

Requesting Organization :	Save the Children			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		100.00		
		100		
Project Title :	Emergency health action for children under 5yrs through provision of ICCM by community health front line workers in Akobo County			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/INGO/7941	
Cluster :		Project Budget in US\$:	140,000.00	
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>Save the Children aims to deliver emergency health action through a community health intervention project focusing on childhood illness and working with community health front line workers in the hot spot county of Akobo county, Jonglei state. The overall objective of this project is to contribute to the reduction of morbidity and mortality caused by malaria, diarrhea, pneumonia and underlying malnutrition among under 5yrs children in Akobo county, Jonglei state.</p> <p>The emergency project will be effective from 20th March 2018 to September 20th, 2018; total of 20,000 (15805 direct and 4195 indirect) beneficiaries will be addressed both directly & indirectly with emergency lifesaving community health intervention to childhood illness such as malaria, pneumonia, diarrhea and malnutrition among children under 5yrs of age.</p> <p>The project will be implemented from the Save the Children field office in Akobo County and the proposed activities will complement other existing health, nutrition services in the county. Save the Children has experience in Integrated Community Case Management (ICCM) implementation in the Akobo county. With the recent influx of IDPS from neighboring counties of Nyirol the need for access to community health has increased, and Save the Children will ensure that the provision of ICCM services meet the needs of the most vulnerable children, will coordinate to ensure no duplication of services. There will be a focus on hardest to reach areas where services are not available.</p> <p>Community based management of malaria, pneumonia, diarrhea and malnutrition is an ideal lifesaving approach in emergency contexts as it helps to increase access to those areas and community groups not reached through the fixed health facilities and traditional health services, as well as an opportunity to promote key preventive health messages.</p> <p>The Rapid Response Mechanism (RRM) Strategy shall be employed to seal the gap in hard to reach areas in Akobo county. In this proposed project, Save the Children will use the existing RRM team to reach hard to reach areas and provide them with health services such as health education and promotion.</p> <p>The community based distributors (CBDs) will be provided with refresher training by the CBD supervisors to allow them to build skills to identify, assess, classify and treat children under 5, for malaria, pneumonia and diarrhea and screening for malnutrition with referral of high risk cases with dangers signs to the nearest health facilities, pre identified. The proposed emergency ICCM project will be aligned with Boma Health initiative for comprehensive coverage of health services to wider population.</p> <p>A total of 80 CBD and 4 CBD supervisors will part of the project implementation to ensure that front line services are offered to the vulnerable community in Akobo County.</p> <p>This project will have two main objectives:</p> <ul style="list-style-type: none"> • Objective 1: Improve access o essential healthcare for the vulnerable populations by provision of quality services • Objective 2: Promotion of health education, and maternal, infant and young child nutrition, (MIYCN) messages through community volunteers and strengthening quality and accountability to affected population 			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
1,511	1,971	7,929	8,589	20,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	7,373	7,987	15,360
Pregnant and Lactating Women	0	336	0	0	336
Trainers, Promoters, Caretakers, committee members, etc.	116	126	0	0	242
People in Host Communities	1,395	1,509	556	602	4,062

Indirect Beneficiaries :

The indirect beneficiaries consist 336 Pregnant lactating mothers and 4062 host communities who will be reached indirectly by the proposed project in Akobo county, However, the indirect beneficiaries constitute to only 20 % of the total beneficiaries targeted in the project life time.

Catchment Population:

The catchment population consist of internally displaced people especially from Nyirol and the Host communities within Akobo county. A catchment population of 20,000 people has been targeted through this proposed project. Children under 5years, Community based distributors, other caretakers Will highly prioritized in the catchment population, and other PLW and Host community will benefit from the project in this catchment population indirectly.

Link with allocation strategy :

The project will be aligned with the allocation strategy by focusing on populations facing greatest needs from the compound effects of displacement, hunger and disease especially the internally displaced people from Nyirol county who are settled in Akobo county and are in need of emergency community health services. This project will prioritize the internally displaced people in Akobo county to benefit from the emergency community health service during the six-month project implementation period. By focusing on the hardest to reach populations, the project will aim to improve the equity of service access. Save The Children has strong operational presence in the area and has delivered similar programs demonstrating operational feasibility and program integration in the proposed location. Save the Children has experience of implementing Integrated community case management (ICCM) and Rapid Response Mechanism (RRM) at proposed county of Akobo county.

