

Requesting Organization :	Support for Peace and Education Development Programme				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of essential time-critical emergency Healthcare to returned populations and displaced children, women and men affected by conflict in Fashoda county of Upper Nile State				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/NGO/7976		
Cluster :		Project Budget in US\$:	100,000.06		
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>Fashoda county is one of those affected grossly by conflict from Upper Nile in the recent months. Over 25,000 people were displaced in April 2017 forcing them in to IDP situation with vast needs. As a result of the fight, already established Health facilities were vandalized. Populations have now started returning to Fashoda following the deployment of the protection late last year to early 2018. Over 15,000 people have returned. They have shown varying health needs including general consultations, ANC services and immunization among others. 5 Health facilities since closure are not functional, that is a huge gap for a population affected by conflict.</p> <p>This project therefore seeks to reopen these facilities and increase access to the basic much needed healthcare services in Fashoda county. Several partners have already joined in to support the more-urban facilities however, there is need to rejuvenate the rural 5 facilities that serve much of the population in need with the most urgent health needs.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	2,700	3,727	3,738	4,121	14,286
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	2,693	3,722	3,289	3,627	13,331
Children under 5	0	0	449	494	943
Other	7	5	0	0	12
Indirect Beneficiaries :					
The indirect beneficiaries include the Health workers who will receive training through the project. This project will facilitate the training of 12 staff (7 males and 5 females) in both IDSR and infection control.					
Catchment Population:					
The project targets the portion of people living in Fashoda county that have no access to basic Healthcare after their return following displacement in 2017. These include boys, girls, women and men to benefit from the basic package for PHCU through the 4 PHCUs and 1 mobile clinic.					
Link with allocation strategy :					
<p>This allocation will support</p> <ol style="list-style-type: none"> 1. 4 PHCU 2. 1 mobile teams <p>The project aims at ensuring access to essential emergency health care to IDPs and vulnerable community in Fashoda county. The implementing partner SPEDP will strengthen 4 PHCUs and 1 Mobile teams to reach 14,286 targeting 3 payams of Fashodal County. The activities aligned with the Health Cluster clinical packages as identifies will be implemented. The project will ensure gender sensitivity by stratifying all gender parameters (Men/Women/Boys/girls)</p>					

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
Kokole Emmanuel	Health Program Officer	k-emmanuel@spedp.org	+211920427197
Soro Mike	Chief Executive Officer	ceo@spedp.org	+211955028317

BACKGROUND**1. Humanitarian context analysis**

The protracted war in south sudan continues to increase suffering of the rural communities especially in Upper Nile. Fashoda county in the recent months (April 2017) experienced fighting with over 25,000 people displaced forcing them in to IDP situation. Morbities and mortalities due to common illnesses like malaria, diarrhea, pneumonia and intra-patarm deaths continue to be a problem to especially boys, girls and women of Fashoda (assessment conducted by SPEDP in February 2018). Already established Health facilities were vandalized and many closed especially in the rural areas. Populations have now started returning to Fashoda following the deployment of the protection force late last year to early 2018. Over 15,000 people have returned (January 3rd News updates for Radio Tamazuj). They have shown varying health needs including general consultations, ANC services and immunization among others. 5 Health facilities since closure are not functional, that is a huge gap for a population affected by conflict. Access to Healthcare is therefore reduced for the majority of the rural population. Only a few facilities are functional supporting secondary care. Still the IPC report for June 2017 indicated that Upper Nile would be at 48.6% crisis level towards the end of 2017 and Fashoda contributed more than 50% of the population in Phase 4 (IPC report for South Sudan June – July 2017). Health needs still contributed much more to the emergency situation in the area.

This project therefore seeks to reopen these facilities and increase access to the basic much needed healthcare services in Fashoda county. Several partners have already joined in to support the more-urban facilities however, there is need to rejuvenate the rural 5 facilities that serve much of the population in need with the mist urgent health needs.

