

Requesting Organization :	Collegio Universitario Aspirante e Medici Missionari				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Improving host and displaced population and other vulnerable groups' access to and utilization of quality essential and emergency health services in Mundri East County (Greater Equatoria Region) and in Yirol West County (Greater Bahr El Ghazal Region)				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-16/H/89677	Fund Project Code :	SSD-16/HSS10/SA2/H/INGO/3589		
Cluster :	Health	Project Budget in US\$:	270,000.00		
Planned project duration :	6 months	Priority:	4		
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>The project reflects HRP 2016 1st strategic objective ("saving lives and alleviating suffering through safe access to services with dignity"), therefore being in line with the overarching priorities for this 2nd SA. It will mainly target Mundri East (Greater Equatoria Region), Health Cluster priority location, applying the Health Cluster response strategy to the main emergency health related needs. The project will contribute to the following Health Cluster Objectives</p> <ul style="list-style-type: none"> -Improve access and scale-up responsiveness to essential and emergency health care, including addressing the major causes of mortality among U5 (malaria, diarrhea, Pneumonia), and emergency obstetrics and neonatal care services, including SGBV services <p>The project aims increasing access to and utilization of quality essential and emergency health services, including EmONC, through the reinforcement of the existing facilities and of their capacities in providing both static and outreach frontline health services. Hospital and PHC facilities will ensure service provision in line with the BPHS, inclusive of the HIV/AIDS package, integrated into the overall offer. HF staff will be engaged in organizing and conducting outreaches to the most remote areas, enhancing EPI coverage. The project will target both host and displaced population, with particular focus on the most vulnerable (women and children), facilitated by an age and gender sensitive approach informing the overall strategy and all activities.</p> <ul style="list-style-type: none"> -Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable states <p>All the activities will contribute to the health system strengthening, functional to prompt detection of and response to health emergencies. Action's impact will be amplified through its integration into the County Health Plan, under CHD stewardship and under the constant monitoring of the local communities, whose involvement will be ensured.</p> <p>Under these two main objectives, the project will target severe acute malnutrition (SAM), as contributing to U5 morbidity and mortality and to people vulnerability towards epidemic prone diseases. The response to the increasing nutrition related needs of the local population will be fully integrated to the provision of primary and emergency health services. Concerning this specific component, the project will target also Yirol West County (Greater Bahr El Ghazal Region), identified as priority site for Health Cluster support to Nutrition Cluster in ensuring health and nutrition services integration.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
10,516	16,269	13,044	10,673	50,502	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	13,044	10,673	23,717
Pregnant and Lactating Women	0	490	0	0	490
Other	10,516	15,779	0	0	26,295
Indirect Beneficiaries :					
Catchment Population:					

Link with allocation strategy :

Mundri East County is a priority area for Health Cluster. In October 2015, after the worsening of the internal conflict Army-local militia, the entire County population was considered displaced (IRNA) and therefore vulnerable to health and nutrition problems. In April 2016, the IRNA confirmed the presence of still consistent IDPs groups, whose return is hampered by the still highly volatile situation. The already limited health services network is working on and off because of the recurrent fighting, with some PHC facilities closed because of looting, staff escape and occupation by the conflicting parties. Since September 2015, Lui Hospital has been the only facility permanently opened, offering 24/7 all services (including CEmONC and emergency surgery). It is crucial to ensure Lui Hospital to keep working and further enhance health care access and utilization through the reactivation of all the existing HFs, for the provision of static services and the continuation of the outreaches plan started by the CHD during the most acute phases of the crises. Differently than MEC, Yrol West County is not a conflict affected area, however it is a priority site for Health Cluster, in particular for the need of effectively integrating health and nutrition services. Since September 2015, former Lakes State GAM Rate has reached values closed to the emergency threshold for both U5 (14,4%) and PLW (10%), values higher than the average ones registered in the Counties not directly interested by the main conflict (IPC September and December 2015). Recently, YW situation has worsen and the County is now considered as crises area, with a GAM by WHZ equal to 18.3 (IPC April 2016). At this regard, it should be taken into account the impact of IDPs presence. With the exception of those based in Awerial County, IDPs are rarely concentrated in camps, they are scattered all around, accommodated by the host communities; the consequent increase in household members number constitutes a shock for families' daily life and force to adopt restrictive consumption habits. It is fundamental the health system to be updated to ensure both host and displaced population access to integrated services adequately addressing health and nutrition needs.

This is in line with two one of the main objectives guiding Health Cluster allocation strategy ("Improve access and scale-up responsiveness to essential and emergency health care, including addressing the major causes of mortality among U5 (malaria, diarrhea, Pneumonia), and emergency obstetrics and neonatal care services" and "Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable states") and will contribute to improve host and displaced communities conditions and to prevent further or revert current displacement.

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
Italian Cooperation	110,392.00
Private Funds	24,000.00
	134,392.00

Organization focal point :

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BACKGROUND**1. Humanitarian context analysis**

