

<b>Requesting Organization :</b>	Universal Network for Knowledge and Empowerment Agency				
<b>Allocation Type :</b>	1st Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
HEALTH		100.00			
		<b>100</b>			
<b>Project Title :</b>	Increased access to essential emergency Clinical healthcare services package as stipulated in the health cluster strategy to IDPs and Host Community in Nasir county.				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-18/HSS10/SA1/H/NGO/7979		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	180,000.00		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	20/03/2018	<b>Planned End Date :</b>	30/09/2018		
<b>Actual Start Date:</b>	20/03/2018	<b>Actual End Date:</b>	30/09/2018		
<b>Project Summary :</b>	<p>The project seeks to increase access to essential emergency primary health care services through an integrated service delivery package using static and outreach service delivery points focusing on treatment of the major causes of mortality among under 5 children (malaria, diarrhea, pneumonia), SAM with complications, basic emergency obstetric and neonatal care including the clinical management of SGBV, Intensification of surveillance and support immunization of children against measles and other vaccine preventable diseases. It incorporates an integrated capacity building refresher training to health facility staff ( on WASH, Health and Nutrition) to prevent, detect and respond to epidemic prone disease outbreaks focusing on malaria, measles and other diseases of public health concern(TB/HIV AIDS) and wasting in order to reduce morbidity and mortalities among IDPS and host community in Nasir county</p> <p>The project aims to ensure:</p> <ul style="list-style-type: none"> <li>- OPD consultations are conducted</li> <li>- Children 6 Months to 15 years received measles vaccination in emergency, outbreak or returnee situation,</li> <li>- Epidemic prone disease alerts are responded to within 48 hours</li> <li>- Supported PHCUs are able to provide SGBV/CMR services</li> <li>- Skilled deliveries are conducted in the community or at home,</li> <li>- Health facility staff are trained on infection prevention and control ( WASH in health facilities) and outbreak response</li> <li>-Children under five with SAM+MC are treated in SC,</li> <li>-Uncomplicated Malaria cases are treated with ACT,</li> <li>- Health education/promotion provided to the targeted communities,</li> <li>-Health Staff are trained on disease surveillance and outbreak response.</li> </ul>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	6,200	7,500	6,000	6,014	25,714
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	4,000	4,472	0	0	8,472
People in Host Communities	2,200	2,000	0	0	4,200
Pregnant and Lactating Women	0	1,028	0	0	1,028
Children under 5	0	0	6,000	6,014	12,014
<b>Indirect Beneficiaries :</b>					
2571 (population in cattle camps and influx from other areas)					
<b>Catchment Population:</b>					
10% of direct beneficiaries					
<b>Link with allocation strategy :</b>					

6 PHCUs  
 2 mobile teams  
 2PHCCs covering (SAM with medical Complications and Clinical management of rape (CMR) and will focus on all the activities and indicators aligned to the clinical packages as per the Health Cluster strategy for this allocation  
 The project aims at ensuring access to essential emergency health care to IDPs and vulnerable community in Nasir county.  
 UNKEA will strengthen two PHCCs, 6 PHCUs and open 2 Mobile teams to reach 25,714 beneficiaries targeting 6 payams of Nasir 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)

**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
Simon Bhan Chuol	Executive Director	unkea.southsudan@gmail.com	+211955295774
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David Dak Deng	Finance Manager	unkea.fina@gmail.com	0921215242

**BACKGROUND**

**1. Humanitarian context analysis**

The Protracted conflict in South Sudan has caused erosion of physical and social infrastructure and death and displacement of hundreds of thousands of people in Upper Nile and Jonglei States. Nasir County is among the most affected with recurrent attacks often causing more displacements, death and destruction of health infrastructure. The national financial crises have worsened the situation. According to the World Bank, over half (51%) of the 12.3 million South Sudanese live below the national consumption poverty line. This situation is worse in Nasir County where more people are displaced, livelihoods destroyed and more fighting being reported. Renewed fighting in Nasir County in January 2017 displaced an estimated 33,000 people according to IRNA report. The report indicated that, nearly 4,000 people were staying with host communities in Jikmir center and Retguk village in Maker payam; more than 11,500 people were staying in and around Malual, including at the cattle camp; and a further 6,600 people were estimated to be staying in Bou village of Burbei stretching along the Giro river and a further 11,000 people were likely to be displaced within Nasir County. The last of such attacks occurred on the 12th of February 2018 at Nyatot, Torpoat and Pandanyang Villages resulting to over 60 wounded women, children and men being treated at Mandeng Health facility. Since the July 2016 crises, health and nutrition service delivery systems remained weak in Nasir and. A SMART survey conducted in June 2016, indicated poor health and nutrition indicators. According to the report, global acute malnutrition (GAM) rate was above emergency threshold at 21.8%. The survey further reported high under five mortality rates of 2.57/10,000/day. It indicated that 75% of the under-five mortality was due to infections mainly malaria, diarrhea and pneumonia.

