

<b>Requesting Organization :</b>	Sudan Medical Care				
<b>Allocation Type :</b>	1st Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
HEALTH		100.00			
		<b>100</b>			
<b>Project Title :</b>	To support and improve health status of Internally displaced person in Bor and Duk Counties of Jonglei state				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-18/HSS10/SA1/H/NGO/7931		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	170,041.58		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	20/03/2018	<b>Planned End Date :</b>	30/09/2018		
<b>Actual Start Date:</b>	20/03/2018	<b>Actual End Date:</b>	30/09/2018		
<b>Project Summary :</b>	<p>This project seeks to meet the emergency and Primary health care needs of Internally displaced persons from conflict-affected areas in Bor and Duk cpounties of Jonglei state. We are seeking to meet significant gaps with a target of 24.286 beneficiaries in Both counties. knowing the most urgent need are saving lives, through health, WASH. food and security. this project focuses on live saving intervention and alleviate suffering, protecting the right and dignity of the vulnerable people and the IDPs through provision of effective and Equitable basic health care with awareness and prevention components and Emergency health services to support the continuation of the current ongoing health services in Duk and start serving the affected population of Bor county.</p> <p>The primary Health care and Emergency services will include out-patient, inpatient, outreach services, ANC, EPI,Nutrition screening, community awareness &amp; prevention and outbreak respond. a key element , also will be a training and supportive supervision in both counties.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	7,042	12,386	1,929	2,929	24,286
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	0	1,929	2,929	4,858
Internally Displaced People	5,919	10,232	0	0	16,151
Pastoralists	300	500	0	0	800
People in Host Communities	823	1,654	0	0	2,477
<b>Indirect Beneficiaries :</b>					
there will also be indirect beneficiaries, this will be the new potential IDPs , cattle keepers and Host communities moving in Both counties, which could be over 5,000 people. this is an estimated community to indirectly benefit from the project in Both Bor and Duk counties.					
<b>Catchment Population:</b>					
The estimate of the catchment population in both two Counties is 407,467, Bor South 314765 and Duk County with 92,702 though the SMC targets 24,286 beneficiaries in both counties as IDPs, pastoralist and Host communities.The services will be availed with no segregation to those who will sick services at our targeted areas as well.					
<b>Link with allocation strategy :</b>					

This allocation will support

1. 2 PHCU
2. 2 mobile teams
3. 2 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

The project aims at ensuring access to essential emergency health care to IDPs and vulnerable community in Duk & Bor counties. The implementing partner Sudan Medical Care (SMC) will strengthen 2 PHCCs, 2 PHCUs and 2 Mobile teams to reach 24,286 target population of Duk & Bor Counties. 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

**Organization focal point :**

Name	Title	Email	Phone
Dr. Deng Mayom Deng	Executive Director	dengamyom@gmail.com	0955117468
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Moses Kinyanjui	Grant and Finance manager	mosekinya06@gmail.com	0954382453

**BACKGROUND**

**1. Humanitarian context analysis**

The 2018 Humanitarian Needs and effects of violence and economic decline have continued to erode the capacity of people to mitigate risks to life, livelihoods and well being. Around 2 million displaced internally, over 24,286 being projected as IDPs in our operational areas of Bor and Duk counties as recommended, out of 118,021 people in need for the year 2018. The extent and duration of disease outbreaks is the worst seen in the last 4 years, with health services ravaged and overwhelmed. SMC remain a key partner in health service delivery in Bor and Duk counties of Jonglei state, with an estimated population of 407,467 people in both counties (314,765 Bor south) and (92,702 in Duk) respectively. Based on our current work with IDPs in Duk and following recent reviews, field visit, community meeting & discussion and assessments the urgent need are related to the basic services, such as maintaining the health services coverage in IDPs settlements and establishing mobile teams outreach services with the full Primary health care packages to hard to reach areas, food security and WASH. Duk County remains a home of 39,346 IDPs since last year from Uror, Nyirol, Fangaak and Ayod and other parts of former Jonglei, our health coverage targeted the IDPs with the establishment of health facilities and mobiles clinics in both counties to address the IDPs health needs. Though Duk, look to remain safer area with high movement of cattle keepers in search for grass and water toward western Duk (Swampy areas) and new IDPs following the recent fighting between government and Opposition forces in Akobo and Lankien, with such development, we are expecting an increase in the IDPs number, if the conflict will continue during the dry season. The current incident led people movement to Pagaak and Bor PoC respectively through Poktap. This does reflect the sign of how will services be overwhelmed and why should the current services be supported and extended.

