

Requesting Organization :	Hold the Child Organisation		
Allocation Type :	1st Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		100.00	
		100	

Project Title :	Provision of integrated mobile emergency health services to 7,489 IDPs and vulnerable host populations including children and adults in Fangak county of Jonglei state		
Allocation Type Category :	Frontline services		

OPS Details			
Project Code :	SSD-17/H/103564	Fund Project Code :	SSD-17/HSS10/SA1/H/NGO/5180
Cluster :	Health	Project Budget in US\$:	100,000.06
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/04/2017	Planned End Date :	30/09/2017
Actual Start Date:	01/04/2017	Actual End Date:	30/09/2017

Project Summary :	Provision of integrated mobile emergency health services to IDPs and vulnerable host populations in Fangak county Jonglei state, at a costs of 100,000 USD will deliver quality emergency curative and prevention services and referral services to 7,489 hosts and IDPs including 2371 boys and 2182 girls, 2963 women of child bearing age, youth, elderly, and the disabled in IDP and host communities of Toch, Wenglel, Wangchot during six months of the project.
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Direct beneficiaries :				
Men	Women	Boys	Girls	Total
962	1,974	2,371	2,182	7,489

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	517	1,222	1,449	1,394	4,582
Other	445	752	922	788	2,907

Indirect Beneficiaries :	2,200
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Catchment Population:	
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Link with allocation strategy :	
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Old Fangak is one of the counties severely affected with the conflicts in the country since 2013. It has continued to receive IDPs who eventually settle in the community and some on transit. Most recently at the end of 2016, several IDPs arrived in Old Fangak from Juba PoCs and Unity State in search of Food and Good health-care among their most pressing needs. Fangak also witnessed rapid occurrences of floods and cholera outbreaks within the last quarter of 2016 that further increased the health needs of the county. Fangak being of the allocation priority Counties, with IPC ranking 3 (IPC Report Aug-Sept 2015); and about 79,500 persons in need for emergency health services. The implementation "Provision of integrated emergency health services to IDPs and vulnerable host populations in Fangak county Jonglei state" during this allocation will scale-up the coverage of vaccination, strengthen the complementarity with our nutrition Programs, restore dormant health facilities, mobilize village health committees and keep updated epidemiological trends in Toch, Wenglel, Wangchot. Already health services are strained and only a few actors provide services in key locations leaving much of the county without closer healthcare.

The allocation focuses on emergency intervention given the indicators for catastrophe if not rescued in time. Hold the Child being positioned in Old Fangak for over 4 years doing Nutrition among other services and supporting staff in Wangchot PHCU, it provides an opportunity to participate in the catastrophe mitigation measures by providing emergency mobile health clinics to the communities through 3 health facilities in Old Fangak.

Sub-Grants to Implementing Partners :		
Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :	
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Other Funding Source	Other Funding Amount
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Organization focal point :

Name	Title	Email	Phone
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BACKGROUND

1. Humanitarian context analysis

Since the spark of violence in December 2013 in South Sudan, there has been a protracted displacement tens of thousands people majority of them women, girls, boys, elderly people and people with disability from across the country; with heightened impact in Jonglei, Upper Nile and Unity states. IDP and Host communities in Fangak (Old fangak) continue to witness high rates of morbidities and mortalities related to both communicable and non communicable diseases such as malaria, acute watery diarrhoea, Pneumonia, trauma, measles, etc. continue to claim lives of children under fives and adults. Pregnancy and delivery complications due to lack of referral services or breakage in secondary health care services continue to threaten the lives of pregnant.

Boys for example are seen to be at much higher risk of acute malnutrition than their girls counter parts; boys as young as 5 years could be taken to the cattle camps and could not access immunization and other health services thereby putting them at much higher risk of death. The under five girls and boys for example do not compete their full immunization schedules as health facilities are either dilapidated or looted/destroyed; this increase their vulnerability to mortality and morbidity due to immunisable diseases such as measles, pneumonia and Tetanus.