Mundri East County (MEC) is in Greater Equatoria: 60.000 inhabitants, 16 PHCUs, 4 PHCCs, 1 Hospital. Since Army-local militia conflict start (May 2015), ME turned into priority humanitarian site. October 2015 IRNA estimated 20.000 IDPs, but the entire County population was considered displaced. April 2016 IRNA confirmed a volatile situation and the remaining IDPs presence (14000 in 3 visited sites). Currently, fighting continue in Doroh, Singiriwa, Lozoh, Wiroh. IDPs are coming from Juba (in Bekenye 1000 people arrived in July 2016). IDPs are scattered, depending by host communities. Host and displaced population are experiencing same vulnerability. Concerning the access to limited and overstretched resources and services, whose availability has been hampered by conflict. ME is the only affected County in former WES whose health system has remained operational, but HF's have been on/off, with some looted, occupied, not functioning because of staff displacement. Lui Hospital has been the only one working 24/7, offering basic and emergency assistance (CEmONC and surgery). CHD integrated primary services static provision with outreaches to remote areas and those left unserved by closed HF's. Accessibility issues affected implementation but they succeeded in improving EPI (+30% DPT3 in 2016 1Q compared to 2015 4Q). In spite of being basic and limited, this health care network has been effective in preventing and containing outbreak s, but the risk of epidemic insurgence remains. While some HF's are being reactivated, others are needing support to operate and to restore and improve people access to health. Crucial Lui Hospital to continue working. It is the facility people keep accessing even during the critical moments, as they trust it will not be targeted by the conflict. When internal mobility was restored (January 2016), Lui Hospital reported higher number of patients compared to previous quarter for curative and preventive services (+35% for assisted deliveries and ANC1), in terms of access and utilization (+200% ANC4). 2016 1Q data are far from those of 2015 same period; it is likely not all can access the Hospital yet, PHC HF's have to be reactivated for static and outreaches services. IDPs presence is a shock for household, whose access to resources is hampered by insecurity, impeding cultivation and local markets stock up and reducing available supplies because of looting (September 2015 FSNMR). MEC is into "alert" status (IPC April 2016). During last IRNA, MUAC measurement in 3 sites resulted in 19,3% GAM. Lui H is treating MAM and SAM (TSFP, OTP, SC); it is important to continue providing these services and to expand at PHC HF's. Nutrition deterioration is matter of concern in Greater Bahr El Ghazal. Yirol West County (149.110 people) is a critical sites , with GAM WHZ of 20% (IPC April 2016). YWC is part of former Lakes State, where population nutrition status has dramatically worsen. State GAM WHZ passed from 10 (December 2014 FSNMR) to 14.4 (September 2015), above National average (13). Missed health-nutrition services integration and nutrition interventions lack of continuity are amongst the reasons affecting County responsiveness to people nutritional vulnerability. This vulnerability is due to internal conflict, IDPs influx and hostile environment, affecting cultivation and market. Yirol Hospital is OTP and SC and is implementing TSFP. MAM and SAM treatment are integrated to the wider Hospital offer. In 2016 1Q, Hospital nutrition services reported 4999 U5 and 163 PLW screened, 98 U5 and 43 PLW enrolled in TSFP, 114 U5 accessing OTP, 57 U5 admitted in SC. While OPD and EPI staff were used to screen all seen children, ANC and PNC personnel were being trained at this regards and this explain the low numbers of beneficiaries amongst PLW. In April, things improved (207 PW screened). Nutrition services in PHC HF's are promising (1224 U5 and 353 PLW screened, 187 U5 and 173 PLW enrolled in TSFP, April 2016).

2. Needs assessment

3. Description Of Beneficiaries

Direct beneficiaries are those, belonging to host or displaced population, who are directly accessing the key services provided under the current action, as per stipulated target. Indirect beneficiaries will be those permanently or temporarily living in Mundri East and Yirol West County, being at least 210.058 (60.948 MEC and 149.110 YWC as per DHIS 2016). The project will specifically target PW (5,6%) and U5 (21%) in both IDPs and host communities. Indirect beneficiaries will be as well inhabitants and IDPs of Mundri West (42.976), Mvolo (60.948), Yirol East (97.728) and Awerial (68.510), who have Lui and Yirol Hospital as referral one.

4. Grant Request Justification

MEC health system depends on partners'. CUAMM is working in MEC since 2009, supporting Lui Hospital in providing primary and secondary care (emergency surgery and CEmONC) for at least 3 Counties. Since March 2015, CUAMM is the County Leading Agency (up to March 2016 under ISDP, now HPF), working with the CHD for PHC services provision through 20 supported HF's, outreaches, community based activities, referral system. In spite of MEC health system having the same gaps of other Counties, it has not been considered a priority for Humanitarian Agencies, limited resources have been allocated to the improvement of its basic services and of their responsiveness. On top of that, in July 2015, ISDP suffered of a consistent budget cut, which implied a further reduction of the supported activities. When the emergency started (September 2015), the humanitarian response was limited because of accessibility problems. CUAMM has remained for long the only NGO based in the area and managing to move in and out.

To limit the above described emergency negative impact on population health and to respond to the peculiar needs of displaced people, additional efforts and resources are required to integrate what made available by the current funding mechanism. CUAMM will focus on IDPs' and host population's health needs, following the Continuum of Care principles, therefore ensuring access to both primary and emergency care at different levels (Community, Health Facilities, Hospital), linked by an effective referral system. SSHF funds will contribute to restore the pre-crisis situation, reestablishing and enhancing the conditions to provide qualitative health services at county level. They will be considered as emergency additional support, to be integrated to the already existing resources, not sufficient to properly respond to the current humanitarian crisis. SSHF funds will integrate the resources HPF is making available for Health System running costs and the Italian Cooperation grant currently managed by CUAMM, expected to support only Hospital routine activities and focused actions on health services integration with WASH and nutrition. SSHF funds will be used to address the gaps related to the current humanitarian crises. They are particularly needed considering that the available resources are not enough to ensure normal services provision either. They will be specifically used to scale-up responsiveness to life saving emergency health care (with specific focus on reducing U5 morbidity and mortality and managing obstetric emergencies) and to strengthen surveillance systems to prevent, detect and respond to epidemic prone disease outbreak. This will mean ensuring primary and emergency health service provision at Hospital and PHC facilities and to conduct outreaches in the most remote areas. Looted/partially destroyed HF's will be reactivated and Lui Hospital will be strengthen, through repairing infrastructures, replacing missing equipment, refilling drugs stocks, covering HRH gaps. YWC is experiencing a gradual reduction of funding, as not considered an emergency locations, in spite of the keeping increasing needs. Amongst these latest, those related to people nutrition status, lacking specifically dedicated resources. SSHF funds will be used to integrate HPF and Italian Cooperation grant, focused on supporting health system running costs, ensuring Yirol Hospital to have infrastructures, equipment, supplies and human resources adequate to integrate the nutrition components. CHD and community involvement at each stage of project preparation and implementation and its integration into the wider County health and nutrition program will ensure longer term sustainability of the achieved results. CUAMM will ensure to avoid any overlapping on the use of funds, guaranteeing cost-efficiency. At this regard, the project is expected to start in October, when previous Standard Allocation will be over and HPF budget will be smaller than the current one.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