The project will promote a people-centered approach and practical implementation of accountability to affected population strategies. To promote quality programming, The project will approach on upholding the dignity of crisis-affected people, including vulnerable groups and people living with HIV/AIDS / TB. Complaint and feedback mechanisms will be utilized to increase accountability to affected people, and communication with communities will be enhanced, including through awareness campaigns designed to halt the spread of communicable disease. The proposed project will address the most critical gaps in the hot spots county of Akobo through integrated community case management and RRM response as a frontline intervention mechanism. Ensuring Protection and gender mainstreaming will be highly factored into the project implementation.

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
Bester Mulauzi	Program Development & Quality Director	bester.mulauzi@savethechildren.org	+211 (0) 922 412 301
Paul Lopodo	Health and Nutrition Technical Specialist	p.lopodo@savethechildren.org.uk	+211 922 407 191

BACKGROUND**1. Humanitarian context analysis**

By January to March 2018, 5.1 million (48% of the total population) people were estimated to continue facing acute food insecurity, with 20,000 people in Humanitarian Catastrophe (IPC Phase 5). Throughout 2017, the humanitarian situation in South Sudan worsened, leaving an estimated 7 million people in need in 2018. The 2018 Humanitarian Needs Overview (HNO) outlines how the compounding effects of violence and economic decline have continued to erode the capacity of people to mitigate risks to life, livelihoods and wellbeing. Some 4 million people have been uprooted since the crisis began in late 2013, including around 2 million displaced internally and 2 million moving to neighbouring countries as refugees.

According to South Sudan February 2018, Humanitarian bulletin, Fighting between government and opposition forces in multiple locations of Jonglei, has forced thousands of people to flee their homes, with some crossing to Ethiopia as refugees. From 9 to 26 January 2018, armed clashes were reported in parts of northern Jonglei, including Yuai, Pultruk, Payai, Kuer-nyuon, Pieri, Waat and Walgak in Urur, Nyirol and Akobo counties. Reports indicate that the fighting left several civilians dead and homes burnt, and forced thousands of people to flee mainly to Akobo and to a lesser extent to Bor. In the last week of January 2018, the authorities in Akobo reported the arrival of over 9,000 people, mainly women and children. Many of those who arrived in Akobo said they had trekked over 100 kilometers through bushes and forded rivers and streams for days. The displaced, currently being hosted by the local community in Akobo town, and some of them sheltering in schools and a church, also reported being forced to flee alleged indiscriminate targeting of civilians and razing of homes by military forces. Humanitarian agencies and authorities in Akobo reported urgent needs including food, nutrition, water, Health and shelter following a rapid assessment in the first week of February. The Bor Protection of Civilians site has also registered 60 new arrivals fleeing around Walgak, Tanyang and Podoch in Akobo County.

Levels of hunger and malnutrition have reached unprecedented levels, with over 5 million people severely food insecure and over 1 million children acutely malnourished. Violence and rights violations are ubiquitous and unconstrained. The extent and duration of disease outbreaks is the worst seen, with health services ravaged and overwhelmed. Children face recruitment, abuse, exploitation and separation, with some 2 million out of school.

The number of people uprooted since the start of the conflict in 2013 has reached more than 4 million, including 1.9 million internally displaced people, with up to 85 per cent estimated to be children and women. More than 2 million people have departed to neighbouring countries—up 1.3 million since the renewed violence in July 2016. One million people, largely from the Equatorias, have fled southward to Uganda alone.

The cost of living has continued to escalate markedly. The effects are particularly acute in urban areas; with inflation reaching 183 percent in Juba year on year 3 The South, Sudanese Pound (SSP) continued to depreciate to lower-than-ever. Fuel shortages have constrained activity and led to theft and insecurity, while long gaps and inconsistency in salary payments to public sector employees have impacted the provision of health-care and education services, and the rule of law.

According to Health Cluster Response Plan 2018, most of health facilities are not functioning due to attacks on health workers. Shortage of drugs and skilled professionals mean access to health care is increasingly difficult Wide spread attacks on health care increases demand on already constrained health funding further compounding shortage of drugs medical supplies and health work forces specifically in opposition controlled area of Akobo county.

2. Needs assessment

Save the Children Conducted SMART Survey assessment in Akobo, west in August 2017 and IMC conducted similar SMART survey in Akobo East in the same month in 2017. Findings in Akobo both the GAM & SAM were 18.8% (14.5↔24.1 95% CI) and 4.8% (2.6↔8.5 95% CI) above the WHO emergency threshold of 15% and 2% respectively. The main burden of morbidity was reportedly malaria (78%), Pneumonias (48% and diarrhea (15%). Coupled with the recent displacement of people from Nyirol to Akobo these findings have driven Save the Children to propose the ICCM intervention to contribute to the reduction of childhood illness and death from the main childhood diseases.

