

Requesting Organization :	The Health Support Organization				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Enhancing Integrated Emergency Basic Health Care Services in Twic East County				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/NGO/8301		
Cluster :		Project Budget in US\$:	100,002.20		
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>This project is designed by gender focused health team with the aim of providing lifesaving emergency integrated healthcare services using two strategies of PHCU and mobile clinics in Twic East county of Jonglei state. In 2017, THESO with funding from SSHF and Japan Platform provided emergency healthcare services to 36, 271 direct beneficiaries from IDPs and host communities in these locations using PHCU, RRM and mobile clinics strategies. Even though there is support with funding from IMA/world bank in this county, huge health gaps exist with most populations not accessing healthcare services due to lack of healthcare services within their reach. Through this project, THESO will ensure that all populations in the catchments areas of selected PHCC of Twic East county are reached with accessible quality healthcare services by employing the envisioned two strategies of PHCU and Mobile clinic outreaches in hard to reach areas. 14, 286 direct beneficiaries are targeted in the catchment areas of selected Primary healthcare centres using PHCU and mobile clinics strategies. Beneficiaries will be reached through static health facilities of Panyagor PHCC, Wenyol PHCC and Paliu PHCC. Mobile clinics outreaches will be conducted to the PHCUs and designated high populated areas with no facilities surrounding the static PHCCs three a week linking it with the PHCCs to improve referral services and continuum of care.</p> <p>With these strategies, under-fives children, pregnant and lactating mothers, women of reproductive age and other vulnerable groups will be reached in the catchment areas of the facilities with lifesaving emergency healthcare services. Services will include; general out patients' and inpatients services, EPI services, antenatal, services, health facility-based delivery by skilled birth attendance, inpatients services at Panyagor PHCC. Communicable diseases such as tuberculosis, HIV/AIDS, and malaria management will be incorporated in all intervention strategies and surveillance of epidemiological diseases will be scale up as these locations are prone to outbreaks. Referral pathways will be increased especially from community level to health facilities level using the Mobile Clinics as vehicles to achieve it. Community will be mobilized and sensitized on diseases prevention, health promotion, immunization, and antenatal and postnatal services importance.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	3,893	4,845	2,649	2,899	14,286
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,327	1,530	2,857
Pregnant and Lactating Women	0	1,000	0	0	1,000
Internally Displaced People	2,336	2,907	793	821	6,857
People in Host Communities	1,557	938	529	548	3,572
Indirect Beneficiaries :					
13936					
Catchment Population:					
118010					
Link with allocation strategy :					

This location will support:

1. 4 PHCUs (Patiou, Wangulei, Baping (Duk-Chut), and Khiir)

2. 2 Mobile teams

3. 1 PHCC covering (SAM with medical complications and clinical management of rape (car) 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 Twic East county.

The Health Support Organisation (THESO) will strengthen 1 PHCC and 4 PHCUs and open 2 mobile teams to reach 8637 beneficiaries in 5 payams of Twic East 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
Dr Jeff Okello	Chief Executive	jeff@theso.org	+211955065096
Dr Daniel Lohide	Health Manager	lohide.daniel@theso.org	+211955885405

BACKGROUND

1. Humanitarian context analysis

Twic East county is in dire needs of emergency health services due to huge gaps in healthcare services accessibility following the launched of World Bank project II that targets a few health facilities in October 2017. Majority of the county populations have no access to live saving emergency healthcare services as the World Bank project is limited to two health facilities. The huge gaps in healthcare services provision predisposes IDPs and host communities to high morbidity and mortality due to preventable diseases and under-fives children to preventable outbreaks such as measles. The February 2018 THESO and CHD joint assessment revealed that more than 75% of the health facilities in Twic East county were non-functional with over 118, 000 populations. Most health facilities in Twic East county were destroyed and or looted during the 2013/2014 war and were never rehabilitated.

The violations of the cessation of hostilities agreement in Nyirol and Uror counties has displaced more IDPs and host communities who are already exhausted by the multiple displacements during this ongoing conflict to Twic East county in the month of January 2018.

