

Requesting Organization :	Relief International		
Allocation Type :	2nd Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		100.00	
		100	
Project Title :	Emergency Health Response (EHR) in Upper Nile State		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-16/H/89599	Fund Project Code :	SSD-16/HSS10/SA2/H/INGO/3569
Cluster :	Health	Project Budget in US\$:	150,000.00
Planned project duration :	6 months	Priority:	3
Planned Start Date :	01/10/2016	Planned End Date :	31/03/2017
Actual Start Date:	01/10/2016	Actual End Date:	31/03/2017
Project Summary :	<p>There is immediate need for additional humanitarian assistance for health in Maban County, Upper Nile, South Sudan. High levels of morbidity and mortality, and increased access constraints due to ongoing armed conflict and security have exacerbated needs for basic primary health services and mobile services. Moreover, there is a risk of additional displacement due to frequent IDP/refugee/host community conflicts and competition over natural resources (e.g. water, grazing land and health services).</p> <p>CHF funding will be used to support and address major health needs in Maban. In Maban County, RI supports twelve PHCUs and PHCCs. However, uncertainty regarding funding continuation has led RI to scale down and suspend many basic health activities. Funding requested from CHF will ensure the essential, life-saving services are reinstated. Specifically, RI will support:</p> <ol style="list-style-type: none"> 1) The reinstatement of health services at Dangaji PHCU. This facility is located in Banashowa payam, which supports an estimated host population of 23,962 and 2,746 IDPs. RI has been required to suspend services at Dangaji and the other three other facilities it supports in Banashowa payam. Funding from CHF will re-establish services at the PHCU. 2) The reinstatement of health services at Gasmalla PHCU. This facility is located in Bunj payam, which supports an estimated host population of 24,764 and 4,329 IDPs. RI has been required to suspend services at Gasmalla and two other facilities it supports in Bunj payam. Funding from CHF will re-establish services at the PHCU. 3) The expansion/scale-up of services at Bunj PHCC. This facility is located in the town of Bunj. RI has leveraged funds to support basic, skeletal services at this critical facility. Additional support is needed to ensure these services can continue and to re-initiate services RI was previously providing. 4) Outreach within the host community surrounding Gentil PHCC. Catering to a large host community population in Jinmakda, which supports over 24,585 host community members and 2,685 IDPs, there is a need to support basic health outreach. Funding will also complement RI's ongoing basic health and EPR activities, especially during this peak season of malaria. Activities have been designed to contribute to the priorities of the cluster and second allocation objectives. <p>RI will procure and distribute essential drugs, including emergency surgical and obstetric kits (including trauma kits), drugs and medical supplies; basic medical equipment and laboratory supplies by liaising with the MoH's supply chain (from the CHD to the facility level) as well as through its direct supply. In addition, RI will strengthen its partnerships with UNFPA and UNICEF to ensure the timely procurement and distribution of essential reproductive health kits and EPI supplies, as well as the functionality and continuation of essential cold chains. RI, together with the Ministry of Health (MOH) and the Maban County Health Department (CHD) also plans to strengthen emergency preparedness and response capacity at all supported health facilities and affected communities.</p> <p>To support communicable disease prevention and control, RI will also raise community awareness, boost immunization coverage through regular vaccination campaigns, and promote improved hygiene practices. Moreover, RI will engage in case finding, treatment and health awareness-raising for the prevention of common infectious diseases (e.g. cholera, meningitis, malaria, and other notify-able diseases). Finally, to ensure effective and timely response interventions and to maximize impact, RI will preposition essential emergency supplies and kits (drugs, vaccines, IV fluids, tents, personal protective equipment), integrate health programming with other interventions, and continue to work through key coordination mechanisms such as the inter-agency outbreak control team and the OCHA Inter-agency EP&RC Task Force.</p>		
Direct beneficiaries :			

