

Requesting Organization :	Health Link South Sudan			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		100.00		
		100		
Project Title :	Increasing access to Quality life-saving Emergency Primary Health Care, Basic Emergency Obstetric and Neonatal Care, Epidemic Preparedness and Response services to women, girls, boys and men in conflict affected and vulnerable communities including people with disabilities and those living with HIV/AIDS and TB in Bor PoC Bor South County.			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/NGO/7985	
Cluster :		Project Budget in US\$:	100,000.06	
Planned project duration :	6 months	Priority:		
Planned Start Date :	20/03/2018	Planned End Date :	19/09/2018	
Actual Start Date:	20/03/2018	Actual End Date:	19/09/2018	
Project Summary :	<p>The proposed project intends to contribute to the reduction of the excess morbidity and mortality from common communicable diseases and surgical injuries sustained from violent conflicts through ensuring access to quality essential and life-saving emergency primary health care services to women, men, girls and boys in conflict affected and vulnerable communities of Bor PoC and the Host Communities in Bor South County. Health Link plans to continue with the provision of basic emergency lifesaving primary health care services at one (1) health care facility in Bor PoC, and establish 1 mobile clinic/outreach team outside the PoC in Bor South County. This mobile team will support mobile clinic services including provision of curative consultations, ANC, Vaccinations of children under 15 years of age, screening and treatment of SAM and MAM at Community levels while ensuring appropriate referrals of SAM cases for proper management at Stabilization Centers, Disease Surveillance, health promotion and education, On site mentorships of key health care workers at static PHCUs in preparedness and response to epidemic prone disease outbreaks with focus on Cholera. This will be achieved through conducting outreaches to 5 other static health facilities (Werkok PHCC, Langbar PHCU, Malual Caat PHCU, Malek PHCU, and Panapet PHCU) once a month. The model approach for the implementation process shall employ the BPHNS including integration and support to HIV/AIDS and TB clients to be continued as a mean to comprehensive health care.</p> <p>Health Link will ensure training of key project personnel in preparedness and response to disease outbreaks with focus on cholera and measles and the early prepositioning of cholera response supplies to Cholera Hot Spots in Bor South. HLSS also plans to provide support during NIDS program, conducting static and mobile immunizations, train health workers on disease surveillance and reporting, pre-positioning of cholera kits and other essential drugs and medical supplies including anti-malarial to the project sites. Community Engagements will be ensured through established networks of Home Health Promoters (HHPs)/Community Based Distributors - CBDs for health education and hygiene promotion activities on Cholera before/during and after outbreaks.</p> <p>In line with the health cluster strategy to ensure continuity of services for the Internally Displaced Populations (IDPs) living in Protection of Civilian (PoC) sites, HLSS intends to ensure uninterrupted provision of essential and emergency health care, including addressing the major causes of morbidity and mortality among children U5 (malaria, diarrhea and Pneumonia), Basic Emergency Obstetrics and Neonatal Care (BEMoNC) services, SGBV services, Clinical Management of Rape (CMR) Services to women, girls and boys in Bor South County, Bor PoC. This will further be achieved through continuity of curative consultative care services at Bor PoC. Other activities will include but not limited to conducting clean, safe and hygienic deliveries by skilled birth attendants, minor surgeries, BEMONC including blood transfusion services, ANC to pregnant mothers including provision of HIV services (PMTCT option B-plus), IPT, LLINTS and micronutrient supplementation, growth monitoring and nutrition assessment to U5 males and females, provision of screening and support treatment for MAM/SAM.</p> <p>This project is designed to directly benefit a total of 14,286 individuals over the entire project period segregated by age group and gender. While the project intends to reach 643 pregnant and lactating mothers estimated at 4.5% of the target population, the IDP population is based on Bio-metric Registration by IOM as at the end of 2017 in Bor PoC.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
5,530	5,756	1,470	1,530	14,286

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Pregnant and Lactating Women	0	643	0	0	643
People in Host Communities	4,730	4,013	830	610	10,183
Internally Displaced People	800	1,100	640	920	3,460

Indirect Beneficiaries :**Catchment Population:****Link with allocation strategy :**

This allocation will support

1. 4 PHCUs
2. 1 mobile team

3. 2 PHCCs covering (SAM with medical Complications and Clinical management of rape (CMR) and will focus on all the activities and indicators aligned to the clinical packages as per the Health Cluster strategy for this allocation.