Bor south areas, apart from cattle raiding incidence in Kolmarek of Jalle payam on 15 July, 2017, which led to thousand IDPs to areas of Kuei and others swampy areas. The situation remained favorable till December 27th, when internal conflict erupted between Nyara and Nyichak Sub-Clans of Abyii clan. The tension still escalating in the areas with population displacement, reported movement of IDPs toward Pariak and Bangachorot areas. SMC has a PHCC in Pariak ready to support the IDPs and do expect needs for service deliveries in areas of Bangachorot, Panpandiar, Jam and Malou, where Nyara population have moved to. We are expecting a total of 20,866 people to be affected and in need of basic services as the result of this ongoing conflict and the already displaced person from Jalle areas residing in Kuei. As part of our current respond to IDPs in Duk and expected areas in Bor an urgent needs are clear and represent challenges. The following are the data from our health facilities serving IDPs from August 2017. Duk IDPs data total consultation: 12,053 in Duk Pentavalent: 247, Measles: 385, ANC 1009, health education and promotion messages 38,431 and in Bor a total in six months Pentavalent 4586, ANC 5557, delivery in a facility by skilled person 565, By TBA, CHW, MCHW 653 and a total 84,379 received health education messages done through churches, village gatherings, health facilities. Our current intervention will be covering their basic needs in term of health services considering their settlements and utilizing the available resources, through maintaining the current health services at the health facility and community level to focus our respond to the main causes of avoidable mortality, such as diarrhea, diseases, acute respiratory infection and Malaria, which threaten thousands of lives. Limited reproductive health services, increase potential cases of TB, HIV/AIDS, low EPI coverage an increase respond to surveillance and outbreak are among our priorities areas of intervention with this fundin

**2. Needs assessment**

After several years of conflict, the population is highly susceptible to the disease, and more than 5.2 million people are in need of humanitarian healthcare services in the country. SMC remain the key partner in health service delivery in both Jonglei state and based on our previous surveys and discussions with the communities, the Urgent need are related to basic needs maintaining the health services in the operational sites of IDPs. Most health facilities are not functioning and those that are provide minimal services due to drugs and staff shortages. Communicable diseases continue to spread, couple with increase in Malaria cases and growing number of gunshot wounded in both counties. Inadequate infection control and health care waste management, plus non existent water quality monitoring in health care facilities pose significant public health threat. Scaling up by re opening more health facilities with integrated health services as well as establishing mobiles team to hard to reach areas along the river Nile in hot spot islands, which will include HIV/AIDS and TB. This means robust human resources will be required to run the mobiles teams and support the already existing health services. Bor and Duk Counties remains among the most affected counties during the years of the ongoing unrest. Out of 118,021 people in need, 24,286 will be targeted representing 28 % with humanitarian healthcare in Bor and Duk counties of Jonglei. Duk 70%, Bor south 30% of 24,286 SMC target beneficiaries (100% IPDs).

### **3. Description Of Beneficiaries**

This project will target a total population of 24,286 people as recommended by the Strategic Review, in Both Duk and Bor counties of Jonglei, this people represent among other the most vulnerable and in need groups, represented by the IDPs, Children, cattle keepers and some Host communities. The Direct beneficiaries are 100 % targeted, Males of does represent a total 7042, Females 12,386 and under 5 yrs Boys 1929 and Girls 2929 and inclusive of host beneficiaries. Our targeted population is segregated also by counties with Duk representing 70 % of the targeted population and Bor having 30 %. IDPs person representing 69 %, with 3% for pastoralist, 18 % for the host communities and 20% being under 5years. SMC has been operating in this communities where many have lost all their belonging, infrastructures and families, depending on humanitarian assistance. Our targeted groups represented the last year 2017, IDPs currently residing in Duk, with some pockets of Host communities and the IDPs from Bor South county mainly from the recent conflict in Abyii areas and localized pocked in Kuei Island, whom have not been supported through the already existing health system in the county as the results of Kolmarek Incident.

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

Given the continuous escalation of humanitarian needs in different parts of the country and in particularly in jonglei state for the last few years. The year 2017 fighting, created a huge population displaced in to our operation areas, creating huge gaps and needs of basic services with disease outbreak, affecting all the sectors. As a result Duk county become a home to IDPs, Where SMC through SSHF funding responded by establishing health services, managing the cholera outbreak and setting health facilities with integrated responses. Currently the IDPs are receiving all the basic services and their needs are been covered, though the funding ended in January 31,2018 and there is an urgent need for continuity support and increase our level of intervention by establishing additional health facilities or through emergency mobiles clinics to hard to reach areas. this is our best opportunity, considering the current level of access and movement with the Counties of our operational areas. Our Bor Intervention is necessitate by the ongoing inter-communal fighting, which led to also a displacement of thousands to new settlement areas, where basic needs are urgently required, which will include Health services, WASH and food security. Despites the developmental funding available in our operational areas, IDPs settlements remain a major gaps with needs of basic health services and better Infrastructures.