Men	Women	Boys	Girls	Total	
8,639	11,452	1,769	2,346	24,206	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	7,602	10,078	0	0	17,680
Internally Displaced People	1,037	1,374	0	0	2,411
Children under 5	0	0	1,769	2,346	4,115
Indirect Beneficiaries :					
Catchment Population:					
<p>RI will support the following facilities, which cater to an estimated catchment population of 83,071 (including IDPs, excluding refugees). Because RI has had to suspend other facilities in Maban, RI projects a larger catchment population will seek services from the three facilities RI is proposing to support:</p> <p>1-Dangaji PHCU: This facility is located in Banashowa payam, which supports an estimated host population of 23,962 and 2,746 IDPs. RI has been required to suspend services at Dangaji and the other three other facilities it supports in Banashowa payam. Funding from CHF will re-establish services at the PHCU.</p> <p>2-Gasmalla PHCU: This facility is located in Bunj payam, which supports an estimated host population of 24,764 and 4,329 IDPs. RI has been required to suspend services at Gasmalla and two other facilities it supports in Bunj payam. Funding from CHF will re-establish services at the PHCU.</p> <p>3-Bunj PHCC+: This facility is located in the town of Bunj. RI has leveraged funds to support basic, skeletal services at this critical facility. Additional support is needed to ensure these services can continue and to re-initiate services RI was previously providing.</p> <p>4-Gentil PHCC+ (outreach only): Catering to a large host community population in Jinmakda, which supports over 24,585 host community members and 2,685 IDPs, there is a need to support basic health outreach.</p>					
Link with allocation strategy :					
<p>RI's proposed program will promote early action and respond to reduce loss of life by addressing the health needs of refugees, returnees, IDPs, and host community members in Maban.</p> <p>The funds requested for CHF programming will be essential to expand and improve on-going basic health and EPR activities. In addition, RI's proposed activities have been designed to ensure they strongly support CHF objectives and health cluster priorities for South Sudan in 2016. Specifically, RI will support:</p> <p>(1) Increased access to basic, life-saving services through the procurement and distribution of basic medical supplies, and the provision of PHC services</p> <p>(2) Improved disease surveillance and monitoring in order to significantly contribute to the sector/cluster priority of controlling the spread of communicable diseases and responding to disease outbreaks.</p> <p>CHF support will enable RI to fully contribute to the priorities of the cluster in the year ahead and will ensure RI's life-saving health programming can continue, improve and expand into the underserved and hard-to-reach payams of Maban.</p>					
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		
Emily Johnson	Grants Coordinator	emily.johnson@ri.org	+211 956 775 984		
Ricardo Vieitez	Country Director	ricardo.vieitez@ri.org	+211 (0) 921 493 088		
Daniel Bassey	Health Program Coordinator	daniel.bassey@ri.org	+211926061139		
BACKGROUND					
1. Humanitarian context analysis					

The situation in Maban County demands an immediate and coordinated response in order to address the urgent health needs of vulnerable groups, particularly children under five, pregnant and lactating women (PLW) and the elderly. Due to funding gaps, services at three major PHCUs and PHCCs have been suspended and scaled down. RI's project will address these immediate needs through reactivating outpatient maternal and child health services (MCH) at clinics facing urgent needs. Specifically, funding will re-introduce these life-saving services at two facilities (Dangaji PHCU and Gasmalla PHCU) and re-initiate and scale-up basic services at Bunj PHCC+. Special focus will be on boosting the coverage of measles and polio through outreach activities and accelerated vaccination campaigns. RI's strong presence in Maban as well as its strong understanding of the local context and operating environment will play a pivotal role in the delivery of quality emergency health services in the proposed areas of intervention.

RI's program is aligned with the CHF 2016 second allocation objectives and is designed to save lives and to contribute to the reduction of morbidity and mortality. Targeted areas in Maban include: Bunj, Jinkwota, and Benashowa payams. RI will also expand mobile outreach service provision to the remote payams of Jinmagda and Khor el Amar, areas that are not currently covered through current funding. RI will also facilitate EHR through participation of the user community and women will be actively engaged at all levels of the project cycle.