The project aims at ensuring access to essential emergency health care to IDPs and vulnerable community in Bor South County.

The implementing partner (Health Link South Sudan) will strengthen 2PHCC, 4PHCUs and 1Mobile team to reach (14,286) targeting 2 Payams of Bor South County. The activities aligned with the Health Cluster clinical packages as identifies will be implemented. The project will ensure gender sensitivity by stratifying all gender parameters (Men/Women/Boys/girls)

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
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BACKGROUND**1. Humanitarian context analysis**

In Bor south County the humanitarian situation is described as dire with active population displacement following fighting between 2 clans of Panwil and Anuet. This conflict has resulted in destruction of homesteads leaving an estimated 199 households homeless and with displacement into Pariak - Kolnyang Payam (Local Information at CHD - Bor South County). Besides, sporadic violence in the neighboring counties continues to displace hundreds of people in the state, majority being women, girls, boys, and the elderly. The provision of basic life-saving primary health care services has remained a big challenge and a critical gap as a result of public health emergencies caused by the disruption of basic social services and infrastructures.

Overall, the current health status in the project areas is considered very poor with reported high morbidity and mortality from common communicable diseases (Malaria, AWD/Cholera, and RTIs) in the general population. Malaria, Acute Watery Diarrhoea, Malnutrition, Pneumonia (RTIs) and Sexually Transmitted Infections (STIs) are among the top five causes of morbidity and mortality in the project locations (DHIS, 2017). Accordingly, Malaria contributes to 35% of the total disease burden, followed by Acute Watery Diarrhoea (18%), Malnutrition and Pneumonia each contributing to 9% and STIs 3% of the total causes of morbidity (DHIS, 2017). Malnutrition is among the top causes of morbidity in children under five in the project area majorly attributed to limited access to comprehensive health and nutrition services exacerbated by political unrest disrupting the continuity of life-saving services delivery in Bor South County. This further complicates the chances of survival of children with Malaria and Diarrhoea and therefore the need to ensure continuity in the provision of life-saving health care service in the project locations with specific attention to Bor PoC.

Access to maternal and neonatal child health with focus on immunization and ANC services is absolutely low and practically not available in some cases, for example the remotest areas of Bor South County such as Malual Waat and Panapet. In general, Penta 3 coverage in the project areas is well below 23.5% and similarly skilled birth attendance is below 20% (DHIS 2017).

There is an overall interruption of ART/TB services in the conflict affected states with more than 80% of patients previously on chronic care for HIV/AIDS and TB or co infected lost to follow up. This presents a huge danger to development of drug resistance to the current regimens for ARTs and TB Treatments. Health link therefore intends to contribute to the overall reduction of excess morbidity and mortality in Bor South County by scaling up the provision of essential and lifesaving emergency primary health care services with fully integrated HIV/AIDS and TB, SGBV, CMR and cholera preparedness and response at Bor PoC.

2. Needs assessment

Health Link did not conduct a detail assessment. However, from the available information in our health facility registers at Bor PoC, and the analysis of DHIS for the period Jan - Dec 2017, it was evidenced that there is increasing trend in the occurrence of Acute Watery Diarrhoea, Malaria, Pneumonia and Malnutrition. The reports from the County Authorities confirmed fighting between two clans with massive displacement into Pariak Kolnyang Payam by February 2018. About 199 households have been left homeless with increased risk of Malaria, Pneumonia and diarrhoeal diseases.