SMC is currently supporting the IDPs in Duk, while seeking for continuity and extension of the services, We are planning to intervene in Bor, supporting IDPs and host communities, mainly in the affected areas such as Kuei, Malou, Yoltar and Bangachorot. SMC will strategize on holistic approach, where integration of WASH, and health services intervention, with nutritional component through screening, detection and management of moderate cases, deworming and distribution of Vit A are key intervention . A jointly integrated, focus on emergency health services through PHCC/PHCU and mobiles teams to hard to reach areas, including the swampy areas of both Duk and Bor counties, Identification of community mobilizers in the vulnerable communities and training of the Health services providers, will strengthen the existing referral system to secondary levels, EWARN coverage, increased efforts on health Education and promotion to prevent diseases at the facilities and communities levels. The SSHF funding will cover health personnel salaries at the PHCC/PHCUs and mobiles teams, basic medical Equipment and supplies, training of health and community mobilizers, EPI outreaches, transportation and minor rehabilitation services mainly in Duk and Bor counties.

### **5. Complementarity**

Sudan Medical Care being the leading health partner in Bor and Duk Counties and the current implementing agent responding in emergencies for some years, will be directly continue supporting the CHDs in both Counties. In Bor we a chain of 24 health facilities, many very far from the communities due to the current displacements and resettlement in new areas. This project will compliment all our health efforts in both counties to reach heard areas, address emergencies respond and attend to those currently residing the swampy areas, also through this funding facilities at the IDPs setting and at each county level will benefit from basic medical supplies support for better service delivery. Supporting qualified staff and retain them in rural areas has been among the biggest challenges, when the funding are not available, because it requires the staff salaries and feeding as well as the other basic needs for the running of the clinics in the counties especially in a remote location and hard to reach areas. Many IDPs and communities have not been accessing health services. This grant will be the hope and window to reach them and enjoy some of the basic human needs, such as health, WASH, and food security for better development.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

To improve the health standard of the vulnerable people in the communities of Bor South and Duk counties of Jonglei state, through lifesaving interventions and scaling up and strengthening basic health services and responses to commonest diseases management and diseases outbreak. These efforts will provide an effective and Equitable health care that is accessible to the most vulnerable groups of IDPs, returnees and Host communities. Improve diseases detection, management and diseases prevention through control measures against the commonest diseases such as Malaria, Acute Water Diarrhea, Pneumonia, pregnancy related complications and outbreak responses . Build a relationship of cooperation among partners of different sectors to enhance inter-sectoral respond.

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			70			
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			
<p><b>Contribution to Cluster/Sector Objectives :</b> 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.</p>							
<b>Outcome 1</b>							
Improve health service deliveries by maintaining the existing functional health facilities and Open additional in a conflict affected and IDPs settings areas							
<b>Output 1.1</b>							
<b>Description</b>							
Number of functional and supported health facilities in Duk and Bor South Counties of Jonglei state							
<b>Assumptions &amp; Risks</b>							
security doesn't prevent communities from accessing services and availability of funding to support skilled personnel.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	(Frontline Services) Number of OPD Consultations					8,120
<b>Means of Verification :</b> Health facilities weekly and monthly reports							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					1,500
<b>Means of Verification :</b> Weekly and Monthly reports							
Indicator 1.1.3	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			891	1,780	2,671
<b>Means of Verification :</b> weekly, monthly reporting							
Indicator 1.1.4	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					4,550
<b>Means of Verification :</b> OPD consultation reports, weekly and monthly data							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
provision of basic health services at the supported health facilities and mobiles clinics with basic equipment and adequate human resources available.							
<b>Activity 1.1.2</b>							
provide comprehensive Primary health care with focus on maternal-Child health care with established referral system to secondary levels.							
<b>Activity 1.1.3</b>							
Distribution of Drugs/medicines and vaccines to all functional health facilities and the mobiles teams							
<b>Activity 1.1.4</b>							
Conduct health Education and promotion sessions in all our operational health facilities and targeted communities including hard to reach areas on prevention and treatment of the commonest diseases.							
<b>Activity 1.1.5</b>							
Monthly supportive supervision and joint monitoring with the counties CHD in all our supported IDPs health facilities and settlements.							
<b>Outcome 2</b>							
Improve health service deliveries through well skilled personnel,better Infrastructure and Equip health facilities							
<b>Output 2.1</b>							
<b>Description</b>							

Provision of basic medical equipment, supplies and rehabilitation of Infrastructures of the health facilities serving the IDPs and the host communities in Bor and Duk counties of Jonglei

**Assumptions & Risks**

Availability of funding.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			1,159	1,395	2,554

**Means of Verification** : Weekly and Monthly EPI reports

Indicator 2.1.2	HEALTH	number of functional Health facilities that received medical Equipment and other commodities						6
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**Means of Verification** : Delivery notes, field visit reports

Indicator 2.1.3	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	22	8				30
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**Means of Verification** : training reports

Indicator 2.1.4	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	51	29				80
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**Means of Verification** :

**Activities**

**Activity 2.1.1**

provision of Cold chain systems and vaccines to all the functional health facilities serving mainly IDPs in Bor and Duk counties

**Activity 2.1.2**

procurement and Distribution of shelves and solar batteries to head office and others commodities to support functional health facilities serving the IDPs and the host communities in Bor and Duk counties of Jonglei state.