2. Needs assessment

The people of Fashoda faced displacement in the near by areas following a fight last year. Now the populations are returning to Fashoda. The Humanitarian needs overview estimates over 11,000 people will be in need of Health services in Fashoda in 2018. During the fight, established Health facilities were vandalized and others destroyed. This therefore means that the people returning lack basic Healthcare services including basic consultations, EPI services, Antenatal Care services, drugs, Healthcare personnel and even Health education that are attached to the functioning of Health facilities. Partners including Cordaid are supporting some Health facilities especially those offering more advanced care including Inpatient. The CHD is not as active to be able to run all Health facilities that are not functional. Most Health workers have either been driven away or changed priorities. The Health sector therefore lacks local staff in Fashoda to be able to support the Healthcare needs of the returning people.

This project will bring back the basic services to the people of Fashoda timely when they need it most.

3. Description Of Beneficiaries

This project will support 14,286 with various Health services. This will comprise of boys, girls, women and men who need health services.

- 4,121 Girls – These are often victims of early marriages, sexual abuse and exposed to hard family duties putting them at high risk of acquiring Health problems. These girls often lack access to sanitary facilities and are still exposed to reproductive health Problems.
- 3,738 Boys – The boys are often recruited in to the armed forces against their will. This has implications on their psychological setup especially resulting form harsh conditions including lack of food. They are at risk of developing psychosis and even infectious diseases resulting from poor conditions. In the homes, the boys are tasked with looking after the cattle exposing them to frequent insect bites and stings as well as UXOs that may injur them.
- 3,727 Women – the women are tasked with taking care of the families and often sacrifice a lot for the families. They are also victims of harassment and sexual abuse particular during conflicts. They are therefore frequently experiencing stigma and
- 2,700 – Men are exposed to social risks associated with many sexual partners, harassing women and abusing children especially for the armed groups. These expose them to risks of infections that can become widespread. Men equally are targets of injuries

4. Grant Request Justification

Support for Peace, Education and Development Program (SPEDP) is a national NGO that has worked in Upper Nile for over 2 years. It has implemented a community-Based surveillance system with a network of staff within the community. It therefore understands the dynamics of the community much more clearly. In complementary efforts, this project will be run concurrently with the on ongoing project supporting Polio eradication in Fashoda. SPEDP has since worked very closely with the CHD in Fashoda where joint support supervisions have been conducted. A very good relationship has been built as a result with the CHD and the community. It makes it easier for SPEDP to work with the community and the local authority. SPEPD is also a member of the Health cluster at National level that has an extended coordination system in Upper Nile. This puts SPEDP in a better position to coordinate resources to serve the needy. SPEDP also has experience in fundraising where by it will seek for further funding to support the sustainability of the Health services areas of Fashoda this project will cover. In addition, SPEDP has senior personnel with considerable experience in implementing Humanitarian and development projects therefore; making SPEDP a favorable partner to implement this project in Fashoda.

SPEDP has discussed with Health cluster focal persons in Upper Nile who also doubles to work with WHO for support for pharmaceuticals. This also gives SPEDP the leverage to go on to provide the needed healthcare services in close contact with the Health cluster and the Ministry of Health at all levels.

5. Complementarity

This project will re-establish completely non functional Health facilities as a result of the fight. SPEDP is running Polio project in Fashoda. This project is run by a network of Key Informants who are at community level supervised by Payam Assistants in Each payam. The overall field level management in Fashoda is under a County Supervisor. This structure is set to work at community level. The lineage between this structure and the CHD is through the sharing office resources and conducting joint supervision visits. This project will also complement on the the care provided by other partners like Cordaid and MSF through PHCCs and county hospitals respectively. The PHCU and Mobile component will help with the much needed triage to reduce deaths due to delays in accessing high level health facilities, reduce congestion in PHCCs and Hospitals for cases that can be managed at PHCU level that was previously missing in parts of the county.

LOGICAL FRAMEWORK

Overall project objective

Provide essential emergency time-critical lifesaving Healthcare services to 15,000 conflict affected boys, girls, women and men of Fashoda county in Upper Nile State through re-establishment of 5 PHCUs and activating a mobile clinic.

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	100

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

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

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

Outcome 1

Improved access to basic lifesaving health services to 14,286 children, men and women of the conflict affected communities in Fashoda county.

