OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Impact Health Organization
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Provision of integrated emergency mobile health services to IDPs and vulnerable host populations including children and adults in Terekeka County of Central Equatoria State		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :		**Fund Project Code :**	SSD-17/HSS10/SA2/H/NGO/6471
Cluster :		**Project Budget in US$:**	90,000.00
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	01/08/2017	**Planned End Date :**	31/01/2018
Actual Start Date:	01/08/2017	**Actual End Date:**	31/01/2018
Project Summary :	Provision of integrated mobile emergency health services to IDPs and vulnerable host populations in Terekeka county Central Equatoria state, at a costs of 90,000 USD will deliver quality emergency curative, prevention and referral services to 15000 hosts and IDPs population (3750 Men 5252 women, 3750 girls and 2248 boys) including women of child bearing age, youth, elderly, and the disabled in IDP and host communities the two payams Mangala with people and Gemeiza Terekek County Central Equatoria State. The project planned activities will include cholera prevention and control through cholera treatment centre and undertake OVC campaign. The project will also support communities to access primary health care services through a mobile clinic.		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
3,750	5,252	2,248	3,750	15,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	1,170	3,092	238	980	5,480
Internally Displaced People	2,580	1,580	1,040	1,530	6,730
Children under 5	0	0	970	1,240	2,210
Pregnant and Lactating Women	0	580	0	0	580

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

There has been repeated insecurity in Terekeka due to the longstanding tensions between Mundari, Bari and Dinka communities caused by the movement of Mundari pastoralists during the dry season from Terekeka through territory to the south belonging to the Bari community. The administrative changes brought about by the Government of South Sudan in late 2015 with the division of Central Equatoria into three new states, without accompanying documents delineating the borders between those states also gave new impetus to historic land disputes. Following increasing tensions between Murle and Dinka groups in Jonglei State in late 2016, Dinka militia groups began to mobilize in larger numbers a bolstered force in the Jonglei area that became more assertive in peripheral areas to Jonglei state including Mundari territory in Gemeiza. Some members of that militia were alleged to have attacked Mundari villages in the area following the ambush in April 2017.
Intercommunal rivalries in the area are likely to persist in the area in the long term and based on recent incidents, violence related to this rivalry appears cyclical and likelihood of the movement of militia groups during the cattle migration seasons in the second half of the rainy season (inter agency assessment report published by IOM DTM June 2017). Two cholera cases have been confirmed and Ten suspect cholera cases have been reported since 28 June 2017(MOH-WHO Republic of South Sudan cholera response updates as of 30 June).
The “Provision of integrated emergency health services to IDPs and vulnerable host populations in Terekeka county Central Equatoria state project” to be implemented in this allocation will scale-up the both curative and prevention health and nutrition services in the two payams of Mangala and Gemeizia by providing vaccination, treatment, referral, health education, strengthening community participation in health service management and disease surveillance through mobile primary health care together with primary health care facility. IHO has two-year’s experience in providing health and nutrition service to vulnerable communities and as a national organization well position us to undertake community programs in a disputed location.

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
Kiden Dorothy	Reproductive Health Officer	dorothy@ihosavinglives.org	+211954836334

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. Creating new forms of conflict, 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. Among the emerging and uprising conflict include the Inter-communal violence and insecurity, with the most recent one in Terekeka County. This violence has created an emergency by displacing close to 27816 people according to the inter agency assessment report published by IOM DTM June 2017. IDP have exerted pressure on the already weak system of the host community and the two communities are a state of emergency by witnessing high rates of morbidity and mortality related to both communicable and non-communicable diseases such as malaria, acute watery diarrhea, Pneumonia, trauma, measles, etc.
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. The two communities continue to rely on one poorly facilitated and under staffed primary health care facility that lack the capacity to provide the much needed healthcare service, overwhelmed increasing needs in the area due to the recent crises due to cholera, increase malaria cases, economic meltdown hiking prices of commodities as well as limited access to food.
The IDPs have resolved to stay under displacement until the disputes in the home land are resolved but with less hope for quick interventions and continued mobilization of involved parties to solve the issue through fighting the emergency already created seeks emergency response to 15000 people who need health and nutrition services.