3. Description Of Beneficiaries

15,805 beneficiaries will be reached directly through the proposed project, which is 80% of the total population targeted, and 4,195 beneficiaries will be indirectly reached through the project, which is 20% of the total population targeted. However, the direct beneficiaries are mainly children under 5yrs; Community based distributors and the caretakers. The indirect beneficiaries are the pregnant lactating mothers and Host communities that will be indirectly influenced by the proposed project in Akobo county.

4. Grant Request Justification

SSHF cluster strategy highlights key areas with high disease burden and displacement as results of conflict, therefore the selected county of Akobo fall within the 2018 need spectrum as it received new arrivals who were displaced by the conflict from Nyirol county.

The conflict-related displacement of over 200,000 people from Northern, Central, and Eastern former Jonglei has severely disrupted livelihoods and access to social services, thus severely undermining food security in the State. Akobo being a rebel controlled area remains volatile and unpredictable, Akobo county is not accessing full government services, health care services are being supported by non-governmental organization. There is high need for health services as the area received many displaced people who were displaced from Nyirol when the fighting broke out between the rebel and government forces. The recent reports indicate that the fighting left several civilians dead and homes burnt, and forced thousands of people to flee mainly to Akobo and to a lesser extent to Bor. In the last week of January 2018, the authorities in Akobo reported the arrival of over 9,000 people, mainly women and children and are in need of health services.

The main causes of diseases are malaria, Pneumonia and diarrhoea including of which are preventable diseases, justifies the need for community health intervention. To address the high burden of disease there is a need to include health education and health promotion to vulnerable communities, to increase the utilization of existing health services, including ICCM provided by trained CBDs according to Save the children community based ICCM program morbidity DHIS data in 2017 Akobo was reported high number of malaria cases, which account about 30% of overall morbidity burden of the county. Currently Save The Children is operating through front line community based distributors (CBD's) to address the need of children and PLW in hard to reach and in secured area of the counties under IO control. Save The Children in Akobo has 338 CBDs, 12 CBD supervisor already, as well as 5 members of RRM mobile team based in Nyirol. The proposed project will help to address need of population in hard to reach area of Akobo county in creating access to life saving high impact intervention through CBDs and RRM Team.

From the recent IPC report, In Feb-April 2018, 53 counties are likely to be in Crisis (IPC phase 3), However, in absence of Humanitarian Assistance, in Feb-April 2018, an estimate of 6.3 million (57% of the population) would be in crisis (IPC phase 3) of which Akobo county is within the counties that is in crisis which raise need for proposed project.

According to IPC January – March 2018 projection According to IPC January – March 2018 projection the worsening situation is attributed mainly to the protracted conflict that affected farming activities and the ongoing economic crisis. In particular, Akobo county is in Humanitarian emergency phase (IPC Phase 4) so the need for health services, through this grant, especially children under 5yrs and PLW will be partially met through ICCM and Community health response.

Recent (August 2017) SMART surveys conducted in Akobo county indicated that the GAM & SAM rates were 18.8% (14.5↔24.1 95% CI) and 4.8% (2.6↔8.5 95% CI) both above the WHO emergency threshold of 15% and 2% respectively. The deteriorating food security situations justify the need for this project intervention. The SMART survey results presented in Akobo County the highest cause of morbidity were malaria (78.20%), pneumonia (44.7%) and diarrhea (15.30%). This project will address the increased cases for malaria, pneumonia and diarrhea in the county, at the community level. The high morbidity burden in the county, food security and livelihood, and insecurity could be the major contributing factors to the above emergency GAM rate in the county.

The above 2017 SMART survey identified that 20.4% of mothers with si

5. Complementarity

Save the Children has other emergency funding from OFDA, UNICEF that will complement on the proposed funding from SSHF, other cost will be taken from these funding to complement on the proposed project in Akobo county. The proposed project will complement the DFID ICCM project in Denjock payam in Akobo county, which is implemented by Health link, and the project will work in other payams of Akobo county to avoid duplication of services.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction of morbidity and mortality caused by Malaria, Diarrhea, Pneumonia and malnutrition among children under five years

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

Contribution to Cluster/Sector Objectives : SCI plays active roles in coordination activities on health at county and state level supporting SMoH and CHDs as well other implementing partners. The strong presence in the area and acceptance of SCI at community, government and with local partners is strength of SCI and leverage for successful programming. To ensure that we deliver an effective emergency health response in Akobo County, the project will follow the cluster coordination structures and improve any areas of gap identified if any. Moreover, The provision of community based health intervention and promotion activities will save lives of children under five years of age and PLW.

The Proposed project is 100% linked to the cluster objective that is by improving access and scale up responsiveness to essential health care needs of the vulnerable population by focusing on the major cause of morbidity and mortality. The Health education & promotion for health care provider and lead community volunteers will improve the health seeking behavior of care givers & help the identification and referral of cases at community level that need psychological support at the nearest health facility.