Output 1.1

Description

Conducted Health Education among 5,379 girls, boys, women and men

Assumptions & Risks

- Security remains stable to enable the patients visit the health facilities and for the mobile team to access the villages
- Funding is secured
- Local authority supports the service provision

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline Services) Number of people reached by health education /promotion	1,395	1,817	978	1,189	5,379

Means of Verification : Facility reports

Activities

Activity 1.1.1

Train Health workers on Job on conducting Health Education

Activity 1.1.2

Conduct routine facility based health education

Activity 1.1.3

Established a link between facility staff and Boma Health committees

Activity 1.1.4

Conduct meetings with Boma Health teams on Health education

Output 1.2

Description

Conducted consultations for 5,549 children, women and men

Assumptions & Risks

- Security situation is enabling
- Local authority does not restrict the recruitment of qualified personnel from where it is possible to get

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	(Frontline Services) Number of OPD Consultations					5,549
Means of Verification : Reports							
Indicator 1.2.2	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					2,219
Means of Verification : Reports							
Activities							
Activity 1.2.1							
Recruit Health staff for both static and mobile Health teams							
Activity 1.2.2							
Conduct regular consultations for patients visiting the facilities							
Activity 1.2.3							
Treat minor cases of diseases including uncomplicated malaria							
Activity 1.2.4							
Conduct basic laboratory investigations							
Activity 1.2.5							
Conduct on-the job training for staff of the health facility							
Activity 1.2.6							
Request for medicines and other pharmaceutical consumables from WHO							
Activity 1.2.7							
Procure basic lab utilities and equipment							
Activity 1.2.8							
Request for M&E tools for the Health facilities							
Output 1.3							
Description							
Re-established static immunization services for children and women of child-bearing age in 5 Health facilities							
Assumptions & Risks							
<ul style="list-style-type: none"> - Security situation is enabling - Pipeline partners support the cold chain systems - Vaccines are secured from the pipeline partners 							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			449	494	943
Means of Verification : Facility reports							
Activities							
Activity 1.3.1							
Recruit and train Immunization staff							
Activity 1.3.2							
Request for vaccines from pipeline partners							
Activity 1.3.3							
Conduct static and mobile vaccination							
Output 1.4							
Description							
Improved water and sanitation facilities in 4 HF and 1 mobile clinic							
Assumptions & Risks							
<ul style="list-style-type: none"> - Funding supports the installation of sanitary facilities - Security situation is enabling 							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.4.1	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	7	5			12

Means of Verification : Training report

Activities

Activity 1.4.1

Install hand washing facilities in all supported health facilities

Activity 1.4.2

Support the digging of latrines in the supported health facilities

Activity 1.4.3

Conduct training for staff on infection control

Output 1.5

Description

Established disease surveillance reporting system for high alert cases in 4 static Health facilities

Assumptions & Risks

- Security situation supports implementation
- Funding availability

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.5.1	HEALTH	(Frontline Services) Number of epidemic prone disease alerts responded to within 48hours					40

Means of Verification : Reports

Activities

Activity 1.5.1

Conduct training for surveillance staff

Activity 1.5.2

Share surveillance reports regularly

Activity 1.5.3

Respond to disease alerts

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. SPEDP 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: Train Health workers on Job on conducting Health Education	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Conduct routine facility based health education	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Established a link between facility staff and Boma Health committees	2018				X								
Activity 1.1.4: Conduct meetings with Boma Health teams on Health education	2018				X	X	X	X	X	X			
Activity 1.2.1: Recruit Health staff for both static and mobile Health teams	2018			X									
Activity 1.2.2: Conduct regular consultations for patients visiting the facilities	2018				X	X	X	X	X	X			
Activity 1.2.3: Treat minor cases of diseases including uncomplicated malaria	2018				X	X	X	X	X	X			

