHCU support, mobile teams and PHCC support at the main facility in Jiech and Gorwai with a SAM stabilization centre and CMR services. The project will also alongside WASH interventions in the community through other secured funding provide emergency WASH in all health facilities, sustained health support to malnourished children and PLW.</p> <p>In each of these locations, CMD will work towards strengthening surveillance and quality to detect, prevent and respond to outbreaks amongst IDP populations and vulnerable host communities. In order to provide a holistic package, ongoing WASH, Nutrition and Education projects in these locations will form an integral part of the response thereby mitigating occurrence of integrated emergency health related needs. In parts of Ayod CMD will work with the cluster leads and partners (MEDAIR, RMF and IMA) to ensure availability of minimum essential stock of SAM treatments for medical complicated cases as a result of the food insecurity</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	3,429	5,000	6,000	7,000	21,429
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	1,500	1,800	3,200	4,500	11,000
Internally Displaced People	1,929	3,200	2,800	2,500	10,429
Indirect Beneficiaries :					
42,858 indirect beneficiaries (24,000 female) It is anticipated that every direct beneficiary will impact at least 2 persons. Household heads will indirectly impact 4 persons; As well as local communities close to health facilities. Mass awareness will reach populations in targeted populations.					
Catchment Population:					
166,334 persons are currently in Ayod County, 50,664 are IDPs. These will be impacted by the project over a period of 6 months.					
Link with allocation strategy :					

In line with the allocation strategy, the project seeks to prioritize immediate implementation as a life saving plan. Ayod is currently prioritized, due to lack of access to adequate health services, disease outbreaks, dire WASH needs, food insecurity and malnutrition. (IPC 3, 4) Inter-cluster synergies have been adopted; CMD will work across the sectors of WASH, Nutrition and Education.

This allocation will support.

1. 5 PHCUs (Kharmun, Mhaar, Padek, Kuachdeng and Normanyang),
2. 3 mobile teams (Pagil - Wechdieng, Wechdeng & Normanyang) (Jiech - Mogok, Wai & Kharmun); and (Gorwai - Padek, Kuachdeng and Mhaar)
3. 1 PHCC (Jiech PHCC) covering (SAM with medical Complications and Clinical management of rape (CMR) and will focus on all the activities and indicators aligned to the clinical packages as per the Health Cluster strategy for this allocation
4. 1 RRM/ICRM

The project aims at ensuring access to essential emergency health care to IDPs and vulnerable community in Ayod County.

CMD will strengthen 1 PHCC, 5 PHCUs and 3 Mobile teams and 1 RRM/ICRM mission to reach 21,429 people - 12,000F targeting 5 payams of Ayod County Pagil, Pajiek, Wau, Mogok and Kuachdeng.

The activities aligned with the Health Cluster clinical packages as identified will be implemented. The project will ensure gender sensitivity by stratifying all gender parameters (Men/Women/Boys/girls)

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
IMA / World Bank Funding	225,000.00
	225,000.00

Organization focal point :

Name	Title	Email	Phone
Rt. Rev. Thomas Tut Gany	Executive Director	ed@cmdafrica.org	+211 950 888 555
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BACKGROUND

1. Humanitarian context analysis

The protraction of conflict in Greater Upper Nile has undermined efforts of communities to cope with emerging needs, resulting in increased morbidity and mortality. Multiple displacements and insecurity have been recurrent in Ayod leading to high susceptibility to diseases especially amongst children U5s, PLW and the elderly. Ayod hosts close to 50,664 IDPs (OCHA, Feb 2018) from parts of GUN against an estimated population of 166,334 persons (56% female). Lack of access to lifesaving healthcare services for acute displacements and the conflict affected host communities, non functionality of health facilities, low levels of health supplies and shortage of staffing have all been a contributory factor to increased morbidity and mortality in the locations targeted. Ayod county lies under the Eastern Nile River flood plains that are further prone to flooding, resulting in upsurges in communicable diseases. A cholera outbreak in Ayod continued throughout the dry season of 2017, necessitating a comprehensive health and WASH response. There's likely to be a break in long term funding in Ayod through which health facilities such as PHCCs and PHCUs have been maintained. Gaps in health care provision have played a big role in undermining previously gained milestones in the locations targeted. Child mortality rates are high in the county, with preventative medical initiatives such as EPI not regularly carried out.

