

Requesting Organization :	Impact Health Organization				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of emergency health assistance to IDPs and host communities in conflict affected persons in Aweil West and Centre counties, Northern. Bahr el. Ghazal South Sudan				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/NGO/8169		
Cluster :		Project Budget in US\$:	180,000.00		
Planned project duration :	6 months	Priority:			
Planned Start Date :	20/03/2018	Planned End Date :	30/09/2018		
Actual Start Date:	20/03/2018	Actual End Date:	30/09/2018		
Project Summary :	<p>Impact Health Organization (IHO) aims to improve access to basic curative and preventive health care services for internally displaced and conflict affected populations in Aweil West and Centre counties, Northern. Bahr el. Ghazal South Sudan. The proposed activities will focus on meeting the health cluster's strategic plan and response objectives through; provision of general consultations for morbidity, provision of basic RH services including antenatal care, skilled deliveries, postnatal care and family planning services, provision of immunization services for children under 5 years and women in the reproductive age group, Clinical Management of rape cases, Capacity building of staff recruited from the area of operation on surveillance and WASH in Health facilities. The project will also promote health education on key health topics at the clinic and in the community and Establishment a referral mechanism for severely sick patients. Through the proposed 1 PHCU and 2 Mobile Team activities, IHO intends to increase access to lifesaving healthcare services for acute displacements and the conflict affected host communities, disease outbreak prevention, malnutrition treatment and health Protection response. The service shall be provided in consultation with the community members and ensure constant feedback to improve service delivery.</p> <p>The project will address the specific needs and concerns of different gender and age groups through age, gender and diversity mainstreaming. The project will ensure interventions address specific needs of vulnerable groups especially women and girls and build local capacity of project beneficiaries by designing gender sensitive health interventions. Following the IASC Gender in Emergencies Handbook, Impact Health Organization (IHO) streamlines gender principles in all services. The proposed intervention will address the immediate needs of internally displaced and host populations while supporting efforts to build local capacity and strengthen systems to respond better in a protracted emergency situation. The intervention will specifically target vulnerable populations such men, women, boys and girls including elders, children under five years, disabled etc. To address the health needs of vulnerable communities, the community will be consulted through key informants, focus discussion and community consultation meeting.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	3,230	12,440	4,628	5,416	25,714
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	2,584	7,464	2,319	2,810	15,177
People in Host Communities	646	4,976	930	1,169	7,721
Children under 5	0	0	1,379	1,437	2,816
Indirect Beneficiaries :					
Catchment Population:					
Link with allocation strategy :					

In support the health cluster strategy the Provision of emergency health assistance to IDPs and conflict affected persons in South Sudan project" to be implemented in this allocation will scale-up the both curative and prevention health and nutrition services in Aweil Centre and Aweil West Counties by undertaking PHCU and Mobile Team Activities including vaccination, treatment, referral, health education, clinical management of rape cases, strengthening community participation in health service management and disease surveillance. IHO has two years' experience in providing health and nutrition service to vulnerable communities and as a national organization well position us to undertake community programs in any disputed location in South Sudan.

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
Mwanje Jolem	Program Coordinator	jolem.mwanje@gmail.com	+211928082382
Sempa Ali	Operations Officer	sempa@ihosavinglives.org	0929336235

BACKGROUND

1. Humanitarian context analysis

For decades, South Sudan seen progressing violence, the return of violence in December 2013 in South Sudan, impacted greatly on the already weak social, economic and political structures. As a result, tens of thousands people majority of them women, girls, boys, elderly people and people with disability have been displaced across the country. Aweil West and Aweil Centre counties of Northern Bahr El Ghazal have been harshly affected by conflict with seriously implications on health service delivery, which has forced many communities to unfavorable situation. There is increased pressure on the already weak health care system, increased the disease burden which has directly affected the health status of the population. Poor health is compounded with poor health seeking behavior due to lack of health education in the community, limited access to health facilities as most communities travel for long hours to access health facility which also faces limited human resource and shortage of drugs, poor infrastructure such as roads etc. The leading causes of morbidity include Malaria, Pneumonia, and Watery Diarrhea among children. The conflict has also contributed to economic incapability and limited access to food and basic needs, loss of belongings and family members which has exposed and increased vulnerability to psychological trauma and stress. The counties have also faced constant floods creating a risks for infrastructure break down and disease outbreak. The locations need urgent intervention by supporting a PHCU and Mobile Team in localities where access to the nearest facility is detrimentally inaccessible. The most affected are children under-fives as they lack immunization service as well as proper Infant young child feeding, pregnancy women hardly survive child birth as they develop delivery complications lack of delivery facilities and complicated with poor referral services. Aweil State Hospital in Aweil center is the only full service hospital, however, the hospital suffers from lack of both human and medical resources. Therefore in this response IHO seeks to provide emergency response to 25714 people in Aweil West and Aweil Centre who need health care and Nutrition services.