Activity 1.2.4: Conduct basic laboratory investigations	2018				X	X	X	X	X	X			
Activity 1.2.5: Conduct on-the job training for staff of the health facility	2018				X	X	X	X	X	X			
Activity 1.2.6: Request for medicines and other pharmaceutical consumables from WHO	2018			X			X						
Activity 1.2.7: Procure basic lab utilities and equipment	2018			X	X								
Activity 1.2.8: Request for M&E tools for the Health facilities	2018			X									
Activity 1.3.1: Recruit and train Immunization staff	2018				X								
Activity 1.3.2: Request for vaccines from pipeline partners	2018			X			X						
Activity 1.3.3: Conduct static and mobile vaccination	2018				X	X	X	X	X	X			
Activity 1.4.1: Install hand washing facilities in all supported health facilities	2018				X								
Activity 1.4.2: Support the digging of latrines in the supported health facilities	2018				X								
Activity 1.4.3: Conduct training for staff on infection control	2018				X								
Activity 1.5.1: Conduct training for surveillance staff	2018				X								
Activity 1.5.2: Share surveillance reports regularly	2018				X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

Accountability to Affected population.

SPEDP will develop a culture of engaging the community from the initiation of the project in order for the community to own it Stakeholder workshops will be organized in the location identified for implementation of the response. The community will be consulted and provided with information regarding the project implementation. This will include engaging existing CHD, Community elders, Women, Youth groups, religious leaders and representatives of beneficiaries.

This will be the medium through which communities will be encouraged to express their concerns, views and provide regular feedback to the implementing partner in a regular structured modality. Other reasonable modalities for feedback that is useful to the communities/beneficiaries will also be considered. These feedbacks will form part of the project performance reporting to the health cluster and will help guide the fine tuning of the project to enhance positive beneficiary experience.

Implementation Plan

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
County Health Department,Cordaid,WHO	Coordination - To foster sustainability for the CHD, to also provide additional materials including registers and other data collection tools provided by the Ministry of Health.,Coordination - This is to ensure there is no duplication of activities to preserve resources. It will also local regulations are synchronized to minimize disagreements,Supplies - Drugs will be supplied by WHO from the Upper Nile hub to support service provision

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

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

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

Protection Mainstreaming

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

Country Specific Information**Safety and Security**

Fashoda county had experienced fighting that lead to the displacement of the people. It is currently under the government forces and there are no immediate security and safety concerns. The UNMISS are preparing to extend their services to Fashoda. This will boost the security and safety situation further to enable service provision.

Access

Fashoda can be accessed by air through 3 different airstrips through the year. It can also be accessed by road from 4 locations including; Wau Shilluk, Panyikang, Manyo and Aburoc. The access by road is mostly best between November and May. In rainy season, access by road is impeded. Fashoda can also be accessed by boat through water from Malakal and Renk passing via Melut and Manyo. There is both MTN and Zain mobile networks in Fashoda that ease mobile communications.

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	Project Officer	D	1	1,500.00	6	100.00	9,000.00
	<i>This position will be based in Fashoda county to support the daily activities of the project. It will spend 100% of its time on this project to coordinate resources and provide technical oversight at the field level.</i>						
1.2	Clinical Officer	D	1	1,200.00	6	100.00	7,200.00
	<i>This is a frontline staff involved with direct facility level management and to also provide overall management of the patients. This position will be roving in all the 5 project sites with 4 static and 1 mobile clinic. It will spend 100% of its time on the project.</i>						
1.3	Nurse	D	4	600.00	6	100.00	14,400.00
	<i>This position is to support ANC and skilled deliveries at the facility. 4 nurses each to cover the static project sites with 100% time expenditure on the project.</i>						
1.4	Laboratory Assitant	D	1	550.00	6	100.00	3,300.00
	<i>The Laboratory assistant will be required to support in all the facilities. This person will work closely with the facility based staff to support the lab services with 100% time expense.</i>						
1.5	Health Program Office	D	1	800.00	6	100.00	4,800.00
	<i>This position is the highest technical support for the [project based in Juba to support with coordination at Juba level. This position will spend 35% of its time on this project with reporting and other HQ based technical requirements</i>						
1.6	Head of Programs	D	1	330.00	6	100.00	1,980.00
	<i>This position supports with senior level management for the project. It will spend 10% of its time on this project.</i>						
1.7	Chief Executive Officer	D	1	300.00	6	100.00	1,800.00
	<i>The overall head of the organization who is responsible for the organization and reports to the Board of Directors. This position will spend 7% of its time on this project to handle high level approvals and decisions.</i>						
1.8	Assistant Finance Officer	D	1	250.00	6	100.00	1,500.00
	<i>TO support with financial issues for the project at 50% contribution from this project</i>						
1.9	Assistant Logistics Officer	D	1	250.00	6	100.00	1,500.00
	<i>TO support the project with procurements and transportation of needed items and resources at 50% of time and contribution from this project</i>						
1.10	Community Health Workers (CHWs)	D	5	400.00	6	100.00	12,000.00
	<i>5 CHWs will be required to support with clinical management of the patients at facility level. They will be supported by the roving highly qualified staff and provided with on the job trainings to equiot their knowledge and skills.</i>						
1.11	Assistant Human Resource Officer	D	1	250.00	6	100.00	1,500.00