The project reflects Health Cluster objectives to be achieved in Mundri East County (WES)

1) Improve access to, and scale-up responsiveness of, essential and emergency health care, including emergency obstetric care services and SGBV management.

The project will increase quality essential/emergency health services access/utilization, including EmONC and surgery for host/displaced population, with focus on the most vulnerable (women/children), facilitated by age/gender sensitive approach informing strategy design and activities planning, implementation and monitoring. Women access to and utilization of adequate and acceptable services will be promoted, including the clinical management and referral of SGBV (in line with the 3rd cluster objective). U5 vulnerability to diseases will be tackled also through the integration of the nutrition component into the wider health sector response. The project will ensure basic and emergency health services provision at Hospital and PHC facilities and through outreaches in the most remote areas as per BPHNS.

2) Strengthen existing systems to prevent, detect, and respond to outbreaks. The health system will be strengthened, creating the conditions for prompt health emergencies detection/response, with the active support of local communities and other sector (as WASH). under CHD stewardship

For Yiro West County, the project reflects the Health Cluster aim of integrating Nutrition Cluster response ensuring SAM treatment and enhancing the referral between nutrition and health services. This is in line with HRP 2016 objective of improving access to and scale up essential and emergency nutrition services, through the integration of recommended key Nutrition intervention into the Health System.

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	100

Contribution to Cluster/Sector Objectives : Contribution to Cluster/Sector Objectives : The project will increase quality essential/emergency health services access/utilization, including CEmONC, reinforcing existing facilities in providing both static and outreach health services, ensuring referral. Service provision will be in line with BPHS, inclusive of HIV package for some HFs. The project will target host/displaced population, with focus on the most vulnerable (women/children), facilitated by age/gender sensitive approach informing strategy design and activities planning, implementation and monitoring. Women access to and utilization of adequate and acceptable services will be promoted, including the clinical management and referral of SGBV. U5 resistance to epidemic prone diseases will be promoted through an increased access to quality primary and emergency services and through their integration with the nutrition component. Outreaches to the most remote areas will enhance EPI coverage. Screening of nutritional status of PLW/U5 will be ensured along the Continuum of Care, from ANC to deliveries, PNC, MCH visits. Prevention will be promoted during ANC and MCH visits (as entry points), targeting specifically PLW and child-takers. Coverage of treatment and/or referral for treatment will be enhanced, with specific focus on SAM. While the health component will be implemented specifically in Mundri East County, the integration of nutrition services into the health system will be promoted in both Mundri East and Yiro West County

The activities contributing to health and nutrition services access will enhance people and system capacities in facing infectious diseases spread. Further, the project will support the health system strengthening, functional to prompt health emergencies detection/response. Action impact will be amplified through its integration into County Health Plan, under CHD stewardship and constant monitoring of the local communities.

Outcome 1

Improved primary and emergency health care coverage and access for PLW and U5, including CEmONC surgery and SGBV (in ME) and SAM management (in YW and in ME)

Output 1.1

Description

Regular provision of essential curative and preventive care in MEC, namely

- daily outpatient services in No. 12 PHCUs, No. 4 PHCCs and No. 1 Hospital
- daily inpatient services in No. 4 PHCCs and No. 1 Hospital.
- daily focused ANC, nutritional screening, health education in 12 PHCUs, 4 PHCCs and 1 Hospital
- daily EPI at least in 1 hospital and 4 PHCCs, weekly in at least No. 8 PHCUs
- PMTCT in 1 Hospital, ANC clients counseling and testing and referral for treatment in 4 PHCCs

Regular provision of essential preventive care beyond the catchment area of existing health facilities, through

- weekly outreaches plan, covering the whole county and focusing mainly on IDPs most concentrated areas providing EPI, ANC, nutritional screening and health education

To serve at this scope, those facilities which have been looted or partially destroyed will be renovated and the missed equipment replaced. Drugs and consumables stocks will be refilled and additional materials and tools procured where what available would not meet the standards dictated by the Basic Package of Health Services. Constant training and supervision of minimum health and support staff will be ensured. Vehicles running costs for outreaches plan implementation will be partially supported

Assumptions & Risks

This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities. Difficulties might emerge due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constraints in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs. Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.

Activities

Activity 1.1.1

Procurement/transport/distribution of essential/emergency drugs, medical/non medical supplies, equipment as per BPHS

Activity 1.1.2

Supervision and on job training of national health staff (nurses, CHWs, clinical officers)

Activity 1.1.3

Repair/improvement of and procurement of equipment for damaged and looted PHC HF infrastructures

Activity 1.1.4

Implementation of integrated outreaches plan (2 exits per week, locally based health staff and HHPs): vehicle and motorbikes costs

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # Number of functional health facilities in conflict -affected and other vulnerable states					17

Means of Verification : DHIS
Supportive Supervision Reports

Indicator 1.1.2	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	10,517	15,775	6,842	5,598	38,732
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Means of Verification : Health Facilities Registers
DHIS

Indicator 1.1.3	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			418	342	760
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Means of Verification : Health Facilities Registers
DHIS

Indicator 1.1.4	HEALTH	No. of PW tested for HIV during ANC visit					158
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Means of Verification : Lui Hospital Register
DHIS

Output 1.2

Description

Adequate and constant response to Major Direct Obstetric Complications in MEC through
-CEmONC in 1 Hospital
-BEmONC and referral in at least 2 PHCCs

This will be ensured procuring the necessities supplies and equipment, also advocating for RH kits donations, out of guaranteeing the qualified staff. An ambulance based referral system will cover the whole county, transferring patients from PHCUs to PHCCs and up to the Hospital, according to the situation.