**Activity 2.1.3**

Training of health staff by strengthening their capacities on diseases surveillance and outbreak response.

**Activity 2.1.4**

training of Home and hygiene Promoters and Community mobilizers on Infection prevention and Control

**Activity 2.1.5**

Provision of monthly staff salaries through the Project cycle

**Additional Targets** :

**M & R**

**Monitoring & Reporting plan**

The Project Log- frame and Work plan will be used to plan and measure implementation of activities.

1. Cluster M&E tools (FGD, support supervision assessments, accountability to affected population modalities) will be used to evaluate project response and performance.
2. The implementing partner will be contributing to the health cluster clinical package performance tracking on a monthly basis.
3. Guidelines on SSHF reporting will be adhered to as per mid-term and End of project submission.
4. Joint evaluation exercises will be conducted by partner, health cluster team and the CHD
5. Project reporting will use graphs and charts to represent project progress at all times.
6. Financial reporting will be analysed on a monthly basis and shared with SSHF at the end of the project

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: provision of basic health services at the supported health facilities and mobiles clinics with basic equipment and adequate human resources available.	2018			X	X	X	X	X	X	X			
Activity 1.1.2: provide comprehensive Primary health care with focus on maternal-Child health care with established referral system to secondary levels.	2018			X	X	X	X	X	X				
Activity 1.1.3: Distribution of Drugs/medicines and vaccines to all functional health facilities and the mobiles teams	2018			X			X						
Activity 1.1.4: Conduct health Education and promotion sessions in all our operational health facilities and targeted communities including hard to reach areas on prevention and treatment of the commonest diseases.	2018			X	X	X	X	X	X	X			
Activity 1.1.5: Monthly supportive supervision and joint monitoring with the counties CHD in all our supported IDPs health facilities and settlements.	2018			X	X	X	X	X	X	X			

Activity 2.1.1: provision of Cold chain systems and vaccines to all the functional health facilities serving mainly IDPs in Bor and Duk counties	2018			X	X									
Activity 2.1.2: procurement and Distribution of shelves and solar batteries to head office and others commodities to support functional health facilities serving the IDPs and the host communities in Bor and Duk counties of Jonglei state.	2018			X	X									
Activity 2.1.3: Training of health staff by strengthening their capacities on diseases surveillance and outbreak response.	2018				X	X								
Activity 2.1.4: training of Home and hygiene Promotors and Community mobilizers on Infection prevention and Control	2018				X	X								
Activity 2.1.5: Provision of monthly staff salaries through the Project cycle	2018			X	X	X	X	X	X	X	X			

## OTHER INFO

### Accountability to Affected Populations

The accountability to the affected population is a required commitment from us through ensure a sustainable feedback and accountability mechanisms are being integrated into our strategies monitoring and evaluation and recruiting staff, which are possible through the leadership commitment. We do believe in active participation of the affected population in a decision making and identification of their needs through the establishment of a system to engage and ensure that most marginalized and affected are represented as a key through our project, we are looking forward to provide accessible and timely information to the affected communities on organizational procedures, structures and process to ensure that they can make informed decision and choices, facilitating dialogues between the organization and the affected community over information provision and the project goals. The formation of village committees, the joint monitoring and supervision with communities are some of our channels where related issues could be addressed. We believe in order to be accountable to the affected population, a strong leadership, transparency, feedback, complain mechanism and active community participation are the key and best ways to be accountable and share the same position with those affected through equal participation, being part of the service delivery and most important, be part of decision making process throughout the project cycle.

### Implementation Plan

SMC is the leading partner in Duk and Bor South County in primary health care delivery for over the last 10 years. Currently we are supporting 3 facilities in Duk County on emergency sites and 24 facilities in Bor South County. The current services are already overstretched due to the huge influx experienced in IDPs in Duk population and Bor South increment due to insecurity and search for animal food. The current support will be dedicated to continue delivering health services and respond to communicable diseases and outbreaks in both Counties. SMC tents to continue to support 3 facilities in Duk and possibility of 3 additional and some additional to Bor South. These health facility increase will curb the medical overstretch currently in our operational area. Improving access to those in need focused to improve services such as EPI, ANC, community awareness, emergency preparedness etc.