2. Needs assessment

Inter-communal violence and insecurity in May forced thousands of people to flee their homes in Terekeka, Central Equatoria and seek shelter on the two payams of Gemeiza and Malang. (UN OCHA Humanitarian Bulletin South SudanIssue 9 | 12 June 2017). According to the inter agency Terekeka Rapid Assessment Assessment Report | 8 - 12 June 2017 published by IOM DTM South Sudan, reported that the people displaced by the Inter-communal violence in Terekeka is not the first of this kind in the past years, several other displaced have occurred before creating a growing emergency situation in the area. Accordingly to the WHO-RSS MOH situation Report on Cholera in South Sudan 3 February 2017, 22 cases have been reported in Terekeka County with 8 deaths indicating a high case fatality. According information obtained from the Terekeka CHD by 18 July 2017, there is no functional Cholera Treatment Centre in the location, Terekeka PHCC originally hard a CTC but this is currently nonfunctional due to lack of supplies like tents, cholera beds among others. The host people and IDPs coming in the two payams of Mangala and Gemeizia largely need health services, nutrition services and NFIs. The leading causes of morbidity include Malaria, Pneumonia, Watery Diarrhea, among children and cholera outbreak. The high prevalence is attribute to limited access to primary health care services as the host communities and IDP rely on one open and functioning Primary Health Care Unit (PHCU) supported by ADRA on Wanyang Island for support this it also faces limited human resource and shortage of drugs. The IDP communities have not received any form of health sensitization activities in the last six months even though they drink water directly from the river Nile while practicing open defecation prevalent across all IDP settlements. As a result there has been a cholera outbreak in the location.

3. Description Of Beneficiaries

The project will Increase access to lifesaving healthcare and cholera epidemic prevention to 15000 hosts and IDPs population (3750 Men 5252 women, 3750 girls and 2248 boys) by undertaking life-saving interventions including, cholera treatment and vaccination, screening of children for SAM and referral for treatment, health education, EPI, antenatal care, basic HIV/AID counselling testing and referrals. The beneficiaries are identified based on the vulnerability (Women, children and people with disability).

4. Grant Request Justification

The allocation prioritizes Terekeka County as an emergency response location for health and nutrition intervention. The location has seen constant violence which continue to threaten mostly children, women and elderly. The occurrence of cholera outbreak has worsened the situation in a location where 15000 people targeted for this project. There is no functional cholera treatment centre in the County and this calls for urgent establishment of the center to save lives. In addition the target IDP and host Population lack access to primary health cares as they rely one Primary Health Care Unit, which is under staffed and with limited drugs and supplies. 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 underserved locations through community participation. We shall complement the existing nutrition services and health services by working close with other partner organizations to tackle the highest cause of morbidity in the area.

5. Complementarity

The project will complement other partner programs in effort to combat cholera outbreak as well reduce mortality and mortality in the target locations. There limited access to primary health care services as communities are dependent one primary health care centre.
This project seeks to improve on coverage, reaching more vulnerable communities in the County. IHO will expand into remote, rural locations to reach populations in need. Given that fact that the County is prone to cholera outbreak, the project will address the challenges of lack access to treatment and awareness. This project has been developed based on the needs of the most vulnerable populations.

LOGICAL FRAMEWORK

Overall project objective

To reduce the impact of morbidity and mortality associated with communicable diseases, tropical diseases and malnutrition among IDP and host communities in the two payams of Mangala and Gemeizia and locations affected by cholera in Terekeka county's by reaching 3750 Men 5252 women, 3750 girls and 2248 boys.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations	SO2: Protect the rights and uphold the dignity of the most vulnerable	60
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	30
Improve access to psychosocial support and mental health services for vulnerable people	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	10

Contribution to Cluster/Sector Objectives : 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 the two payams Mangala and Gemeizia Terekeka county's by reaching 3750 Men 5252 women, 3750 girls and 2248 boys during the 6 months of implementation by supporting the Cluster objectives 2 and 3.

Outcome 1

Improved access to basic preventive and curative health services to 5430 children, men and women in terekeka County including both IDP and host communities in the two payams of Mangala and Gemeizia

Output 1.1

Description

Reduce morbidity and mortality due to cholera through detection and adequate response to control cholera outbreak

Assumptions & Risks

The availability of service delivery guidelines/protocols for services included in the essential service delivery package would ensure that standard services are provided for individualized care.
A formal and functional referral linkages are established between the different service outlets starting from the community level.
Community accept the cholera vaccine as a means to protect themselves against cholera,
Communities educated on cholera prevention continue to practices safe behaviors to protect themselves against cholera
cholera cases may reduced as the rainy seasons comes to an end and due to vaccination/