3. Description Of Beneficiaries

This project proposal targets internally displaced populations (IDPs) in Bor PoC and other vulnerable host communities in Bor South County that includes Women, girls, men and Boys including Most at Risk groups such as the elderly, persons with disability, children under 5 and pregnant and lactating mothers. A special focus will be paid to survivors of Sexual and Gender Based Violence among young girls and women as well as suspected cholera cases. This project is designed to directly benefit a total of 14,286 individuals over the entire project period segregated by age group and gender. Accordingly, the project targets 5,530 men, 5,756 women, 1,470 boys and 1,530 girls. In terms of living environment, this projects aims to reach 10,183.00 individuals in the Host Community in the project location. while the project intends to reach 643 pregnant and lactating mothers estimated at 4.5% of the target population, the IDP population is based on Bio-metric Registration by IOM as at the end of 2017 in Bor PoC and the population in the Host Community has been projected based on average curative consultations in the project locations. The overall targets of 14,286 direct beneficiaries reflect the individuals provided with any of the essential elements of life-saving primary health care interventions.

4. Grant Request Justification

Health Link proposes to scale up access to essential primary health care service including cholera preparedness and response activities in Bor South County, Bor PoC. Continuity in provision of lifesaving emergency PHC services is critical for the IDPs in Bor PoC, and other hard to reach locations in Bor South County and so Health Link intends to ensure uninterrupted service provision in the project location. These interventions will contribute to the reduction in the current excess morbidity and mortality related to Malaria, Acute Watery Diarrhoea/Cholera and other common diseases in Bor South County. Health Link plans to establish 1 mobile clinic/outreach team outside the PoC in Bor South County. This mobile team will support mobile clinic services including provision of curative consultations, ANC, Vaccinations of children under 15 years of age, screening and treatment of SAM and MAM at Community levels while ensuring appropriate referrals of SAM cases for proper management at Stabilization Centers, Disease Surveillance, health promotion and education, On site mentorships of key health care workers at static PHCUs in preparedness and response to epidemic prone disease outbreaks with focus on Cholera. This will be achieved through conducting outreaches to 5 other static health facilities (Werkok PHCC, Langbar PHCU, Malual Caat PHCU, Malek PHCU, and Panapet PHCU) once a month. The model approach for the implementation process shall employ the BPHNS including integration and support to HIV/AIDS and TB clients to be continued as a mean to comprehensive health care.

Health Link will ensure training of key project personnel in preparedness and response to disease outbreaks with focus on cholera and measles and the early repositioning of cholera response supplies to Cholera Hot Spots in Bor South. Community Engagements will be ensured through established networks of Home Health Promoters (HHPs)/Community Based Distributors - CBDs for health education and hygiene promotion activities on Cholera before/during and after outbreaks.

In line with the health cluster strategy to ensure continuity of services for the Internally Displaced Populations (IDPs) living in Protection of Civilian (PoC) sites, HLSS intends to ensure uninterrupted provision of essential and emergency health care, including addressing the major causes of morbidity and mortality among children U5 (malaria, diarrhea and Pneumonia), Basic Emergency Obstetrics and Neonatal Care (BEMoNC) services, SGBV services, Clinical Management of Rape (CMR) Services to women, girls and boys in Bor South County, Bor PoC. This will further be achieved through continuity of curative consultative care services at Bor PoC. Other activities will include but not limited to conducting clean, safe and hygienic deliveries by skilled birth attendants, minor surgeries, BEMoNC including blood transfusion services, ANC to pregnant mothers including provision of HIV services (PMTCT option B-plus), IPT, LLINTS and micronutrient supplementation, growth monitoring and nutrition assessment to U5 males and females, provision of screening and support treatment for MAM/SAM.

Health Link South Sudan is currently providing Lifesaving and Emergency Primary Health Care Services in Bor PoC, Bor South County and Community Based Management of Malaria, pneumonia, diarrhoea and malnutrition and Cholera Hygiene Promotion. This makes HLSS best positioned to deliver integrated lifesaving emergency health care and nutrition services to the most in need population in the project locations. Given the current gaps in funding, Health Link seeks for additional funding support from the CHF Round 1 2018 to complement UNICEF support with focus on the provision of live saving emergency health and nutrition services.