Outcome 1

Morbidity and mortality caused by malaria and other childhood illness(pneumonia and diarrhea) is reduced in Akobo county, Jongeli state.

Output 1.1

Description							
Access to community based lifesaving treatment services for common causes of childhood illnesses; malaria , pneumonia,diarrhoea & malnutrition is improved							
Assumptions & Risks							
Risk: access constraints due to conflict or security issues;							
Assumption: the security situation allows for safe access to communities, continued support from the local government and community							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					7,200
Means of Verification : Patient registers							
Activities							
Activity 1.1.1							
Conduct training to 80 CBDs & 4 CBD supervisors (community Health workers) on malaria case management among under 5 years children							
Activity 1.1.2							
Conduct referrals of complicated malaria cases to the health facilities							
Activity 1.1.3							
Conduct consultations of uncomplicated malaria with RDT,ACT,Rectal Artesunate & paracetamol							
Activity 1.1.4							
Purchase of drugs/essential medications for treatment of Uncomplicated malaria & other childhood illness (Pneumonia & diarrhea) among children under five years of age							
Activity 1.1.5							
Conduct performance review and clinical mentoring every two months with up to 80% of the CBDs with low performances identified during supportive supervision							
Activity 1.1.6							
Support to CBDs (community health workers) with monetary and non-monetary incentives to motivate and retain them to treat children under 5yrs with Uncomplicated malaria and other childhood illness such as pneumonia & diarrhea, as well as screen and refer children with acute malnutrition							
Activity 1.1.7							
Support to CBD (CHW) supervisors with monetary and non-monetary incentives to motivate and retain them provide supportive supervision to CBDs(community health workers) regularly							
Outcome 2							
increased awareness and access to health education/promotion for the targeted populations in Akobo county							
Output 2.1							
Description							
Access to health education and promotion messages through RRM is improved and strengthened in the targeted population of Akobo County							
Assumptions & Risks							
Risk: access constraints due to conflict or security issues;							
Assumption: the security situation allows for safe access to communities, continued support from the local government and community							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	(Frontline Services) Number of people reached by health education /promotion	1,471	1,636	621	674	4,402
Means of Verification : response report							
Indicator 2.1.2	HEALTH	(Frontline Services) Number of Beneficiaries from RRM/ICRM response	960	1,040	840	1,160	4,000
Means of Verification : RRM Report							
Activities							
Activity 2.1.1							
Conduct Health education/promotion for health seeking behaviors to the affected population							
Activity 2.1.2							
Mobilize rapid response teams (RRT) to conduct RRM							
Activity 2.1.3							

Training of RRT on integrated health,Wash,Nutrition & emergency preparedness & response.
Activity 2.1.4
Conduct RRM/mobile response (rapid response mission) and participate in ICRM (Inter Cluster Response Mission) in hard to reach areas in Akobo county and other aparts of jonglei
Activity 2.1.5
Modify health response based on feedback at service delivery points
Activity 2.1.6
Conduct OPD for common diseases
Activity 2.1.7
Conduct weekly surveillance IDSR, EWARN data & active case finding of epidemic prone diseases
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: Conduct training to 80 CBDs & 4 CBD supervisors (community Health workers) on malaria case management among under 5 years children	2018			X			X						
Activity 1.1.2: Conduct referrals of complicated malaria cases to the health facilities	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Conduct consultations of uncomplicated malaria with RDT,ACT,Rectal Artesunate & paracetamol	2018			X	X	X	X	X	X	X			
Activity 1.1.4: Purchase of drugs/essential medications for treatment of Uncomplicated malaria & other childhood illness (Pneumonia & diarrhea) among children under five years of age	2018			X	X	X							
Activity 1.1.5: Conduct performance review and clinical mentoring every two months with up to 80% of the CBDs with low performances identified during supportive supervision	2018						X			X			
Activity 1.1.6: Support to CBDs (community health workers) with monetary and non-monetary incentives to motivate and retain them to treat children under 5yrs with Uncomplicated malaria and other childhood illness such as pneumonia & diarrhea, as well as screen and refer children with acute malnutrition	2018			X	X	X	X	X	X				
Activity 1.1.7: Support to CBD (CHW) supervisors with monetary and non-monetary incentives to motivate and retain them provide supportive supervision to CBDs(communitary health workers) regularly	2018			X	X	X	X	X	X	X			
Activity 2.1.1: Conduct Health education/promotion for health seeking behaviors to the affected population	2018			X		X		X					
Activity 2.1.2: Mobilize rapid response teams (RRT) to conduct RRM	2018			X			X			X			
Activity 2.1.3: Training of RRT on integrated health,Wash,Nutrition & emergency preparedness & response.	2018			X			X						
Activity 2.1.4: Conduct RRM/mobile response (rapid response mission) and participate in ICRM (Inter Cluster Response Mission) in hard to reach areas in Akobo county and other aparts of jonglei	2018			X			X			X			
Activity 2.1.5: Modify health response based on feedback at service delivery points	2018			X			X						
Activity 2.1.6: Conduct OPD for common diseases	2018			X			X			X			
Activity 2.1.7: Conduct weekly surveillance IDSR, EWARN data & active case finding of epidemic prone diseases	2018			X	X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

Save the Children 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.