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
WHO, UNICEF, CHD, MoH-State/national MoH and Health Cluster, JDF, CRS and WASH partners	Data sharing, provision of core pipelines, Drugs RHKits, vaccines, cold chains equipments. We also carry joint work supervisory supervision with the CHD and the MoH teams. JDF is currently the leading partner running nutritional services in Duk County. SMC team and CHD team will be carrying out screening at facility level and identifies cases are referred to JDF clinic for case management. Is the current WASH partner responding to the outbreaks and general WASH programmes. We have jointly work on community awareness, improving sanitation at the community and institutional level.

### Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

### Gender Marker Of The Project

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

### Justify Chosen Gender Marker Code

Project is proposed to address health related needs with special focus on the maternal child health, neonatal care and emergency response. We do acknowledge and consider gender equity, since our services doesn't segregate our beneficiaries in any manner.

### Protection Mainstreaming

Currently a relative peace is felt in some areas though other areas are totally distorted with various problems which cause displacement and movement of people in various region to settle in a believed peaceful areas. The civilian population in South Sudan and particular in Jonglei has been faced indignity as a result of deliberate personal violence, deprivation and restricted freedom of movements. Our institution currently working with IDPs, believed that our focus should go behind the people immediate needs to wider questions of personal safety and dignity of the civilian population. Identifying threats, set up mitigations plans in a coordination with the communities or beneficiaries of the project and mentor the progress are the key elements. It is clear that no protection, including GBV, Child protection by extending our partnership through information and way forward as a collective responsibility, cases of violence should be referred promptly and accordance with standard operating procedures and information sharing protocol established in the operational ground.

### Country Specific Information

### Safety and Security

The current situation in South Sudan as its known to all as peace is totally a fragile and unstable with fighting, attacks in several states including Jonglei. Any efforts for health services establishment may be under threats in many areas in the context of Jonglei, partially Duk and Bor south Counties, the planning must take into account the sporadic security threats and cattle raiders; thousand of IDPs have been moving from the neighboring counties to these areas with a relative peace looking for basic services such as health, nutrition and food security challenges. Our areas are relatively safe and calm, though there maybe some constrains, specifically on logistic. We believe and have plan to implement all the activities with a little disturbances. SMC is already engaging relevant authorities and institutions, so they are part of the planning, management and delivery of the current humanitarian services in the health sector, targeting both counties. Partner monitoring plans, visit to the facilities, outreaches visit, will be developed under leadership of the county health department and in collaboration with the office of the commissioner and SMC management team to ease the process and improve safety.

**Access**

Considering the challenges such as heavy rains, SMC team will still access the all his beneficiaries and deliver the basic services as planned. The rain has not been heavy comprising to the previous years and our vehicles are able to move with in our operational areas. SMC has 2 vehicles for each County and Boat to access swampy and island sites during any outbreaks and distribution process.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Clinical Officer	D	4	850.00	6	100.00	20,400.00
	<i>He/she will be in-charge of the facility and its daily administrative management,including staff attendance, conduct diagnostic and management of all the cases,carry out minor surgeries and all the saving procedures, refer cases to the next level of health care, lead the Health Education planning at the facility levels.He/She will document and reports all the activities at the facility level with submission of Weekly and monthly reports data to the M &amp; E officer and does report to the field supervisor; there will be four of them each allocated to Pajut Phcc, Ayueldit Phcc, Mobile Team in Duk County &amp; Mobile Team in Bor County. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.2	Certificated Nurses	D	5	700.00	6	100.00	21,000.00
	<i>He/she will be In charge of the nursing units at the Health facility and the hard to reach mobiles clinics; and will be carry out all the nursing care procedures to the admitted or Out patients clients (administering Medications, requesting drugs supplies from the pharmacy,making wound dressing ), He also will lead the basic hygiene and infection control according to the South Sudan/who STANDARD,supervise junior nurses and other support staff. SHE/He will be in-charge of all the documentation and reporting activities at the Unit. They will be five of them each allocated to Pajut Phcc, Ayueldit Phcc, Mobile Team, Dorok Phcu in Duk County &amp; Mobile Team in Bor County..The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.3	Lab Technician	D	3	600.00	6	100.00	10,800.00
	<i>He/She will be in-charge of the laboratory services at the level of the Facility, starting from Identifying the patient, collecting the specimens, label all the containers,prepare specimen for the Microscopes or Rapid diagnostic tests, establish proper quality control records all the results in the laboratory registers, deliver results to the right patient or care taker,participate in the general maintenance and cleaning of the laboratory Equipment, make the request of lacking or missing Laboratory Reagents or Equipment and deliver a monthly reports to the facility In-charge at the end of the Months. They will be threer of them each allocated to Pajut Phcc, Mobile Team in Duk County &amp; Mobile Team in Bor County. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.4	Lab Assistants	D	1	400.00	6	100.00	2,400.00
	<i>He/She shall assist th Technician on his daily duties. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.5	Pharmacist Asst	D	1	300.00	6	100.00	1,800.00
	<i>He/She will be responsible for receive and storage of all the medical supplies at the facility level, establishing an inventory list with each drugs Name, doses and expiration date. He/She will issue out drugs prescribed by the clinician, CHW or the Nurse. HE/She will maintain the hygiene and organization of the pharmacy, make sure all the patients have taken their drugs regardless of her/his off time, reports any Expired, stock out and submitted the monthly reports. The unit figure includes ALL benefits (medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.6	Dispenser	D	4	200.00	6	100.00	4,800.00
	<i>The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.7	MCHW	D	3	200.00	6	100.00	3,600.00
	<i>The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						
1.8	CHW	D	4	250.00	6	100.00	6,000.00
	<i>He/She will be focal health persons and in-charge at the level of PHCU, providing Medical care. Making Diagnosis and treatment of commonest illness at the community using the national guidelines, Provide Health Education and participate in health and development projects in collaboration with village health committees, community elders etc. Keep correct records of all treated cases, referral and provide Weekly and Monthly reports to the M&amp; E departments through the Field Supervisor. There will be four of them one allocated to each Supported Health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>						