2. Needs assessment

Inadequate health facilities were adversely affected by the political crisis and the violence that erupted in December 2013, which aggravated the already precarious health situation. Since the conflict, health facilities have been destroyed and closed down, healthcare workers have fled conflict-affected areas, and insecurity has disrupted the medical supply chain. With the disruption of essential primary and secondary health services, the country faces a major public health crisis. An estimated 57 percent of health facilities are not functioning in Upper Nile, Jonglei, and Central Equatoria States (WHO, "South Sudan health reports," 2015). In Maban County, an influx of IDPs in 2015 and 2016 has also increased the health care burden on the strained system, which is already hosting more than 130,000 refugees from Blue Nile, Sudan (UNHCR, 2016).

In Maban, there is a major concern among humanitarian agencies that mortality among children and pregnant and lactating women will continue to rise due to lack of maternal child healthcare services. Maban remains one of the remote counties in South Sudan - reproductive health services and qualified health staff in this region are extremely limited. RI is IMA's only partner in Maban and due to funding uncertainty, many health facilities have temporarily closed down as a result of lack of funding by IMA. This has disrupted preventive and curative activities for other critical diseases – health services already underfunded, are now facing staff shortages, and there has been a major rupture in the supply of basic medicines and lack of essential equipment. With the closure of many health facilities, there is a widespread fear in the community - Maban has already seen rising tension and conflict between the host and refugee population. Increased outreach activities and the provision of basic primary care at static facilities are necessary to address these major gaps.

3. Description Of Beneficiaries

Conflict affected population, including IDPs, returnees, and host communities. The beneficiaries are from all age groups; the majority will be women and children, which comprises of 60% of the total population. RI will also focus on children and mothers through provision of Integrated basic Primary Health Care Services including under 5 clinic (IMCI protocol), and EmONC services.

4. Grant Request Justification

Based on RI's assessment, primary health care services and activities are needed to build and expand community-based interventions and improve access to those who are in urgent need. CHF funding is needed to reinstate basic health services, strengthen emergency preparedness and response capacity, improve the capacity of local health cadres, and support necessary infrastructure rehabilitation. Through a focus on maternal and child health (MCH), integrated management of childhood illnesses (IMCI) protocols, and EPI RI will help to ensure the promotion of mother and child survival in its supported healthcare facilities while continuing to provide services in line with the Basic Package of Health Services (BPHS). At the same time, RI will strive to boost the coverage for measles vaccination through enhanced outreach activities and regular cyclic vaccination campaigns; encourage the uptake of MCH services in the proposed project areas; intensify community education and social mobilization for the utilization of services; strengthen community health structures.

The funds requested for CHF programming will be essential to ensure the continuation of basic health and EPR activities. RI's proposed activities have been designed to ensure they strongly support CHF objectives and health cluster priorities for South Sudan in 2016. Specifically, RI will support: (1) improved disease surveillance and monitoring in order to significantly contribute to the sector/cluster priority of controlling the spread of communicable diseases and responding to disease outbreaks and (2) increased access to basic, life-saving services through the procurement and distribution of basic medical supplies, and the provision of PHC services. CHF support will enable RI to fully contribute to the priorities of the cluster in the year ahead and will ensure RI's life-saving health programming can continue, improve and expand into the underserved and hard-to-reach payams of Maban County.

5. Complementarity

RI will collaborate with relevant line ministries and the County Health Department (CHD) in Maban as well as UNHCR for MCH/PHC activities targeting the host community population. RI will continue to participate in monthly coordination meetings at the field-level in Maban and monthly consultative meetings with camp leaders. Within the host community, RI works closely with CHD and village elders, who will continue to be involved and engaged throughout the proposed program.

RI anticipates continued funding from UNICEF for nutrition programming (out-patient and in-patient) and will ensure nutrition and health services are integrated. RI is also supporting health services at Gentil Hospital in Maban County, Upper Nile through ECHO funding. RI will ensure the referral system at Gentil is linked with facilities supported by CHF.