2. Needs assessment

The conflict in the former Upper Nile and Unity State led to displacement and IDPs settling in Aweil West and Centre counties of former Northern Bahr el Ghazal State (Humanitarian Situation report January 2018). In addition, WHO report September 2017 reported that estimated that over 119 000 people were affected due to flooding triggered by the heavy rainfall in Aweil West of former Northern Bahr el Ghazal State. This has exerted pressure to already limited resources among the host communities hence limiting the coping abilities to withstand the shocks. According the Smart survey October 2017, Aweil centre had GAM rate of 27.5% and Aweil west had GAM rate of 22% far above the 15% WHO emergency threshold and the IPC report January 2018 reported that all counties in Northern Bahr el Ghazal (except Aweil Centre) show critical levels of Global Acute Malnutrition (GAM 15.0%-29.9%) due to worsening food insecurity is primarily driven by protracted conflict and displacements, which have contributed to insufficient crop production and disruptions to livelihoods and persistent macroeconomic deterioration. Malaria, Pneumonia, Watery Diarrhea among children was reported among leading causes of morbidity (UN OCHA January 2018). The high prevalence is attribute to limited access to primary health care services as the available health facilities are far and faced with limited human resource and shortage of drugs. As a result, there is limited access to blood transfusion services, obstetric care service, mental health services, as well as treatment of SAM cases with medical complications. The referral system is hampered by poor roads and lack of transport means. The community has limited access to health education and Immunization coverage is still low. There is a need to provide emergency health care services through static primary health care unit, alongside a Medical Mobile Team (MMT) to support other health partners in management of common illnesses to reduce excess mortality and morbidity. In response to the need identified, This project will provide lifesaving quality health service to 25,714 including women and under-five children through the 2 mobile teams and 1 PHCU by working closely with the Nutrition, WASH and Protection clusters partners. In the same regard the project will monitor disease outbreaks in the intervention locations to inform the health cluster and undertake immediate response including emergency immunization in high-risk areas with lowest coverage. IHO will work closely with communities to identify the problem affecting them and the community will greatly participate development and implementation of activities and community shall provide feedback on the progress of the interventions. The project will build capacities of the communities through training and awareness campaigns designed to halt the spread of communicable disease. IHO will address unique health needs of women and girls, particularly responding to GBV, including basic management of SGBV survivors. Finally, IHO will work closely with partners, health cluster and MoH in ensuring provision of timely live saving health care services.

3. Description Of Beneficiaries

The project will Increase access to lifesaving healthcare and cholera epidemic prevention to 25714 hosts and IDPs population (3230 Men, 12440 Women, 4628 Boys, 5416 Girls.) by undertaking life-saving interventions including, screening of children for SAM and referral for treatment, health education, EPI, general consultations for morbidity, skilled deliveries, referral mechanism for severely sick patients. The beneficiaries are identified based on the vulnerability in consultation with the community. IHO works closely with local authorities, community leaders, CHD and health staff regarding decisions to intervene, adapt to complete the project activities.