The properly equipped and staffed HF, connected through an effective referral system, will become safe environments for women to give births and to receive the adequate level of care for their specific conditions, reducing their morbidity and mortality; women awareness on safe motherhood and delivery will be promoted and facility based deliveries encouraged

Assumptions & Risks

This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities. Difficulties might emerge due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constraints in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs. Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.

Activities

Activity 1.2.1

Advocacy to UNFPA to access RH Emergency kits and procurement, transport, distribution of essential/emergency drugs, medical/non-medical supplies, equipment to ensure 24/7 CEmOC/BEmOC provision in No. 1 hospital and at least NO. 2 PHCCs

Activity 1.2.2

Supervision/training of local Staff involved in EmONC services provision (in both PHCCs and H)

Activity 1.2.3

Constant presence of qualified medical/midwifery staff in Lui Hospital ensuring CEmONC provision and staff on-the-job training (2 Surgeon, 1 Anesthetist, 1 Senior MW)

Activity 1.2.4

Reinforcement of referral system: Lui Hospital Ambulance costs coverage

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Frontline # of births attended by skilled birth attendants in conflict-affected and other vulnerable states		335			335

Means of Verification : Health Facilities registers
DHIS

Indicator 1.2.2	HEALTH	Frontline # Number of facilities providing BEmONC services					3
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Means of Verification : Supportive Supervision Report
DHIS

Output 1.3

Description

Surgical Capacity in 1 Hospital in MEC

This action is aimed to ensure an adequate constant response to surgical emergency in Lui Hospital, which is the only health facility able to perform surgical emergency. The catchment area includes also Mvolo e Mundri West Counties, being the only hospital in Greater Mundri. Qualified staff will be ensured to run the OT, which will be properly equipped and supplies will be procured, at the same time advocating for surgical emergency kits to WHO.

Assumptions & Risks

This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities. Difficulties might emerge due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constraints in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs. Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.

Activities

Activity 1.3.1

Advocacy to WHO to access IEHK / trauma kits and procurement/transport/distribution essential/emergency drugs, medical/non-medical supplies, equipment for No. 1 Hospital performing emergency surgery

Activity 1.3.2

Constant presence of qualified staff ensuring service provision and OT personnel on job training

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	Frontline # of key facilities able to perform general surgery excluding Caesarean Sections					1
Means of Verification : Supportive Supervision Report DHIS							
Output 1.4							
Description							
<p>Nutrition services integrated into the health package provided at HF level and through outreaches in MEC and YWC, as below</p> <ul style="list-style-type: none"> -2 SC (Lui and Yirol County Hospital) -2 OTP (Lui and Yirol County Hospital) -Nutritional Screening and referral performed in 6 PHCCs (2 in YW and 4 in ME), 20 PHCUs (8 in YW and 12 in ME) and during outreaches <p>Health and Nutrition integration will be functional to properly respond to emergencies situations and to optimize efficiency and cost-effectiveness. Supplies will be procured and proper advocacy will be realized to access /UNICEF's pipelines. Staff will be supervised to deliver nutritional services according to national and international standards.</p> <p>The focus will be on SAM management, integrated to MAM component</p>							
Assumptions & Risks							
<p>This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities</p> <p>Difficulties might emerge due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constraints in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs.</p> <p>Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.</p> <p>Food is a sensitive good. Mismanagement might create security threats to the staff in emergency situations. Lack of humanitarian access might endanger the project implementation. Mitigation measures will be taken into consideration such as proper storage and security of food stores and security escort during food distribution if required.</p>							
Activities							
Activity 1.4.1							
PHCUs/PHCCs/H staff on job training on identification/treatment/referral of MAM and SAM cases							
Activity 1.4.2							
Advocacy to UNICEF for supplies							
Activity 1.4.3							
Procurement of equipment/tools/supplies for OTP/SC							
Activity 1.4.4							
Improvement of Hospital infrastructures to properly accommodate and treat SAM cases							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.4.1	HEALTH	Frontline # of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			85	70	155
Means of Verification : Lui Hospital and Yirol Hospital SC Admission Register DHIS							
Indicator 1.4.2	HEALTH	Number of U5 screened for Malnutrition (MUAC Measurement)					10,362
Means of Verification : OPD and EPI register							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

CUAMM shall ensure continuous monitoring of project activities by:

- EFFECTIVE REPORTING SYSTEM: (i) compilation of daily/weekly/monthly health facility registers, (ii) compilation of outreach reports, (iii) compilation of monthly and quarterly reports for concerned CHD (DHIS reporting tools), (iv) compilation of quarterly progress report for donors, (v) monthly and quarterly reports to HQ project department. With regard to data collection and analysis, utilization of DHIS shall ensure integration of project data within the MoH reporting system.
- QUALIFIED TECHNICAL ASSISTANCE: CUAMM will employ technical human resources skilled in Health and emergency related program management and supervision, responsible for assisting local health staff at both facility and outreach level. They will be based in main project location and will ensure daily supervision of the quality of the services provided and consistency of data collected.
- M&E OFFICER: CUAMM SS Coordination Office Team includes a M&E Officer, in charge of supporting the Country Manager and the Project technical staff in monitoring activities progress towards set indicators and targets. She is in contact with HQ Projects Department for overall evaluation of CUAMM intervention impact
- EXTERNAL MONITORING: implementing partners will share periodical information and data on the project implementation with Health Cluster focal persons both at state and national level, to compare views and get additional inputs and comments.
- EFFECTIVE FINANCIAL MONITORING SYSTEM: (i) CUAMM daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of HQ administrative department. II) Budget follow-up is elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; III) compilation of financial report is elaborated by CUAMM Country Administrator with the support of the field administrator and subsequently approved by HQ administrative department