5. Complementarity

This project will complement the overall provision of life-saving primary health care services in Bor PoC and 5 other health facilities (Werkok PHCC, Langbar PHCU, Malual Caat PHCU, Malek PHCU and Panapet PHCU) in Bor South County currently supported by UNICEF. For the project period March - September the UNICEF Contribution has been calculated at USD 478,235 covering personnel cost, travels, transportation of supplies and other commodities, Community treatment of Malaria, Pneumonia & Diarrhoeal Diseases, screening of children under 5 for Malnutrition, hygiene promotion towards prevention of cholera as well as general operating cost. The additional support from CHF Round 1 SA of USD 100,000.06 will be directed to support additional personnel cost at Bor PoC, mobile team for outreaches, training, travels and supervision and other indirect operating cost at Bor PoC.

LOGICAL FRAMEWORK

Overall project objective

To reduce excess morbidity and mortality from common communicable diseases and traumatic injuries sustained from violent among conflict affected vulnerable boys, girls, women, men, elderly people and people with disability by increasing access and scale-up of responsiveness to quality essential life-saving emergency primary health Care inclusive of preparedness and response to Cholera in Bor South County.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve access and scale-up responsiveness to essential health-care needs of the vulnerable populations by focusing on the major causes of morbidity and mortality	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	50
Prevent, detect and respond to epidemic-prone disease outbreaks and promote WASH in health facilities for conflict-affected and vulnerable populations	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	40
Increase access to mental health and psychosocial support services for vulnerable people	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	10

Contribution to Cluster/Sector Objectives : The planned emergency response aims at ensuring access to essential life-saving services to targeted IDPs and vulnerable host communities which is in line with the Cluster objectives. This project stems from the needs, justification and findings of assessments and reports that explains the level of conflict and health risk exposure and the needs of vulnerable groups in Bor South County. The project also targets specific protection risk groups (Rape survivors, victims of physical and psychological trauma-women/men/ girls/boys) which contributes to the strategic objective of the cluster. The target locations are aligned to the Health cluster priority locations for this allocation. Beneficiaries and activities are derived from the HC clinical packages which efficiently and effectively contributes to the overall strategy of ensuring access to life saving essential health care services including health protection and reduction in morbidity and mortality of vulnerable groups.

Outcome 1

Improved access to essential and emergency clinical health services, including basic emergency obstetric care services, HIV/AIDS/TB and SAM with medical complications.

Output 1.1

Description

Conflict-affected and vulnerable population in Bor South County, and Bor PoC are provided with quality and integrated emergency primary health care services including emergency obstetric care.

Assumptions & Risks

Security remains relatively stable, access to project locations remain possible and Timely funding

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline Services) Number of OPD Consultations					3,226
Means of Verification : Weekly, Monthly Reports, OPD Registers (>5 years and 5 years and above)							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of deliveries attended by skilled birth attendant (facility or home).					20
Means of Verification : ANC and Maternity Registers							
Indicator 1.1.3	HEALTH	(Frontline Services) Number of people reached by health education /promotion	3,615	3,762	961	1,000	9,338
Means of Verification : Monthly reports, Mobile Clinic Report, HHP/CBD Reports							
Indicator 1.1.4	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					1,722
Means of Verification : ANC and Maternity Registers							
Indicator 1.1.5	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			80	120	200
Means of Verification : Mobile Clinic Reports, Routine EPI Reports							
Indicator 1.1.6	HEALTH	(Frontline Services) Number of children under5 with SAM+MC treated in SC			3	2	5