1.9	Clerk	D	4	200.00	6	100.00	4,800.00
<i>There will be four of them One allocated to each Supported Health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.10	EPI Vaccinators	D	9	200.00	6	100.00	10,800.00
<i>They will be part of team to be conducting Immunization activities at the facility level as well as to conduct Outreaches services. Screen children, records information and prepare the vaccine, administer vaccine follow up schedule, stock the vaccines accordingly and return them to the central Cold chain, Records used vaccines by types and Quantity and submit a records plus daily, weekly and monthly reports to the M&amp; E officer through the Field supervisor. They will be nine of them three allocated to each Supported Health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.11	Cleaner	D	3	200.00	6	100.00	3,600.00
<i>She/He will be in-charge of general cleaning of the Health supported facilities on day to day basis. There will be three of them One allocated to each Supported Health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.12	Guards	D	3	200.00	6	100.00	3,600.00
<i>He/She will be in-charge of the security facility and guards and protect the facility assets, must make sure all the assets at the facility level, equipment, medical supplies, laboratory Equipment etc are safe and protected from thieves, HE/She is responsible for the general maintenance and cleaning of the Facility, under the guidance of the Head of the facility In-charge. There will be three of them One allocated to each Supported Health facility. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.13	Executive Director	D	1	4,500.00	6	15.00	4,050.00
<i>The Executive Director is in-charge of the overall SMC management and Programming both inside and outside South Sudan He/she SHALL SPEARHEAD SMC's vision and mission as stipulated, his role consist on representing SMC with Donors, partners and Governments, presenting the efforts done by SMC and making fundraising to fulfill the funding gaps; He/she is in-charge of ensuring the institution's funding is utilized in accordance to required standard of the accountability and will oversee the implementation of this project. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.14	Program Director	D	1	3,000.00	6	15.00	2,700.00
<i>He/She is in-charge of supervision and coordination of the all the SMC in south Sudan in the field. He/She runs these activities in coordination with field supervisors and in consultation with executive director, He/She is in charge of program supervision and ensuring monthly and Quarterly reports are done and reached the Head Office timely, He will be guiding the training and the Construction or rehabilitation activities at each level; Jointly will be supervising the three counties with the Field supervisors, Executive Director and Donors when is required. He will be attending the State coordination and brief the Counties authorities on our project work development at each level. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.15	Finance & Grants Manager	D	1	4,000.00	6	15.00	3,600.00
<i>He shall be in charge of entire SMC's Financial &amp; Grants management including this grant &amp; financial reporting. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.16	Emergency Coordinator	D	1	1,000.00	6	100.00	6,000.00
<i>The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.17	M & E/Data Officer	D	1	700.00	6	100.00	4,200.00
<i>He/She is in-charge of collecting and compiling weekly &amp; monthly data for reporting purposes. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension.</i>							
1.18	Field Supervisor	D	1	1,000.00	6	100.00	6,000.00
<i>He/She is in-charge of program activities supervision and coordination in consultation with Program director. in guiding the training and the Construction or rehabilitation activities at each level. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension.</i>							
1.19	HR Officer	D	1	1,600.00	6	15.00	1,440.00
<i>He shall be in charge of entire SMC's Human Resources management, advertising the position and be part of the recruiting team provide each staff with Job description and orientation on the organization human resources management, Draft staff contract and filling system of all Human resources of the institution . The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.20	logistic Officer	D	1	700.00	6	50.00	2,100.00
<i>He/She is incharge of procurement &amp; logistics in ALL SMC counties. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension</i>							
1.21	Cashier	D	1	600.00	6	100.00	3,600.00
<i>He shall be in charge of entire SMC's cash handling and staff salaries payment. The unit figure includes ALL benefits(medical, leave, transport, housing) plus 17% employer's contribution towards pension.</i>							