**2. Needs assessment**

The conflict in the Eastern part of Upper Nile State continues to displace and increase the vulnerability of the population. Renewed fighting erupted in February 2018 in Nasir, continued clashes between Government and opposition forces in addition to inter clan conflicts created more displacement of people. Nasir is known to be host a large number of IDPs due to its proximity to Ethiopia. Basic health care system was extremely weakened in Nasir county with severe shortages of health workers and functional facilities including the county health department. 10 of the 18 health facilities are functional including Jikmir PHCC, Mading PHCC, Keich-kuon PHCC, Kierwan PHCC, Mandeng PHCU, Kuetrengke PHCU, Torpuot PHCU, Dinkar PHCU, Roam PHCU and Maker. Nasir hospital remains closed due to the insecurity. UNKEA received the 2nd Allocation of SSHF 2017 and managed to Increase the number of skilled health workers, drug supplies and access to integrated essential emergency primary health care services in 6 health facilities within the county. This allocation prevent rapture of essential services and will go a long way in maintaining, strengthening and expanding the services especially the management of SAM with medical complication in two stabilization centers (Jikmir and Mandeng PHCCs). A recent carried out by UNKEA's M&E team reported the need to the infrastructure of the PHCUs, furnish, avail medical equipment and secure the health facilities.

**3. Description Of Beneficiaries**

The beneficiaries will be IDPs and host community in Nasir County; it will be a gender sensitive project and will benefit men and women, boys and girls. Vulnerable communities will be given a special focus that is children under five years, women and the elderly people with disabilities. Total Beneficiaries = 25714; Women = 7500, Men =6200, Girls = 6014, boys = 6000

**4. Grant Request Justification**

This funding is requested to support UNKEA's Emergency response initiative (ERI) by providing basic health care services to vulnerable IDPs and host communities in 6 fixed health facilities of Maker PHCU+, Torpuot PHCU, Kwetrengke, DInkar PHCU, Roam PHCU and 2 outreach sites of Torkech and Mandeng in Nasir county. This funding will sustain and prevent rapture in providing continued humanitarian health assistance to the vulnerable IDPs, returnees and host communities. Scaling up provision of basic clinical consultations and treatment of common ailments such as malaria, diarrhea and pneumonia will reduce morbidity and mortality. Scaling up immunization services, vitamin A supplementation, deworming, IPT, clinical management of SGBV survivors, provision of safe and clean deliveries will enhance maternal, neonatal and child health, Accelerating grass root level community awareness will contribute to reduction in spread of communicable diseases. With 15 years existence in Nasir County, UNKEA has a strong community's support and acceptability making its programmes cost effective and sustainable through working with community volunteers. UNKEA has viable working relationship with the government, NGOs and donor partners such as CHD, UNICEF and SMOH in supporting the health care system in Nasir County. Through partnership agreement with PSI and WHO, UNKEA is receiving a non-cost supply of ACTs and RDTs, and essential drugs for management of malaria and other communicable diseases. Nutrition supplies will be through a partnership agreement UNKEA has with UNICEF.

### 5. Complementarity

The project will complement on the ongoing health and nutrition project so that a comprehensive package of health and nutrition services is provided to the community. It will also help restore emergency health services, filling the gap due to scale lack of funding. The immunization services will also work in tandem with Acute Flaccid Paralysis and Guinea worm eradication surveillance that UNKEA is currently undertaking in Nasir County.

