

Requesting Organization :	The Rescue Initiative- South Sudan			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		100.00		
		100		
Project Title :	Improving access and scaling-up responsiveness to essential health-care needs of the vulnerable populations of Kajo-Keji County by focusing on the major causes of morbidity and mortality			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/NGO/7977	
Cluster :		Project Budget in US\$:	140,000.00	
Planned project duration :	6 months	Priority:		
Planned Start Date :	20/03/2018	Planned End Date :	19/09/2018	
Actual Start Date:	20/03/2018	Actual End Date:	19/09/2018	
Project Summary :	<p>The project intends to improve access and scale up responsiveness to essential health care needs of vulnerable populations through PHCU and Mobile team packages in Kajo-Keji County.</p> <p>This project focus is in line with the SA1 cluster objectives to;</p> <ol style="list-style-type: none"> 1) 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 2) Prevent, detect and respond to epidemic-prone disease outbreaks and promote WASH in health facilities for conflict-affected and vulnerable populations <p>The main project activities include;</p> <p>OPD consultations, emergency measles vaccination for children 6 months-15 years, response to epidemic prone disease alerts within 48 hours, provision of SGBV/CMR services, conduct skilled deliveries at the facility and at home, training of health staff on infection prevention and control (Wash in health facilities) and on disease surveillance and outbreak response, management of children under5 with SAM and medical complications, Social mobilization and health education/promotion for behavioral change.</p> <p>The project beneficiaries include; 20,000 direct beneficiaries, 60% (12,000) IDPS and 10% (2,000) people in the host community. 4% (800) PLW and 26% (5,200) Children <5 years. By sex, the beneficiaries include; 34% (6800) Men, 40% (8,000) Women, 10% (2,000) Boys and 16% (3,200) Girls</p> <p>This project's approach is designed to bridge the existing response gaps by increasing population coverage through PHCU and Mobile Teams. 2 PHCUs and 2 Mobile outreach teams will continue to offer services to the needy populations in Kajo Keji. TRI-SS will use the existing MoH reporting tools such as IDSR, EWARS, RRM and Quantified Supervisory check list and the EPI tally sheets and the Health Cluster 5Ws for data collection and reporting. Additionally, The project will use the basic package for health and nutrition services of the Ministry of health (BPHNS), Minimum Initial Service package for Reproductive health services (MISP) and the community management of acute malnutrition (CMAM) package and mhGAP, Humanitarian intervention guide (mhGAP-HIG WHO 2015) as working guidelines</p> <p>To ensure accountability to affected population, 1 inception meeting and 2 community dialogue meetings will be conducted to introduce the community to the project and to provide feedback.</p> <p>The current coordination mechanisms established with existing partners such as, CHD, RRC and ARC will continue through regular meetings to create conducive working environment and promote corporation.</p> <p>The already established coordination with Ugandan authorities for security clearance at the border will be strengthened and through its offices in Moyo and Yumbe, TRI-SS will obtain a letter of no objection from the Resident District Commissioner (RDC) to facilitate the movement of supplies including drugs.</p> <p>Essential drugs will be procured from Uganda Joint Medical store to fill a gap of drug shortages due to restrictions that currently exist in transporting core-pipeline supplies from Juba to Kajo-Keji</p>			
Direct beneficiaries :				
	Men	Women	Boys	Girls
				Total

6,800	8,000	2,000	3,200	20,000
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Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	4,080	4,800	1,100	1,451	11,431
People in Host Communities	2,720	2,400	200	300	5,620
Pregnant and Lactating Women	0	800	0	0	800
Children under 5	0	0	700	1,449	2,149

Indirect Beneficiaries :

An estimated 1000 additional people are likely to use the health services provided through the outreach clinics.

Catchment Population:

An estimated 1000 additional people are likely to use the health services provided through the outreach clinics.