LOGICAL FRAMEWORK

Overall project objective

To reduce morbidity and mortality and to save lives among the conflict-affected population in Maban

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	75				
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	25				
Contribution to Cluster/Sector Objectives : The current project will contribute to the cluster objective in many ways: the expanded Program on Immunization (EPI) and Integrated Management of Childhood Illnesses (IMCI) will directly reduce the suffering of people in conflict affected areas. The consultations to be made for children under five other people will help to mitigate transmission and mortality of preventable diseases.							
Outcome 1							
Improved access to high-quality, comprehensive primary health care (PHC)							
Output 1.1							
Description							
24,206 people benefit from out-patient department consultations							
Assumptions & Risks							
Sustained and secure access; no significant displacement or conflict occurs within the target area. There will be consistent supply of drugs, equipment and medical supplies.							
Activities							
Activity 1.1.1							
Re-introduce and re-establish curative services at two primary health care facilities (Dangaji and Gasmala) Facilities: Dangaji, Gasmala							
Activity 1.1.2							
Introduce and re-initiate outreach services at four facilities (Bunj , Dangaji , Gasmala) and support outreach in Gentil (host community only)							
Activity 1.1.3							
Scale up facilities at Bunj PHCC + which is currently only providing skeletal services (Bunj)							
Activity 1.1.4							
Strengthen Early Warning Alert Response Network capacities (Bunj , Dangaji , Gasmala)							
Activity 1.1.5							
Support minor rehabilitation / maintenance at existing health facilities where services have been reinstated (Bunj, Dangaji , Gasmala)							
Activity 1.1.6							
Provide emergency medical supplies and pharmaceuticals to ensure facilities are stocked							
Activity 1.1.7							
Conduct one accelerated vaccination campaign							
Activity 1.1.8							
Improve disease surveillance and response through one-the-job training and improved monitoring, reporting, and communication capacities							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	8,639	11,452	1,769	2,346	24,206
Means of Verification : Health facility records							
Indicator 1.1.2	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			1,153	1,730	2,883
Means of Verification : EPI reports, health facility records							
Indicator 1.1.3	HEALTH	Frontline # of facilities with functioning Cold chain in conflict states					3
Means of Verification : Health facility records, RI reports							
Indicator 1.1.4	HEALTH	Frontline # Number of functional health facilities in conflict -affected and other vulnerable states					4

Means of Verification : Health facility records, RI reports NB: At Dangaji & Gasmala, health services will be newly introduced. At Bunj, services will be scaled up. Mobile health services at Gentil (host community only) will be scaled-up.						
Indicator 1.1.5	HEALTH	Frontline # of epidemic prone disease alerts verified and responded to within 48 hours				2

Means of Verification :

Additional Targets :

M & R

Monitoring & Reporting plan

RI has developed rigorous M&E framework and information management system for interventions. This toolkit has been adapted to the local context, is equipped with reporting formats and data collection tools for various activities, and relies on an integrated system of traditional monitoring (comprising data collection on inputs, outputs, and outcomes, and community based participatory monitoring mechanisms). Data will be disaggregated by sex and age wherever possible. Meetings will be facilitated in a participatory manner to ensure equal voice of all groups, including marginalized and vulnerable populations. Feedback will be both qualitative and quantitative and will include methods such as ranking and scoring matrices.

Weekly reporting: RI will continue to report weekly case admissions and IDSR statistics and monthly health 5Ws, at the state and national level.

Monitoring: Project work plans will be used to guide international and national staff at all RI target areas. These plans will form the basis of progress monitoring throughout the program period.

Field Visits: Expatriate field visits to RI target sites are critical to monitor the quality and integrity of RI's programs in remote program locations at a minimum monthly basis. RI has four health technical expatriate staff based in Maban all of whom provide routine oversight to program activities. Senior staff from Juba will also continue to provide oversight, project / implementation reviews, and course correction discussions.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Re-introduce and re-establish curative services at two primary health care facilities (Dangaji and Gasmala) Facilities: Dangaji, Gasmala	2016										X	X	X
	2017	X	X	X									
Activity 1.1.2: Introduce and re-initiate outreach services at four facilities (Bunj , Dangaji , Gasmala) and support outreach in Gentil (host community only)	2016										X	X	X
	2017	X	X	X									
Activity 1.1.3: Scale up facilities at Bunj PHCC + which is currently only providing skeletal services (Bunj)	2016										X	X	X
	2017	X	X	X									
Activity 1.1.4: Strengthen Early Warning Alert Response Network capacities (Bunj , Dangaji , Gasmala)	2016												
	2017	X	X	X									
Activity 1.1.5: Support minor rehabilitation / maintenance at existing health facilities where services have been reinstated (Bunj, Dangaji , Gasmala)	2016										X	X	X
	2017												
Activity 1.1.6: Provide emergency medical supplies and pharmaceuticals to ensure facilities are stocked	2016										X	X	X
	2017												
Activity 1.1.7: Conduct one accelerated vaccination campaign	2016												
	2017		X	X									
Activity 1.1.8: Improve disease surveillance and response through one-the-job training and improved monitoring, reporting, and communication capacities	2016												
	2017												