The joint assessment reports revealed that even though all age groups and sex are not having access to health care services, women of reproductive age and under five children are in dire needs of services compared to others due to lack of services as most health facilities are closed. The functional health facilities are out of essentials supplies and mixed set of skilled health cadres to provide the much-needed services. In addition, the World Bank funded project that started in October 2017 is limited to some very health facilities that cannot be access even by a third of the populations in the selected county and is closing by end of March.

THESO in partnership with the county health department will be providing lives saving interventions of essential health activities including but not limited to EPI, Safe deliveries, referral pathways, outpatient services, stocking of essential supplies and mobile outreaches to some locations. This is addressed the reported increased in morbidity and mortality from epidemic prone disease outbreaks (measles/malaria) common childhood illnesses, pregnancy related complications, HIV/AIDS and Tuberculosis in this location. THESO with CHD will manage the appealing health situation working closely with ministry of health at all levels, health cluster, and other partners providing services in different clusters at county level. This will supplement and fill in the gap created by the World Bank funding phase II that started in October 2017. THESO will use the allocated South Sudan humanitarian fund to provide lives saving emergency healthcare services in three selected health facilities in Twic East county with huge IDPs and host communities populations. THESO is requesting for South Sudan Humanitarian Fund to provide lives saving emergency health care services to population of Twic East County. THESO will use this grant to start provision of emergency health services provision in Panyagor PHCC, Wenyol PHCC, Paliu PHCC respectively. THESO will work closely with WHO, UNICEF, health cluster and MoH in ensuring additional funding is source to expand services to other PHCCs and PHCUs; timely distribution of lifesaving essentials supplies is not interrupted and deploys mixed cadres of skilled workforce that will implement quality lives saving emergency integrated primary healthcare.

2. Needs assessment

The joint assessment reports revealed that even though all age groups and sex are not having access to health care services, women of reproductive age and under five children are in dire needs of services compared to others due to lack of services as most health facilities are closed. All health facilities are out of essentials supplies and mixed set of skilled health cadres to provide the much-needed services. In addition, the World Bank funded project that started in October 2017 is limited to only two health facilities that cannot be access even by a third of the populations in Twic East with huge IDPs from the neighboring countries.

3. Description Of Beneficiaries

The project targets 14,286 (3,893 men, 4,845 women, 2,899 girls and 2,649 boys) as direct beneficiaries and 13 936 indirect beneficiaries who are among vulnerable populations characterized of the host communities and internally displaced persons in Twic East County of Jonglei state. The project has targeted 14,286 direct beneficiaries through mixed of strategies of static health facilities and Mobile clinics in identified locations with high number of IDPs in the next six months. The project will require more resources to scale up activities to other health facilities within the counties so that accessibility of services become easier to all beneficiaries.

4. Grant Request Justification

Twic East county is among the most affected counties with protracted humanitarian crisis. The county has worst IPC 4 Classification and documented intercommunal conflicts and also has been receiving IDPs from neighbouring Counties. The World Bank Phase II project which is ending in March 2018 is limited to some fewer health facilities leaving out majority of the IDPs and communities in Twic East county with no accessible healthcare services hence predisposing them to diseases outbreaks, high morbidity and mortality due to preventable diseases. Major common communicable diseases, malaria, pneumonia, diarrheal disorder are the major health disorders faced by these vulnerable communities and health services are sporadic and intermittent. This lifesaving emergency healthcare intervention will provide results-based quality healthcare services saving lives of many IDPs and host communities reducing diseases of major cause of morbidity and mortality using two prong strategies of static PHCU services and mobile clinics services with effective referral pathway as integral component.

THESO with experience in emergencies healthcare interventions intends to improve access and scale up gender sensitive and age aggregated lifesaving emergency health services benefiting boys and girls, women and men and the elderly who are the most vulnerable groups in 2018 health intervention targeting IDPs and host communities in this prioritized county with limited and intermittent healthcare services. There is no other source of funding to fill in the gaps that is required to help THESO deliver quality emergency healthcare services to the vulnerable populations in the prioritized location with high needs for lives savings emergency healthcare services.