Link with allocation strategy :

2 PHCUs, 2 mobile teams and 1 PHCC covering (SAM with medical Complications and Clinical management of rape (CMR) will be supported with this grant 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 Kajo-Keji county. The Rescue Initiative-South Sudan (TRI-SS) will strengthen 1 PHCC , 2 PHCUs and open 2 Mobile teams to reach 20,000 IDPs and host communities targeting 3 payams of Kajo-Keji County. 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
Wani Besseniso	Execuative Director	therescueinitiative.ss.@gmail.com	+211955426471
Katty Lopolo	Finance Officer	kettyoryema@gmail.com	+211954620787
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BACKGROUND

1. Humanitarian context analysis

Prior to October 2017, Liwolo payam of KajoKeji county was home to 30,000 IDPs stationed in Ajo, Logo and Kerwa camps. Drawn from the counties of Yei, Lainya and Morobo, the IDPs had settled in KajoKeji, as a result of the violence that broke out in Juba in July 2016, which escalated to Yei, Morobo and Lainya counties. In October 2017, the violence escalated to the IDP locations in KajoKeji, forcing the population to again flee further to KORIJJO and PURE. According to the November 2017 IRNA report, the new camps of Korijo and Pure accommodate a total of 17,300 IDPs. This number has since increased with more people returning from the Ugandan refugee camps to the IDP locations, as relative calm has been restored in KajoKeji. According to the IOM monthly flow monitoring report (January 2018) for KajoKeji and Nimule, 3105 returnees (individuals) are noted to have entered KajoKeji in January 2018 alone. The crisis severely devastated the curative and preventive health infrastructure in KajoKeji. The situation is characterized by deteriorating health infrastructure, absence of health personnel, lack of drugs and medical equipment, poor hygiene in the existing facilities and lack of food and nutrition services to the IDPs. The IDP locations in Korijo and Pure have no existing health facility, which has resulted into poor health outcomes including increased morbidities with top leading cases of illness being Malaria, diarrhea, Acute respiratory infections and pregnancy related conditions. A January 2018 IPC update indicated that KajoKeji is facing Emergency (IPC Phase 4) levels of acute food insecurity, driven largely by armed conflict that has had severe effects on agricultural activities and markets. A September 2017, REACH report for greater Equatoria found out that, only 38% of the community have access to health facilities within a 30 minutes walking distance and about 25% health facilities have been destroyed by violence. According to the report, Malaria is the leading morbidity at 37%, followed by Malnutrition at 22%; Typhoid at 15%, Fever at 3% and TB at 3%. Although no Multi indicator Cluster survey or SMART survey was done in KajoKeji in recent months, data from the CHD/IOM indicate a severe acute malnutrition rate of 5.4%. This was based on MUAC screening.

2. Needs assessment

Kajo-Keji county remains a humanitarian hot spot with key drivers to vulnerability being conflict often affecting health service delivery. A recent Joint assessment to Pure, Ajo and Korijo was able to establish that about 5200 people who initially fled to Uganda following the December attack had returned. It was also noted that, since November 2017, there has been no vaccination of children 6 Months -15 years. Another challenge that has persisted is the bureaucratic impediments hindering the movement of core pipeline drugs from Juba to Kajo-Keji. Although one health facility remains operational in Ajo; the PHCU is currently short of essential medicines. Evaluation of the SSHF SA2 project implemented by TRI-SS showed a high demand for health services with OPD consultations exceeding 100% and the leading morbidities include; 42% malaria with 32% malaria in children, 27% RTI, 10% watery diarrhea and 5 % skin infections. 1,442 children screened had acute malnutrition and 18 (1.2%) had severe malnutrition with medical complications and referred to Yumbe for further treatment.

3. Description Of Beneficiaries

The project beneficiaries include; 20,000 direct beneficiaries, 60% (12,000) IDPS and 10% (2,000) people in the host community; 4% (800) PLW and 26% (5,200) Children <5 years. By sex, the beneficiaries include; 34% (6800) Men, 40% (8,000) Women, 10% (2,000) Boys and 16% (3,200) Girls. Beneficiaries selection is based on population vulnerability with IDPS considered being at a high scale of the vulnerability rating followed by children under five years, pregnant and lactating women and People in the host community.