IPC projections for the locations targeted indicate high levels of food insecurity and malnutrition, alongside WASH cluster needs analyses that indicate low levels of sanitation and hygiene practices and lack of adequate clean and safe water. Mobility of populations due to several drivers such as conflict, food insecurity and livelihood opportunities will further necessitate adoption of mobile clinics as a methodology to counter possibility of disease outbreaks amongst multiply displaced populations and pastoral communities. Significant disruption of markets, high levels of inflation have further lessened abilities of communities to access essential drugs, thereby relying on pipeline supplies provided by partners.

2. Needs assessment

There's lack of access to adequate lifesaving healthcare services for acute displacements and the conflict affected host communities in Ayod due to lean funding. The recent IPC release places Ayod at emergency levels of food insecurity and malnutrition. The county has also experienced increase in mortality due to an upsurge in water related diseases such as cholera and AWDs. Ayod county has witnessed an upsurge in influxes due to conflict in neighboring counties of Jonglei, Upper Nile and Unity. Populations are congregated in the locations of Wau, Mogok, Pajiek and Pagil payams many of them in remote areas, with little or no WASH facilities. There's a general increased demand for health services in each of these locations, as a result of upsurge in food insecurity, malnutrition, and IDP influxes coupled with an increase in AWDs. Health cluster projections for the county indicate over 60,000 people in the county are in need of health services. Access to lifesaving emergency primary health care will smoothen and promote an intergrated response to basic curative services, surveillance and outbreak response, improved referrals and medical treatment of severe acute malnutrition and treatment of SGBV through clinical management of rape.

3. Description Of Beneficiaries

CMD targets a total of 21,429 persons under this project in Ayod in the Payams of Wau, Mogok, Pajiek and Pagil. 56% of these targeted are female. 48.7% of the people targeted are IDPs, 51.3% host communities under stress. Other groups include returnees and people with special needs. Majority of the IDPs populations targeted are multiply displaced. Primary health care facilities will support the entire population of the county. □The primary beneficiaries are children, pregnant women, and vulnerable groups including the elderly. Accelerated EPI campaigns will target children under 59 months; however, immunization is associated with positive externalities, as every immunized child presents one less potential carrier of preventable childhood communicable diseases. □Kala-azar on-the-job training will benefit the entire catchment area, as this disease is endemic and the ability to identify, refer, and treat cases is essential. This will particularly benefit children, PLWs, the elderly, and other groups who are more vulnerable to disease.

4. Grant Request Justification

CMD has presence in all five Payams of Ayod. There's a general increased demand for health services in each Ayod as a result of upsurge in food insecurity, malnutrition, and IDP influxes. Non-functionality of some medical facilities in Ayod has resulted in long distance treks to access medical services. However, at the peak of the this season the routes to these health facilities are largely swamps, and accessibility is extremely challenging – even more so for the children, pregnant women, and ill community members most in need of health services. Access to lifesaving emergency primary health care will smoothen and promote an integrated response to basic curative services, surveillance and outbreak response, improved referrals and medical treatment of severe acute malnutrition and treatment of SGBV through clinical management of rape and PSS services. CMD will leverage on ongoing responses in the thematic areas of WASH, Nutrition and Education to be able to provide a holistic approach to the needs of the most vulnerable. The seasonality of funding will further enable dry season prepositioning of essential medical inputs in collaboration with WHO, logistics cluster and the health cluster. There is a projected 10% Increased number of vulnerable children in need of medical treatment in stabilization centres in IPC4&5 locations with services planned to be offered at the Jiech PHCC. Mobile teams will work alongside personnel stationed at the PHCUs targeting mainly communities in remote locations unable to access facilities supported.