The only available health facilities are under equipped. Sudan Medical Center is working along with MSF France to manage the only referral PHCC in the area. MSF supporting the inpatient care as well as conducting referrals for far health facilities. Most of the health facilities, Primary Healthcare Units, lack the capacity to provide the much needed healthcare magnitude looking at the increasing needs in the area due to the recent crises (flooding, Cholera, economic meltdown hiking prices of commodities and the locally famine declared recently). As a result of the sustained contesting between the opposition and the government in northern Jonglei, and Southern Upper Nile, Southern Unity; it is anticipated that the more displacement in and out of Fangak will be witnessed during the dry season of 2016. With the recent shelling in Unity state more arrivals of IDPs have been registered in Old fangak to a cumulative of 22,401 individuals posing more stress on the existing health services and thus the need to emergency health interventions in the area.

2. Needs assessment

The people of Fangak and IDPs coming in to fangak largely need health services, nutrition services and NFIs. Focusing on Health, the commonest causes of morbidity include Malaria, Pneumonia, Watery Diarrhea, among children and includes STIs and infections. In the last 2 quarters of 2016, massive movements in to Fangak were noted. This has constrained the functional health facilities. With already low capacity, health services are direly needed. MSF-F only runs the PHCC conducting In-patient care and referrals. The PHCUs in the outskirts are either collapsed or not well staffed. Let alone shortage of drugs.

3. Description Of Beneficiaries

The project will provide support for basic preventative, curative and referral services for 32,260 children, men and women from both IDP and host communities in Toch, Wenglel, Wangchot catchment areas of Old Fangak;

- Health education for 7,509 children and adults in the catchment population
- 2,415 boys and 1,731 girls through routine expanded program on immunization (EPI)
- Consultations for 11,937 individuals including children and adults
- Antenatal care services to 966 pregnant women
- Emergency reproductive health care services to 6,452 children and adults

4. Grant Request Justification

Old Fangak is one of the hit counties following the conflicts that engulfed South Sudan since 2013. Most recently, the area has witnessed flooding, cholera outbreak that worsened the situation. Despite the reduced resources, more people came in to Fangak within the last quarter of 2016 on daily basis spilling over through the beginning of 2017. At the moment, there are limited health services in the county. MSF-France is managing the main health facility in the center of the town conducting In-patient management and referrals for far facilities. Sudan Medical Council works hand in hand with MSF at the main facility. Most of the PHCUs in the outskirts of Old Fangak within a radius of 1 hour 30 minutes by speed boat and almost whole day using canoe, have limited capacity in terms of staffing and infrastructure. Being a national organization working in Old fangak supporting nutrition and health before and during the crisis in the area; Hold the Child has a good understanding of the local context, local networks as well as the capacity to provide the most critical services during emergencies even within limited humanitarian corridor. Within the current resource constraint, Hold the Child will enhance resilience capacity of the communities to cope during emergencies and reduce excess morbidity and mortality children and women in the selected locations of fangak during this funding cycle.

Funds requested under this current allocation will awaken the resource constrained Wangchot health facility in the outskirt Bomas of Old fangak which has long supported the decongestion of the referral PHCC at Old fangak, and support the scaling-up of our operations to cover Toch and Wenglel. Under this funding allocation, Hold the Child will complement the existing nutrition services as well as the health services provided by partner organizations and harness the provision of survival and welfare of Children among hosts and IDP communities in the area. This funding will focus on the treatment of the highest causes of morbidity in the area including Malaria, Watery Diarrhea, Upper Respiratory track infections including, Pneumonia and common STIs.

5. Complementarity

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LOGICAL FRAMEWORK

Overall project objective

To reduce the impact of morbidity and mortality associated with communicable diseases, tropical diseases, malnutrition, unsafe child deliveries and victims of gender based violence, sexual abuse and trauma in Fangak county's IDP and host communities of Toch, Wenglel and Wangchot, targeting 7,489 individuals including 2371 boys and 2182 girls, 1975 women and 962 male comprising of all age groups.