4. Grant Request Justification

The project aims to address the acute shortage of essential primary health care services, including OPD consultations and treatment of common illnesses, strengthened surveillance and emergency measles vaccination to reduce the most common morbidities and mortalities. The response is in line with the health cluster allocation strategy and is designed to bridge the existing response gaps by increasing population coverage through; 2 mobile teams in Korijo and Pure where there were no pre-existing health facilities before the displacement. In addition, the project will support 1 PHCC and 2 PHCUs with essential health care services. One of our biggest strengths lies in the ability to put together strong teams of emergency health professionals to reach vulnerable populations in hard-to-reach areas at short notice. The staffs are drawn from within the affected population and this has ensured sustained delivery of services, as they are part of the communities they serve and thus minimize gaps by ensuring continued health service provision even during times of war/fighting/insecurity. TRI-SS is a strong actor in the local coordination forum, with partners that include ARC, Diocese of KajoKeji (DKK), CHD and RRC. This partnership is expected to be further strengthened through regular meetings and reporting to avoid duplication of services, prompt identification of gaps and ensure a more robust response. In line with national standards the project will use the basic package for health and nutrition services of the Ministry of health (BPHNS), Minimum Initial Service package for Reproductive health services (MISP) and the community management of acute malnutrition (CMAM) package as working guidelines during the implementation. TRI-SS has a coordination office in Yumbe district of Uganda to facilitate movement of medical supplies as an alternative to the current challenges faced in moving supplies to Kajo Keji through Juba. Integrated approaches have been adopted such that during health education sessions, hygiene promotion messages are passed to the beneficiaries. Similarly, during food distribution, the outreach teams will be deployed to provide treatment for sick people. Severely malnourished children with medical complications identified during the process are will be referred for treatment.

5. Complementarity

This project will complement the SSHF SA2 project implemented by TRI-SS in Kajo-Keji county which ended on the 31st/01/2018. It will continue with clinical consultations, emergency vaccinations, supply of drugs among other activities and is therefore expected to increase coverage and reach an extra 50% of the population previously covered.

LOGICAL FRAMEWORK

Overall project objective

To Increase access to essential emergency primary health care services and contribute to reduction in morbidity and mortality due to common health risks and illnesses among IDPs and Host community in Kajo-Keji County

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	80
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	20

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 explain the level of conflict and health risk exposure and the needs of vulnerable groups in Kajo-Keji County. The project also targets specific protection risk groups (Rape survivors, victims of physical and psychological trauma women/men/ girls/boys) which contribute to the strategic objective of the cluster. The target location (Kajo-Keji) is aligned to the Health cluster priority locations for this allocation. Beneficiaries and activities are derived from the HC clinical packages which efficiently and effectively contribute to the overall strategy of ensuring access to life saving essential health care services including health protection and reduction in morbidity and mortality of vulnerable groups.

Outcome 1

Improved access to essential health-care needs of the vulnerable populations of Kajo-Keji County through mobile teams and PHCU packages

Output 1.1

Description

Increased access to emergency essential health services among IDPs and Host community in Kajo-Keji County

Assumptions & Risks							
<ul style="list-style-type: none"> • Treatment guidelines available, • Staffs are skilled , • Insecurity, • Displacements • Other health interventions (e.g. health education) will be put in place and sustained, • Formal and functional referral linkages are established between the different service outlets starting from the community level 							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline Services) Number of OPD Consultations					8,660
Means of Verification : Under five outpatient and inpatient registers, <ul style="list-style-type: none"> • Above five outpatient and inpatient registers, • Weekly IDSR/EWARS reports, • Monthly reports, • Health cluster 5 Ws 							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of children under5 with SAM+MC treated in SC			49	51	100
Means of Verification : Training reports, pictures, weekly updates							
Indicator 1.1.3	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	9	11			20
Means of Verification : Inpatient reports (Under five),Monthly reports, IDSR reports and EWARS reports,Health cluster 5Ws,Health cluster RRM reports							
Activities							
Activity 1.1.1							
Provision of OPD consultations							
Activity 1.1.2							
Treatment of SAM with Medical Complications							
Activity 1.1.3							
Training of health staff on infection prevention and control (Wash in health facilities)							
Activity 1.1.4							
Procurement of Essential drugs							
Activity 1.1.5							
Transportation of essential drugs,							
Activity 1.1.6							
Conduct routine health facility cleaning and washing/mooping							
Activity 1.1.7							
Mobile outreach activities to Korijo, Pure, Ajo and Managalotore,							
Activity 1.1.8							
Conduct one inception Meeting with CHD and RoSS at the start of the project,							
Activity 1.1.9							
Conduct 2 community dialogue meetings with stakeholders and community as a feedback mechanism per quarter							
Output 1.2							
Description							
Improved Sexual Gender Based Violence response /CMR services and increased skilled deliveries at the facility and at home							
Assumptions & Risks							
Availability of referral facilities Treatment guidelines available, Staffs are skilled , Insecurity							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					1
Means of Verification : GPS coordinates of established health facilities providing SGBV/CMR services							
Indicator 1.2.2	HEALTH	(Frontline Services) Number of deliveries attended by skilled birth attendant (facility or home).					100