5. Complementarity

CMD is currently implementing the RRHP health project under IMA funding; Nutrition, WASH, Education activities in Ayod County supported by UNICEF. Funding from SSHF will support CMR and SAM stabilisation centre at the main PHCCs in Jiech and Gorwai, including support for PHCUs within the county. Mobile team approaches will be adopted, targeting locations hard to access, remote and with no functional health facilities. Referrals have been strengthened to align with ICWG recommendations of multi – sectoral responses.

LOGICAL FRAMEWORK

Overall project objective

The overall project objective is to reduce mortality in areas of high displacements, high food insecurity, malnutrition and low presence of health facilities. This will be through the cluster-endorsed packages. (Mobile Teams, PHCUs and selected PHCCs fro SAM stabilisation centres and CMR). The project will seek to strengthen capacity of the CHDs to detect and manage outbreaks. Linkages with nutrition, WASH, Protection and Education will be strengthened through cross cutting activities and referrals. In line with the cluster 2018 specific objectives, the project aims at; Improving access and scale-up responsiveness to essential healthcare needs of the vulnerable populations by focusing on the major causes of morbidity and mortality, Preventing, detecting and responding to epidemic prone disease outbreaks and promote WASH in health facilities in conflict affected and vulnerable populations, ensure quality essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve access and scale-up responsiveness to essential health-care needs of the vulnerable populations by focusing on the major causes of morbidity and mortality	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	40
Prevent, detect and respond to epidemic-prone disease outbreaks and promote WASH in health facilities for conflict-affected and vulnerable populations	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	30
Implement inclusive and dignified essential clinical health services targeting specific needs of vulnerable people	SO2: Reinforce protection and promote access to basic services for the most vulnerable people	30

Contribution to Cluster/Sector Objectives : The planned emergency response aims at ensuring access to essential life-saving services to targeted IDPs and vulnerable host communities which is in line with the Cluster objectives. This project stems from the needs, justification and findings of assessments and reports that explains the level of conflict and health risk exposure and the needs of vulnerable groups in the area of interest. The project also targets specific protection risk groups (Rape survivors, victims of physical and psychological trauma-women/men/ girls/boys) which contributes to the strategic objective of the cluster.

The target locations are aligned to the Health cluster priority locations for this allocation.

Beneficiaries and activities are derived from the HC clinical packages which efficiently and effectively contributes to the overall strategy of ensuring access to life saving essential health care services including health protection and reduction in morbidity and mortality of vulnerable groups.

Outcome 1

Improved access to essential health care for conflict affected and vulnerable populations in Ayod

Output 1.1

Description

Emergency health services provided with dignity to IDPs and vulnerable host communities in Ayod through mobile teams, PHCUs and Selected PHCCs cluster health packages.

Assumptions & Risks

Access of the locations; timely disbursement of funds, availability of supplies from pipeline, security remains stable.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline Services) Number of OPD Consultations					15,000
Means of Verification : OPD registries							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			3,083	3,905	6,988
Means of Verification : Immunisation reports.							
Indicator 1.1.3	HEALTH	(Frontline Services) Number of epidemic prone disease alerts responded to within 48hours					95
Means of Verification : EWARS/IDSR							
Indicator 1.1.4	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					3
Means of Verification : Facility reports							
Indicator 1.1.5	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	12	8			20
Means of Verification : Training reports							
Indicator 1.1.6	HEALTH	(Frontline Services) Number of children under5 with SAM+MC treated in SC			180	341	521
Means of Verification : Registries							
Indicator 1.1.7	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					1,691
Means of Verification : Facility reports							
Indicator 1.1.8	HEALTH	(Frontline Services) Number of people reached by health education /promotion	3,429	5,000	6,000	7,000	21,429
Means of Verification : Activity reports							
Indicator 1.1.9	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	12	8			20
Means of Verification : Training reports							
Activities							
Activity 1.1.1							
Conduct OPD for common diseases							
Activity 1.1.2							
Carry our routine measles vaccinations in Ayod County.							
Activity 1.1.3							
Facilitate disease surveillance mechanisms in Ayod working alongside other stakeholders.							
Activity 1.1.4							
Provide SGBV/CMR services							
Activity 1.1.5							
Carry out training of health workers on infection prevention and control (WASH in health facilities) <input type="checkbox"/>							
Activity 1.1.6							
Carry out treatment of under5 with SAM+MC							
Activity 1.1.7							
Carry out general consultations and case management at facilities and through mobile teams constituted.							
Activity 1.1.8							
Carry out health education/promotion within the county.							
Activity 1.1.9							
Carry out training of health workers on disease surveillance and outbreak response							
Activity 1.1.10							
Provide all other components of cluster defined PHCC package for the PHCC in Jiech.							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

