

Requesting Organization :	Children Aid South Sudan			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		100.00		
		100		
Project Title :	Provision of essential life saving time critical emergency clinical health care packages including emergency obstetric care services in Rubkona County			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/NGO/8064	
Cluster :		Project Budget in US\$:	220,045.50	
Planned project duration :	6 months	Priority:		
Planned Start Date :	20/03/2018	Planned End Date :	30/09/2018	
Actual Start Date:	20/03/2018	Actual End Date:	30/09/2018	
Project Summary :	<p>In Rubkona county, Bentiu POC which was established in December 2013 with 117,046 people seeking protection in the site as of May 2017 (IOM data base), is getting depopulated steadily. Between the years, the population in the POC kept fluctuating; the cluster projected a population of 76,110 as of 2018. The latest BMR data from IOM for Bentiu and Rubkona towns stands at 36,617 individuals. Health conditions have deteriorated with communicable diseases such as Malaria, acute respiratory infection (ARI) and diarrhea causing significant morbidity and mortality among this population especially children under 5 years (Health Cluster February2017 report) with malaria accounting for 30% of consultations followed by ARI at 19% and diarrhea at 17% and malnutrition have already skyrocketed at 17% as indicated by the SMART Survey conducted by CARE during the pre-harvest period of May 2017. The result is a population chronically prone to disease with some 31,429 People mostly women and children currently in dire and urgent needs of health services.</p> <p>The population movement out of the PoC escalated following the recent communal fight between the youths from Northern Liech State (NLS) (Rubkona and Guit Counties) and those who hail from the Southern Unity Counties (Koch, Leer, Mayendit and Panyijiar). The government at the request of UNHCR/ DRC provided land in Koithie Boma for IDPs staying at collective sites in Bentiu and Rubkona towns to settle. According to DRC records, there is up to 15,000 individuals living in 3200 households in this location with about 20 - 25 households arriving daily. The state health cluster, UNICEF, WHO and SMoH and other partners are considering this population of over 40,000 individuals as part of the PoC population and health need of the PoC is considered incomplete once this population's health needs is not address.</p> <p>The project is aligned to Health cluster objective of improving access and scaling up responsiveness to essential health care by focusing on the major causes of mortality among U5C (malaria, diarrhoea, pneumonia, measles), this will ensure 90% of the population of the vulnerable communities to have access to Primary Health Care by focusing on the treatment of major causes of mortality among U5C (malaria, diarrhoea, pneumonia, measles),immunization services, among the displaced population that have settled in Koeithe and Nhialdiu of Rubkona County. The project will take care of PHCUs project and the mobile teams among the displaced and the host communities and SC in Nhialdiu Payam. The beneficiaries of this project are the host community and the IDPs who are in who moved from Bentiu POC and settled in Koieth of Rubkona county, and some 7,000 newly displaced persons in Nhialdiu payam of Rubkona county.</p> <p>CASS is situated to be the best partner to implements project in Koeithe IDPs of Rubkona county because of its establishment of the base in the payam and the present of the local staff who are responsible for the implementation of the project. CASS has also established a very good rapport with the local authority and the local community through the previous project which will give a maximum support from the community for the success of any future project. Despite CASS intervention in the payam, morbidity and mortality still remains high mostly from areas such as Koeithe and Nhialdiu. CASS couldn't extend the services near them due to the inadequate funding. With this SSHF 1st allocation, CASS is seeing it as an opportunity for closing this gap by providing a PHCU services in Koeithie and Mobile clinic service at the area of Tong and SC service in Nhialdiu.</p> <p>Being a national organization, CASS has a better understanding of the local context as well as the capacity to provide the most critical services during emergencies even within limited humanitarian corridor where international agencies cannot operate.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total

9,000	9,750	8,960	8,907	36,617
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Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	5,000	4,450	4,860	4,807	19,117
Internally Displaced People	4,000	5,300	4,100	4,100	17,500

Indirect Beneficiaries :

The indirect beneficiaries of this project are the population who are within Rubkona but are not in the payams where this project is targeting. They will benefit through health education messages and other health services that was not directing targeting them but they have received,

Catchment Population:

The current population of Rubkona county is 100,236 people, with 25,059 women of reproductive age, 5613 pregnant women, 4009 <12 months of age, 21050 0-59 months of age and the rest being men and elderly women.