Means of Verification : ANC registers

Activities

Activity 1.2.1

Ensuring 1 PHCC is supported with trained health personnel and RH kits for CMR

Activity 1.2.2

Conduct skilled deliveries at the health facility and at home

Activity 1.2.3

Reporting of SGBV cases and clinical management of rape cases

Activity 1.2.4

Supportive supervision and on job training for TBAs and MCHWs

Outcome 2

Increased immunity of children 6 months to 15 years through emergency vaccination; improved knowledge of infection prevention and improved response to epidemic prone diseases

Output 2.1

Description

Improved emergency vaccination for children 6-15 years against measles in emergency situation

Assumptions & Risks

Availability of functional cold chain system,
Availability of vaccines,
Trained vaccinators,
Insecurity,
Accessibility

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.			500	600	1,100

Means of Verification : EPI registers

Activities

Activity 2.1.1

Conduct measles vaccination campaigns

Activity 2.1.2

Social mobilization for emergency vaccination

Output 2.2

Description

Improved response to epidemic prone disease outbreaks through strengthened disease surveillance, verification and response to disease outbreaks

Assumptions & Risks

Availability of reporting tools,
Access to the community and supported health facilities
Insecurity

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	(Frontline Services) Number of epidemic prone disease alerts responded to within 48 hours					1

Means of Verification : IDSR/EWARS Reports

Indicator 2.2.2	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	9	11			20
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Means of Verification : Training reports, Pictures

Activities

Activity 2.2.1

conducting continuous community/Facility level surveillance for epidemic prone diseases

Activity 2.2.2

Training of health staff on disease surveillance and outbreak response							
Output 2.3							
Description							
Improved knowledge of infection prevention/health seeking behavior among community members							
Assumptions & Risks							
Stable security, Available funds							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.3.1	HEALTH	(Frontline Services) Number of people reached by health education /promotion	4,200	4,300	800	700	10,000
Means of Verification : Pictures, Attendance register and weekly updates							
Activities							
Activity 2.3.1							
Continues health education/promotion at the facility and in the community							
Activity 2.3.2							
Social mobilization and health education/promotion for behavioral change during social/community events							
Additional Targets :							

M & R											
<u>Monitoring & Reporting plan</u>											
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. TRI-SS 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 TRI-SS, 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 analyzed 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 OPD consultations	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Treatment of SAM with Medical Complications	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Training of health staff on infection prevention and control (Wash in health facilities)	2018				X								
Activity 1.1.4: Procurement of Essential drugs	2018			X	X								
Activity 1.1.5: Transportation of essential drugs,	2018			X	X								
Activity 1.1.6: Conduct routine health facility cleaning and washing/mooping	2018			X	X	X	X	X	X	X			
Activity 1.1.7: Mobile outreach activities to Korijo, Pure, Ajio and Managalotore,	2018			X	X	X	X	X	X	X			
Activity 1.1.8: Conduct one inception Meeting with CHD and RoSS at the start of the project,	2018			X									
Activity 1.1.9: Conduct 2 community dialogue meetings with stakeholders and community as a feedback mechanism per quarter	2018					X			X				
Activity 1.2.1: Ensuring 1 PHCC is supported with trained health personnel and RH kits for CMR	2018			X	X	X	X	X	X	X			
Activity 1.2.2: Conduct skilled deliveries at the health facility and at home	2018			X	X	X	X	X	X	X			
Activity 1.2.3: Reporting of SGBV cases and clinical management of rape cases	2018			X	X	X	X	X	X	X			
Activity 1.2.4: Supportive supervision and on job training for TBAs and MCHWs	2018			X	X	X	X	X	X	X			
Activity 2.1.1: Conduct measles vaccination campaigns	2018					X	X		X	X			
Activity 2.1.2: Social mobilization for emergency vaccination	2018				X			X					