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of people reached by health education /promotion	470	1,200	215	320	2,205
Means of Verification : Activity reports, registers, photos							
Indicator 1.1.2	HEALTH	[Frontline services] Number of people vaccinated with oral cholera vaccines in priority locations	500	1,500	500	650	3,150

Means of Verification : Vaccination register, photos,							
Indicator 1.1.3	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					1
Means of Verification : Site photos, site reports, site setup report							
Indicator 1.1.4	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	4	7			11
Means of Verification : Training report, photos							
Indicator 1.1.5	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	30	20	15	10	75
Means of Verification : CTU patients registers, DHIS reports, photos							

Activities

Activity 1.1.1

Establish One cholera treatment centre (CTC) at Terekeka Primary Health Care centre

Activity 1.1.2

Train male and female health workers on the SOPs and case management for cholera during outbreaks and management of a cholera treatment as well on recommended case definitions, outbreak detection, notification and investigation

Activity 1.1.3

Conduct cholera vaccination campaign among vulnerable population target majoring women, children and people with disability.

Activity 1.1.4

Ensure timely collection or weekly health facility data, disaggregated by sex and age, using standardized case definitions and designated reporting tools and ensure verification of all suspected cholera case rumors

Activity 1.1.5

Conduct community awareness activities on cholera outbreak within the community including women groups, health authorities, community leaders and institutions e.g. schools, mosques.

Activity 1.1.6

Undertake management of cholera cases at the CTC

Output 1.2

Description

Increased access to immunization services for 970 boys and 1240 girls through routine expanded program on immunization (EPI) diseases in the two payams Mangala and Gemeizia

Assumptions & Risks

Availability of vaccines from core pipeline partners, good access to the communities
Community accept the vaccination of their children below five years.
The availability of service delivery guidelines/protocols for services included in the essential service delivery package would ensure that standard services are provided for individualized care.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			970	1,240	2,210
Means of Verification : Reports, invoices, requisition forms							

Activities

Activity 1.2.1

Request for vaccines and cold boxes

Activity 1.2.2

Work with the County Health Department to strengthen monitoring of the cold chain system

Activity 1.2.3

Conduct outreach vaccination exercises

Outcome 2

Improved access to basic curative primary healthcare services to 7360 children, men and women from both IDP and host communities in the two payams of Mangala and Gemeizia

Output 2.1

Description

Increased coverage for general patient consultations for 7360 individuals including children and adults in the 2 mobile sites of two payams Mangala and Gemeizia.

Assumptions & Risks

The availability of service delivery guidelines/protocols for services included in the essential service delivery package would ensure that standard services are provided for individualized care.
A formal and functional referral linkages are established between the different service outlets starting from the community level.
Communities educated on malaria prevention continue to practices safe behaviors to protect themselves against malaria

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	700	1,530	1,450	2,230	5,910
Means of Verification : Registers							
Indicator 2.1.2	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			450	500	950
Means of Verification : Screening registers							
Indicator 2.1.3	HEALTH	No of people tested for HIV and TB and referred					500
Means of Verification : Registers							

Activities

Activity 2.1.1

Conduct training for local staff on the provision of emergency healthcare

Activity 2.1.2

Conduct regular consultations and treatment of patients with malaria.

Activity 2.1.3

Conduct referrals of complicated case to health facilities supported by NRC and CHD.

Activity 2.1.4

Screen for Malnutrition and refer cases to CHD/NRC supported facilities that provide SAM and MAM management

Activity 2.1.5

Test clients for TB and HIV and refer cases for treatment to CHD and NRC supported Facilities that provide TB and HIV treatment and support services

Output 2.2

Description

Regular reporting of activities to cluster and key stakeholders, partners and case management during activities on regular basis

Assumptions & Risks

staff are familiar with the reporting tools and are able to report on time.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.2.1	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	2	3			5
Means of Verification : Training report, photos ect							

Activities

Activity 2.2.1

Conduct training for staff on surveillance and the District Health Information System (DHIS)