OTHER INFO

Accountability to Affected Populations

RI will ensure accountability by:

1. Actively engaging all segment of the community for planning exercises.
2. Balancing both sexes in staff hiring process
3. Actively engaging women groups in project planning, implementation and monitoring exercise.
4. At the commencement of the project, organizing a launching ceremony with all key stake holders to explain the project objectives and scope including setting joint planning and monitoring exercise
5. Regularly and periodically reviewing of projects with key stake holders and strengthening the feedback mechanisms with the beneficiaries

Implementation Plan

Qualified local South Sudanese and/or expatriate staff will be based full-time in all project target areas for direct management, monitoring, and oversight of activities. RI has established offices in South Sudan, including in Juba, Longechuk, Maban, and Pibor, and Pajak / Maiwut. RI's Health Coordinator and Medical Doctor, based in Maban, will oversee all activities. RI also employs a strong national Health team who will provide monitoring and technical support throughout implementation. The Health Coordinator and Health Officers will be responsible for training staff, carrying out education sessions and campaigns.

Senior project staff will visit the project sites frequently to give technical input and guidance (security allowing). The Country Director, based in Juba, will also visit the project to ensure RI standards are met. Regular monitoring missions, including joint monitoring missions, will be conducted by programs and M&E staff, will help monitor and track progress and achievements in all locations, and coordinate any course corrections as necessary.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Samaritan's Purse	Referrals for secondary treatment are made to both RI Gentil Hospital and SP-supported Bunj Hospital.
MSF-B	Intervention in disease outbreaks, Bunj Hospital OPD
SIM	SIM supports Doro PHCC, which serves the host community around Doro Refugee Camp. RI will continue to meet with partners implementing health services in host community, including SIM, and to work to build the capacity of health staff.
Medair	Sends IPD referrals to RI Gentil Hospital and currently engaged with WASH activities; RI will continue to explore potential linkages and synergies.
ACTED	Currently engaged with WASH activities; RI will continue to explore potential linkages and synergies.
HDC	Currently engaged with WASH activities; RI will continue to explore potential linkages and synergies.
UNFPA	Supports reproductive health programming through the provision of health kits; RI will continue to explore opportunities for additional in-kind support.
CHD	RI will coordinate with CHD in Longechuk and Maban in regards to Primary Health Care activities

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Women play a large and important role in both productive and reproductive activities, though their contribution is overlooked due to male dominance and the patriarchy system. Women are not represented in any decision making positions and there are few to no opportunities for women to be accepted in public roles, or for their voices to be heard publically. In order to alleviate such problems, RI will empower women using available opportunities that allow women to participate in decision making processes. One of the available opportunities to involve women in public interest is this health project, where women will be actively involved in trainings that can build their capacity while increasing their visibility and their bargaining power. In order to improve equity and the sustainability of health activities, specific measures like placing women in leadership and decision making positions will take place to fulfill their strategic needs. All activities will include at least 50 percent females where possible. Gender is already mainstreamed in all RI projects in all project cycle management. As is true in other African countries, in rural areas of South Sudan, women are the primary caretakers and providers in their households. When women suffer, the entire family suffers. RI is committed to a focus on women and their roles in households, and a primary goal of health programming will be to significantly improve women's access to health services. Our goal is to give poor rural women access to the services and care they need to ensure the health and well-being of their household.