Means of Verification : SC register, OPD Register at Bor PoC

Activities							
Activity 1.1.1							
Provision of essential clinical curative consultative care services in Bor PoC, Outside of PoC for Children U5yr and above 5yrs for common morbidity focusing on Malaria, Pneumonia , diarrhoea and Cholera Prevention.							
Activity 1.1.2							
Provide ANC care to pregnant mothers including provision of PMTCT option B-plus and conduct safe and hygienic deliveries through skilled birth attendants							
Activity 1.1.3							
Conduct health education and health promotion in Bor PoC and outside of the PoC, 5 Locations (Werkok PHCC, and Langbar, Panapet, Malek, & Malual Caat PHCUs)							
Activity 1.1.4							
Conduct mobile clinic services with focus on treatment of uncomplicated malaria at community level, and appropriate referrals							
Activity 1.1.5							
Conduct outreaches to 5 Locations (Werkok PHCC and Panapet, Langbar, Malek and Malual Caat PHCUs) outside of Bor PoC with focus on Vaccination of children under 15 years for Measles							
Activity 1.1.6							
Conduct screening for Malnutrition among children under 5 and treat those with SAM/MC at Bor PoC							
Outcome 2							
Improved Epidemic prone disease surveillance and EWARN system with strengthened capacity for outbreaks prevention and rapid response outbreaks in conflict affected and vulnerable in Bor South County.							
Output 2.1							
Description							
Vulnerable Populations in Bor South County are protected from potential Cholera Outbreaks							
Assumptions & Risks							
Population remains accessible and IDSR/EWARN system remain active							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	12	8			20
Means of Verification : Training Reports							
Indicator 2.1.2	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	12	8			20
Means of Verification : Training Reports							
Activities							
Activity 2.1.1							
Conduct Refresher Training to 20 Health Care Workers in Infection Prevention and Control and Cholera including Case Management in project locations (WASH at Health Facilities)							
Activity 2.1.2							
Conduct training of 20 health care workers in Disease Surveillance, reporting and Outbreak Response							
Activity 2.1.3							
Collect, analyse and submit daily, Weekly and monthly IDSR/EWARNS reports and cholera updates							
Activity 2.1.4							
Conduct daily surveillance and monitoring of outbreak prone diseases including investigation of all rumours, and prompt response							
Outcome 3							
Improved Access to SGBV Prevention services and CMR at Bor PoC							
Output 3.1							
Description							
Integrated quality SGBV and CMR services are made accessible and provided to Vulnerable Population in Bor PoC							
Assumptions & Risks							
Population remains stable and accessible							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					1

Means of Verification : Weekly and Monthly Facility Reports

Activities

Activity 3.1.1

Provide CCSAS services to rape survivors including Clinical management of rape

Activity 3.1.2

On site training of health care workers in identification and appropriate referrals of SGBV survivors to CMR centers

Additional Targets :

M & R

Monitoring & Reporting plan

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

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

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of essential clinical curative consultative care services in Bor PoC, Outside of PoC for Children U5yr and above 5yrs for common morbidity focusing on Malaria, Pneumonia , diarrhoea and Cholera Prevention.	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Provide ANC care to pregnant mothers including provision of PMTCT option B-plus and conduct safe and hygienic deliveries through skilled birth attendants	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Conduct health education and health promotion in Bor PoC and outside of the PoC, 5 Locations (Werkok PHCC, and Langbar, Panapet, Malek, & Malual Caat PHCUs)	2018			X	X	X	X	X	X	X			
Activity 1.1.4: Conduct mobile clinic services with focus on treatment of uncomplicated malaria at community level, and appropriate referrals	2018			X	X	X	X	X	X	X			
Activity 1.1.5: Conduct outreaches to 5 Locations (Werkok PHCC and Panapet, Langbar, Malek and Malual Caat PHCUs) outside of Bor PoC with focus on Vaccination of children under 15 years for Measles	2018			X	X	X	X	X	X	X			
Activity 1.1.6: Conduct screening for Malnutrition among children under 5 and treat those with SAM/MC at Bor PoC	2018			X	X	X	X	X	X	X			
Activity 2.1.1: Conduct Refresher Training to 20 Health Care Workers in Infection Prevention and Control and Cholera including Case Management in project locations (WASH at Health Facilities)	2018				X								
Activity 2.1.2: Conduct training of 20 health care workers in Disease Surveillance, reporting and Outbreak Response	2018				X								
Activity 2.1.3: Collect, analyse and submit daily, Weekly and monthly IDSR/EWARNS reports and cholera updates	2018			X	X	X	X	X	X	X			
Activity 2.1.4: Conduct daily surveillance and monitoring of outbreak prone diseases including investigation of all rumours, and prompt response	2018			X	X	X	X	X	X	X			
Activity 3.1.1: Provide CCSAS services to rape survivors including Clinical management of rape	2018			X	X	X	X	X	X	X			
Activity 3.1.2: On site training of health care workers in identification and appropriate referrals of SGBV survivors to CMR centers	2018			X	X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