5. Complementarity

This project will complement the ongoing world bank phase II project that started in October 2017 ending in March 2018 through only 2 PHCCs out of over 16 health facilities in the county. The mobile clinics outreaches will fill in the accessibility gaps in hard to reach to reach areas with no functional health facilities within the county while strengthening the referral pathway to the major referral centre (Panyagor PHCC) locally known as Twic hospital.

LOGICAL FRAMEWORK

Overall project objective

To provide accessible and user-friendly life saving emergency clinical package at PHCC/PHCU/Mobile clinic healthcare services, strengthening referrals and medical treatment of severe acute malnutrition and SGBV survivors among conflict affected community members.

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	20
Increase access to mental health and psychosocial support services for vulnerable people	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	20

Contribution to Cluster/Sector Objectives : Justification and findings of assessments and reports that explains the level of conflict and health risk exposure and the needs of vulnerable groups in the area of interest.

The project also targets specific protection risk groups (Rape survivors, victims of physical and psychological trauma- women/men/ girls/boys) which contributes to the strategic objective of the cluster.

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

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

Outcome 1

60187 beneficiaries lives healthy lives in targeted areas

Output 1.1

Description

Emergency healthcare services provided through static facilities, mobile clinics and RRM in line with the basic package of health services and sphere humanitarian minimal standard

Assumptions & Risks

Funding availability

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					14,286

Means of Verification : Weekly IDSR report, monthly facility reports, Quarterly project report, and end of project report

Indicator 1.1.2	HEALTH	(Frontline Services) Number of deliveries attended by skilled birth attendant (facility or home).					892
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Means of Verification : Monthly reports, quarterly reports, and end of project report

Indicator 1.1.3	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			793	821	1,614
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Means of Verification : Weekly RRM reports, Monthly reports, quarterly reports and end of project report

Indicator 1.1.4	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT						4,286
Means of Verification : Weekly IDSR reports, Monthly reports, quarterly reports and End of project report								
Indicator 1.1.5	HEALTH	(Frontline Services) Number of children under5 with SAM+MC treated in SC			3	6		9
Means of Verification : Facility reports, monthly report, quarterly report and end of project report								
Indicator 1.1.6	HEALTH	(Frontline Services) Number of people reached by health education /promotion	3,546	6,218	3,914	4,841		18,519
Means of Verification : Monthly reports, Quarterly reports, project report								
Activities								
Activity 1.1.1								
Provide accessible, user-friendly emergency healthcare services to targeted beneficiaries through PHCUs and mobile clinics								
Activity 1.1.2								
Provide antenatal care and postnatal care services at static health facility and through mobile clinics to pregnant and expectant mothers and infants while improving facility based child birth services to expectant mothers by skilled birth attendance (mid wives) at all health facilities								
Activity 1.1.3								
Provide emergency immunization, deworming and vitamin A supplementation services at health facility and mobile clinics outreaches to reach areas to under one children (Boys and Girls) and women of childbearing age								
Activity 1.1.4								
Provide quality management and treatment of children under fives presenting with fever within 24 ours of onset in project areas								
Activity 1.1.5								
Refer children presenting with SAM clinical complications to Panyagor PHCC for further management								
Activity 1.1.6								
Provide health education sessions to community of 5 Payams of Twic East at static health facilities and during mobile clinics outreaches								
Outcome 2								
THESO emergency health team with County health department able to provides emergency preparedness and response to diseases outbreak within 24 hours in project areas								
Output 2.1								
Description								
Epidemic prone diseases prevented, detected and responded to within 24 hours of notification by THESO/CHD in project locations								
Assumptions & Risks								
Funding availability								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 2.1.1	HEALTH	(Frontline Services) Number of epidemic prone disease alerts responded to within 48hours					1	
Means of Verification : Weekly IDSR reports, Monthly report, Quarterly reports, End of project report								
Indicator 2.1.2	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	10	10			20	
Means of Verification : Training reports, Project report								
Indicator 2.1.3	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	15	15			30	
Means of Verification : Training report, Quarterly report, project report								
Activities								
Activity 2.1.1								
Train 20 health workers on IDSR from various health facilities in Twic East								
Activity 2.1.2								
Train 30 health workers on cholera prevention and response								
Activity 2.1.3								
Timely predisposition cholera kits and other emergency kits to outbreaks prone field locations								
Activity 2.1.4								
Conduct daily notifications updates of the notifiable epidemic diseases through IDSR services in project locations								
Activity 2.1.5								
Plan, Implement EWARS/Surveillance/IDSR in collaboration with CHD and act as first responder during outbreak								
Outcome 3								
Patients/clients with psycho social case lives a dignified life								