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procurement/transport/distribution of essential/emergency drugs, medical/non medical supplies, equipment as per BPHS	2016										X	X	X
	2017	X	X	X									
Activity 1.1.2: Supervision and on job training of national health staff (nurses, CHWs, clinical officers)	2016										X	X	X
	2017	X	X	X									
Activity 1.1.3: Repair/improvement of and procurement of equipment for damaged and looted PHC HF's infrastructures	2016										X	X	X
	2017	X	X	X									
Activity 1.2.1: Advocacy to UNFPA to access RH Emergency kits and procurement, transport, distribution of essential/emergency drugs, medical/non-medical supplies, equipment to ensure 24/7 CEmOC/BEmOC provision in No. 1 hospital and at least NO. 2 PHCCs	2016										X	X	X
	2017	X	X	X									
Activity 1.2.2: Supervision/training of local Staff involved in EmONC services provision (in both PHCCs and H)	2016										X	X	X
	2017	X	X	X									
Activity 1.2.3: Constant presence of qualified medical/midwifery staff in Lui Hospital ensuring CEmONC provision and staff on-the-job training (2 Surgeon, 1 Anesthetist, 1 Senior MW)	2016										X	X	X
	2017	X	X	X									
Activity 1.2.4: Reinforcement of referral system: Lui Hospital Ambulance costs coverage	2016										X	X	X
	2017	X	X	X									
Activity 1.3.1: Advocacy to WHO to access IEHK / trauma kits and procurement/transport/distribution essential/emergency drugs, medical/non-medical supplies, equipment for No. 1 Hospital performing emergency surgery	2016										X	X	X
	2017	X	X	X									
Activity 1.3.2: Constant presence of qualified staff ensuring service provision and OT personnel on job training	2016										X	X	X
	2017	X	X	X									
Activity 1.4.1: PHCUs/PHCCs/H staff on job training on identification/treatment/referral of MAM and SAM cases	2016										X	X	X
	2017	X	X	X									
Activity 1.4.2: Advocacy to UNICEF for supplies	2016										X	X	X
	2017	X	X	X									
Activity 1.4.3: Procurement of equipment/tools/supplies for OTP/SC	2016										X	X	X
	2017	X	X	X									
Activity 1.4.4: Improvement of Hospital infrastructures to properly accommodate and treat SAM cases	2016										X	X	X
	2017	X	X	X									

OTHER INFO

Accountability to Affected Populations

CUAMM is used to design its projects in close cooperation with the CHD and local authorities, in order to ensure accountability, transparency and inclusion of the different stakeholders. At boma level, Village Health Committees and Home Health Promoters are in place with the aim to guarantee a two-way communication mechanism of information dissemination, community involvement and reciprocal feedback exchange. Thank you to this system, it is always possible to evaluate beneficiaries' appreciation on project implementation and needs assessments are easily realized and continuously updated. Being CUAMM staff on ground, based in the same premises of CHD team and in the targeted Hospitals, constant communication flow and open discussion on each aspect of project planning, implementation, readjustment are ensured, as described in the implementation plan. Regular supervisions, outreaches, HHPs involvement constitute permanent and open channels of communication with the community. Community representatives will be part of the county coordination meetings (funded with CUAMM own resources), when results of all projects CUAMM is implementing are presented and discussed and they will be in conditions to express their concerns, appreciations, un met expectations

Implementation Plan

The project has been designed in closer cooperation with the CHD and local authorities, to integrate the already on going actions in support to the County Health System to ensure proper response to the needs assessed on ground and related to a specific emergency . The project is informed by the Continuum of Care principles CUAMM adopted as backbones of its strategy and it has been designed with an actor oriented approach, given precise leading role to local actors. The stewardship attributed to the CHD ensures project integration into a wider intervention and therefore long term sustainability to the achieved results. The project design has been based on the data normally collected through the MoH official channels and to those collected in the specific situation of emergency by recognized institutions (as OCHA and other UN agencies) and by CUAMM and CHD themselves Before starting the implementation phase, a kick-off meeting will be held with the CHD and all the county stakeholders to revise the submitted work plan and to proceed with eventually needed adjustments. In order to ensure proper coordination within all these actors, adherence to the activity plan and capacity of prompt project adjustments (when required), always in agreement with the local policies, the project implementation will be oriented by regular coordination meetings. The main aim is to link the CHD with all level of the County and its various actors and stakeholder, creating room for sharing information, discuss challenges and related solutions, providing feedback, in order to promote reciprocal accountability, putting the CHD in conditions of maintaining effective and active control and ownership on what is going on in the County and ensure it is getting all the elements to elaborate a strategy respondent to the real needs. This kind of mechanism is clearly functional to a smooth project implementation. In both YW and ME, CUAMM has already appointed a PH expert and a Hospital Coordinator, in charge of overall supervision of NGO intervention in the area and of the integration of the current project into a wider plan, to make it responsive to the emergency situation experienced on ground. They are also taking care of local counterparts capacity building, as main strategy to strength and develop the CHD and the Hospital Management. They will provide a comprehensive support ensuring critical identification of the existing gaps and build the capacities to effectively plan and monitor health intervention, with the aim of ensuring uniform quality service delivery in the entire County and effective response to the emergency. CUAMM Country Manager from Juba will support in maintaining the institutional relationship, while CUAMM HQ will help in monitoring project development, from both an administrative/financial and technical perspective.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