Activity 2.2.1: conducting continues community/Facility level surveillance for epidemic prone diseases	2018			X	X	X	X	X	X	X			
Activity 2.2.2: Training of health staff on disease surveillance and outbreak response	2018				X								
Activity 2.3.1: Continues health education/promotion at the facility and in the community	2018			X	X	X	X	X	X	X			
Activity 2.3.2: Social mobilization and health education/promotion for behavioral change during social/community events	2018			X	X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

The Rescue Initiative-South Sudan (TRI-SS) 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 feedback will form part of the project performance reporting to the health cluster and will help guide the fine tuning of the project to enhance positive beneficiary experience

Implementation Plan

1. Capacity building of the clinical and community staffs: All clinical and community teams involved in the implementation of the response will be provided initial orientation on their deliverables (Health, WASH, Nutrition and Protection as it pertains to the essential lifesaving packages)
2. Technical guidelines, standard reporting formats (data collections tools) and protocols will be availed to ensure efficiency of the deliverables
3. Plan will be in place to mitigate stock outs
4. TRI-SS will closely coordinate with the health cluster at National and sub-national 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
WHO,UNFPA,UNICEF	Supplies/Capacity Building/advocacy (PHCC Kits,RDTS etc),Supplies(RH kits,Condoms),Vaccines

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will focus on gender disparity and sensitivity to ensure that all the vulnerable populations enjoy the same positive essential life-saving health services. Women bear the economic responsibilities of their families, are not in a position to make family and personal choices including reproductive issues. The project will ensure that women and girls are empowered proportionally to be given equal opportunity to be employed and serve their community. Women and girls must receive equal treatment in accessing essential lifesaving clinical health and protection services. Special effort will be made to ensure that the needs of adolescent youth (Boys/Girls) will be provided equal opportunities

Protection Mainstreaming

1. Standardized psychosocial support will be provided ensuring confidentiality and privacy of individual who seek such services.
2. Capacity building for staff in the health facility will be conducted.
3. TRI-SS 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

Although the security situation in Kajo-Keji has been unstable in the recent past, relative calm has returned. TRI-SS has a security plan in place, which guides staff on safety and security in their movements while conducting humanitarian work. The staff will be provided with identity cards which they are advised to carry whenever they go out for work. In situations of high insecurity, staffs may be evacuated to Uganda (Moyo or Arua) for safety.

Access

Kajo-Keji is accessible through out the year mainly by road. TRI-SS will hire a car to transport supplies and staff for outreach and community health events