HEALTH								
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities			
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations		SO2: Protect the rights and uphold the dignity of the most vulnerable			60			
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection			40			
<p>Contribution to Cluster/Sector Objectives : Aimed at offsetting the heightened demand on the existing services at Old Fangak referral PHCC; The project will improve the local health staffing, medical supplies chain, screening, case management and referrals, surveillance and health data quality & flow from the target communities; aimed at increasing access to preventative and basic curative health services for children, women and men in Toch, Wenglel and Wangchot during the six months period. Working the partners at old Fangak and other related cluster partners. The project will directly contributes Cluster objectives 2 and 3</p>								
Outcome 1								
Improved access to basic preventive health services to 3,895 children, men and women from both IDP and host communities in Toch, Wenglel, Wangchot catchment areas of Old Fangak								
Output 1.1								
Description								
Conducted Health education for 2061 children and adults in the catchment population for Wangchot, Toch and Wenglel in Old Fangak county								
Assumptions & Risks								
Continued access to target locations, stable communication networks,								
Indicators								
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target	
			Men	Women	Boys	Girls		
Indicator 1.1.1	HEALTH	[Frontline services] Number of people reached by health education /promotion	540	1,102	159	260	2,061	
Means of Verification : Reports, Testimonials								
Activities								
Activity 1.1.1								
Conduct training for staff on health education approaches to patients								
Activity 1.1.2								
Conduct routine health education for patients during outreach services								
Activity 1.1.3								
Strengthen regular engagement of the 3 village health committees in the delivery of health services in Toch, Wenglel and Wangchot								
Output 1.2								
Description								
Increased access to immunization services for 880 boys and 954 girls through routine expanded program on immunization (EPI) diseases in Old Fangak's Toch, Wangchot and Wenglel areas								
Assumptions & Risks								
Availability of vaccines from core pipeline partners, good access to the communities								
Indicators								
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target	
			Men	Women	Boys	Girls		
Indicator 1.2.1	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			950	884	1,834	
Means of Verification : Reports, invoices, requisition forms								
Activities								
Activity 1.2.1								
Request for vaccines and cold boxes								
Activity 1.2.2								
Support in monitoring cold chain system in Old Fangak								
Activity 1.2.3								
Conduct outreach vaccination exercises								

Outcome 2							
Improved access to basic curative primary healthcare services to 8,145 children, men and women from both IDP and host communities in Toch, Wenglel, Wangchot catchment areas of Old Fangak							
Output 2.1							
Description							
Increased coverage for general patient consultations for 7,889 individuals including children and adults in the 3 mobile sites of Wangchot, Wanglel and Toch							
Assumptions & Risks							
Continued access to target locations, stable communication networks							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Total number of U5 deaths recorded within the facility			5	5	10
Means of Verification : Reports							
Indicator 2.1.2	HEALTH	Percentage of deaths in under-5					5
Means of Verification : Reports							
Indicator 2.1.3	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	830	1,912	2,430	2,317	7,489
Means of Verification : Reports							
Indicator 2.1.4	HEALTH	Number of inpatient cases of SAM identified and referred for IPT					246
Means of Verification : Reports							
Indicator 2.1.5	HEALTH	Number of clinically identified HIV/TB cases referred for care					154
Means of Verification : Reports							
Activities							
Activity 2.1.1							
Recruit specialized health personnel to compose a technical mobile team							
Activity 2.1.2							
Procure examination sets and mobile unit setup equipment							
Activity 2.1.3							
Conduct training for local staff on the provision of emergency healthcare							
Activity 2.1.4							
Conduct regular consultations and treatment of patients with common communicable and tropical diseases							
Activity 2.1.5							
Conduct referrals for cases requiring additional care to Old Fangak PHCC							
Activity 2.1.6							
Screen and refer cases of Malnutrition for SAM and MAM management							
Activity 2.1.7							
Conduct clinical case finding for TB and HIV							
Activity 2.1.8							
Conduct referral and linkage of clinically identified TB and HIV cases to service points							
Output 2.2							
Description							
Increased access to Antenatal care, and BEmONC services to 256 pregnant women in Toch, Wangchot and Wanglel catchment areas of Fangak during six months of the project							
Assumptions & Risks							
Good access to the mobile site areas							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	[Frontline services] Number of facilities providing BEmONC services					3
Means of Verification : Facility reports, Supplies tracking records, Testimonials							