1-The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

The Action will
 -ensure equal opportunity of accessing health services to both men and women, in particular creating the conditions for HFs providing on constant bases RH services;
 -facilitate women accessing health care through outreaches in the most remote areas, as they are usually penalized by HFs distance because of their home care duties and of some traditional rules;
 -enhance RH, including the response to be given to the Major Direct Obstetric Complications.
 Particular attention to crises direct impact on women health status will be given ensuring SGBV management and referral. Women will contribute to project implementation through the participation of female health staff and female health profile at community level as TBAs. Key positions in CHD and Hospital Management Board are currently occupied by Women, whose point of view has been and will be kept in high consideration to ensure the planned strategy to be gender sensitive

Protection Mainstreaming

The project is design to support IDPs and host communities in the current humanitarian crisis in Mundri East County, with a specific focus on vulnerable groups such as PLW and U5. PLW and U5 are also the main target of the component to be implemented in Yirrol West, where the emergency is not directly related to an ongoing conflict but to a constantly deteriorating nutrition status. Beneficiaries dignity promotion is direct consequence of a project aiming to ensure their access to quality services addressing their basic health needs in adequate and acceptable way. The involvement of community based profiles and of the local authorities ensures services responsiveness to the real needs and expectations and implies CUAMM transparency and accountability commitment. The attempt of bringing services as closest as possible to the people is functional to put them in conditions to use what they need limiting the risks connected to the movements in such unstable environment. A protection map will be defined through the feedback collected at VHTs levels so that identifying vulnerable groups and situations that might endanger the goals of the interventions. A risk analysis is being developed highlighting potential risks and mitigations measures might be used to avoid risks taking place. These measures are being assessed in terms of costs and budgeted so that guaranteeing the availability of funds in case of any risk will turn into a real situation CUAMM will have to face. Within the project's evaluation tools will be used to assess the impact of the project, a specific section will be dedicated to check protection measures' impact. Thanks to these activities, CUAMM will ensure protection to be mainstreamed throughout the project.

Country Specific Information

Safety and Security

The current security situation in Mundri East County is volatile. For this reason, safety and security conditions for the NGO staff and beneficiaries are continuously assessed. A Security Meeting with local authorities is organized on weekly bases; during this meetings CUAMM reiterates the objective of its presence being local people health and wellbeing promotion and the minimum security requirements to be in conditions to carry on its humanitarian intervention, without putting at risk its local and international team. While for the beneficiaries the principle of do-not-harm has been ensured mainstreaming the protection component, staff security is guaranteed through the implementation of the NGO safety plan and related specific agreements on evacuation implementation ., Protocols have been signed in order to guarantee that no weapon is allowed within health facilities and NGO cars.. Constant contacts with UNMISS, OCHA and other UN agencies ensure regular updating of the security situation at both Country and State level.

Yirol West County is generally calmer, although internal clashes might affect accessibility and mobility. Constant contact are kept with local authorities in order to be constantly updated on the situation on ground and to revise accordingly the activities plan. As in MEC, YW base staff security is safeguarded through the application of CUAMM safety plan

Access

Currently, both MEC and YWC are generally accessible, although floods and sporadic fighting might affect internal mobility. Once the situation in terms of security is worsening, alert is given by local authorities so that timely rescheduling activities is done.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Lui Hospital Medical Director	D	1	4,200.00	0	100.00	0.00
	<i>In charge of overall supervision of Lui Hospital services delivery and of local staff on job training. TA to Hospital Management and technical support to CHD for improving the ERP and the use of HMIS. The cost reflects the monthly salary in usd as per CUAMM internal salary scale and it will be fully covered by CUAMM with its own resources</i>						
1.2	Lui Hospital Pediatrician	D	1	4,000.00	0	100.00	0.00
	<i>In charge of U5 out and in patients assistance, including those affected of SAM complications and admitted in the SC. The cost reflects the monthly salary in usd as per CUAMM internal salary scale and it will be fully covered by CUAMM with its own resources</i>						
1.3	Lui Hospital Surgeon	D	2	4,000.00	6	16.67	8,001.60
	<i>In charge of surgical and maternity ward, responsible for the provision of CEmONC and emergency surgery and of dedicated national staff on job training. The cost reflects the monthly salary in usd as per CUAMM internal salary scale and it will be partially covered by CUAMM with its own resources</i>						
1.4	Lui Hospital Senior Midwife	D	1	1,000.00	0	100.00	0.00
	<i>Contributing to CEmONC provision and to dedicated local staff on job training. The cost reflects the monthly salary in usd as per CUAMM internal salary scale and it will be fully covered by CUAMM with its own resources</i>						
1.5	Lui Hospital Senior Amesthesia Technician	D	1	1,000.00	0	100.00	0.00
	<i>Contributing to CEmONC and emergency surgery provision and to dedicated local staff on job training. The cost reflects the monthly salary in usd as per CUAMM internal salary scale and it will be fully covered by CUAMM with its own resources</i>						
1.6	Lui Hospital Senior Nurse	D	1	3,550.00	6	100.00	21,300.00
	<i>In charge of overall supervision and on job training of Lui Hospital national staff, technical support for nutrition services provision, contacts with the CHD for ME county wide referral system coordination. The cost reflects the monthly salary in usd as per CUAMM internal salary scale</i>						
1.7	Lui Hospital Qualified Staff for CEmONCand emergency surgery provision	D	1	5,500.00	6	50.00	16,500.00
	<i>The indicated amount correspond to the monthly salary as per harmonized salary scale plus an inflation allowance as per CUAMM internal salary policy for 1 anesthesia technician, 1 lab technician, 5 MW, 5 nurses (indicative list). 50% covered by CUAMM (funds raising)</i>						
1.8	Lui Hospital Qualified Staff for Nutrition Services	D	1	1,016.00	0	100.00	0.00
	<i>The indicated amount correspond to the monthly salary as per harmonized salary scale plus an inflation allowance as per CUAMM internal salary policy for 1 nutritionist, 2 Nutrition Assistant. The cost will be fully covered by CUAMM with its own resources</i>						
1.9	Yirol Hospital Pediatrician	D	1	4,820.00	5	100.00	24,100.00
	<i>In charge of U5 out and in patients assistance, including those affected of SAM complications and admitted in the SC. The cost reflects the monthly salary in usd as per CUAMM internal salary scale. One month covered by CUAMM</i>						
1.10	Yirol Hospital Qualified Staff for Nutrition Services	D	1	1,016.00	0	100.00	0.00
	<i>The indicated amount correspond to the monthly salary as per harmonized salary scale plus an inflation allowance as per CUAMM internal salary policy for 1 nutritionist, 2 Nutrition Assistant. The cost will be fully covered by CUAMM with its own resources</i>						
1.11	Project Assistant	D	1	2,600.00	6	100.00	15,600.00