Protection Mainstreaming

RI's interventions are closely in line with relevant cluster priorities and approaches, and integrate gender and protection mainstreaming. RI actively works to ensure trainees and beneficiaries compose an equal balance of women and men. Additionally, throughout the project, RI will conduct Sexual and Gender Based Violence (SGBV) training for health staff, community outreach volunteers, and community champions.

Country Specific Information

Safety and Security

RI's Global Security Manager and in-country Operations Manager will continue to monitor the security situation in all target areas. In the case of sustained deterioration in security or access, RI may briefly suspend and in extreme cases relocate activities to more secure areas where similar needs exist, although it is envisioned that the use of remote monitoring and remote area management will ensure the continuity of services. RI has a robust security and evacuation plan in place.

Access

RI has had full access in Upper Nile and for the last seven years in Maban. To mitigate the risk of program suspension or termination due to insecurity, RI works closely with local communities and authorities. RI is expecting to receive the same support from local communities and authorities in the future, however if RI is denied permission to work in certain areas, threats are issued against staff, or other circumstances arise that prohibit or limit RI's ability to implement the project, the following measure will be taken immediately:

- RI will communicate with OCHA / CHF immediately on the situation and the proposed mitigation plan;
- RI will engage all possible actors at various levels including local authorities, community leaders, OCHA, UNDSS, clusters, etc. to assist in the negotiation process and secure permission to implement the project activities enabling RI to provide critical humanitarian services to communities most in need;
- In case negotiation processes don't go well or RI is not able to implement activities as planned for any reason, RI will work closely with OCHA / CHF to take mitigating action. One example is if RI was unable to work in a given payam, the project team could utilize available resources to meet the needs of the population in neighboring areas / locations based on needs and gaps. However, RI will follow the guidance given by OCHA / CHF based on the specific situation.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Country Director	S	1	8,000.00	5	10.00	4,000.00
	<i>RI's country director will provide oversight on the project as part of the larger country portfolio. He/she will dedicate 10% of his/her time to the program over a period of five months.</i>						
1.2	Grants Coordinator	D	1	3,800.00	5	10.00	1,900.00
	<i>Overall coordinator/manager of project, responsible for oversight and supervision of all program and operations aspects, including liaising with partners, engaging government, organizing training programs, and working with other stakeholders. He/she will dedicate 10% of his/her time to the project over a period of five months.</i>						
1.3	Country Finance Manager	S	1	5,000.00	5	10.00	2,500.00
	<i>RI's country finance manager will provide high level finance management support, including review of all finance reports and donor compliance accountability. He/she will dedicate 10% of his time to the project over a period of five months.</i>						
1.4	Deputy Finance Manager - Field Based	S	1	3,500.00	5	10.00	1,750.00
	<i>RI's deputy finance manager is based in the field sites and provides technical backstopping to field offices. He rotates on the various field offices to ensure compliance with donor regulations. He/she will dedicate 10% of his time to the project over a period of five months.</i>						
1.5	Sr. Operations Manager & Security Coordinator	S	1	5,000.00	5	10.00	2,500.00
	<i>RI's security coordinator and operations manager provides each project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI finance, audit, and competitive/transparent procurement policies and also over the security of the RI staff, beneficiaries and properties as advice as appropriate. He/she will dedicate 10% of his time to the project over a period of five months.</i>						
1.6	Health Coordinator	D	1	5,800.00	6	20.00	6,960.00
	<i>RI's health coordinator will provide expertise, technical oversight, and support capacity building for all aspects of the program related to food security and livelihood, The position will dedicate 20% of his/her time to the project over a period of six months.</i>						
1.7	Medical Doctor	D	1	3,500.00	6	20.00	4,200.00
	<i>The medical doctor is responsible for direct implementation oversight in respective project locations supervised by Health Coordinator. He/she will dedicate 20% of his/her time to the project over a period of six months.</i>						
1.8	Vaccinators	D	3	500.00	6	100.00	9,000.00
	<i>Three vaccinators will ensure EPI services are provided at supported facilities. They will also assist in outreach campaigns. They are covered on a 100% basis for five months.</i>						
1.9	Midwife	D	2	1,150.00	6	100.00	13,800.00
	<i>Two qualified midwives will support maternal and child health services. She will be roving, supporting maternal care at facilities within the host community.</i>						
1.10	PHCC Supervisor	D	2	1,300.00	6	100.00	15,600.00
	<i>Two PHCC supervisors are responsible for the day to day routine technical direct implementation at project locations. He/she is supervised by health coordinator. The position will dedicate 100% of his/her time to the project.</i>						
1.11	Logistics Officer	S	1	1,500.00	5	10.00	750.00