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Executive Director	S	1	3,500.00	6	35.00	7,350.00
<p><i>Executive Director will be responsible for effective administration and operations. Hiring and retention of competent and qualified staff. signing all notes, agreements, and other instruments made and entered into and on behalf of the organization.</i></p> <p><i>The Executive Director will be paid 1225\$ as a 35% contribution to his monthly salary making a total of \$6120 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>							
1.2	Programmes Manager	S	1	3,400.00	6	35.00	7,140.00
<p><i>The program Manager is to plan and design the program and proactively monitor its progress. Resolving issues and initiating appropriate corrective action. To ensure effective quality assurance and the overall integrity of the program and specialist standards, and to manage communications with all stakeholders.</i></p> <p><i>The PM will be paid 1190\$ as a 35% contribution to his monthly salary making a total of \$7140 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>							
1.3	Finance Manager	S	1	2,000.00	6	35.00	4,200.00
<p><i>The Finance Manager will be paid 700\$ as a 35% contribution to her monthly salary making a total of \$4200 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>							
1.4	HR/Admin	S	1	1,200.00	6	35.00	2,520.00
<p><i>The HR/Admin will maintain employee records, update HR databases (e.g. new hires, separations, vacation and sick leaves), assist in payroll preparation by providing relevant data, like absences, bonus and leaves, Prepare reports and presentations for internal communications, and Provide orientations for new employees</i></p> <p><i>The HR/Admin will be paid 420\$ as a 35% contribution to her monthly salary making a total of \$2520 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>							
1.5	Logistics officer	S	1	1,200.00	6	35.00	2,520.00
<p><i>The Logistics officer will carry out logistics assessment to establish key logistics considerations for transportation, receipt, handling, storage and distribution of drugs and commodities.</i></p> <p><i>The Logistics officer will be paid 420\$ as a 35% contribution to his monthly salary making a total of \$ 2520 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>							
1.6	Security officer	S	1	800.00	6	35.00	1,680.00
<p><i>The Security officer will be responsible to provide advice and training to staff and dependents on office and residential security measures, prepare security reports, updates and conduct briefings, as required, report and investigate security related incidents involving TRI-SS staff members, project personnel or eligible dependents, maintain office security by conducting physical security inspections of facilities, if possible background checks, and entry control</i></p> <p><i>The Security officer will be paid 180\$ as a 35% contribution to his monthly salary making a total of \$1680 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>							
1.7	Guards	S	2	100.00	6	100.00	1,200.00
<p><i>The Guard is to monitor and authorize entrance and departure of employees, visitors, and other persons, to guard against theft and maintain security of premises, and detect signs of intrusion and ensure security of doors, windows, and gates.</i></p> <p><i>The Guard will be paid 100\$ as a 100% contribution to his monthly salary making a total of \$600 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>							
1.8	Cleaners	S	2	100.00	6	100.00	1,200.00
<p><i>The cleaner's role is to sweep floors with brushes or dust control mops, and to make breakfast for the staff.</i></p> <p><i>The cleaner will be paid 100\$ as a 100% contribution to his monthly salary making a total of \$600 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>							
1.9	Health Manager	D	1	2,500.00	6	100.00	15,000.00

	<p><i>To Plan, design, execute, monitor, control and coordinate all the project activities, provide technical support,request necessary supplies for the project and compile quarterly and final narrative reports.</i></p> <p><i>The Health Manager will be paid 2500\$ as a 100% contribution to his monthly salary making a total of \$12000 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>						
1.10	Field coordinator	D	1	1,000.00	6	100.00	6,000.00
	<p><i>Coordinates all the project activities with the local authority, and other partners, attend coordination meetings, responsible for staff security on the ground</i></p> <p><i>The Field coordinator will be paid 1000\$ as a 100% contribution to his monthly salary making a total of \$6000 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>						
1.11	Clinical officer	D	2	500.00	6	100.00	6,000.00
	<p><i>Lead mobile clinics, patient's Case management through proper history taking , physical examination, request lab. test and treatment and referral of cases for further management.</i></p> <p><i>The Clinical officer will be paid \$500*2= \$1000 as a 100% contribution to his/her monthly salary making a total of \$6000 for six months and the cost include NSSF, Housing and Medical allowances for two clinical officers.</i></p>						
1.12	Lab Assitants	D	2	150.00	6	100.00	1,800.00
	<p><i>Place request for the supplies, collection of patient's specimen, testing /analysis and reporting for accurate patient;s management</i></p> <p><i>The Lab Assistants will be paid \$150 as a 100% contribution to his/her monthly salary making a total of \$1800 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>						
1.13	CHWs	D	3	120.00	6	100.00	2,160.00
	<p><i>As part of mobile team, to offer health promotion and preventive services during an out reach and static service provision, contact follow up, home visits for case identification and review.</i></p> <p><i>CHWs will be paid \$120*3= \$360 as a 100% contribution to his/her monthly salary making a total of \$2160 for six months and the cost include NSSF, Housing and Medical allowances for three (3) CHWs.</i></p>						
1.14	Community Mobilizers	D	1	150.00	6	100.00	900.00
	<p><i>Mobilizes community for any health interventions,e.g. Vaccination, ANC services. Increases awareness on the importance health seeking behavior, health promotion and disease prevention.</i></p> <p><i>The Community mobilizers will be paid \$120*2= 240 as a 100% contribution to his/her monthly salary making a total of \$900 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>						
1.15	Vaccinators	D	3	100.00	6	100.00	1,800.00
	<p><i>To clean building floors by sweeping, mopping, scrubbing, and assist in crowd control during out reach activities.</i></p> <p><i>Vaccinators will be paid \$100*2= \$200 as a 100% contribution to his/her monthly salary making a total of \$1800 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>						
1.16	Health Officer	D	2	1,000.00	6	100.00	12,000.00
	<p><i>Responsible for planning, implementation of service delivery and monitoring of all activities in their respective areas of operation.</i></p> <p><i>Health officer will be paid 1000 as a 100% contribution to his/her monthly salary making a total of \$12000 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>						
1.17	Midwife	D	2	400.00	6	100.00	4,800.00
	<p><i>Provision of ANC services, educate women on birth preparedness and complication readiness plan, clean and safe delivery services.</i></p> <p><i>Midwife will be paid 400*2=800 as a 100% contribution to his/her monthly salary making a total of \$4800 for six months and the cost include NSSF, Housing and Medical allowances.</i></p>						
1.18	Community Mobilization officer	D	1	200.00	6	100.00	1,200.00
	<p><i>As part of mobile team, to offer health promotion and preventive services during an out reach and static service provision, contact follow up, home visits for case identification and review.</i></p> <p><i>Support community mobilizers to conduct social mobilization for service uptake paid \$ 200 per month making a total of \$1200</i></p>						
1.19	Field finance officer	D	1	500.00	6	100.00	3,000.00
	<p><i>Financial accountability and reporting at the field level @\$500 per month making a total of \$3000</i></p>						
1.20	Cashier Juba	S	1	700.00	6	50.00	2,100.00
	<p><i>Support the Finance manager and responsible for daily financial records @ \$700 50% making a total of \$350 monthly</i></p>						