### LOGICAL FRAMEWORK

#### Overall project objective

To ensure increased access to essential primary health care services to reduce morbidity and mortalities due to malaria, cholera and Severe acute malnutrition through clinical consultations and treatment, strengthening surveillance and emergency vaccinations, health education and treatment of severe acute malnutrition with medical complications.

### 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	60
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	40

**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 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 contribute 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 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

Increased accesses to essential health care services in Nasir County.

#### Output 1.1

##### Description

Increased access to curative consultations and management of SAM with Medical complications

##### Assumptions & Risks

- Security stability in the project area,
- Uninterrupted funding and supply of relief items and drugs,
  - Continued acceptability and community support,
  - Commitment and support of partner to the project,
  - Continued accessibility to project sites,

#### 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					13,576

**Means of Verification :** Outpatient and inpatient registers, IDSR reports and EWARs reports, Health cluster 5Ws, Health cluster RRM reports

Indicator 1.1.2	HEALTH	(Frontline Services) Number of children under5 with SAM+MC treated in SC			74	76	150
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**Means of Verification :** Inpatient reports (Under five), Monthly reports, IDSR reports and EWARs reports, Health cluster 5Ws, Health cluster RRM reports

#### Activities

<b>Activity 1.1.1</b>							
Conduct curative consultations to <5 and >5 boys and girls, men and women in 6 PHCUs and 2 Mobile clinics.							
<b>Activity 1.1.2</b>							
Conduct clinical management of children under 5 with severe acute malnutrition with medical complications in Jikmir and Mandeng stabilization centers							
<b>Output 1.2</b>							
<b>Description</b>							
Improved SRHR services including SGBV and skilled delivery in Nasir County( Jikmir and Mandeng)							
<b>Assumptions &amp; Risks</b>							
Uninterrupted funding, and supply of RH kits, Continued acceptability and community support, Road access and means of transport							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	(Frontline Services) Number of deliveries attended by skilled birth attendant (facility or home).					180
<b>Means of Verification</b> : Delivery register, ANC register, Monthly reports, IDSR reports and EWARs reports, Health cluster 5Ws,Health cluster RRM reports							
Indicator 1.2.2	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					2
<b>Means of Verification</b> : Health cluster 5 Ws, GPS coordinates, MoH data base, pictures							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Conduct skilled deliveries in Jikmir and Mandeng PHCCs							
<b>Activity 1.2.2</b>							
Provide psychosocial support rape survivors and clinical management of rape in Jikmir and Mandeng PHCCs							
<b>Output 1.3</b>							
<b>Description</b>							
Improved knowledge, attitudes and practices through health education at health facility and community level in Nasir County.							
<b>Assumptions &amp; Risks</b>							
Uninterrupted funding, Stable security situation, Community ready to change							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	(Frontline Services) Number of people reached by health education /promotion	3,300	4,000	800	900	9,000
<b>Means of Verification</b> : Attendance registers, Monthly reports, Health cluster 5Ws,Health cluster , RRM reports, Pictures							
<b>Activities</b>							
<b>Activity 1.3.1</b>							
Conduct daily health education/promotion session 6 PHCUs.							
<b>Activity 1.3.2</b>							
Conduct 12 Health education/promotions session in public places (Markets, Churches, Schools and traditional ceremonies).							
<b>Activity 1.3.3</b>							
Conduct 2 meetings with key stakeholders (CHD, Community leaders, ROSS) to identify needs.							
<b>Outcome 2</b>							
Strengthened disease surveillance and emergency vaccinations targeting children 6 months to 15 years for epidemic prone diseases,							
<b>Output 2.1</b>							
<b>Description</b>							
Increased disease surveillance, alert, verification and response within 48 hours							
<b>Assumptions &amp; Risks</b>							
Communication and reporting tools available, Stable security							