Link with allocation strategy :

This allocation will support 1 PHCU, 3 mobile teams, 1 PHCC 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 Rubkona county. The implementing partner (CASS) will strengthen 1 PHCCs, 1 PHCUs and 3 Mobile teams mission to reach (36,000) targeting 4 payams of Rubkona 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
Health Pooled Fund South Sudan	480,000.00
UNICEF	300,000.00
	780,000.00

Organization focal point :

Name	Title	Email	Phone
Oyet Sisto	Executive Director	sisto.childrenaid@gmail.com	+211955500886
Drici Gilbert	Director of Programs Implementation	gilbert.childrenaid@gmail.com	+211925293762

BACKGROUND

1. Humanitarian context analysis

The population of South Sudan has poor health status as evidenced by the following indicators; Maternal Mortality Rate of 2054 (SSHHS 2006), Neonatal Mortality Rate of 43, Infant Mortality Rate of 83, U5Mortality Rate of 106, Stunting Rate of 25%, fertility rate of 6.7(SSHHS 2010). This coupled with the heavy burden of maternal and child health conditions, communicable and non-communicable diseases, including malnutrition, emergencies and disasters necessitate deliberate efforts to improve health service delivery, additional and improved management of health system resources, and strengthened health partnerships (The National Health policy 2016-2025).

The year 2018 will see SSHF responds to deteriorating Health situation that resulted from multiple displacements and has compounded the Health needs of an already vulnerable population across the country. The remaining coping abilities have been further eroded by prolonged food insecurity, economic collapse and disease outbreaks. IDPs remain among the most vulnerable groups in South Sudan, with the most acute and vulnerable populations found in Unity state.

The protracted violence and displacement combined with a high disease burden, poor access to sanitation (less than 7%) high illiteracy rates (as high as 88% for women and 63% for men), and high levels of poverty has led to very poor health care provision in Rubkona County (SSHS 2010).

Bentiu POC was established in December 2013 with 117,046 people seeking protection in the site as of May 2017 (IOM data base). Between the years the population in the POC kept fluctuating, the cluster projected a population of 76,110 as of 2018. The latest BMR data from IOM for Bentiu and Rubkona towns stands at 36,617 individuals.

Health conditions have deteriorated with communicable diseases such as Malaria, acute respiratory infection (ARI) and diarrhea causing significant morbidity and mortality among this population especially children under 5 years (Health Cluster February 2017 report) with malaria accounting for 30% of consultations followed by ARI at 19% and diarrhea at 17% and malnutrition have already skyrocketed at 17% as indicated by the SMART Survey conducted by CARE during the pre-harvest period of May 2017. The result is a population chronically prone to disease with some 31,429 People mostly women and children currently in dire and urgent needs of health services in the county. The population movement out of the PoC escalated following the recent communal fight between the youths from Northern Liech State (NLS) (Rubkona and Guit Counties) and those who hail from the Southern Unity Counties (Koch, Leer, Mayendit and Panyijiar). The government at the request of UNHCR/ DRC provided land in Koithie Boma for IDPs staying at collective sites in Bentiu and Rubkona towns to settle. According to DRC records, there is up to 15,000 individuals living in 320 households in this location with about 20 - 25 households arriving daily.

The joint assessment led by the Hon Minister of Health – NLS together with WHO, UNICEF, state health cluster partners on 19th/07/2017, identified health needs at the settlement camp in Koithie. The state health cluster, UNICEF, WHO and SMOH and other partners are considering this population of over 40,000 individuals as part of the PoC population and health need of the PoC is considered incomplete once this population's health needs is not address.

CASS had set a satellite clinic to provide an overall comprehensive primary health care services including screening for malnutrition among children under five years and PLW in Koithie with ERP fund from Health Pooled Fund South Sudan. This emergency fund ended on 19th of December 2017 leaving CASS to manage the clinic only with a mobile team. Through the SSHF and as part of the PoC project, CASS intends to provide a PHCU services to this population.

2. Needs assessment

The joint assessment led by the Hon Minister of Health – NLS together with WHO, UNICEF, state health cluster partners on 19th/07/2017, identified health needs at the settlement camp in Koithie. The state health cluster, UNICEF, WHO and SMOH and other partners are considering this population of over 40,000 individuals as part of the PoC population and health need of the PoC is considered incomplete once this population's health needs is not address.