1.21	SRH officer	D	1	300.00	6	100.00	1,800.00
	<i>Responsible for reporting of SGBV cases, communication ad CMR paid 300 USD per month</i>						
	Section Total						86,370.00
2. Supplies, Commodities, Materials							
2.1	Procurement of essentials drug as contingency plan	D	1	5,000.00	2	100.00	10,000.00
	<i>movement of supplies from Juba to Kajikejo still remained difficult due to restriction in security clearance , thus this drugs will bridge the gap while a process to get drugs from the pipeline partners still on going , the drugs will be procured from Uganda and to be transported to Kaj kejo through Yumbe district.</i>						
	<i>Procurement of 100% essential drugs from Uganda at 5000\$ per quarter for two quarters making a total of 10000\$ in six (6) months.</i>						
2.2	Transportation of essentials drugs	D	1	799.80	2	100.00	1,599.60
	<i>To transport essential drugs from Uganda to KajoKeji</i>						
	<i>Transportation of 100% essential drugs from Uganda to KajoKeji at 799.8\$ per quarter for two quarters, making a total of 1599.60\$ in six (6) months</i>						
2.3	Detergents/ Soap/laundry	D	2	35.10	6	100.00	421.20
	<i>For maintaining hygiene/ infection control through decontamination</i>						
	<i>Detergents for Supported Health Facilities at 35.1\$ per month for 2 Health Facilities making a total of 421.2 in (6) months.</i>						
2.4	Car Hire for mobile teams	D	12	100.00	6	100.00	7,200.00
	<i>To transport medical supplies and personnel for mobile outreach activities twice a week each site making 12 outreach site activities @ \$100 per trip making a total of 7,200</i>						
2.5	Mobile out reach to Koriyo, Pure, Ajio and Mangalotore/water/Soda/Lunch	D	12	50.00	6	100.00	3,600.00
	<i>Lunch, water and Lunch for mobile outreach teams at \$50 per each trip for 12 trips per month making a total of \$3600</i>						
2.6	Project inceptio meeting during outreach visits with community leaders and chiefs/Water/Soda	D	50	15.00	1	100.00	750.00
	<i>To launch the project and have management discussions with the community leaders to ensure ownership and acceptability to be attended by 50 people at \$15 per person for transport, lunch and breakfast</i>						
2.7	Dialogue Meetings during outreach visits with community leaders and chiefs/Water/Soda	D	50	15.00	1	100.00	750.00
	<i>Community dialogue meetings as a feedback mechanism per quarter to be attended by 50 stakeholders @ \$15 for transport, Breakfast and Lunch</i>						
2.8	Printing of 200 T-Shirts	D	100	10.00	1	100.00	1,000.00
	<i>For visibility @ \$10 each making a total of \$1000</i>						
	Section Total						25,320.80
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
4.1	Training of health staff on infection prevention and control (Wash in health facilities)	D	20	20.00	3	100.00	1,200.00
	<i>To maintain staff knowledge and skills on infection prevention and control.</i>						
	<i>Training of 20 health staff once in every two months on infection prevention and control (WASH in the facilities) at 20\$ per person making a total of 1200 in (6) months.</i>						
4.2	Training of health staff on disease surveillance and outbreak response	D	20	20.00	3	100.00	1,200.00