Health Link South Sudan will develop a culture of engaging the community from the initiation of the project in order for the community to own the project. Stakeholder workshops will be organized in the location identified for implementation of the response. The community will be consulted and provided with information regarding the project implementation. This will include engaging existing CHD, Community elders, Women, Youth groups, religious leaders and representatives of beneficiaries. This will be the medium through which communities will be encouraged to express their concerns, views and provide regular feedback to the implementing partner in a regular structured modality. Other reasonable modalities for feedback that is useful to the communities/beneficiaries will also be considered. These feedbacks will form part of the project performance reporting to the health cluster and will help guide the fine tuning of the project to enhance positive beneficiary experience.

Implementation Plan

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

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
ACTED,IOM,WHO,UNICEF,UNFPA,SMoH	Camp Coordination and Camp Management (Meetings with Key Humanitarian Partners providing services in the PoC),Biometric Registration/Estimation of IDP Population,Technical Support/IAEHK ,Techinal Support/PHCC & PHCU Kits,Technical Support/RH Kits,Coordination of Activities/Referral Points for C/S

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will focus on gender disparity and sensitivity to ensure that all the vulnerable populations enjoy the same positive essential life-saving health services. Women bear the economic responsibilities of their families, are not in a position to make family and personal choices including reproductive issues.The project will ensure that women and girls are empowered proportionally to be given equal opportunity to be employed and serve their community. Women and girls must receive equal treatment in accessing essential lifesaving clinical health and protection services.

Special effort will be made to ensure that the needs of adolescent youth (Boys/Girls) will be provided equal opportunities.

Protection Mainstreaming

1. Standardized psychosocial support will be provided ensuring confidentiality and privacy of individual who seek such services.
2. Capacity building for staff in the health facility will be conducted.
3. Health Link will conduct robust awareness and sensitization campaigns to raise awareness about their protection concerns and human rights.
4. The project will make use of community-based local protection mechanisms such as Community Complaints and Management Structures.
5. Persons with specific needs like the unaccompanied boys and girls; older people (Men and women) and disable women and men in our project implementation area will be given priority in emergency health services.
6. Gender parity in this project will be reflected in staffing and during treatment of patient in the health facilities.

Country Specific Information

Safety and Security

HLSS has security policy framework that provides a modest mechanism for accessing level of personal security risks to its personnel. All HLSS field locations have emergency communication equipment such as Thuraya, VHF radio, Mobile telephones and VSAT systems all designed to improve security monitoring and reporting. Above all, all HLSS personnel undergo basic security training before being deployed on ground. These precautionary measures are designed to provide for better management and assessment of any security concerns while in the field with additional support from UNDSS.