.SCI has an established complaint response mechanism (CRM) with two components a) beneficiary complaint/feedback collection mechanism and b) complaint handling and response mechanism. SCI has also its own accountability systems, founded on Humanitarian Accountability Partnership Standards on accountability and quality management, and Inter-Agency Standing Committee (IASC) recommended principles and values. For this project, SCI will conduct community sensitization and information sharing sessions on project activities with girls, boys, women and men, together with community and government leaders at the onset of implementation, to ensure communities are well informed about the project and to receive feedback from beneficiaries and communities.

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. Implementing partner 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 repose 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
Health Link organization, International medical corps & Nile Hope	support for GIK supplies from the organization incase of shortage, Referral of cases into health facility since they manage health facilities in Akobo county

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

SCI considers gender in its programming. Health seeking behaviors of women, girls, men and boys are different and women are more often vulnerable due to their lower socio-economic status. Key measures will be taken under the proposed project to properly understand and address specific aspects related to gender. Additionally, Selection of Community Based distributors (CBDs) from the community will equally target male and female. Data collected will be disaggregated by age and sex. All proposed project activities will be designed according to cultural and society norms, considering the specific need of women and girls in each location. Women, men, boys and girls of the target population will equally be selected, consulted and involved in decision making.

Equitable access and participation of Men, Women, Girls and Boys during needs assessments and in programming activities will be ensured.

Protection Mainstreaming

The proposed project will incorporate protection principles into emergency community health service delivery and ensure that the project activities target the most vulnerable, enhance safety, dignity, and promote and protect the human rights of the beneficiaries without contributing to or perpetuating discrimination, abuse, violence, neglect and exploitation. It will ensure to prevent and minimize as much as possible any unintended negative effects of the intervention, which can increase people's vulnerability to both physical and psychosocial risks. The proposed project will ensure "do no harm" principle to the beneficiaries during the project implementation.

Country Specific Information

Safety and Security

SCI safety and security department always monitor, analyses the country security situation and updates its staffs promptly and timely. Staff security will be given priority. SCI will collaborate and stick with the, international security protocols to ensure all program and staffs are implemented well. SCI has security focal person at all field office who updates the country office on the security situation in field office and had established good coordination and collaboration with partners and stakeholders. SCI have good experience and acceptance by the community that ensure the security and wellbeing of field staffs.

Access

In this proposed project, Save the Children will use the existing RRM team to reach hard to reach areas and provide them with health services such as health education and promotion. Save the children through this proposed project will pay attention to vulnerable group of people who have difficulty in accessing services. SCI has access assurance to all its areas of operation without any restriction.