4. Grant Request Justification

The allocation prioritizes Aweil West and Centre counties of former Northern Bahr el Ghazal State as an emergency response location for health and nutrition intervention. The locations have seen violence and displacement, floods, food insecurity as well as disease outbreaks which continue to threaten mostly children, women and elderly. The target IDP and host Population lack access to primary health cares as they rely on a few functional health facilities which is under staffed and with limited drugs and supplies. This project will scale up access to service by supporting one primary health care unit and a mobile Team. Impact Health Organization has studied the humanitarian situation and being a national organization with background experience in implementing nutrition and health in conflict affected areas in South Sudan gives an upper hand on understanding of the local context, local networks as well as the capacity to provide the most critical services during emergencies. We intend to maximize the allocated funds through an integrated response plan to tackle health, mental, nutrition disease burden by scaling-up service in the undeserved locations through community participation. We shall complement the existing nutrition services and health services by working close with other partner organizations such as Mediar, Malaria consortium and Concern to tackle the highest cause of morbidity in the area.

5. Complementarity

The project will complement other partner programs in effort to combat the highest cause of morbidity and mortality in the target locations. There is limited access to primary health care services as communities walk long distance to reach the available health facilities. This project seeks to improve on coverage, reaching more vulnerable communities in the two counties. IHO will expand into remote, rural locations to reach populations in need and will address the challenges access to treatment and awareness. This project has been developed to address the needs of the most vulnerable populations.

LOGICAL FRAMEWORK

Overall project objective

The aim of the project is to provide lifesaving health care and strengthen community capacity through training and awareness to reduce the disease burden in the target locations. This project will strengthen health staffing, drugs and supplies availability, screening, case management and referrals, disease surveillance and health and community participation in Aweil Centre and Aweil West Counties by reaching 3230 Men, 12440 Women, 4628 Boys, 5416 Girls during the 6 months of implementation by supporting the Cluster objectives 2 and 3.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Implement inclusive and dignified essential clinical health services targeting specific needs of vulnerable people	SO2: Reinforce protection and promote access to basic services for the most vulnerable people	60
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	30
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	10

Contribution to Cluster/Sector Objectives : The aim of the project is to provide lifesaving health care services, strengthen community capacity through training and awareness to reduce the disease burden in the target locations. This project will increase access to Basic Health Care service by operating 1 PHCU and 2 Mobile Team, strengthen health staffing, drugs and supplies availability, screening, case management and referrals, disease surveillance and health and community participation in Aweil Centre and Aweil West counties during the 6 months of implementation by supporting the Cluster objectives 1 2 and 3

Outcome 1

Improved access to basic preventive and curative health services to 25714 people (3230 Men, 12440 Women, 4628 Boys, 5416 Girl) in the counties of Aweil Centre and Aweil West by operating 1 PHCU and 2 Mobile Team

Output 1.1

Description

14248 individuals (2391 Men 5420 Women 2888 Boys, 3549) benefit Clinical health care and screening services

Assumptions & Risks

Some Medicines and supplies available through core pipe line

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					13,220

Means of Verification : Registers, Photos etc

Indicator 1.1.2	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			468	560	1,028
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Means of Verification : Registers, photos

Indicator 1.1.3	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					7,920
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Means of Verification : Registers

Indicator 1.1.4	HEALTH	(Frontline Services) Number of deliveries attended by skilled birth attendant (facility or home).						20
Means of Verification : Registers, Photos								
Indicator 1.1.5	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services						3
Means of Verification : Registers								
Activities								
Activity 1.1.1								
Provide OPD services for common diseases								
Activity 1.1.2								
Provision of Psychological First Aid (PFA)								
Activity 1.1.3								
Vaccination against Measles & Polio for all under 5								
Activity 1.1.4								
Conduct vaccination against Tetanus for pregnant women who have not received the Vaccine								
Activity 1.1.5								
Referral of complicated medical cases								
Activity 1.1.6								
Undertake Ante- and postnatal check up, conduct normal deliveries at community level, and provide family planning								
Activity 1.1.7								
Screening of pregnant and lactating women and under 5 for malnutrition								
Activity 1.1.8								
Basic management of SGBV survivors (PEP, treatment for STI, wound care)								
Output 1.2								
Description								
11469 Individuals Benefit from Health Promotion activities								
Assumptions & Risks								
Medicines and supplies available through core pipe line Good coordination between CHD, Mediar and Concern Insecurity A formal and functional referral linkages are established between the different service outlets starting from the community level.								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.2.1	HEALTH	(Frontline Services) Number of people reached by health education /promotion	839	7,020	1,740	1,870	11,469	
Means of Verification : Photos								
Activities								
Activity 1.2.1								
Promote community Health seeking behaviour through health education								
Activity 1.2.2								
Education communities on use of bednets								
Activity 1.2.3								
Awareness raising of the availability of services for SGBV survivors								
Output 1.3								
Description								
EWARS activities undertaken on a regular basis								
Assumptions & Risks								
WHO and MOH supports the training through provision of training materials and trainers								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.3.1	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	10	10			20	
Means of Verification : Training report, photos								