1.22	Driver/Mechanic	D	1	650.00	6	100.00	3,900.00
	<i>He shall be in-charge of SMC vehicles and minor repairs</i>						
	<b>Section Total</b>						<b>131,190.00</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Training materials	D	1	200.00	1	100.00	200.00
	<i>The managers, supervisors and cadres shall be refreshed once within the project cycle at least to update their knowledge and improve their performances. A consultant and program manager does it on job and at the PHCCs/PHCUs level with the support of Field supervisors. The managers also are attending proposal writing, monitoring and Evaluation and Human resource management courses conducted in the county, Juba by partners or consultancy group. they always require some books, reference teaching aids, flip charts, pens &amp; hiring of projector.</i>						
2.2	lunch & refreshments for 32 trainees (30 health workers 2 tutuors)	D	30	15.00	1	100.00	450.00
	<i>This shall cover both health workers &amp; tutors lunch and refreshments during training @ \$15 at the current market rates. These trainees, coordinators &amp; tutors shall be offered refreshments &amp; lunch during the training period which is estimated at \$30 per person per day as per the current market rates</i>						
2.3	Hiring of training hall (2 training hall x 1 days)	D	1	100.00	2	100.00	200.00
	<i>This shall cover hiring 1 halls for 2 days during the training for both Health workers and HHPs The current market rates forms the basis of \$100 per day</i>						
2.4	Non-medical supplies (detergents, protective gears)	D	1	1,500.00	1	100.00	1,500.00
	<i>The Units are calculated based on our previous purchase as per the supporting Documentation. these supplies consist of detergents, protective gear, cleaning materials etc and meant for the projected health facilities in our Operation.</i>						
2.5	Hiring of Tutors/trainers (2 tutors per training x 1 days)	D	2	150.00	1	100.00	300.00
	<i>These shall be Medical Doctors/Clinicians/Consultants to train the health workers during refresher training &amp; HHP</i>						
2.6	Training of 80 Health Hygiene Promoters	D	80	15.00	2	100.00	2,400.00
	<i>80 Health Hygiene Promoters shall be trained for one day as TOTs on how to create awareness on cholera outbreaks, distribution drugs, and training on how to make good use of sanitation facilities. Refreshments and food/lunch shall be given during the training estimated @ \$15 per person</i>						
	<b>Section Total</b>						<b>5,050.00</b>
<b>3. Equipment</b>							
3.1	Metallic Shelves	D	4	300.00	1	100.00	1,200.00
	<i>These are going to be use at the PHCC s levels to keep medical supplies protected and safe. The cost is based on the current market rates and our previous purchase of such Equipment. Each facility shall be allocated 1pc</i>						
3.2	Solar system	D	1	2,000.00	1	100.00	2,000.00
	<i>we are using the current market rates to purchase two solar batteries to boost our solar system in Bor office.</i>						
	<b>Section Total</b>						<b>3,200.00</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	In country travel Jubar-Bor-Panyagor-Juba round flights for 2 people	D	2	400.00	6	100.00	4,800.00
	<i>These are round trips for the SMC management team during monthly field visit to the project sites. Unit cost is based on the current commercial &amp; UNHAS flight rate</i>						
5.2	Local Travel, Perdiem, Accomodation, Duk - during supervision	D	4	20.00	12	100.00	960.00
	<i>There shall be two supervisions per month per involving four staff, during the Implementation period, using the current market rates @20 per person</i>						
5.3	Local Travel, Perdiem, during EPI outreach Duk	D	12	20.00	6	100.00	1,440.00
	<i>the per diem and local trip are based on SMC per diem policy considering hard to reach areas of implementation such as Touch etc</i>						