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	Programme Development and Quality	D	1	7,831.00	6	3.00	1,409.58
	<i>International staff position: The PDQ Director is responsible for ensuring the quality implementation, meeting the expected results of the project and advocacy based on evidences. Salary costs budgeted at 10% of \$7,831 per month for a total cost of \$4,698.60 for 6 months</i>						
1.2	Director of Programme Implementation	D	1	10,512.00	6	3.00	1,892.16
	<i>International staff position: The Program Operations Director is responsible for the regular and smooth operations of the project and supporting field team in addressing any operational challenges including security, logistics and partnership. Salary costs is budgeted at 15% of \$10,512 per month for a total cost of \$9,460.80 for 6 months including fringe benefits.</i>						
1.3	Operations Implementation Managers	D	1	7,453.00	6	3.00	1,341.54
	<i>15% of Operations Managers (Juba Based) salary, fringe and benefits costs will be charged to this project as direct program cost. They will be responsible for overseeing the operation aspect (recruitment, procurement, implementation and reporting) of the project.</i>						
1.4	Health and Nutrition Technical Specialist	D	1	6,547.00	6	3.00	1,178.46
	<i>15% Health and Nutrition Technical Specialist (HNNTS) (Juba Based -International staff) salary, fringe and benefit costs will be charged at this project. This person will be involved in technical lead/guidance of the project, representation of the project at cluster level, supporting in quarterly reporting, and supportive supervision at field level. The HNNTS will spend 15% of his time supporting this project</i>						
1.5	Roving MEAL Manager	D	1	7,326.00	6	4.00	1,758.24
	<i>10% of Roving MEAL Manager(Juba Based -International staffs) salary, fringe and benefit costs will be charged at this project. He will spent 10% of his time in supporting this project start up, and documenting lessons.</i>						
1.6	SCUK HQ Technical support (Health)	D	1	400.00	4	25.00	400.00
	<i>100% SCUK HQ Technical support (Nutrition), responsible for thetechnical support and \$560 per day will be allocated and a total of 10 days support will be provided</i>						
1.7	Field Manager	D	1	6,500.00	6	10.00	3,900.00
	<i>10% of Operations Managers (Juba Based) salary, fringe and benefits costs will be charged to this project as direct program cost. They will be responsible for overseeing the operation aspect (recruitment, procurement, implementation and reporting) of the project.</i>						
1.8	Health and Nutrition Information Coordinator	D	1	1,560.00	6	20.00	1,872.00
	<i>10% Health and Nutrition Information Coordinator (Juba Based -National staffs) salary will be charged at this project. This person will be responsible for receiving, analyzing and reporting of project activities on monthly basis.</i>						
1.9	Emergency Health manager	D	1	2,500.00	6	100.00	15,000.00
	<i>67% Assistant County Health and Nutrition Managers (Field based National staff) salary, benefits and fringes costs will be charged at these project as direct program cost. This person will be primarily responsible for managing this project implementation, follow up and reporting. He/she will provide trainings, represent SCI at sub national cluster level, quarterly reporting, and supervision at field level. He/she will spend 100% of his/her time in managing this project.</i>						
1.10	Health Officers	D	1	1,200.00	6	100.00	7,200.00
	<i>1 Health Officers (field based -National staff) salary will be charged at this project at 50% direct program cost. They will be involved in the implementation of the screening and treatment for communicable diseases project at health facility and community levels. One will be based at Nyirol, the other in Akobo and the other will at Kapoeta North and they will spend 50%of their time to coordinate implementation of this project. They will select and train CBDs, CBD supervisors, and provide training, as well as provide supportive supervisions for these health cadres.</i>						
1.11	CBD Supervisors	D	4	100.00	6	100.00	2,400.00
	<i>4 CBD supervisors (field Based -National staff) incentives will be charged at this project. They will be involved in the implementation of the project at community levels. They will spend 100% of their time, they will involve in the training of CBDs, they will supervise CBDs, monitor drugs to be distributed to the CBDs, as well as liaise with community representatives</i>						
1.12	RRT Nurse	D	1	550.00	6	100.00	3,300.00
	<i>Will play a role in RRM missions in management of cases</i>						
1.13	Country Shared Costs - International salaries (Including Benefit)	S	1	9,462.00	1	100.00	9,462.00