	<i>RI's Logistics Officer will provide dedicated project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI finance, audit, and competitive/transparent procurement policies; This person will dedicate 10% of their time to this project over a period of five months.</i>						
1.12	Admin/HR officer	S	1	1,600.00	5	10.00	800.00
	<i>RI's admin/HR officers will provide support on program oversight including on personnel recruitment and human resources matters, along with associated cross-cutting administration for operations and activity implementation in accordance with RI finance, audit, and HR standards; he/she will dedicate 10% of time to the project.</i>						
1.13	Finance officer	S	2	1,500.00	5	10.00	1,500.00
	<i>RI's two national finance officers will provide daily oversight on project finances and finance staff as part of the larger country portfolio, reporting project expenditures and accounts to the finance manager; he/she will dedicate 10% of time to the project.</i>						
1.14	Security Guards	S	6	375.00	5	10.00	1,125.00
	<i>The six office/ guesthouse / warehouse guards provide each project site with daily coverage of compound/warehouse security, necessary in the current fluid context , in accordance with RI safety and security procedures. They will dedicate 10% of their time to the project over a period of five months.</i>						
1.15	Cook / Cleaner	S	3	350.00	5	10.00	525.00
	<i>The three Cooks / Cleaners will keep the office clean in accordance to RI standards. They will dedicate 10% of their time to the project.</i>						
1.16	Driver	S	3	650.00	5	10.00	975.00
	<i>The three drivers provide each project site with daily transport coverage and support in the deliverance of the activities in the field and country office level. They will dedicate 10% of their time to project activities.</i>						
1.17	Security Support	S	1	2,000.00	5	10.00	1,000.00
	<i>Security Support will backstops and monitors the project at the country level. He/she will dedicate 10% of his/her time over a period of 5 months.</i>						
1.18	EPI Supervisor	D	1	800.00	6	100.00	4,800.00
	<i>The EPI Supervisor will ensure EPI services are provided at supported facilities. He/she will oversee the vaccinators and ensure cold chain protocol is adhered to. He/she is 100% covered over a period of six months.</i>						
	Section Total						73,685.00
Supplies, Commodities, Materials							
2.1	Immunization campaign	D	1	2,000.00	1	100.00	2,000.00
	<i>An accelerated EPI vaccination plan will be carried out. This includes mobilization activities, day-to-day travel costs, and supplies/materials needed for the campaign.</i>						
2.2	Transport of program supplies	D	1	13,000.00	1	100.00	13,000.00
	<i>Cost of loading and offloading medical supplies to beneficiaries. This will include the transport and distribution via air charter to Maban.</i>						
2.3	Rehabilitation of PHCC/PHCUs	D	3	2,000.00	1	100.00	6,000.00
	<i>This will support small-scale repairs at four facilities (Bunji, Dangaji, Gasmala and Gentil).</i>						
2.4	Essential drugs and medical equipment	D	1	20,000.00	1	100.00	20,000.00
	<i>Pharmaceuticals and medical supplies will ensure continued service delivery at four-targeted facilities.</i>						
	Section Total						41,000.00
Travel							
5.1	Staff travel (per diem)	D	1	50.00	6	100.00	300.00
	<i>"The budget line will be used to provide per diems and accommodation allowance for the staff working under this program. "</i> <i>The budget line will be used to provide per diems and accommodation allowance for the staff working under this program.</i>						
5.2	Local flights for staff travel (Juba-Maban)	D	1	250.00	6	100.00	1,500.00
	<i>These funds will be used to cater for the travels for the program staff to and from the field sites. "</i>						