Indicator 2.2.2	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states						256
Means of Verification : Facility reports, Supplies tracking records, Testimonials								
Activities								
Activity 2.2.1								
Procure and deliver Antenatal examination sets and/or requisition of mama Kits								
Activity 2.2.2								
Conduct regular examination and counseling for ANC								
Activity 2.2.3								
Conduct deliveries at 3 sites, through support for local health workers								
Output 2.3								
Description								
Increased access to emergency reproductive health care services to children and adults through 3 facilities for catchment areas of Old Fangak's Wanglel, Wangchot and Toch								
Assumptions & Risks								
Access to areas of operation remains good, availability of kits from pipeline partners								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 2.3.1	HEALTH	[Frontline services] Number of health facilities providing SGBV services					3	
Means of Verification : Facility reports, Supplies tracking records, Testimonials								
Activities								
Activity 2.3.1								
Request and deliver emergency reproductive Health kits								
Activity 2.3.2								
Working with community support networks, Active case finding and treatment of SGBV cases								
Activity 2.3.3								
Perform clinical assessment and management of cases identified with STI								
Outcome 3								
Improved monitoring, evaluation and disease surveillance among target communities during the six months of the project in Old Fangak								
Output 3.1								
Description								
Regular reporting of activities to cluster and key stakeholders, partners and case management during activities on regular basis								
Assumptions & Risks								
Stable communication network								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 3.1.1	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	5	4			9	
Means of Verification : Training reports, Area trends analysis								
Indicator 3.1.2	HEALTH	Number of advocacy and information sharing meetings conducted					2	
Means of Verification : Minutes of the meetings								
Activities								
Activity 3.1.1								
Conduct training for staff on surveillance and the District Health Information System (DHIS)								
Activity 3.1.2								
Surveillance reporting on weekly basis by site								
Activity 3.1.3								
Conduct advocacy and information sharing meetings with the communities in the catchment areas								
Additional Targets :								

M & R

Monitoring & Reporting plan

The overall project management will be under the Director for the organization. Programs Director will work with the Director and the Associate Coordinator who will manage the technical aspects of the project. These persons will be based in Juba. The Associate Coordinator will schedule regular field visits to monitor the activities of the project. In the field, the Health team will be supervised by a Project Officer based in the field and working with the mobile team. This position will on daily basis move to the mobile sites with the teams. The technical staff on the front line will collect and record data on daily basis based on the activity time table. These reports will be compiled by the Project Officer who will share daily for EWARN reporting system and weekly for other regular data management. This reports will be compiled in Juba and shared on monthly basis with the Health cluster and other partners involved by the Associate Coordinator for for the project.