	<i>International Staff (Field and Juba based) The cost is related to shared activities/tasks. This includes; Finance, Human resources, Logistics, Award Management, The activities/tasks of these functions will benefit the whole Country office portfolio and they are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The time spent by each support staff will be recorded (and documented) via the SCI Effort Reporting System (timesheet). It is budgeted at a total cost of \$9,462.00 for 6 Months.</i>						
1.14	Country Shared Costs - National salaries (Including Benefit)	S	1	12,057.00	1	100.00	12,057.00
	<i>This is related to National staff in the country office and the field office in the the county. The cost is related to shared activities/tasks. This includes; Finance, Human resources, Logistics, Award Management, Field office Operations Management, The activities/tasks of these functions will benefit the whole Country office portfolio and they are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The time spent by each support staff will be recorded (and documented) via the SCI Effort Reporting System (timesheet). It is budgeted at a total cost of \$12,057 for 6 Months.</i>						
	Section Total						63,170.98
2. Supplies, Commodities, Materials							
2.1	Conduct training to RRT team and Participate in ICRM in hard to reach areas in Jonglei	D	2	250.00	1	100.00	500.00
	<i>100% budget required to conduct RRM in Akobo and other parts Jonglei at average rate of \$250 per mission for the three missions, - 1 in each site</i>						
2.2	Purchase of CBD kits (drug storage boxes and their contents)	D	80	50.00	1	100.00	4,000.00
	<i>Purchase of 80 CBD kits (Backpack, ARI Timers, ARI Beads, 1 Liter ORS Bottle for mixing ORS, MUAC tapes, Patient registers, Drug issue registers and Scissors), as well as job aids at \$50 per kit will be charged at 100% direct program cost under this project</i>						
2.3	Purchase of CBD supervisor kit (Gumboots, umbrellas,torches)	D	4	151.00	1	100.00	604.00
	<i>Purchase of 4 CBD kits (Backpack, Umbrella, Bicycle pump, Gumboots, Rain coats, MUAC tape, Referral cards, Scissors, Calculator, Stapler, Thermometer for drug storage, Stamp pad (thumb printing)) at \$151 per kit will be charged at 100% direct program cost under this project</i>						
2.4	Purchase of Aretesunate 25mg + Amodiaquine 67.5mg (ACT Infants), pack of 25 blisters	D	300	13.00	1	100.00	3,900.00
	<i>Purchase of 25 packs of Aretesunate 25mg + Amodiaquine 67.5mg (ACT Toddlers), pack of 25 blisters, at \$13 per pack is budgeted as direct budget cost this project</i>						
2.5	Purchase of Aretesunate 50mg + Amodiaquine 135mg (ACT Toddlers), pack of 25 blisters	D	360	17.00	1	100.00	6,120.00
	<i>Purchase of 25 packs of Aretesunate 50mg + Amodiaquine 135mg (ACT Toddlers), pack of 25 blisters, at \$17 per pack is budgeted as direct budget cost this project</i>						
2.6	Purchase of Amoxicillin 125mg (Amoxacilline Infants), pack of 100 bottles	D	20	50.00	1	100.00	1,000.00
	<i>Purchase of Amoxicillin 125mg (Amoxacilline Infants), pack of 100 bottles, at \$20 per pack is budgeted as direct budget cost this project</i>						
2.7	Purchase of Amoxicillin 250mg (Amoxacilline Toddlers), pack of 100 bottles	D	40	186.20	1	100.00	7,448.00
	<i>Purchase of Amoxicillin 250mg (Amoxacilline Infants), pack of 100 bottles, at \$40per pack is budgeted as direct budget cost this project</i>						
2.8	Purchase of ORS, pack of 50 sachet	D	200	4.00	1	100.00	800.00
	<i>Purchase packs of ORS 50 sachet, at \$4 per pack is budgeted as direct budget cost this project</i>						
2.9	Purchase of Zinc 20mg, Blisters of 100 tabs	D	200	10.00	1	100.00	2,000.00
	<i>Purchase of 200 packs of Zinc 20mg, Blisters of 100 tabs, at \$10 per pack is budgeted as direct budget cost this project</i>						
2.10	Purchase of Zinc 10mg, Blisters of 100 tabs	D	100	10.00	1	100.00	1,000.00
	<i>Purchase of 100 packs of Zinc 10mg, Blisters of 100 tabs, at \$10 per pack is budgeted as direct budget cost this project</i>						
2.11	Conduct performance review and clinical mentoring	D	10	26.00	2	100.00	520.00
	<i>100% direct cost to conduct performance review and clinical mentoring in three sessions in Akobo county with up to 100% of CBDs is budgeted under this project at a rate of \$26 per participants. The costs include transportation, accommodation and refreshment as well as stationary costs.</i>						
2.12	Monthly incentives for the CBDs	D	80	25.00	6	100.00	12,000.00
	<i>100% direct program cost for CBDs' monthly incentive at a rate of \$25 per CBD per month is budgeted</i>						

2.13	Procure and distribute non-monetary incentives to CBDs	D	80	8.50	1	100.00	680.00
	<i>One time purchase and distribution non-monetary incentives; such as soap, battery and torches, for the CBDs is budgeted at a rate of \$9 per CBD per month at 100% direct cost</i>						
2.14	conduct refresher training of CBDs on community based management of Diarrhea, Malaria, as well as screening and referral of acute malnutrition, as well as screening and referral of acute malnutrition	D	80	5.00	2	100.00	800.00
	<i>Refresher training 80 CBDs on community management of Diarrhea, malaria, and screening cost \$4 Per refresher training for 80 CBDs</i>						
2.15	Conduct refresher Training of 4 CBD Supervisors on community based management of Diarrhea, Malaria, as well as screening and referral of acute malnutrition, and facilitation supervision	D	4	20.00	3	100.00	240.00
	<i>100% direct program cost for a basic training of 4 CBD supervisors on community based management of Diarrhea, Malaria as well as screening and referral for acute malnutrition for 6 days at a rate of \$10 per participant is budgeted to cover of refreshment, hall rent, stationary and local transport</i>						
2.16	Conduct Health Education/ promotion to the affected population	D	1	100.00	3	100.00	300.00
	<i>Support the CHD respond to at least one disease outbreak of diarrhea, malaria and/or other epidemic prone disease</i>						
2.17	Monthly supportive supervision and monitoring visits to improve the functionality and the quality of the services delivered in the sites	D	1	611.50	6	50.00	1,834.50
	<i>Monitoring, Evaluation, Accountability and learning activities for the project at the rate of \$100 per month per site</i>						
2.18	Purchase of Paracetamol 100 mg Tab, 1000	D	574	1.18	1	100.00	677.32
	<i>Purchase of 100mg Tab paracetamol at \$ 1.18 /tab</i>						
	Section Total						44,423.82
3. Equipment							
3.1	RRM/ICRM Basic Furniture (table, chair, mats, tent...etc.)	D	1	400.00	1	100.00	400.00
	<i>Furniture for rapid response mission</i>						
	Section Total						400.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
5. Travel							
5.1	Flight, accommodation and per diem	D	3	1,500.00	2	50.00	4,500.00
	<i>3 round trip airfare budgeted at \$150 per flight for travel to/from Aweil and Juba. Budget covers one trip for 3 field based program staff during the implementation of the project.</i>						
5.2	Field direct Program support cost-vehicle & transport cost	D	1	437.00	6	100.00	2,622.00
	<i>These are an average costs related to vehicle (fuel, repair/ maintenance of three vehicles) and transport on monthly rate of \$437 per month; total of \$2622 for six months</i>						
5.3	Vehicle Rental for RRM	D	2	1,700.00	2	100.00	6,800.00
	<i>Hired vehicles for rapid response - 3 units for the 3 teams at the rate of \$1500</i>						
	Section Total						13,922.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00