	<i>In charge of overall management of the project. The cost reflects the monthly salary as per CUAMM internal salary scale</i>						
1.12	Construction Technician	D	1	3,500.00	0	100.00	0.00
	<i>In charge of organizing and supervising the renovation/infrastructure upgrade works. The cost reflects the monthly salary in usd as per CUAMM internal salary scale and it will be fully covered by CUAMM with its own resources</i>						
1.13	Juba Office Accountant	S	1	1,000.00	6	100.00	6,000.00
	<i>Juba based staff, full time dedicated to this project. Salary as per CUAMM internal scale</i>						
1.14	Juba Office HR Officer	S	1	1,000.00	6	30.00	1,800.00
	<i>Juba based staff, 30% dedicated to this project. Salary as per CUAMM internal scale</i>						
1.15	Juba Office Admin Assistant	S	1	500.00	6	30.00	900.00
	<i>Juba based staff, 30% dedicated to this project. Salary as per CUAMM internal scale</i>						
	Section Total						94,201.60
Supplies, Commodities, Materials							
2.1	Emergency Drugs Provision for MEC PHCUs (12)	D	12	1,000.00	1	50.00	6,000.00
	<i>Lumpsum considered adequate to integrate existing/coming from MOH or other donors stock, as per previous experience. Drugs will be purchased by providers already known as reliable, especially in terms of products' quality. drugs will be chosen in line with National Policies and International protocols and standards. CUAMM is raising additional funds to cover the remaining needs</i>						
2.2	Emergency Drugs Provision for MEC PHCCs (4)	D	4	2,000.00	1	50.00	4,000.00
	<i>Lumpsum considered adequate to integrate existing/coming from MOH or other donors stock, as per previous experience. Drugs will be purchased by providers already known as reliable, especially in terms of products' quality. drugs will be chosen in line with National Policies and International protocols and standards. CUAMM is raising additional funds to cover the remaining needs</i>						
2.3	Emergency Drugs Provision for Lui Hospital	D	1	8,000.00	1	50.00	4,000.00
	<i>Lumpsum considered adequate to integrate existing/coming from MOH or other donors stock, as per previous experience. Drugs will be purchased by providers already known as reliable, especially in terms of products' quality. drugs will be chosen in line with National Policies and International protocols and standards. CUAMM is raising additional funds to cover the remaining needs</i>						
2.4	Drugs kit for SAM complications treatment for Lui Hospital and Yiroi Hospital SC	D	8	1,300.00	6	25.00	15,600.00
	<i>Drugs and supplies targeting SAM complication as per WHO suggested list. Lui Hospital will be provided these kits by WHO, while the program will ensure part of the provision to Yiroi Hospital SC</i>						
	Section Total						29,600.00
Equipment							
3.1	Equipment for MEC looted PHC facilities (16)	D	16	1,000.00	1	50.00	8,000.00
	<i>Indicative average lumpsum considered adequate to replace the basic equipment looted from MEC PHC facilities. CUAMM has already partially covered the needs, the current project will complete the replacement process</i>						
3.2	Lui Hospital Generator	D	1	15,000.00	1	100.00	15,000.00
	<i>Needed to ensure 24/7 provision of emergency services (CEmONC and surgery) at Hospital level. Costs reflecting local market prices</i>						
	Section Total						23,000.00
Contractual Services							
4.1	MEC PHC facilities emergency repair	D	16	1,000.00	1	50.00	8,000.00
	<i>Indicative average lumpsum considered adequate to repair the minor damaged occurred during the looting episodes to MEC PHC facilities. CUAMM has already partially covered the needs, the current project will complete the repair process</i>						
4.2	One PHCU emergency renovation in MEC	D	1	10,000.00	1	100.00	10,000.00
	<i>There are still few HFs heavily damaged, one of them will be selected by the CHD at the moment of implementation (according to the situation on ground, considering area accessibility and relevance in responding to host and displaced population) to be repaired. The indicated amount has already been confirmed as adequate to cover the needs on ground</i>						
4.3	Adaptation of Yiroi Hospital Pediatric Ward to integrate nutrition services	D	1	40,000.00	1	100.00	40,000.00