Access

HLSS has been operating in Bor PoC over the last 2 years and have no any access constraints to the population at the PoC.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Medical Doctor	D	1	2,000.00	6	50.00	6,000.00
	<i>1 Medical doctor to provide Curative consultations and emergency Obstetric care surgery hired at 2000 USD per month 50% based in Bor PoC . This cost cover monthly salaries, taxes and social insurance.</i>						
1.2	Medical Clinical Officers	D	2	1,200.00	6	100.00	14,400.00
	<i>2 Medical clinical officer to provide patient management hired at USD 1200 per month 100%. 1 persons based in Bor PoC and 1 person top support mobile clinic for a period of 6 months.This cost cover monthly salaries, taxes and social insurance</i>						
1.3	Certificated/Enrolled Nurses	D	2	800.00	6	50.00	4,800.00
	<i>2 Certified Nurses hired at USD 800 per month 50% to support the overall management of patients including admission, treatment, monitoring and general patient care and ANC services, 2 in Bor PoC. The cost covers salaries, taxes and social insurance fund.</i>						

1.4	Certified/Enrolled Midwives	D	1	800.00	6	100.00	4,800.00
<i>1 Certified/Enrolled Midwives hired at USD 800 per month 100% to support the mobile clinics for 6 months. The cost covers salaries, taxes and social insurance fund.</i>							
1.5	Registered Midwives	D	1	1,200.00	6	100.00	7,200.00
<i>1 Registered Midwife hired at USD 1,200 per month 100% to support the mobile Clinic. The cost covers salaries, taxes and social insurance fund.</i>							
1.6	MCH Workers	D	2	400.00	6	100.00	4,800.00
<i>2 MCH worker hired at 400 USD per month 100% to support the overall management of patients including admission, treatment, monitoring, general patient care, ANC, and Safe Deliveries; 2 in Bor PoC. The cost covers salaries, taxes and social insurance fund.</i>							
1.7	Community Health Workers	D	4	100.00	6	100.00	2,400.00
<i>4 Community Health workers hired at USD 100 per month 100%, 4 in Bor PoC.</i>							
1.8	Operations Manager	S	1	6,000.00	4	20.00	4,800.00
<i>Cost allocation for the Operations manager (head of project operations) of LoE 10% of USD 8000 monthly</i>							
1.9	Finance Manager	S	1	6,000.00	4	10.00	2,400.00
<i>Cost allocation for Finance Manager of LoE 10% USD 6,000 inclusive of salaries, taxes and social insurance. The M&E manager supports the project monitoring and compilation of project reports.</i>							
1.10	Health Program Coordinator	S	1	5,800.00	4	20.00	4,640.00
<i>Cost allocation for Health Program Coordinator of LoE 20% USD 5800 inclusive of salaries, taxes and social insurance. The program coordinator over see the project implementation, Day to Day Monitoring of the project activities and Reporting</i>							
Section Total							56,240.00
2. Supplies, Commodities, Materials							
2.1	Printing Medical Patient Treatment Forms and Booklets	D	1000	1.20	1	100.00	1,200.00
<i>Printing of Medical Patient Treatment Forms assorted (1000) Treatment charts, 500 referral forms and 500 patient treatment booklets) for Bor PoC</i>							
2.2	Transportation of Medical Supplies to Bor PoC	D	2	1,800.00	1	100.00	3,600.00
<i>Transportation of medical supplies to Bor PoC, Once a quarter. Cost is based on current market rates</i>							
Section Total							4,800.00
3. Equipment							
3.1	Equipment Maintenance	D	1	420.00	1	100.00	420.00
<i>Repairs of Oxygen Concentrators and other equipment at Bor PoC PHCC</i>							
3.2	Purchase of Laboratory Equipment - Hamocue 1 Piece to Support the Lab in Bor PoC	D	1	1.00	1000	100.00	1,000.00
<i>1 Haemocue for Bor PoC to support the Laboratory services</i>							
3.3	Purchase of Assorted Equipments (Weighing Scale for Neonates, Weighing Scale Children & Adults, BP Machines, Fetoscope and Stethoscope	D	1	1.00	1000	100.00	1,000.00
<i>Purchase of 1 piece of each item (Weighing Scale for Neonates, Weighing Scale Children & Adults, BP Machines, Fetoscope and Stethoscope) to support quality services delivery at Bor PoC</i>							
Section Total							2,420.00
4. Contractual Services							
4.1	Training of Health Care Workers in Infection Prevention and Control	D	20	45.00	1	100.00	900.00
<i>Training of 20 Health Care Workers in Infection Prevention and Control, 20 in Bor South County</i>							
4.2	Training of Health Care Workes in Disease Surveillance and Out Break Response - Cholera Case Management	D	20	44.00	1	100.00	880.00
<i>Training of 20 Health Care Workers in disease surveillance and out break response 20 in Bor South County</i>							
4.3	Hire of Vehicle for Mobile Clinics	D	5	200.00	6	100.00	6,000.00