5.4	Transportation & per diem of trainees	D	80	25.00	2	100.00	4,000.00
<i>Based on the current market rate of transportation from their different locations. this is a round trip cost, and a per diem during their training to cater for soap, toiletries etc</i>							
<b>Section Total</b>							<b>11,200.00</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	Stationary	D	1	200.00	6	40.00	480.00
<i>These shall includes stationaries and supplies for both head office &amp; health facilities</i>							
7.2	Juba office rent	D	1	2,500.00	6	30.00	4,500.00
<i>SMC has satellite Office in Juba to facilitate the coordination and communication with Donors, partners and others institutions</i>							
7.3	Internet subscriptions	D	1	1,100.00	6	40.00	2,640.00
<i>These shall be charges related to official communications via inter-net subscription in head offices, and health facilities under this project</i>							
7.4	Communication Airtime	D	1	200.00	6	50.00	600.00
<i>These shall be charges related to official communications and cell phones for all head of health facilities under this project</i>							
7.5	Bank charges	D	1	100.00	6	100.00	600.00
<i>These are charges levied to the bank transactions where the funds shall be channeled</i>							
7.6	Vehicle & speedboat maintenance	D	2	860.00	6	40.00	4,128.00
<i>The field vehicles are of high use on a very rough terrain that keeps them frequently breaking down. 1.e high use of the spares is value at \$ 800 dollars per each vehicle. these shall include spare parts for replacement and during repairs (Shock absorbers, tires,injector pump,break shoes etc), including speedboat manitenance</i>							
7.7	Vehicle & speed boat fuel	D	2	900.00	6	40.00	4,320.00
<i>These are fuel, (diesel and petrol)lubricant filters, etc for an estimated 1 vehicles and one motorboat in our operational area.</i>							
7.8	Generator running costs - Maintenance & fuel	D	1	150.00	6	50.00	450.00
<i>Duk head offices has a generator which shall require maintenance &amp; fuel estimated @ 150 per month.</i>							
<b>Section Total</b>							<b>17,718.00</b>
<b>SubTotal</b>			282.00				<b>168,358.00</b>
Direct							168,358.00
Support							
<b>PSC Cost</b>							
PSC Cost Percent							1.00
PSC Amount							1,683.58
<b>Total Cost</b>							<b>170,041.58</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Bor South	30	2,113	3,716	455	1,002	7,286	<p>Activity 1.1.1: provision of basic health services at the supported health facilities and mobiles clinics with basic equipment and adequate human resources available.</p> <p>Activity 1.1.2: provide comprehensive Primary health care with focus on maternal-Child health care with established referral system to secondary levels.</p> <p>Activity 1.1.3: Distribution of Drugs/medicines and vaccines to all functional health facilities and the mobiles teams</p> <p>Activity 1.1.4: Conduct health Education and promotion sessions in all our operational health facilities and targeted communities including hard to reach areas on pr...</p> <p>Activity 1.1.5: Monthly supportive supervision and joint monitoring with the counties CHD in all our supported IDPs health facilities and settlements.</p> <p>Activity 2.1.1: provision of Cold chain systems and vaccines to all the functional health facilities serving mainly IDPs in Bor and Duk counties</p> <p>Activity 2.1.3: Training of health staff by strengthening their capacities on diseases surveillance and outbreak response.</p> <p>Activity 2.1.4: training of Home and hygiene Promoters and Community mobilizers on Infection prevention and Control</p> <p>Activity 2.1.5: Provision of monthly staff salaries through the Project cycle</p>
Jonglei -> Duk	70	4,930	8,670	1,048	2,352	17,000	<p>Activity 1.1.1: provision of basic health services at the supported health facilities and mobiles clinics with basic equipment and adequate human resources available.</p> <p>Activity 1.1.2: provide comprehensive Primary health care with focus on maternal-Child health care with established referral system to secondary levels.</p> <p>Activity 1.1.3: Distribution of Drugs/medicines and vaccines to all functional health facilities and the mobiles teams</p> <p>Activity 1.1.4: Conduct health Education and promotion sessions in all our operational health facilities and targeted communities including hard to reach areas on pr...</p> <p>Activity 1.1.5: Monthly supportive supervision and joint monitoring with the counties CHD in all our supported IDPs health facilities and settlements.</p> <p>Activity 2.1.1: provision of Cold chain systems and vaccines to all the functional health facilities serving mainly IDPs in Bor and Duk counties</p> <p>Activity 2.1.2: procurement and Distribution of shelves and solar batteries to head office and others commodities to support functional health facilities serving th...</p> <p>Activity 2.1.3: Training of health staff by strengthening their capacities on diseases surveillance and outbreak response.</p> <p>Activity 2.1.4: training of Home and hygiene Promoters and Community mobilizers on Infection prevention and Control</p> <p>Activity 2.1.5: Provision of monthly staff salaries through the Project cycle</p>

**Documents**

Category Name	Document Description
Project Supporting Documents	SMC Rapid assessment in Pagaak. Final 2.pdf

Project Supporting Documents	reach_ssd_profile_greater_akobo_displacement_brief_january_2018.pdf
Project Supporting Documents	SSD_Jonglei_Duk Assessment FSLReport_April2017_DRAFT(1).pdf
Project Supporting Documents	reach_ssd_situation_overview_jonglei_june_2017(1).pdf
Project Supporting Documents	Bor Panwel updates.docx
Project Supporting Documents	HEALTH CLUSTER PEOPLE IN NEED 2018.docx