The Associate Coordinator is the sole responsible person to monitor the activities. He will conduct Bi-monthly visits to the field site for monitoring. Meanwhile, daily communications to be maintained with the field teams to share updates on the activities. An M&E tool will be designed from extracts of the logframe mainly the indicators to be used for monitoring the activities progress. An activity plan will also be developed based on the work plan for the project and the schedule of the mobile team rotating within the sites in the mobile fashion.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct training for staff on health education approaches to patients	2017				X								
Activity 1.1.2: Conduct routine health education for patients during outreach services	2017				X	X	X	X	X	X			
Activity 1.1.3: Strengthen regular engagement of the 3 village health committees in the delivery of health services in Toch, Wanglel and Wangchot	2017					X	X	X	X	X			
Activity 1.2.1: Request for vaccines and cold boxes	2017				X		X			X			
Activity 1.2.2: Support in monitoring cold chain system in Old Fangak	2017				X	X	X	X	X	X			
Activity 1.2.3: Conduct outreach vaccination exercises	2017				X	X	X	X	X	X			
Activity 2.1.1: Recruit specialized health personnel to compose a technical mobile team	2017				X								
Activity 2.1.2: Procure examination sets and mobile unit setup equipment	2017				X								
Activity 2.1.3: Conduct training for local staff on the provision of emergency healthcare	2017				X	X							
Activity 2.1.4: Conduct regular consultations and treatment of patients with common communicable and tropical diseases	2017				X	X	X	X	X	X			
Activity 2.1.5: Conduct referrals for cases requiring additional caret to Old fangak PHCC	2017				X	X	X	X	X	X			
Activity 2.1.6: Screen and refer cases of Malnutrition for SAM and MAM management	2017				X	X	X	X	X	X			
Activity 2.1.7: Conduct clinical case finding for TB and HIV	2017				X	X	X	X	X	X			
Activity 2.1.8: Conduct referral and linkage of clinically identified TB and HIV cases to service points	2017				X	X	X	X	X	X			
Activity 2.2.1: Procure and deliver Antenatal examination sets and/or requisition of mama Kits	2017				X	X							
Activity 2.2.2: Conduct regular examination and counseling for ANC	2017				X	X	X	X	X	X			
Activity 2.2.3: Conduct deliveries at 3 sites, through support for local health workers	2017				X	X	X	X	X	X			
Activity 2.3.1: Request and deliver emergency reproductive Health kits	2017				X	X		X	X				
Activity 2.3.2: Working with community support networks, Active case finding and treatment of SGBV cases	2017				X	X	X	X	X	X			
Activity 2.3.3: Perform clinical assessment and management of cases identified with STI	2017				X	X	X	X	X	X			
Activity 3.1.1: Conduct training for staff on surveillance and the District Health Information System (DHIS)	2017					X							
Activity 3.1.2: Surveillance reporting on weekly basis by site	2017				X	X	X	X	X	X			
Activity 3.1.3: Conduct advocacy and information sharing meetings with the communities in the catchment areas	2017				X				X				

OTHER INFO

Accountability to Affected Populations

The project will hold advocacy meetings with the community to sensitize it about the services, the budget and how the budget will be used to help reduce the health problems facing the community. The meeting will include local leaders, children, women and representatives of local groups; women groups, dance groups. A second meeting will be conducted with the community to ascertain the impacts of the project. Recommendations from this meetings will be noted for further planning purposes.

Implementation Plan

The project will start from the first day of April. Within April, recruitment of Health mobile teams will be conducted, procurement of needed equipment will be finalized and any necessary training required for the staff to continue with the project will be conducted. Routine activities including active case finding, treatment will be conducted throughout the project period. It is a new project initiative in that location. High coordination will be done with the local partners on ground.

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

Gender Marker Of The Project

2b-The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

Hold the Child is looking at building resilience among communities and families to bring up the children in the best possible manner. A child encounters at different stages of development, various people in the society. Based on this fact, gender equality provides the best opportunity of exposure to these children for better development.

The project is designed to meet the needs of boys, girls, women and men differently in order to exercise their role toward bringing up the child. Data will be dis-aggregated by gender and age to have much more intense impact on the services.

Protection Mainstreaming

The project has been designed to identify protection related issues. Standard Operating Procedures will be developed for all nutrition sites to follow in order to factor in protection mainstreaming during assessment of children.

Country Specific Information

Safety and Security

Old Fangak since the fighting broke out in South Sudan in 2013, it has been under the opposition. It is managed through opposition system till present day. The location has not been safe for foreign nationals from Uganda and Dinka ethnic people in South Sudan being a Nuer area. A lot of skepticism still surrounds the freedom of movement for the groups previously not allowed to fly to Old Fangak.

Access

Old Fangak is a vast location divided into Old Fangak and New Fangak. The main means of movement is by River using speed boats, canoes and by air from Juba. Often times in areas where there is no swamp or river within Old Fangak, walking becomes an option. There are no roads, 4 airstrips are functional; 1 in Toch, far South of Fangak, 2 within Old Fangak located at Old Fangak Centre and in Chotbora, 1 in New Fangak. During rainy seasons, these airstrips are only land-able by Choppers. Fixed wing planes are only feasibly operational in dry seasons.