	<i>Toyota Land Cruiser hired 5 times a month for 5 outreaches each at \$200 with the cost of the driver but without fuel</i>						
4.4	Purchase of Assorted Electrical Cables, Bulbs and Repairs	D	1	1,000.00	1	100.00	1,000.00
	<i>Procure assorted cables, bulbs and repair of the wiring at Bor PoC. Cost estimated based on current market rates</i>						
4.5	Purchase of Laboratory Reagents for Bor PoC	D	1	1,500.00	1	100.00	1,500.00
	<i>Procurement of Laboratory Reagents (Critical reagents for life-saving) services - Blood grouping & Cross-Matching and others. Cost estimated based on current market rates</i>						
	Section Total						10,280.00
5. Travel							
5.1	Local field flights	D	6	275.00	3	100.00	4,950.00
	<i>6 staff flights on UNHAS at most 1 flight per staff in months at USD 550 each to and fro. Cost is estimated at current UNHAS rate</i>						
5.2	DSA HQ management Support Supervision visit	D	3	200.00	3	100.00	1,800.00
	<i>2 HQ staff support Supervision visits lasting 3 days, 1 visit every 2 month to both Bor South County and Twic East</i>						
5.3	Conducting Mobile Clinics - DSA - Mobile Clinic Team to PHCUs	D	25	20.00	6	100.00	3,000.00
	<i>5 people conducting Outreach Clinics at 4 PHCUs and 1 PHCC, once a month</i>						
	Section Total						9,750.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Office stationary	D	1	1,268.00	4	25.00	1,268.00
	<i>25% allocation of shared cost for 2 deliveries of Assorted Stationary supplies for HQ office and Field Office in Bor and Twic East at \$3,600</i>						
7.2	Office Rent	D	1	5,500.00	4	10.00	2,200.00
	<i>10% allocation of shared costs for 2 Office spaces rented at Juba at USD 4000 per month in Juba and USD 1,500 in Bor for 6 months</i>						
7.3	Communication and Internet	D	2	900.00	4	20.00	1,440.00
	<i>20% Monthly contribution for Internet Subscription for 2 sites at \$ 892</i>						
7.4	Guest House Rent	D	3	750.00	4	14.00	1,260.00
	<i>25% allocation to a shared costs of 3 Guest Houses for Expatriate Staff field & HQ Based @ USD 1,500 every month for 4 months.</i>						
7.5	Compound Maintenance and Feeding Support to Field Staff - Bor and Twic East	D	3	250.00	4	20.00	600.00
	<i>30% Allocation to a shared of maintaining 3 Compounds in HQ and Bor and Twic East Field Office, at 1000 USD per site</i>						
7.6	Vehicle Maintenance (Fuel, Services and Repairs)	D	1000	1.60	2	100.00	3,200.00

	1000 Liters of Diesel for generator operation and 2000 liters for vehicle running, Support allocated for generator operation in Bor PoC and operational cost for vehicles. Cost is based on the Market rate							
	Section Total							9,968.00
SubTotal	2,112.00							93,458.00
Direct								81,618.00
Support								11,840.00
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 -> Bor South	100	5,530	5,756	1,470	1,530	14,286		
Documents								
Category Name				Document Description				