Activities
Activity 1.3.1
Conduct training for staff on IDSR and disease investigation
Activity 1.3.2
Provide Weekly Surveillance IDSR & EWARN data
Activity 1.3.3
Undertake Activity based reporting

Additional Targets :

M & R

Monitoring & Reporting plan

IHO will develop a monitoring and Evaluation plan for this project; and will work closely with the cluster team, County Health Department and the SSHF TS to ensure quality programming is affected. The performance-monitoring plan includes alignments to Health Cluster M&E standards with standard Cluster tools including goals and objectives, questionnaires, data sheets and analysis mechanisms integrated. Data will be collected using the standard MOH data collection tools such as OPD registers, Monthly and Weekly report tools among others. Standard Indicators will be used to measure progress at mid and final stages of the project. All activities within the project will be regularly monitored and results against indicators will be collected in monthly reports as well as for each intervention report. A mix of quantitative, qualitative, participatory, and observatory means of data collection shall be employed for collecting data against key indicators and the findings shall be incorporated into the reports.

For the monitoring and reporting progress and achievements of the project activities will be entirely responsibility of the Health team consisting of the Program coordinator, Program Officer, clinicians and health promotion officer among others. IHO project team will promote reporting by producing daily activity reports, weekly and Monthly report as well as donor reports. To promote reporting the project officer will share data daily through EWARN reporting system. The PHU will have an activity plan and as well an activity plan will be developed by the mobile team rotating within the sites in the mobile fashion.

The reports will show progress focusing on the number of people reached, by sex, age and location, which shall be share to the donor and relevant Clusters. The Mid-project report will provide for progress made per activity and the final report will include among others demonstration of the long-term impact. To avoid duplication of activities IHO will work with other partners (ie. Mediar, Concern among others) responding in Health activities in Aweil West and Aweil centre counties to identify who is working where and share experience. To measure progress, every activity shall be documented using specific activity Monitoring matrix where the number of people reached by sex, age and location are recorded. IHO will coordinate all efforts with Community leaders through coordination meeting to share experience and gaps for scaling up and engaging them in field activity monitoring. At the field level, regular monitoring visits conducted by IHO Juba based staff will use cluster-approved systems to measure progress against the work plan and towards achieving the desired results and project objectives. Data collected from field visits will be used to report to the cluster on a monthly basis, with additional narrative and financial reports provided to SSHF Finance Team as per contractual requirements. Cluster recommended reporting lines will be fully adhered to such as 5W matrices. Community participation in project monitoring and evaluation will be done which will involve utilization of single sex focus groups, same age peer group discussions to obtain accurate feedback from beneficiaries as an accountability mechanisms aimed at implementing lessons learnt and avoid repetition of implementation short falls in coming/ongoing projects. To ensure proper Monitoring and Evaluation of the project finances, the Project coordinator, project Officer shall be in charge of project finances spending and will report to the organization Finance Manager. The Finance Manager will track budget lines and ensure all activities funded are accounted for using the laid down financial regulations. The finance Manager will compile financial reports, which will be shared with the donor.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.2.1: Promote community Health seeking behaviour through health education	2018			X	X	X	X	X	X	X			
Activity 1.3.1: Conduct training for staff on IDSR and disease investigation	2018				X								
Activity 1.3.2: Provide Weekly Surveillance IDSR & EWARN data	2018			X	X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