The project will be monitored through the Ministry of Health and Health Cluster's mandated District Health Information Software (DHIS). DHIS data provides information on consultations, EPI information for children under one year, pregnant women, and data on reproductive and maternal health. Data will be entered at field level through weekly IDSR reports, monthly DHIS reports and quarterly Quantified Supervision Checklists (QSCs), supervised by Juba level health staff and submitted to the respective CHDs and line Ministries. . These reporting mechanisms provide regular data on disease prevalence, consultations, reproductive and maternal health care, communicable diseases, expanded programme for immunization coverage and staff and clinic performance. In the case of IDP responses, CMD will use the daily HIS template and MoH facility level registers as designed by the Health Cluster. Field officers will feed into the Juba office, directly working with the Monitoring and Evaluations Officer who will as well carry out at least 3 monitoring visits to the field location. Feedback mechanisms will be set up; suggestion boxes at the centres; as well as focus groups to be able to get community perspective on project implementation.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct OPD for common diseases	2018			X	X	X	X	X	X	X			
Activity 1.1.10: Provide all other components of cluster defined PHCC package for the PHCC in Jiech.	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Carry out routine measles vaccinations in Ayod County.	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Facilitate disease surveillance mechanisms in Ayod working alongside other stakeholders.	2018			X	X	X	X	X	X	X			
Activity 1.1.4: Provide SGBV/CMR services	2018			X	X	X	X	X	X	X			
Activity 1.1.5: Carry out training of health workers on infection prevention and control (WASH in health facilities) □	2018			X	X	X	X	X	X	X			
Activity 1.1.6: Carry out treatment of under5 with SAM+MC	2018			X	X	X	X	X	X	X			
Activity 1.1.7: Carry out general consultations and case management at facilities and through mobile teams constituted.	2018			X	X		X		X				
Activity 1.1.8: Carry out health education/promotion within the county.	2018			X	X	X	X	X	X	X			
Activity 1.1.9: Carry out training of health workers on disease surveillance and outbreak response	2018				X	X		X		X			

OTHER INFO

Accountability to Affected Populations

CMD will develop a culture of engaging the community from the initiation of the project in order for the community to own it. Stakeholder workshops will be organized in the location identified for implementation of the response. The community will be consulted and provided with information regarding the project implementation. This will include engaging existing CHD, Community elders, Women, Youth groups, religious leaders and representatives of beneficiaries. This will be the medium through which communities will be encouraged to express their concerns, views and provide regular feedback to the implementing partner in a regular structured modality. Other reasonable modalities for feedback that is useful to the communities/beneficiaries will also be considered. These feedbacks will form part of the project performance reporting to the health cluster and will help guide the fine tuning of the project to enhance positive beneficiary experience.

Implementation Plan

1. Capacity building of the clinical and community staffs: All clinical and community teams involved in the implementation of the response will be provided initial orientation on their deliverables (Health, WASH, Nutrition and Protection as it pertains to the essential lifesaving packages)
2. Technical guidelines, standard reporting formats (data collections tools) and protocols will be availed to ensure efficiency of the deliverables
3. Plan will be in place to mitigate stock outs
4. CMD will closely coordinate with the health cluster at National and subnational levels to ensure the response is in-line at all time with the health cluster strategy
5. The cluster will be informed regularly on the status of the implementation of the response in-order to mitigate issues that will affect the response

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF/WHO/MOH,	Supplies, Coordination, Technical guidance,

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will focus on gender disparity and sensitivity to ensure that all the vulnerable populations enjoy the same positive essential life-saving health services. Women bear the economic responsibilities of their families, are not in a position to make family and personal choices including reproductive issues.