	<i>This position will support with the recruitment process for the much needed staff for this project. It will also support the welfare of the project staff at 40% time expenditure on this project.</i>						
	Section Total						58,980.00
2. Supplies, Commodities, Materials							
2.1	Examination sets	D	5	1,100.00	1	100.00	5,500.00
	<i>These include stethoscopes, sphygmomanometers, thermometers, weighing scales, patella hammers, examination beds and clinical coats</i>						
2.2	Laboratory supplies	D	5	250.00	6	100.00	7,500.00
	<i>Items including rapid diagnostic tests, disinfectants, gauze and gloves to aid work</i>						
	Section Total						13,000.00
3. Equipment							
3.1	Laptop computers	D	1	850.00	1	100.00	850.00
	<i>For the project officer to manage the project</i>						
3.2	Camera	D	1	150.00	1	100.00	150.00
	<i>1 High resolution camera to be held by the project officer for documenting field visits during supervision</i>						
3.3	Shelter materials	D	5	800.00	1	100.00	4,000.00
	<i>Procurement of tents for mobile outreach teams, erecting sheds for waiting areas to conduct health education</i>						
3.4	Furniture	D	6	500.00	1	100.00	3,000.00
	<i>Furniture including tables and chairs for seating at office and in the sites</i>						
	Section Total						8,000.00
4. Contractual Services							
4.1	Car hire	D	1	500.00	6	100.00	3,000.00
	<i>This car will be hired locally in Fashoda to support the mobile team reach its location. It will also facilitate transportation of supplies, commodities and personnel to other locations on daily basis as per schedule.</i>						
	Section Total						3,000.00
5. Travel							
5.1	Field trips	D	4	550.00	2	100.00	4,400.00
	<i>This will facilitate the project officer to travel to the field following recruitment and back to Juba. It will also facilitate the Program manager to visit the field site at least once in to support activities. Additional flights for support staff once in a quarter. 4 flights in a quarter.</i>						
	Section Total						4,400.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Office running costs	D	2	506.50	6	100.00	6,078.00

	Support with generator, transportation for coordination, vehicle maintenance, payment of security company, daily living consumables in Juba and field at CHD office				
	Section Total				6,078.00
SubTotal		48.00			93,458.00
Direct					93,458.00
Support					
PSC Cost					
PSC Cost Percent					7.00
PSC Amount					6,542.06
Total Cost					100,000.06

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Fashoda	100	2,700	3,727	3,738	4,121	14,286	Activity 1.1.1: Train Health workers on Job on conducting Health Education Activity 1.1.2: Conduct routine facility based health education Activity 1.1.3: Established a link between facility staff and Boma Health committees Activity 1.1.4: Conduct meetings with Boma Health teams on Health education Activity 1.2.1: Recruit Health staff for both static and mobile Health teams Activity 1.2.2: Conduct regular consultations for patients visiting the facilities Activity 1.2.3: Treat minor cases of diseases including uncomplicated malaria Activity 1.2.4: Conduct basic laboratory investigations Activity 1.2.5: Conduct on-the job training for staff of the health facility Activity 1.2.6: Request for medicines and other pharmaceutical consumables from WHO Activity 1.2.7: Procure basic lab utilities and equipment Activity 1.2.8: Request for M&E tools for the Health facilities

Documents	
Category Name	Document Description