Activity 2.2.2

Produce weekly Integrated Disease Surveillance and Response (IDSR) reports

Activity 2.2.3

Produce Monthly 5W cluster reports

Activity 2.2.4

Data collection using the Ministry of Health registers and M&E tools

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, Terekeka 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 CTC 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. NRC) responding in WASH and Health activities in Terekeka County 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, WASH Technician and WASH Officers shall be in charge of project finances spending and will report to the organization Finance and Administration Officer. 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 1.1.1: Establish One cholera treatment centre (CTC) at Terekeka Primary Health Care centre	2017								X				
	2018												
Activity 1.1.2: Train male and female health workers on the SOPs and case management for cholera during outbreaks and management of a cholera treatment as well on recommended case definitions, outbreak detection, notification and investigation	2017								X				
	2018												
Activity 1.1.3: Conduct cholera vaccination campaign among vulnerable population target majoring women, children and people with disability.	2017								X	X	X	X	
	2018												
Activity 1.1.4: Ensure timely collection or weekly health facility data, disaggregated by sex and age, using standardized case definitions and designated reporting tools and ensure verification of all suspected cholera case rumors	2017								X	X	X	X	X
	2018	X											
Activity 1.1.5: Conduct community awareness activities on cholera outbreak within the community including women groups, health authorities, community leaders and institutions e.g. schools, mosques.	2017									X	X	X	X
	2018	X											
Activity 1.1.6: Undertake management of cholera cases at the CTC	2017								X	X	X	X	X
	2018	X											
Activity 1.2.1: Request for vaccines and cold boxes	2017								X				
	2018												
Activity 1.2.2: Work with the County Health Department to strengthen monitoring of the cold chain system	2017								X	X	X	X	X
	2018												
Activity 1.2.3: Conduct outreach vaccination exercises	2017								X	X	X	X	X
	2018	X											
Activity 2.1.1: Conduct training for local staff on the provision of emergency healthcare	2017								X				
	2018												
Activity 2.1.2: Conduct regular consultations and treatment of patients with malaria.	2017								X	X	X	X	X
	2018	X											

Activity 2.1.3: Conduct referrals of complicated case to health facilities supported by NRC and CHD.	2017								X	X	X	X	X
	2018	X											
Activity 2.1.4: Screen for Malnutrition and refer cases to CHD/NRC supported facilities that provide SAM and MAM management	2017								X	X	X	X	X
	2018	X											
Activity 2.1.5: Test clients for TB and HIV and refer cases for treatment to CHD and NRC supported Facilities that provide TB and HIV treatment and support services	2017								X	X	X	X	X
	2018	X											
Activity 2.2.1: Conduct training for staff on surveillance and the District Health Information System (DHIS)	2017								X				
	2018												
Activity 2.2.2: Produce weekly Integrated Disease Surveillance and Response (IDSR) reports	2017								X	X	X	X	X
	2018	X											
Activity 2.2.3: Produce Monthly 5W cluster reports	2017								X	X	X	X	X
	2018	X											
Activity 2.2.4: Data collection using the Ministry of Health registers and M&E tools	2017								X	X	X	X	X
	2018	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. IHO ensures facilitation of the provision of feedback from affected people on the services. All project activities will engage local authorities to oversee their implementation. IHO will also conduct evaluation exercises involving men, women, girls and boys. The feedback Informationwill be available to local communities in local languages; During implementation, teams are recruited with attention to a balance of women and men, cultural diversity and age. During the community awareness sessions.

Implementation Plan

The project is the result a result the humanitarian response plan, specially this projects follows within the Health Cluster priorities. Therefore, during implementation IHO will work closely with the Health and 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 Mobile clinic and the CTC will be supported by UNICEF AND WHO core pipeline supplies. The Two mobile clinics will be operated in two payams of Mangala and Gemeiza and each will work 2 days in a week.
The project will be carried out through the direct engagement of key project staff, such as the Program Coordinator, Health Officer, Clinicians, 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 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
NRC	Referral, OVC campaign, CTC

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 dissagregated 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 well being 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. Tools and inputs that could later be used as weapons such as pangas and knives will not be provided to the communities. Safety and dignity of beneficiaries will be prioritised; female beneficiaries will be provided with appropriate hygiene and dignity kits through the WASH project. Facility Based WASH infrastructure will be gender and protectively appropriate; lockable and fitted with lights. 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 Terekeka County. The security situation in the area, remains calm in some locations but with some tension in some of payams of the county. 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