7. General Operating and Other Direct Costs							
7.1	Field direct Program support cost-Premises cost	S	1	480.00	6	100.00	2,880.00
	<i>Field direct Program support cost-Premises cost to cover generator cost , running cost and compound maintenance including field office security</i>						
7.2	Country Shared Costs - Premise costs	S	1	2,919.00	1	100.00	2,919.00
	<i>The Project will be required to make a contribution towards the rental costs, the Electricity and water, the security cots and Internet cost of Central Office costs, zone office and 3 districts offices. The fair portion of the shared costs will be determined by the SCI Costs Allocation Methodology (CAM).</i>						
7.3	Country Shared Costs - Travel & Lodging	S	1	1,165.00	1	100.00	1,165.00
	<i>The monitoring visits of support function staff (HR, Finance, Admin. Etc.) aim to guarantee that policies and procedure are in place and constantly adopted. The fair portion of the shared costs will be determined by the SCI Costs Allocation Methodology (CAM).</i>						
7.4	Country Shared Costs – Vehicle & transport costs	S	1	775.00	1	100.00	775.00
	<i>This is costs associated with vehicle usage for general tasks/activities that benefit the entire country office portfolio and for which the Country Office could not operate effectively without. This will include any vehicle rental or lease, fuel, maintenance, registration and insurance costs that benefit the whole country office portfolio. The fair portion of the shared costs will be determined by the SCI Costs Allocation Methodology (CAM).</i>						
7.5	Country Shared Costs - Other	S	1	1,185.32	1	100.00	1,185.32
	<i>Audit, bank charges etc w.ill be catered for at \$1098.16 for the entire period of the grant</i>						
	Section Total						8,924.32
	SubTotal			2,165.00			130,841.12
	Direct						100,397.80
	Support						30,443.32
	PSC Cost						
	PSC Cost Percent						7.00
	PSC Amount						9,158.88
	Total Cost						140,000.00

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 -> Akobo	100	1,511	1,971	7,929	8,589	20,000	Activity 1.1.1: Conduct training to 80 CBDs & 4 CBD supervisors (community Health workers) on malaria case management among under 5 years children Activity 1.1.2: Conduct referrals of complicated malaria cases to the health facilities Activity 1.1.3: Conduct consultations of uncomplicated malaria with RDT,ACT,Rectal Artesunate & paracetamol Activity 1.1.4: Purchase of drugs/essential medications for treatment of Uncomplicated malaria & other childhood illness (Pneumonia & diarrhea) among children under... Activity 1.1.5: Conduct performance review and clinical mentoring every two months with up to 80% of the CBDs with low performances identified during supportive supe... Activity 1.1.6: Support to CBDs (community health workers) with monetary and non-monetary incentives to motivate and retain them to treat children under 5yrs with U... Activity 1.1.7: Support to CBD (CHW) supervisors with monetary and non-monetary incentives to motivate and retain them provide supportive supervision to CBDs(commun... Activity 2.1.1: Conduct Health education/promotion for health seeking behaviors to the affected population Activity 2.1.2: Mobilize rapid response teams (RRT) to conduct RRM

Documents

Category Name	Document Description
Project Supporting Documents	Final Report_Akobo West SMART Survey Sept 2017.pdf