	<i>Yirol Hospital Pediatric Ward needs to be upgraded to ensure adequate assistance to admitted SAM cases, with 1) an area where preparing food supplements together with children care takers to promote their sensitization and education on proper malnutrition treatment and future diet, preventing loose of adherence and re-insurgence of nutrition related problems. In this area, recovering complicated SAM cases will be initiated to outpatients and MAM treatment, while still remaining under medical control; 2) an area to serve for medical consultations for those SAM cases identified as complicated at OPD or MCH level but whose seriousness needs further clarifications before the admission being confirmed; 3) a store for proper conservation of food supplements. The indicated amount has been estimated as adequate to</i>						
4.4	Equipment and Supplies Transport (by road or air) to ME/YW	D	1	7,694.85	1	100.00	7,694.85
	<i>The indicated amount reflect the average cost of locally based transporter. the choice of transport mean will depend on the situation on ground in terms of security and road conditions. The transport will be to ME or YW according to needs on ground</i>						
	Section Total						65,694.85
Travel							
5.1	Staff flight to/from fiel sites to/from Juba or other locations when required for project related tasks (for Cluster participation, meetings, procurement...)	D	3	550.00	6	100.00	9,900.00
	<i>UNHAS fee for return flight (3 per month). Staff from both MEC and YWC as per needs on ground</i>						
5.2	Accomodation in Juba for work mission	D	9	60.00	6	100.00	3,240.00
	<i>9 days per month, cost of full board accomodation at the Hotel where CUAMM office is located. Staff from both MEC and YWC as per needs on ground</i>						
5.3	Vehicle costs (fuel and maintenance) in MEC	D	1	550.00	6	100.00	3,300.00
	<i>Vehicle to be used to transport equipment and supplies to the HF's, to support the renovation work supervision. Lumpsum adequate to integrate already available resources</i>						
5.4	Ambulance costs (fuel and maintenance) in MEC	D	1	550.00	6	100.00	3,300.00
	<i>Lumpsum adequate to integrate already available resources</i>						
5.5	HF motorbikes costs (fuel and maintenance) in MEC	D	1	275.00	6	100.00	1,650.00
	<i>Used for EPI outreaches and for emergency referral (supporting the ambulance). Lumpsum adequate to integrate already available resources</i>						
	Section Total						21,390.00
General Operating and Other Direct Costs							
7.1	Airtime for HF's in MEC	D	1	200.00	6	50.00	600.00
	<i>To be used for referral and for EWARN system. Lumpsum adequate to integrate already available resources</i>						
7.2	ME CHD internet connection	D	1	825.00	6	100.00	4,950.00
	<i>To ensure timely submission of DHIS report and alert in case of outbreaks. Fee as per current local provider</i>						
7.3	Lui and Kediba Coordination Office running costs (furniture, utilities, ordinary maintenance, security service)	S	1	1,250.00	6	50.00	3,750.00
	<i>Lumpsum based on current needs for field office maintenance. Lui Office dedicated for 50% of its time to the current project</i>						
7.4	Yirol Coordination Office running costs (furniture, utilities, ordinary maintenance, security service)	S	1	1,250.00	6	30.00	2,250.00
	<i>Lumpsum based on current needs for field office maintenance. Yirol Office dedicated for 30% of its time to the current project</i>						
7.5	Juba Coordination Office running costs (furniture, utilities, ordinary maintenance, security service)	S	1	3,000.00	6	30.00	5,400.00
	<i>Lumpsum based on current needs for coordination office maintenance. Juba office dedicated for 30% of its time to program implemented in the areas included in the current project</i>						
7.6	Bank charges	S	1	250.00	6	100.00	1,500.00

	<i>Dedicated bank account for the current project</i>						
	Section Total						18,450.00
SubTotal					98.00		252,336.45
Direct							230,736.45
Support							21,600.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							17,663.55
Total Cost							270,000.00
Grand Total CHF Cost							270,000.00
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lakes -> Yirol West	37			4,724	3,866	8,590	Activity 1.4.1 : PHCUs/PHCCs/H staff on job training on identification/treatment/referral of MAM and SAM cases Activity 1.4.2 : Advocacy to UNICEF for supplies Activity 1.4.3 : Procurement of equipment/tools/supplies for OTP/SC Activity 1.4.4 : Improvement of Hospital infrastructures to properly accommodate and treat SAM cases
Western Equatoria -> Mundri East	63	10,517	16,269	8,320	6,806	41,912	Activity 1.1.1 : Procurement/transport/distribution of essential/emergency drugs, medical/non medical supplies, equipment as per BPHS Activity 1.1.2 : Supervision and on job training of national health staff (nurses, CHWs, clinical officers) Activity 1.1.3 : Repair/improvement of and procurement of equipment for damaged and looted PHC HF infrastructures Activity 1.2.1 : Advocacy to UNFPA to access RH Emergency kits and procurement, transport, distribution of essential/emergency drugs, medical/non-medical supplies, equipment to ensure 24/7 CEmOC/BEmOC provision in No. 1 hospital and at least NO. 2 PHCCs Activity 1.2.2 : Supervision/training of local Staff involved in EmONC services provision (in both PHCCs and H) Activity 1.2.3 : Constant presence of qualified medical/midwifery staff in Lui Hospital ensuring CEmONC provision and staff on-the-job training (2 Surgeon, 1 Anesthetist, 1 Senior MW) Activity 1.2.4 : Reinforcement of referral system: Lui Hospital Ambulance costs coverage Activity 1.3.1 : Advocacy to WHO to access IEHK / trauma kits and procurement/transport/distribution essential/emergency drugs, medical/non-medical supplies, equipment for No. 1 Hospital performing emergency surgery Activity 1.3.2 : Constant presence of qualified staff ensuring service provision and OT personnel on job training Activity 1.4.1 : PHCUs/PHCCs/H staff on job training on identification/treatment/referral of MAM and SAM cases Activity 1.4.2 : Advocacy to UNICEF for supplies Activity 1.4.3 : Procurement of equipment/tools/supplies for OTP/SC
Documents							

Category Name	Document Description