BUDGET

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

1.1	Programs Director	S	1	3,000.00	6	8.32	1,497.60
	<i>The programs is a high level staff in the project. This position will oversee the project activities and approve large funds required by the project in line with the budget. This position will dedicate 10% of its time for this project.</i>						
1.2	Associate Coordinator	D	1	2,500.00	6	20.00	3,000.00
	<i>The position is responsible for the overall technical oversight of the project. It will guide the project activities and plans, conduct training for the staff as stipulated, responsible for technical report writing and staffing as well as participation in recruitment of technical staff. The position will spend 30% of the time on this project to ensure its success.</i>						
1.3	Project Officer	D	1	1,600.00	6	100.00	9,600.00
	<i>The project Officer is responsible for ensuring for the day to day project activities. It will be based in the field and moving with the team to project sites. Reporting to the Associate Coordinator and quality of project are primary concerns for this position at the field level. This position will spend 100% of its time for this project.</i>						
1.4	Midwife	D	1	1,200.00	6	100.00	7,200.00
	<i>This position will assist with Antenatal care and obstetric related cases during the project period. It will be based in the field with the teams spending 100% of its time during the project period.</i>						
1.5	Clinical Officer	D	1	1,400.00	6	100.00	8,400.00
	<i>These are technical front line staff who will conduct consultations for patients on project days. They are responsible for the management of the patients and generation of primary data. 2 are required for this purpose to spend 100% of their time in the project.</i>						
1.6	Health Promotion Officer	D	1	450.00	6	100.00	2,700.00

	<i>This position is basically responsible for Health Education and promotion for patients. It will spend 100% of its time for the project.</i>						
1.7	Dispenser	D	1	450.00	6	100.00	2,700.00
	<i>This will be responsible for the dispensing of drugs to the patients during outreach days. It will spend 100% of its time for the project.</i>						
1.8	Human Resource Officer	S	1	1,800.00	6	10.00	1,080.00
	<i>This position is among support staff for the project responsible for organizing the recruitment of staff and their welfare issues. It will allocate 10% of its time for this purposes during the project period.</i>						
1.9	Finance Officer	S	1	1,800.00	6	10.00	1,080.00
	<i>The finance officer is among support staff to deal with transaction issues related to money during the project. It will spend 10% of their time for this project.</i>						
1.10	Operations Officer	D	1	1,500.00	6	10.00	900.00
	<i>Operations Officer supports with logistical arrangements including movement of personnel, commodities and supplies for the project. It will allocate 10% of its time for this project during the time period of the project.</i>						
1.11	Laboratory technician	D	1	1,000.00	6	100.00	6,000.00
	<i>This position will support with laboratory rapid diagnostic procedures needed to support the team. It will spend 100% of its time on this project.</i>						
	Section Total						44,157.60
Supplies, Commodities, Materials							
2.1	Consumable commodities	D	1	800.00	3	100.00	2,400.00
	<i>Monthly lumpsum cash allocation for Disinfectants, examination gloves, disposable syringes and needles, cotton rolls, gauze rolls,</i>						
2.2	Boma tents	D	1	4,000.00	1	100.00	4,000.00
	<i>Tents are needed to set up emergency and mobile sites each time the team goes to a location. 2 sets of mobile tents are required for the that purpose through out the project period. The tents will be required for each for consultations, ANC, EPI and waiting area/Health Education</i>						
2.3	Examination sets	D	4	1,600.00	1	100.00	6,400.00
	<i>Examination sets for general consultations, ANC services for the team. 2 sets each for the entire team are enough for the project period. These will include; sphygmomanometers, stethoscopes, clinical thermometers, weighing scales, patella harmers, fetoscopes, examination gloves, examination couch, measuring tapes among others.</i>						
2.4	Laboratory test kits	D	6	200.00	1	100.00	1,200.00
	<i>Mobile laboratory test kits to support diagnosis will be needed for the team. A lumbsum allocation for rapid diagnostic kits including for Malaria, syphilis, gonorrhea, legionella, chlamydia and HCG will be required on quarterly basis.</i>						
2.5	Charter plane	D	2	3,500.00	1	100.00	7,000.00
	<i>Most of the equipment require to be procured from Juba and taken to the field site on timely manner. 2 charters during the project period will be scheduled at the beginning of the project and midway within the project for huge commodity transport requires. UNHAS which is a regular flight providing partner for Humanitarian aid services has limited capacity for cargo which may delay project activities.</i>						
	Section Total						21,000.00
Equipment							
3.1	Boat purchase for mobility	D	1	10,000.00	1	100.00	10,000.00
	<i>Due to the mobile nature of the project, transport is very much needed to facilitate the movement of the team. The context of Old Fangak presents a huge challenge with transport. Hiring of boats becomes much more expensive than purchasing. 1 boat would be enough for the project. The allocation will buy the boat engine and its body.</i>						
3.2	Furniture	D	1	700.00	1	100.00	700.00
	<i>The team requires furniture for seating as well as the patients who will need mats to seat during Health education and consultations. This will be a lamb-sum cost for furniture for General consultations, ANC, EPI and waiting area to be purchased once during the project period.</i>						
	Section Total						10,700.00
Travel							
5.1	Return air-tickets	D	3	550.00	2	100.00	3,300.00