IHO will promote transparency during the project implementation by directly involving the community in every stage of the project to ensure clear understanding of objectives of the project, expectations and stakeholders. IHO has incorporated the Commitments on Accountability to Affected Populations (CAAP) into all relevant statements, policies and operational guidelines including incorporating them in staff inductions. The location of PHCU services targeted for this project shall be identified in consultation of the CHD and state ministry of Health. In addition the Mobile Team rotation shall be based on the community prioritization and community leader consultations. During service provision, IHO shall ensures facilitation of the provision of feedback from affected people on the services provided by IHO through feedback meeting to be held Monthly basis and on average on a weekly basis IHO will administer a perception questionnaire to 10 beneficiaries. Team will ask beneficiaries to give feedback on the services received and suggest way to improve where necessary. All project activities will engage local authorities to oversee their implementation. During implementation, teams are recruited with attention to a balance of women and men, cultural diversity and age. Communities will be educated on the services provided to enable them make informed decision and as well as IHO will promote community dialogue to continuously incorporate the needs of the community. Finally, IHO will also conduct evaluation exercises involving men, women, girls and boys. The feedback Information will be available to local communities in local languages were possible.

Implementation Plan

The project is the result a result the humanitarian response plan, specially this projects follows within the Health Cluster strategy and priorities. Therefore, during implementation IHO will work closely with the Health cluster as well as Other relevant clusters. In the same regard, IHO will work closely with other relevant Health partners by strengthening the coordination mechanism with government and other relevant partners. The community capacity will be strengthened at process of the project implementation by ensuring community members participate in the planning, delivery and sustainability of the activities. The operation of the PHCU and the Mobile Team will be supported by UNFPA AND WHO core pipeline supplies. The Mobile Team will complement the PHCU and other Partner efforts to combat morbidity and mortality and therefore shall operate based on the community needs and one a weekly rotation. The project will be carried out through the direct engagement of key project staff, such as the Program Coordinator, Health Officer, Clinicians, Nurses, Midwives Health Promotion Officer, Vaccinators among others to ensure the maximum impact of the intervention, IHO will strengthen existing structures and working with available human resource. Project implementation will cut across other thematic areas such as protection and Nutrition with activities such as Clinical Management of Rape protection and nutrition messaging incorporated into activities. IHO will implement each stage of the project in collaboration with these stakeholders and aim to include representatives from all stakeholders in training and capacity building components.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Mediar ,Concern	Management of complicated medical cases,Management of Complicated Medical cases

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

IHO mainstreams gender into Health programming by assessing gender-specific needs and identifying appropriate responses to address the particular concerns of women, men, girls and boys during the assessment of health needs in the project locations. Sex and Age disaggregated data is recorded; Among the ways IHO under takes to promote gender includes holding a series of key informant interviews, focus group discussions (FGDs) with the intervention communities. The result is a strategy that incorporates the view, opinions and needs of all men, women, boys and girls and seeks to address existing gaps. It is through this process that IHO identifies the Health priorities for both men and women in terms of needs. At all stages in programme planning and design, gender mainstreaming is a key priority. IHO aims to improve the wellbeing of women, girls, boys and men. These data collection methods will aim to collect information about the perceived risks in accessing services and risk with the community ie. SGBV against women and girls . In order to incorporate the elderly into beneficiary numbers, IHO will work with local community leaders to identify this group, using IASC guidelines. Data will be dis-aggregated by gender and age to have much more intense impact on the services.

Protection Mainstreaming

Protection mainstreaming into the project has been integrated into the entire programmatic cycle from the needs assessment, to the implementation and subsequent winding up. Firstly, the “Do No Harm” principle has been factored. From the initial stages of conceptualizing a project, to hiring staff, acquiring materials, implementation, IHO will examine the potential negative and positive impact of programming decisions on the conflict context; while ensuring expectations are not overly raised and considering who conducts the project activities with ethnic safety in mind. Some of the concepts will need to be introduced carefully or be addressed in smaller groups or individually. Safety and dignity of beneficiaries will be prioritized. Victims of rape will be provided with clinical management. The project will seek to strengthen and support self-protection and will work in collaboration with other protection actors. The project will also address protection issues such as rape by providing sensitization to communities and treatment to victims. The project will seek to analyze dividers and sources of tensions between groups; analyze connectors between groups and across groups and consider implicit ethical messages associated with the project. All project training will incorporate protection issues. In working with the local authorities, IHO will constantly analyzed the risks and opportunities linked to engaging with government dynamically, in view of the conflict analysis and regular informal monitoring of the context.