Output 3.1							
Description							
Access to psychosocial support and mental health services improved and provided to the vulnerable population, including sustainable capacity to at risk immunities to cope with significant threats							
Assumptions & Risks							
Funding availability and security and safety guaranteed							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					1
Means of Verification : Monthly report, quarterly report, project report							
Activities							
Activity 3.1.1							
Provide clinical management of rape and psychosocial support to victims of of SGBV and strengthen referral pathway							
Activity 3.1.2							
Establish collaboration with local authorities, indigenous and traditional health systems							
Activity 3.1.3							
Conduct community awareness on harmful practices and sexual gender based violence							
Activity 3.1.4							
Welcome, accept, register, and manage complaints from beneficiaries in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages							
Additional Targets :							

M & R

Monitoring & Reporting plan

The Project Log- frame and Work plan will be used to plan and measure implementation of activities.

1. Cluster M&E tools (FGD, support supervision assessments, accountability to affected population modalities) will be used to evaluate project response and performance.
2. The implementing partner will be contributing to the health cluster clinical package performance tracking on a monthly basis.
3. Guidelines on SSHF reporting will be adhered to as per mid-term and End of project submission.
4. Joint evaluation exercises will be conducted by partner, health cluster team and the CHD
5. Project reporting will use graphs and charts to represent project progress at all times.
6. Financial reporting will be analysed on a monthly basis and shared with SSHF at the end of the project

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide accessible, user-friendly emergency healthcare services to targeted beneficiaries through PHCUs and mobile clinics	2018			X			X						
Activity 1.1.2: Provide antenatal care and postnatal care services at static health facility and through mobile clinics to pregnant and expectant mothers and infants while improving facility based child birth services to expectant mothers by skilled birth attendance (mid wives) at all health facilities	2018			X	X	X	X	X	X				
Activity 1.1.3: Provide emergency immunization, deworming and vitamin A supplementation services at health facility and mobile clinics outreaches to reach areas to under one children (Boys and Girls) and women of childbearing age	2018			X	X	X	X	X	X	X			
Activity 1.1.4: Provide quality management and treatment of children under fives presenting with fever within 24 ours of onset in project areas	2018				X	X	X						
Activity 1.1.5: Refer children presenting with SAM clinical complications to Panyagor PHCC for further management	2018			X	X	X	X	X	X	X			
Activity 1.1.6: Provide health education sessions to community of 5 Payams of Twic East at static health facilities and during mobile clinics outreaches	2018			X	X	X	X	X	X	X			
Activity 2.1.1: Train 20 health workers on IDSR from various health facilities in Twic East	2018				X								
Activity 2.1.2: Train 30 health workers on cholera prevention and response	2018				X								
Activity 2.1.3: Timely predisposition cholera kits and other emergency kits to outbreaks prone field locations	2018				X	X	X	X	X	X			
Activity 2.1.4: Conduct daily notifications updates of the notifiable epidemic diseases through IDSR services in project locations	2018				X	X	X	X	X	X			
Activity 2.1.5: Plan, Implement EWARS/Surveillance/IDSR in collaboration with CHD and act as first responder during outbreak	2018				X	X	X	X	X	X			