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	(Frontline Services) Number of epidemic prone disease alerts responded to within 48hours					4
<b>Means of Verification</b> : IDSR reports, Monthly reports, Health cluster 5Ws,Health cluster RRM reports							
Indicator 2.1.2	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			1,364	1,364	2,728
<b>Means of Verification</b> : EPI register							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Conduct routine health facility data collection and reporting (Weekly, Monthly and Quarterly reports)							
<b>Activity 2.1.2</b>							
Carry out outbreak notification, investigation and response within 48 hours							
<b>Activity 2.1.3</b>							
Conduct Emergency Measles vaccinations for children 6 months to 15 years in emergency situation.							
<b>Output 2.2</b>							
<b>Description</b>							
Increased capacity of Health workers to improve on disease surveillance and infection control in the 6 PHCUs							
<b>Assumptions &amp; Risks</b>							
Funding secured							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	20	20			40
<b>Means of Verification</b> : Training reports, Health cluster 5 Ws							
Indicator 2.2.2	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	20	20			40
<b>Means of Verification</b> : Training reports, Monthly reports, Health cluster 5Ws,Health cluster RRM reports, Pictures							
<b>Activities</b>							
<b>Activity 2.2.1</b>							
Training of staff on disease surveillance and outbreak respons							
<b>Activity 2.2.2</b>							
Training of health workers on infection prevention and control in health facilities							
<b>Additional Targets :</b>							

## 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. UNKEA 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 UNKEA, 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: Conduct curative consultations to <5 and >5 boys and girls, men and women in 6 PHCUs and 2 Moblie clinics.	2018			X	X	X	X	X	X	X				
Activity 1.1.2: Conduct clinical management of children under 5 with severe acute malnutrition with medical complications in Jikmir and Mandeng stabilization centers	2018			X	X	X	X	X	X	X				
Activity 1.2.1: Conduct skilled deliveries in Jikmir and Mandeng PHCCs	2018			X	X	X	X	X	X	X				

Activity 1.2.2: Provide psychosocial support rape survivors and clinical management of rape in Jikmir and Mandeng PHCCs	2018			X	X	X	X	X	X	X				
Activity 1.3.1: Conduct daily health education/promotion session 6 PHCUs.	2018			X	X	X	X	X	X	X				
Activity 1.3.2: Conduct 12 Health education/promotions session in public places (Markets, Churches, Schools and traditional ceremonies.	2018			X	X	X	X	X	X					
Activity 1.3.3: Conduct 2 meetings with key stakeholders (CHD, Community leaders, ROSS) to identify needs.	2018				X			X						
Activity 2.1.1: Conduct routine health facility data collection and reporting (Weekly, Monthly and Quarterly reports)	2018			X	X	X	X	X	X	X				
Activity 2.1.2: Carry out outbreak notification, investigation and response within 48 hours	2018			X	X	X	X	X	X	X				
Activity 2.1.3: Conduct Emergency Measles vaccinations for children 6 months to 15 years in emergency situation.	2018				X					X				
Activity 2.2.1: Training of staff on disease surveillance and outbreak respons	2018					X								
Activity 2.2.2: Training of health workers on infection prevention and control in health facilities	2018					X								

## OTHER INFO

### Accountability to Affected Populations

UNKEA 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. UNKEA 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
- 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,IMA,PSI	Supplies, capacity building and advocacy,Supplies, capacity building and advocacy and KA drugs,Mosquito nets and ACTS and RDTs

### 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. UNKEA 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

UNKEA understands very well the context in South Sudan and is putting all measures to ensure that its staff members' lives are not put at risk. We coordinate clusters including Logistic Cluster to make sure supplies destined for distribution are transported safely to their final destinations and that the beneficiaries receive them in safety. UNKEA has a base in Nasir County are hosted. We attend regular UN security briefing meetings to get latest information about security in various parts of the country. We also have elaborate account with WFP for safe travels of our staff members and in case of evacuations. Our members are also trained to work with communities in a way that promote good relationship community-based approaches to project implementation

### Access

UNKEA has been serving the Hard-to-reach areas in the target locations and other parts of Upper Nile. Since the start of crisis, UNKEA has been accessing both government and IO controlled areas without much difficulties. We are expecting to receive continuous support from local communities and authorities in the future, however, should there be any limitation in our ability to implement the project UNKEA will communicate immediately with Health cluster and OCHA/SSHF to seek amicable solutions.

## BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Executive Director	S	1	8,500.00	6	15.00	7,650.00
	<i>Overall leadership and advise Grade K,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure</i>						
1.2	Programmes Manager	S	1	4,500.00	6	50.00	13,500.00
	<i>Oversee the overall implementation of all projects and provide guidance and mentorship to project managers on project management and sustainability,</i>						
1.3	Health Specialist	S	1	3,500.00	6	60.00	12,600.00
	<i>Provide technical support to the project Grade J,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure</i>						
1.4	Health Manager	D	1	2,700.00	6	100.00	16,200.00
	<i>Project management and support Grade I,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.5	Clinical Officers	D	1	800.00	6	100.00	4,800.00
	<i>Technical and supervisory role Grade G,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.6	Registered Nurse/Midwife	D	2	500.00	6	100.00	6,000.00
	<i>Provide nursing care and counseling to patients,Grade F,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.7	Community Health Worker	D	6	200.00	6	100.00	7,200.00
	<i>Diagnosis and treatment,Grade C,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.8	Maternal and Child Health Worker	D	6	200.00	6	100.00	7,200.00
	<i>Reproductive health support to the health facilities,Grade C,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.9	Community Mobiliser	D	2	150.00	6	100.00	1,800.00
	<i>Social mobilization and awareness,Grade B,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.10	Data Clerks	D	6	150.00	6	100.00	5,400.00
	<i>Recording,Grade B,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.11	Guards	D	6	100.00	6	100.00	3,600.00
	<i>1 per PHCUs takes care of the health facility security,Grade A,works 8 hours a day,medical allowance,national</i>						
1.12	Field Manager	D	1	2,000.00	6	80.00	9,600.00

	<i>general field management for field manager and Administrator deal with administrative programs</i>						
1.13	Store Keeper	D	1	150.00	6	100.00	900.00
	<i>Responsible for the medical store,prepares orders and supply records</i>						
1.14	Human Resources Manager	S	1	3,500.00	6	15.00	3,150.00
	<i>Human resource support,Grade J,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.15	Finance Manager	S	1	4,500.00	6	15.00	4,050.00
	<i>Financial management Grade I,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.16	M&E manager	S	2	2,700.00	6	15.00	4,860.00
	<i>Monitoring and evaluation of the activities and carry out operational research,Grade J,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.17	Senior Finance Officer	S	1	2,200.00	6	15.00	1,980.00
	<i>Management of accounts,Grade H,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.18	Logistic Officer	S	1	2,200.00	6	15.00	1,980.00
	<i>Logistics and operations support</i>						
1.19	Drivers	S	2	800.00	6	15.00	1,440.00
	<i>Drive, maintain boats and cars</i>						
1.20	Cleaners	D	6	100.00	6	100.00	3,600.00
	<i>Maintain Facility cleanliness paid 100USD per month 100% charged on the project</i>						
	<b>Section Total</b>						<b>117,510.00</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Medical Supplies	D	0	0.00	0	100.00	0.00
	<i>Drugs (In-kind from MOH, WHO,UNICEF,IMA and PSI)</i>						
2.2	Transport of medical supplies, medical equipments	D	1	1,000.00	2	100.00	2,000.00
	<i>Central store to health facilities</i>						
2.3	Loading and offloading	D	1	500.00	2	100.00	1,000.00
	<i>Central store and health facility store</i>						
2.4	Storage and handling	D	1	500.00	2	100.00	1,000.00
	<i>Drugs and medical supplies are stored t the central store and at the health facility stores</i>						
2.5	Soap and Laundry	D	5	50.00	6	100.00	1,500.00
	<i>Ward cleanliness and maintenance</i>						
2.6	Facilities maintainance	D	5	100.00	2	100.00	1,000.00
	<i>Renovation of health facilities both PHCUs</i>						
2.7	1 Charter Flight	D	1	9,000.00	1	100.00	9,000.00
	<i>To transport emergency drugs</i>						
	<b>Section Total</b>						<b>15,500.00</b>
<b>3. Equipment</b>							
3.1	Computer	D	2	799.65	1	100.00	1,599.30