Country Specific Information

Safety and Security

The project is going be implemented in two Counties of Awiel West and Aweil Centre. The security situation in the area, remains calm in some locations but with some tension in neighboring states. However, this does not threaten the security and safety of our staff. IHO is cooperating with both the opposition and the government respectively to determine the safe staff movements in the area. IHO puts life of its staff on the front agenda and will ensure that every staff is brief about the situation and incase of intense insecurity the staff will be evacuated.

Access

Counties of Awiel West and Aweil Centre is accessible by road during dry season and however during the wet seasons some areas especially in Aweil West are hard to reach due to floods. However, early logistical preparation will make operation easy.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
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1. Staff and Other Personnel Costs

1.1	Project coordinator	D	1	2,000.00	6	80.00	9,600.00
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Will spend 80% of the time supporting the project activities, SSHF will contribute 80% toward the Project Coordinator salary

1.2	Project Officer	D	1	1,250.00	6	80.00	6,000.00
<i>Will spend 100% of the time undertaking project activities, SSHF will contribute 100% toward the Project officer salary</i>							
1.3	Clinician	D	1	1,000.00	6	80.00	4,800.00
<i>Will spend 100% of the time undertaking project activities, SSHF will contribute 100% toward the Clinician salary</i>							
1.4	EPI and Health Education Officer	D	1	500.00	6	100.00	3,000.00
<i>Will spend 100% of the time undertaking project activities, SSHF will contribute 100% toward the EPI and Health Education Officer salary</i>							
1.5	Nurse	D	3	600.00	6	100.00	10,800.00
<i>Will spend 100% of the time undertaking project activities, SSHF will contribute 100% toward the Nurse salary (1 Nurse PHCU and 2 Nurses for Mobile Team)</i>							
1.6	Lab Assistant	D	2	500.00	6	100.00	6,000.00
<i>Will spend 100% of the time undertaking project activities, SSHF will contribute 100% toward the Lab Assistant salary (1 Lab assistant PHCU and 1 for Mobile Team)</i>							
1.7	Vacinators/Health Educators	D	4	200.00	6	100.00	4,800.00
<i>Will spend 100% of the time undertaking project activities, SSHF will contribute 100% toward the Vacinators/Health Educators salary</i>							
1.8	Midwives	D	1	600.00	6	100.00	3,600.00
<i>Will spend 100% of the time undertaking project activities, SSHF will contribute 100% toward the Midwives salary</i>							
1.9	Community Health Worker	D	2	200.00	6	100.00	2,400.00
<i>Will spend 100% of the time undertaking project activities, SSHF will contribute 100% toward the CHWs salary</i>							
1.10	Finance Manager	D	1	1,500.00	6	50.00	4,500.00
<i>Will spend 50% of the time undertaking project activities, SSHF will contribute 50% toward the Finance Manager salary</i>							
1.11	Procurement and Logistic Officer	D	1	1,250.00	6	80.00	6,000.00
<i>Will spend 50% of the time undertaking project activities, SSHF will contribute 50% toward the logistic officer salary</i>							
1.12	Cleaner	D	3	200.00	6	50.00	1,800.00
<i>Will spend 100% of the time undertaking project activities, SSHF will contribute 100% toward the Cleaner salary</i>							
1.13	Operation Officer	D	1	1,400.00	6	50.00	4,200.00
<i>Will spend 50% of the time undertaking project activities, SSHF will contribute 50% toward the Operation Officer salary</i>							
Section Total							67,500.00
2. Supplies, Commodities, Materials							
2.1	Medical Materials and Supplies	D	2	1,000.00	6	100.00	12,000.00
<i>The cost allocation will cater for materials and supplies such as Disinfectants, examination gloves, disposable syringes and needles, cotton rolls, gauze rolls etc</i>							
2.2	Examination sets	D	2	1,800.00	1	100.00	3,600.00
<i>1 Examination sets will be procured for quarter. These will include;Anthropometric tools, stethoscopes, clinical thermometers, fetoscopes, examination gloves, examination couch, measuring tapes among others.</i>							
2.3	Training of staff	D	1	1,500.00	1	100.00	1,500.00
<i>Cost will cover refreshments and stationary for the training</i>							
2.4	Support County Health Department to conduct support supervision	D	2	100.00	6	100.00	1,200.00
<i>2County health department staff shall be support to conduct 1 supervision per month @100 per person</i>							
2.5	Complicated case Referral	D	64	35.00	1	100.00	2,240.00
<i>\$35 Shall be allocated to facilitate referral of the complicated cases</i>							