Activity 3.1.1: Provide clinical management of rape and psychosocial support to victims of of SGBV and strengthen referral pathway	2018				X	X	X	X	X	X				
Activity 3.1.2: Establish collaboration with local authorities, indigenous and traditional health systems	2018			X	X									
Activity 3.1.3: Conduct community awareness on harmful practices and sexual gender based violence	2018			X	X	X	X	X	X	X				
Activity 3.1.4: Welcome, accept, register, and manage complaints from beneficiaries in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages	2018			X	X	X	X	X	X	X				

OTHER INFO

Accountability to Affected Populations

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

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

Implementation Plan

1. Capacity building of the clinical and community staffs: All clinical and community teams involved in the implementation of the response will be provided initial orientation on their deliverables (Health, WASH, Nutrition and Protection as it pertains to the essential lifesaving packages)
2. Technical guidelines, standard reporting formats (data collections tools) and protocols will be availed to ensure efficiency of the deliverables
3. Plan will be in place to mitigate stock outs
4. Implementing partner will closely coordinate with the health cluster at National and subnational levels to ensure the response is in-line at all time with the health cluster strategy
5. The cluster will be informed regularly on the status of the implementation of the repose in-order to mitigate issues that will affect the response

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
County Health Department,SMoH,WHO ,Health Cluster	THESO will closely work with the CHD in day to day implementation of this project with the county.,THESO together with SMoH will conduct monthly supportive supervision to the health facilities to check the process of project implementation and support in mitigating challenges that will affect implementation.,Prepositioning of essential integrated emergency health kits and cholera kits to project locations and weekly IDSR reports will be shared with MoH/WHO ,Project updates, accessibility and risks mitigation that will affect project implementation and information and reports sharing

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

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. The implementing partner will conduct robust awareness and sensitization campaigns to raise awareness about their protection concerns and human rights.
4. The project will make use of community-based local protection mechanisms such as Community Complaints and Management Structures,
5. Persons with specific needs like the unaccompanied boys and girls; older people (Men and women) and disable women and men in our project implementation area will be given priority in emergency health services.
6. Gender parity in this project will be reflected in staffing and during treatment of patient in the health facilities.

Country Specific Information

Safety and Security

The security situation is still volatile however Twic East county security allows implementation of the project without major constraints unless new threats occurs.

Access

Project area has access issue during raining season and THESO will ensure that supplies are prepositioned in advanced to avoid disruption in services provision to beneficiaries in the county.

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	Clinical Officers	D	2	1,200.00	6	100.00	14,400.00
	<i>Incharges of primary health care centers and act as the focal person for the designated health facility during mobile clinics and RRM. HE/She is responsible for the day today functionality of the health facility conduct clinical management of complicated cases and refers complex cases to hospital level for further management management</i>						
1.2	Nurses	D	2	700.00	6	100.00	8,400.00
	<i>Provide nursing services to outpatients and inpatients patients and clients accessing health care services</i>						
1.3	Midwives	D	2	800.00	6	100.00	9,600.00
	<i>Provide daily antenatal and postnatal care services at PHCCs and hospital level and refers complicated cased to clinical officers and doctors for further management.</i>						
1.4	Laboratory Technicians	D	2	700.00	6	100.00	8,400.00
	<i>Provide daily laboratory diagnostic tests of routine medical requests from doctors and clinical officers to confirm suspected diseases based on clinical diagnosis and samples testing of suspected notifiable diseases</i>						
1.5	Vaccinators	D	6	200.00	6	100.00	7,200.00
	<i>Responsible for daily vaccinations and immunization of children under fives and women of reproductive age</i>						
	Section Total						48,000.00
2. Supplies, Commodities, Materials							
2.1	Transportation of drugs and medical supplies	D	1	12,000.00	1	100.00	12,000.00
	<i>Transportation of drugs supplies from Juba to filed locations and THESO will use UNHAS and or MAF to transport the supplies to the field</i>						
	Section Total						12,000.00
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
4.1	Vehicle Fuel and Maintenance	D	1	1,400.00	6	100.00	8,400.00
	<i>Cost for vehicles fuelling for field work and motherly maintenance to ensure continuous services delivery during mobile clinics and referral services from community level to hospital level</i>						
4.2	Patients cards printing	D	20000	0.12	1	100.00	2,400.00
	<i>Printing of patients cards that will be use during OTP and Inpatients services provision to patients and clients during project implementations</i>						
	Section Total						10,800.00
5. Travel							
5.1	Monthly field based M&E Officers	D	1	500.00	6	100.00	3,000.00
	<i>Monthly travel cost within project sites by M&E Officers to collect monthly reports from field sites</i>						
5.2	Juba Based M&E Manager	D	1	400.00	6	100.00	2,400.00