The project will ensure that women and girls are empowered proportionally to be given equal opportunity to be employed and serve their community. Women and girls must receive equal treatment in accessing essential lifesaving clinical health and protection services. Special effort will be made to ensure that the needs of adolescent youth (Boys/Girls) will be provided equal opportunities.

Protection Mainstreaming

1. Standardized psychosocial support will be provided ensuring confidentiality and privacy of individual who seek such services.
2. Capacity building for staff in the health facility will be conducted.
3. CMD will conduct robust awareness and sensitization campaigns to raise awareness about their protection concerns and human rights.
4. The project will make use of community-based local protection mechanisms such as Community Complaints and Management Structures,
5. Persons with specific needs like the unaccompanied boys and girls; older people (Men and women) and disable women and men in our project implementation area will be given priority in emergency health services.
6. Gender parity in this project will be reflected in staffing and during treatment of patient in the health facilities.

Country Specific Information

Safety and Security

Ayod is both equally controlled by government and opposition forces; with majority of populations far away from militarized zones into villages and deep field locations. CMD works with authorities in both government and rebel controlled areas to ensure access to people in need is unhindered. Local staff will be recruited from areas of operation - to reduce the risks involved around foreign staff safety. CMD will work with the NGO forum and OCHA access team to ensure staff security guidelines are upheld. The areas have remained relatively stable; a contributory factor to the high case load of IDPs in these locations.

Access

The areas are accessible and landable by both fixed winged crafts and helicopters and are on UNHASS regular schedules. CMD works with local authorities and communities in every humanitarian intervention; with 90% of our staff hailing from the areas of intervention as a safety policy. Staff are given security training - before deployment to the field locations and are accommodated within humanitarian premises in the field locations.

Ethnic considerations for the deployment of International staff are upheld in relation to security advise from the NGO forum, UNDSS and other partners.

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	Executive Director	S	1	5,000.00	6	10.00	3,000.00
	<i>Oversees NGO activities, liaises with donors to provide road-map; 10% time on Health Program {\$5,000/M*6 towards salary and social security benefits</i>						
1.2	Programs Coordinator	S	1	4,000.00	6	10.00	2,400.00
	<i>Project focal person, Offers supervision on sector heads, Heads programs unit; 10% time on Health program. Based in Juba with frequent field visits to project sites. Towards salary and social security benefits</i>						
1.3	Health Coordinator	D	1	2,200.00	6	50.00	6,600.00
	<i>In charge of Health activities in Ayod Supervision role; 50% salary charged to SSHF; Includes salary and staff welfare. The Health program coordinator will lead, coordinate and oversee activity implementation for this project offering technical and managerial direction for implementation. His/her level of effort will be 50% on the project</i>						
1.4	M&E/Programs Officer	S	1	3,000.00	6	10.00	1,800.00
	<i>G-3; Monitor all project activities, expenditures and progress against targets; Juba based with frequent field visits; 10% salary charged to SSHF, Includes salary and staff welfare</i>						
1.5	Clinical Officers	D	3	875.00	6	50.00	7,875.00
	<i>Supervision, 1 PHCCs and 5 PHCUs, diagnosis, treatment and reporting to the health coordinator from the respective counties enrollment , conducting community mobilization and vaccinations; 50% salary charged to SSHF</i>						
1.6	Nurses/Midwives	D	6	610.00	6	100.00	21,960.00
	<i>Supervision, 1 PHCC and 5 PHCUs, diagnosis, treatment and reporting to the hclinical officer from the respective facilities enrollment , conducting community mobilization and vaccinations ;, 100% salary charged to SSHF</i>						
1.7	Lab technicians	D	5	366.00	6	100.00	10,980.00
	<i>100% time on project - field based (1 /PHCCs and 5 PHCUs)</i>						
1.8	Community Health Workers	D	5	488.00	6	50.00	7,320.00