5.3	Int'l flights for staff deployment (field-home)	D	1	650.0 0	6	100.00	3,900.00
<i>These funds will cater for the travel of the Maban-based expats responsible for program implementation.</i>							
Section Total							5,700.00
General Operating and Other Direct Costs							
7.1	Stationary and office materials (field office)	D	1	500.0 0	6	10.00	300.00
<i>These budget will be used to purchase stationery to be used in the field sites where the project is being implemented.</i>							
7.2	Office / GH rent and maintenance (field office)	D	1	6,000 .00	6	10.00	3,600.00
<i>These funds will be used to support satellite offices in field locations to ensure smooth delivery of program activities and provision of oversight to the ground team.</i>							
7.3	Utilities - Maban (field office)	D	1	2,550 .00	6	10.00	1,530.00
<i>These funds will be used to pay for water, garbage collection and other services in the field locations of the project.</i>							
7.4	Communications (field office)	D	1	2,300 .00	6	10.00	1,380.00
<i>The budget will be utilized to buy thuraya airtime and other related communication supplies with the field locations for the purpose of reporting and dissemination of information in a timely manner.</i>							
7.5	Printing / Photocopying	D	1	1,500 .00	6	10.00	900.00
<i>Funds will be used to print and reproduce materials and pamphlets to be used for the program activities in the field sites.</i>							
7.6	Maintenance and fuel for power generation	D	1	1,500 .00	6	10.00	900.00
<i>Funds will be used to procure fuel for use to generate power for use in the offices where the program is being implemented in the day to day running of the office activities.</i>							
7.7	Postage and Courier	D	1	450.0 0	6	10.00	270.00
<i>These funds will be used for posting/courier program related materials to/from head office. These include supporting documentations for technical staff whose costs are levied from Headquarters as well as signed agreements</i>							
7.8	Juba office / GH rent	S	1	14,00 0.00	6	10.00	8,400.00
<i>These budget will be utilized to partly finance the rent of the main office in Juba as well as the guesthouse for the support staff.</i>							
7.9	Vehicle rental (fourwheel and light vehicle)	D	1	1,000 .00	6	10.00	600.00
<i>These funds are for renting vehicles for the use of supporting the program activities during the various campaigns and trainings.</i>							
7.10	Vehicle fuel and maintenance	D	1	2,000 .00	6	10.00	1,200.00
<i>These funds will be used to purchase fuel for the vehicles as well as maintenance of the vehicles during the project implementation</i>							
7.11	Banking charges	D	1	303.2 0	6	10.00	181.92
<i>These will be used to pay for the bank charges-ledger fees as well as swift charges and any other related charges during the cash handling of the funds</i>							
7.12	Insurances (Non-Personnel)	S	1	520.0 0	6	10.00	312.00
<i>This will cover insurance for the vehicles and premises upon which the staff working under the program are using.</i>							
7.13	Legal Fees	D	1	380.0 0	6	10.00	228.00

	<i>These are fees used to pay for legal services during the program duration.</i>			
	Section Total			19,801.92
SubTotal		54.00		140,186.92
Direct				114,049.92
Support				26,137.00
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				9,813.08
Total Cost				150,000.00
Grand Total CHF Cost				150,000.00

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Maban	100	8,639	11,452	1,769	2,346	24,206	<p>Activity 1.1.1 : Re-introduce and re-establish curative services at two primary health care facilities (Dangaji and Gasmala) Facilities: Dangaji, Gasmala</p> <p>Activity 1.1.2 : Introduce and re-initiate outreach services at four facilities (Bunj , Dangaji , Gasmala) and support outreach in Gentil (host community only)</p> <p>Activity 1.1.3 : Scale up facilities at Bunj PHCC + which is currently only providing skeletal services (Bunj)</p> <p>Activity 1.1.4 : Strengthen Early Warning Alert Response Network capacities (Bunj , Dangaji , Gasmala)</p> <p>Activity 1.1.5 : Support minor rehabilitation / maintenance at existing health facilities where services have been reinstated (Bunj, Dangaji , Gasmala)</p> <p>Activity 1.1.6 : Provide emergency medical supplies and pharmaceuticals to ensure facilities are stocked</p> <p>Activity 1.1.7 : Conduct one accelerated vaccination campaign</p>

Documents

Category Name	Document Description