	<i>To maintain staff knowledge and skills on disease surveillance and outbreak response</i>						
	<i>Train 20 health staff once in every two months on disease surveillance and outbreak response at 20\$ per person making a total of 1200\$in (6) months.</i>						
	Section Total						2,400.00
5. Travel							
5.1	Air tickets for Health Manager and Programmes Manager and finance manager for supportive supervision	D	3	400.00	6	100.00	7,200.00
	<i>To provide technical support, and training fo staff in the field</i>						
	<i>To cater for four (6) tickets (two ways) in two field visit by the health manager and program manager at 400\$ per trip making a total of 7200\$ in six (6) months</i>						
5.2	Perdiem for Health Manager and programmes Manager and finance manager during field visits	D	3	15.00	75	100.00	3,375.00
	<i>To support health manager and program manager in the field</i>						
	<i>To cater for feeding and accommodation for two persons for 15 days at 15\$ per day making a total of 3375\$ in six (6) months</i>						
	Section Total						10,575.00
6. Transfers and Grants to Counterparts							
6.1	Bank charges	D	1	100.00	6	100.00	600.00
	<i>Bank charges and withdrawals direct cost</i>						
	<i>To cater for the bank charges during withdrawals and transfers of field staff salaries and activity money at 100\$ per month making a total of 600\$ in six (6) months</i>						
	Section Total						600.00
7. General Operating and Other Direct Costs							
7.1	internet	D	2	224.61	6	100.00	2,695.32
	<i>For effective communication and reporting transmission from the field project sites.</i>						
	<i>To cater for internet support at 224.61\$ per month, charged 100% from the project budget making a total of 2695.32\$ in six (6) months</i>						
7.2	Office rent	D	2	300.00	6	80.00	2,880.00
	<i>offices in Juba and kajokeji</i>						
	<i>To cater for office rent in KajoKeji and Juba at 300\$ per month, charged 80% from the project budget making a total of 2880\$ in six (6) months</i>						
	Section Total						5,575.32
SubTotal			310.00				130,841.12
Direct							100,931.12
Support							29,910.00
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	
Central Equatoria -> Kajo-Keji	100	6,800	8,000	2,000	3,200	20,000	Activity 1.1.1: Provision of OPD consultations Activity 1.1.2: Treatment of SAM with Medical Complications Activity 1.1.3: Training of health staff on infection prevention and control (Wash in health facilities) Activity 1.1.4: Procurement of Essential drugs Activity 1.1.5: Transportation of essential drugs, Activity 1.1.6: Conduct routine health facility cleaning and washing/mooping Activity 1.1.7: Mobile outreach activities to Korijo, Pure, Ajo and Managalotore, Activity 1.1.8: Conduct one inception Meeting with CHD and RoSS at the start of the project, Activity 1.1.9: Conduct 2 community dialogue meetings with stakeholders and community as a feedback mechanism per quarter Activity 1.2.1: Ensuring 1 PHCC is supported with trained health personnel and RH kits for CMR Activity 1.2.2: Conduct skilled deliveries at the health facility and at home Activity 1.2.3: Reporting of SGBV cases and clinical management of rape cases Activity 1.2.4: Supportive supervision and on job training for TBAs and MCHWs Activity 2.1.1: Conduct measles vaccination campaigns Activity 2.1.2: Social mobilization for emergency vaccination Activity 2.2.1: conducting continues community/Facility level surveillance for epidemic prone diseases

Documents

Category Name	Document Description
Budget Documents	TRI-SS_Essential drugs to support provision of essential health services to IDPS in Kajo-Keji County.xls