	<i>50% time on project - field based , each facility</i>						
1.9	Registrars for 1 PHCCs and 5 PHCUs	D	6	250.00	6	100.00	9,000.00
	<i>100% time on project - field based \$250/month each</i>						
1.10	Finance Officer (50% contribution on this \$800/month,)	S	1	1,600.00	6	50.00	4,800.00
	<i>Spends 50% of time on Health program finance reporting and alignment of expenditures per the budget.Reporting to finance manager</i>						
1.11	Health Manager (70% on this project)	D	1	3,600.00	6	70.00	15,120.00
	<i>In charge of Health management, implementation and reporting Supervision role; 70% salary charged to SSHF; Includes salary and staff welfare. The Health program Manager will lead, coordination and oversee activity implementation for this project offering technical and managerial direction for implementation.</i>						
	Section Total						90,855.00
2. Supplies, Commodities, Materials							
2.1	Purchase of Basic supplies, treatment and diagnostic tools and inputs not available in pipeline	D	1	3,000.00	1	100.00	3,000.00
	<i>Diagnostic tools not available in pipeline</i>						
	Section Total						3,000.00
3. Equipment							
3.1	Standard office Kits for 1 PHCCs / 5 PHCUs in Ayod.	D	6	800.00	1	100.00	4,800.00
	<i>Purchase of tables, chairs and facility equipment meant to improve service delivery.</i>						
	Section Total						4,800.00
4. Contractual Services							
4.1	Light repairs of 1 PHCCs / 5 PHCUs or the treatment centres	D	6	2,500.00	1	100.00	15,000.00
	<i>Rehabilitation repairs at worn out facilities in Ayod Repairs/ rehabs of the facilities treatment centres - Involves light repairs, to make environment convenient for adequate health response.</i>						
4.2	Trainings of health service providers	D	80	50.00	1	100.00	4,000.00
	<i>Emergency tailored training of health stakeholders on emergency preparedness, CMR, MHPSS, AAP.</i>						
	Section Total						19,000.00
5. Travel							
5.1	In - Country flights (EES and Jonglei) - UNHASS	D	2	550.00	6	100.00	6,600.00
	<i>2 flights/month to field locations in Ayod by project staff.</i>						
5.2	Local transportation, logistical and storage costs within counties	D	1	600.00	6	100.00	3,600.00
	<i>Includes delivery of drugs to facilities from drop off zones, facility monitoring activities</i>						
	Section Total						10,200.00
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	Office Rent	D	1	2,000.00	6	10.00	1,200.00
	<i>10% contribution to office rent</i>						
7.2	Monthly Internet Subscription	D	3	750.00	6	10.00	1,350.00
	<i>Internet subscriptions for field offices, Ayod</i>						

7.3	Office Maintenance and Running Costs	D	2	3,000.00	6	10.00	3,600.00
	<i>Stationary, Utilities.</i>						
7.4	Visibility and Signage	D	2	841.00	1	100.00	1,682.00
	<i>Visibility and Signage related to project</i>						
7.5	Bank charges	D	1	4,500.00	1	100.00	4,500.00
	<i>3% of total budget</i>						
7.6		D	0	0.00	0	100.00	0.00
	Section Total						
							12,332.00

SubTotal			136.00				140,187.00
Direct							128,187.00
Support							12,000.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							9,813.09
Total Cost							150,000.09

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Total	Activity Name
		Men	Women	Boys	Girls			
Jonglei -> Ayod	100	3,429	5,000	6,000	7,000	21,429	Activity 1.1.1: Conduct OPD for common diseases Activity 1.1.10: Provide all other components of cluster defined PHCC package for the PHCC in Jiech. Activity 1.1.2: Carry our routine measles vaccinations in Ayod County. Activity 1.1.3: Facilitate disease surveillance mechanisms in Ayod working alongside other stakeholders. Activity 1.1.4: Provide SGBV/CMR services Activity 1.1.5: Carry out training of health workers on infection prevention and control (WASH in health facilities) ? Activity 1.1.6: Carry out treatment of under5 with SAM+MC Activity 1.1.7: Carry out general consultations and case management at facilities and through mobile teams constituted. Activity 1.1.8: Carry out health education/promotion within the county. Activity 1.1.9: Carry out training of health workers on disease surveillance and outbreak response	

Documents

Category Name	Document Description