	Monthly flights of M&E Officer from Juba to Field Sites							
	Section Total							5,400.00
6. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
7. General Operating and Other Direct Costs								
7.1	Provision of ANC services to pregnant and expectant mothers	D	1	1,105.00	6	100.00	6,630.00	
	<i>This cost is for facilitating community mobilization and sensitization of pregnant and expectant mothers to attend ANC services and deliver from health facilities assisted by midwives in project locations at static facilities, during mobile clinics and RRM.</i>							
7.2	Provision of EPI services to children under fives and women of reproductive age	D	1	1,105.00	6	100.00	6,630.00	
	<i>This cost is to provide daily incentives of four vaccinators who will conduct immunization and vaccination services outreaches to children under-fives and women of reproductive age remote hard to reach areas within the catchment areas of the selected health facilities during the project period.</i>							
7.3	Conduct training of health staff on integrated diseases surveillance and response	D	1	2,000.00	1	100.00	2,000.00	
	<i>Cost for 3days training 60 health staff and county health department on integrated disease surveillance and reporting from the two areas</i>							
7.4	Conduct training of 30 health workers on cholera outbreaks response	D	1	2,000.00	1	100.00	2,000.00	
	<i>Cost for 3days training of health workers and County Health department on Cholera detection, response, and management</i>							
	Section Total							17,260.00
SubTotal			20,022.00				93,460.00	
Direct							93,460.00	
Support								
PSC Cost								
PSC Cost Percent							7.00	
PSC Amount							6,542.20	
Total Cost							100,002.20	

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Twic East	100	3,893	4,845	2,649	2,899	14,286	Activity 1.1.1: Provide accessible, user-friendly emergency healthcare services to targeted beneficiaries through PHCUs and mobile clinics Activity 1.1.2: Provide antenatal care and postnatal care services at static health facility and through mobile clinics to pregnant and expectant mothers and infants... Activity 1.1.3: Provide emergency immunization, deworming and vitamin A supplementation services at health facility and mobile clinics outreaches to reach areas to u... Activity 1.1.4: Provide quality management and treatment of children under fives presenting with fever within 24 ours of onset in project areas Activity 2.1.1: Train 20 health workers on IDSR from various health facilities in Twic East Activity 2.1.2: Train 30 health workers on cholera prevention and response Activity 2.1.3: Timely predisposition cholera kits and other emergency kits to outbreaks prone field locations Activity 2.1.4: Conduct daily notifications updates of the notifiable epidemic diseases through IDSR services in project locations Activity 2.1.5: Plan, Implement EWARS/Surveillance/IDSR in collaboration with CHD and act as first responder during outbreak Activity 3.1.1: Provide clinical management of rape and psychosocial support to victims of SGBV and strengthen referral pathway Activity 3.1.2: Establish collaboration with local authorities, indigenous and traditional health systems Activity 3.1.3: Conduct community awareness on harmful practices and sexual gender based violence Activity 3.1.4: Welcome, accept, register, and manage complaints from beneficiaries in a timely, fair and appropriate manner that prioritises the safety of the compl...

Documents

Category Name	Document Description