	<i>Most of the staff will be recruited from Juba to provide the needed expertise for the job. COupled with the highest management tea, regular field visits are needed for the staffing to the field once within the project period. Some travel costs will be shared with the organization including return for leave for the staff.</i>						
5.2	Peridiems	S	3	20.00	14	100.00	840.00
	<i>For staff traveling to the field for monitoring and supervision related activities</i>						
	Section Total						4,140.00
General Operating and Other Direct Costs							
7.1	Fuel to run the boat	D	1	2,200.00	3	100.00	6,600.00
	<i>Old Fangak has fuel scarcity where there is need to preposition fuel for operations. 2 drums can work for at least 2 months. The entire project period will require a total of 6 drums.</i>						
7.2	Boat maintenance cost	D	1	300.00	6	30.00	540.00
	<i>Running the boat on regular basis requires regular maintenance. It will be a shared cost at 30% every month.</i>						
7.3	Communication costs	D	1	1,500.00	6	30.00	2,700.00
	<i>Regular communications between project teams with Juba office will require funding for airtime. This cost will be shared with other projects. This project will fund 30% of these communication costs for the field team.</i>						
7.4	Fangak office support	D	1	700.00	6	30.00	1,260.00
	<i>The project activities will be supported by a fully furnished office in the main centre of the county. Support to the office running costs are 700\$ every month. This budget will fund 30% of this cost.</i>						
7.5	Juba Office support cost	s	1	1,000.00	6	10.00	600.00
	<i>Coordination of the project activities with donors and partners and the field is centred in Juba office. Large procurements and financial management is based n Juba. To support the Juba office, it requires 1000 at minimum monthly. This project will contribute 6% to support the Juba office.</i>						
7.6	Computer	D	1	800.00	1	100.00	800.00
	<i>For project reporting, a computer is needed for the Project Officer who will be based in the field with the team members. Other members on the team especially Juba based already can share computers from other projects to support this project.</i>						
7.7	Camera	D	1	150.00	1	100.00	150.00
	<i>Documentation of activities in pictorial form requires a camera for the project. 1 camera can serve the purpose for the entire period of the project</i>						
7.8	Thuraya Mobile	D	1	810.40	1	100.00	810.40
	<i>Due to poor network in the project location, a satellite communication system is mandatory. 1 Thuraya mobile handset fully equipped will assist with that purpose for close monitoring of the activities.</i>						
	Section Total						13,460.40
SubTotal			41.00				93,458.00
Direct							88,360.40
Support							5,097.60
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							6,542.06
Total Cost							100,000.06
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Fangak	100	962	1,974	2,371	2,182	7,489	
Documents							

Category Name	Document Description
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