2.6	Charter flights (Juba-Aweil)	D	2	7,500.00	1	100.00	15,000.00
	<i>Most of the equipment require to be procured from Juba and taken to the field site on timely manner. 2 charters during the project period will be scheduled at the beginning of the project and midway within the project for huge commodity transport requires. UNHAS which is a regular flight providing partner for Humanitarian aid services has limited capacity for cargo which may delay project activities.</i>						
2.7	Vechile hire to support field activities	D	1	24,000.00	1	100.00	24,000.00
	<i>1vehicle will be hired to support daily @ \$200 Used per day 20 days a month for 6 Months =24000</i>						
2.8	Rehabilitation of the One 1 Primary Health Care Unit	D	1	7,000.00	1	100.00	7,000.00
	<i>The cost will cover construction materials ie. iron sheets, poles, cement, labour etc.</i>						
2.9	Mobile Team Tents	D	2	5,000.00	1	100.00	10,000.00
	<i>Tents are needed to set up emergency and mobile sites each time the team goes to a location. 2 sets of mobile tents are required for the that purpose through out the project period. The tents will be required for each for consultations, ANC, EPI and waiting area/Health Education</i>						
	Section Total						76,540.00
3. Equipment							
3.1	camera	D	2	300.00	1	100.00	600.00
	<i>The 2 cameras will support the project staffs</i>						
3.2	Laptops	D	2	800.00	1	100.00	1,600.00
	<i>The 2 laptops will support the project staffs</i>						
	Section Total						2,200.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
5. Travel							
5.1	Juba field staff travel (flights)	D	4	250.00	6	100.00	6,000.00
	<i>cost support staff movement in and out of field</i>						
5.2	Field staff based accommodation and feeding	D	4	100.00	6	100.00	2,400.00
	<i>4 staff @\$100 per month</i>						
5.3	Support supervision	D	1	100.00	6	100.00	600.00
	<i>6 supervisions @ \$100</i>						
	Section Total						9,000.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Head Office Rent	D	1	2,000.00	6	50.00	6,000.00
	<i>SHHF will contribute 50% towards head office rent</i>						
7.2	Head office Internet	D	1	1,000.00	6	50.00	3,000.00
	<i>SHHF will contribute 50% towards Head office Internet</i>						

7.3	Head Office support	D	1	500.00	6	25.00	750.00
<i>SHHF will contribute 25% towards Head Office support</i>							
7.4	Field office support cost	D	2	200.00	6	100.00	2,400.00
<i>SHHF will contribute 100% towards Field office support cost</i>							
7.5	Bank charge	D	1	2,421.32	1	100.00	2,421.32
<i>SHHF will contribute 100% towards bank charges</i>							
Section Total							14,571.32
SubTotal			118.00				169,811.32
Direct							169,811.32
Support							
PSC Cost							
PSC Cost Percent							6.00
PSC Amount							10,188.68
Total Cost							180,000.00
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Northern Bahr el Ghazal -> Aweil Centre	49	1,583	6,096	2,268	2,653	12,600	Activity 1.2.1: Promote community Health seeking behaviour through health education Activity 1.3.1: Conduct training for staff on IDSR and disease investigation Activity 1.3.2: Provide Weekly Surveillance IDSR & EWARN data
Northern Bahr el Ghazal -> Aweil West	51	1,647	6,344	2,360	2,763	13,114	Activity 1.2.1: Promote community Health seeking behaviour through health education Activity 1.3.2: Provide Weekly Surveillance IDSR & EWARN data
Documents							
Category Name				Document Description			
Project Supporting Documents				Population Calculatons.xlsx			