Terekeka is accessible by road and some location by water during dry and wet seasons. Although some locations are of the county are hard to reach during the rainy seasons. However the presence of the field office makes logistical preparation and operation easy.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Program Coordinator	D	1	2,000.00	6	80.00	9,600.00
	Will spend 80% of the time supporting the project activities						
1.2	Project Officer	D	1	1,000.00	6	100.00	6,000.00
	Will spend 100% of the time undertaking project activities						
1.3	Clinician	D	1	800.00	6	100.00	4,800.00
	Will spend 100% of the time undertaking project activities						
1.4	EPI and Health Education Officer	D	1	600.00	6	100.00	3,600.00
	Will spend 100% of the time undertaking project activities						
1.5	Vaccinators	D	6	200.00	6	100.00	7,200.00
	Will spend 100% of the time undertaking project activities						
1.6	CTC Chlorinator/solution preparer	D	1	200.00	6	50.00	600.00
	Will spend 50% of the time supporting project activities						
1.7	Dispenser	D	1	500.00	6	100.00	3,000.00
	Will spend 100% of the time undertaking project activities						
1.8	CTC cleaner	D	1	150.00	6	100.00	900.00
	Will spend 100% of the time undertaking project activities						
1.9	CTC water carrier	D	1	150.00	6	50.00	450.00
	Will spend 100% of the time undertaking project activities						
1.10	Logistic officer	D	1	1,000.00	6	50.00	3,000.00
	Will spend 50% of the time supporting project activities						

1.11	Finance Manager	D	1	1,000.00	6	50.00	3,000.00
	Will spend 50% of the time supporting project activities						
1.12	Laboratory Technician	D	1	500.00	6	100.00	3,000.00
	Will spend 100% of the time undertaking project activities						
	Section Total						**45,150.00**
2. Supplies, Commodities, Materials							
2.1	Medical Materials and Supplies	D	1	400.00	6	100.00	2,400.00
	The cost allocation will cater for materials and supplies such as Disinfectants, examination gloves, disposable syringes and needles, cotton rolls, gauze rolls etc						
2.2	Laboratory test kits	D	3	300.00	2	100.00	1,800.00
	Mobile laboratory test kits will be needed for rapid diagnostic of Malaria, syphilis, gonorrhea, legionella, chlamydia and HCG will be required on quarterly basis.						
2.3	Examination sets	D	2	1,800.00	1	100.00	3,600.00
	2 Examination sets will be procured for quarter. These will include; sphygmomanometers, stethoscopes, clinical thermometers, weighing scales, patella harmers, fetoscopes, examination gloves, examination couch, measuring tapes among others.						
2.4	Training of staff	D	1	600.00	1	100.00	600.00
	Cost will cover refreshments and stationary for the training						
2.5	Support the County Cold Chain system	D	1	1,500.00	1	100.00	1,500.00
	Cost will go on repair of Vaccine fridge and Support supervision by County Officials						
	Section Total						**9,900.00**
3. Equipment							
3.1	Furniture	D	1	1,000.00	1	100.00	1,000.00
	The team requires furniture for seating as well as the patients who will need mats to seat during Health education and consultations. This will be a lamb-sum cost for furniture for General consultations, EPI and waiting area to be purchased once during the project period.						
3.2	Laptops	D	2	800.00	1	100.00	1,600.00
	The 2 laptops will support the project staffs						
	Section Total						**2,600.00**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
5.1	Field staff based accommodation and feeding	D	4	79.00	6	100.00	1,896.00
	6 staff @$100 per month						
5.2	Support supervision	D	6	100.00	1	100.00	600.00
	6 supervisions @ $100						
	Section Total						**2,496.00**
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	Head Office Rent	S	1	1,000.00	6	20.00	1,200.00
	SHHF will contribute 50% towards head office rent						
7.2	Field Office Rent	S	1	200.00	6	100.00	1,200.00
	SHHF will contribute 100% towards field office rent						
7.3	Internet	S	1	500.00	6	50.00	1,500.00
	SHHF will contribute 50% towards internet						
7.4	Office support	S	1	500.00	6	25.00	750.00
	SHHF will contribute 25% towards office support						
7.5	Vehicle hire	D	1	21,000.00	1	100.00	21,000.00
	The cost will cover hiring trucks to transport supplies @ $3000 and transport of staff in the field @ 200 per day for 120 days =18000 totaling $21000						
	Section Total						**25,650.00**
SubTotal			43.00				**85,796.00**
Direct							81,146.00
Support							4,650.00
PSC Cost							
PSC Cost Percent							4.90
PSC Amount							4,204.00
Total Cost							**90,000.00**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Central Equatoria -> Terekeka	100	3,750	5,252	2,248	3,750	15,000	

Documents

Category Name	Document Description
Project Supporting Documents	20170622Terekeka Assessment Report.pdf