	<i>Reporting by Health manager, Health Specialist and reproductive health officer</i>						
3.2	Procurement of printing papers	D	1	200.00	6	100.00	1,200.00
	<i>Printing reporting tools and report summaries @ 20USD per rim for 5 rims a month for 6 months</i>						
3.3	Printer cartridge	D	1	100.00	6	100.00	600.00
	<i>Printing reporting tools and report summaries @ 25 USD per rim for 4 cartridges a month for 6 months making a total of 100 USD per Month</i>						
	<b>Section Total</b>						<b>3,399.30</b>
<b>4. Contractual Services</b>							
4.1	Refreshing Training Staffs	D	40	120.00	2	100.00	9,600.00
	<i>Training on Basic Packages of HealthServices</i>						
4.2	Community Dialogue Meetings	D	30	24.00	2	100.00	1,440.00
	<i>Community dialogue Meetings for 50 people (chiefs, community members) to discuss progress and provide feedback; Listen to complaints from the community regarding service provision Soda and Lunch budgeted at USD 3 per person making a total of 150 USD per meeting*2 Meetings=300</i>						
4.3	Community outreach	D	12	80.00	6	100.00	5,760.00
	<i>Daily allowance for social mobilizers during outreach activities at 10 USD per person per visit for 20 Social Mobilizers for 1 outreach visit per site for two sites (Maker and Torkech) per month for six months visits=200*6=2400</i>						
	<b>Section Total</b>						<b>16,800.00</b>
<b>5. Travel</b>							
5.1	Health Specialist travel from Juba to field /DSA	D	1	280.00	2	100.00	560.00
	<i>Technical support (UNHAS) 2 Flights</i>						
5.2	Programme Manager's travel	D	1	280.00	2	100.00	560.00
	<i>Quarterly Field Support supervision 2 flights</i>						
5.3	Health Manager travel to Juba for training/DSA	D	1	280.00	4	100.00	1,120.00
	<i>Training</i>						
5.4	Facilities supervision on monthly basis from field office	D	1	100.00	6	100.00	600.00
	<i>visiting of health facilities site by the Manager on weekly, monthly basis</i>						
5.5	Finance travel	D	1	560.00	2	100.00	1,120.00
	<i>Monthly finance travel for salary payment @ 280 per ticket return</i>						
	<b>Section Total</b>						<b>3,960.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	Internet	S	2	1,710.00	6	20.00	4,104.00
	<i>Field and Juba communications</i>						
7.2	Fuel and boat maintenance	D	1	500.00	6	100.00	3,000.00
	<i>Field activities transportation of drugs and referral of patients</i>						
7.3	Field office maintenance and repairs (fence, tukuls & office)	D	1	1,751.00	1	100.00	1,751.00
	<i>Field compound for staffs</i>						

7.4	Transfer charge by UNDP to UNKEA Account	D	1	200.00	2	100.00	400.00
	<i>wiring of fund from donor account to partner account</i>						
7.5	Monthly transaction charges	D	1	300.00	6	100.00	1,800.00
	<i>transaction on daily basis for project activities and salary transfer</i>						
	<b>Section Total</b>						<b>11,055.00</b>
<b>SubTotal</b>			160.00				<b>168,224.30</b>
Direct							112,910.30
Support							55,314.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							11,775.70
<b>Total Cost</b>							<b>180,000.00</b>

#### Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Luakpiny/Nasir	100	6,200	7,500	6,000	6,014	25,714	Activity 1.1.1: Conduct curative consultations to <5 and >5 boys and girls, men and women in 6 PHCUs and 2 Mobile clinics. Activity 1.1.2: Conduct clinical management of children under 5 with severe acute malnutrition with medical complications in Jikmir and Mandeng stabilization centers Activity 1.2.1: Conduct skilled deliveries in Jikmir and Mandeng PHCCs Activity 1.2.2: Provide psychosocial support rape survivors and clinical management of rape in Jikmir and Mandeng PHCCs Activity 1.3.1: Conduct daily health education/promotion session 6 PHCUs. Activity 1.3.2: Conduct 12 Health education/promotions session in public places (Markets, Churches, Schools and traditional ceremonies). Activity 1.3.3: Conduct 2 meetings with key stakeholders (CHD, Community leaders, ROSS) to identify needs. Activity 2.1.1: Conduct routine health facility data collection and reporting (Weekly, Monthly and Quarterly reports) Activity 2.1.2: Carry out outbreak notification, investigation and response within 48 hours Activity 2.1.3: Conduct Emergency Measles vaccinations for children 6 months to 15 years in emergency situation. Activity 2.2.1: Training of staff on disease surveillance and outbreak responses Activity 2.2.2: Training of health workers on infection prevention and control in health facilities

#### Documents

Category Name	Document Description