The second assessment in Nhialdiu through UNMIS patrol team took place on 21st Feb, 2018 and the team comprise of humanitarian team (CASS, HPF & Cordiad), and IGAD, CTSAM representatives that visited and interacted with civilian populations around Biel village, close to Nhialdiu town, and finally visited the health facility, also interacted with Army commander and Executive director, representing commissioner on ground.

3. Description Of Beneficiaries

The beneficiaries of this project are mainly the population who moved away from the Bentiu PoC and settled in the area of koeithie, a Boma of Rubkona county, they are over 40,000 individuals mainly women and children who moved away due to the internal conflict within the IDPs in the PoC, hence they need to be given attention and the needed services.

Also another 7000 individuals have gathered in Nhialdiu payam, they will need to be served by the mobile clinic services and SC need to be continued at Rubkona PHCC,

4. Grant Request Justification

The population who moved away from the Bentiu POC and settled at Bentiu town in the IDP setting, and the population of 7000 individuals at Nhialdiu payam remains at large as part of the POC Population. This group should receive the same services the population in the PoC are receiving. This can only be done by giving part of the SSHF fund which is meant for Rubkona (PoC) to CASS so that the agency runs the Koithie clinic which has been serving this population. By doing this, the dire health needs of this population will be addressed.

Being a national organization, CASS has a better understanding of the local context as well as the capacity to provide the most critical services during emergencies even within limited humanitarian corridor where international agencies cannot operate. CASS hopes by doing so, will build resilience capacity of the population to cop during emergencies.

5. Complementarity

This project will be a complimentary project to the one currently being implemented by CASS in the county. CASS is implementing a developmental health project with the funding from Health Fooled Fund 2. With the security situation which has remained volatile and declaration of famine in some of the counties in the region, Developmental program need to be supplemented by emergency funding, through this funding, the emerging shocks which have been emerging in the county due to current crisis in the county will be addressed. So the SSHF is a great back up for closing the current gap in Rubkona County.

LOGICAL FRAMEWORK

Overall project objective							
To improve access, and scale up responsiveness to, essential and emergency health care, including emergency obstetric care services							
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			100		
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 the Koeithe, Nhialdiu, Tong, Dorbor and Ding Ding of Rubkona 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							
Displaced population health improved.							
Output 1.1							
Description							
Improved access to essential health care displaced and vulnerable population in Rubkona and Nyirol Counties							
Assumptions & Risks							
Risk: Staff security in high risk areas and events of violent conflict/clashes Assumption: Risk assessments will regularly be conducted by CASS Security Manager and all movement to project site will be coordinated with the relevant Cluster leads, UNDSS, UNMISS and local authorities/RRC to ensure clearance for safe passage, flexible response and effective team work. The CASS Juba security advisor support will be available at all times to respond to queries and provide advice. CASS field teams will also be sensitive towards staffing and the underlying conflict tensions. Deployment of national staff will be done within their home areas, where the risk of ethnic violence is minimal. In addition, all staff working in the field are already provided with hostile environments awareness training (HEAT) and regular security briefings. Surge capacity will be used where appropriate in order to reduce risks in areas with a high potential for ethnic conflict.							
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					36,617
Means of Verification : Monthly report							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			1,671	1,942	3,613
Means of Verification : EPI Report							
Indicator 1.1.3	HEALTH	(Frontline Services) Number of deliveries attended by skilled birth attendant (facility or home).					100
Means of Verification : ANC Report							
Indicator 1.1.4	HEALTH	(Frontline Services) Number of epidemic prone disease alerts responded to within 48hours					2
Means of Verification : IDSR Report							
Indicator 1.1.5	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					2
Means of Verification : Project report							
Indicator 1.1.6	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	15	10			25
Means of Verification : Training report							
Indicator 1.1.7	HEALTH	(Frontline Services) Number of people reached by health education /promotion	6,011	8,200	5,000	6,000	25,211
Means of Verification : Project Report							
Indicator 1.1.8	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	15	10			25
Means of Verification : Training report							

Indicator 1.1.9	HEALTH	(Frontline Services) Number of children under5 with SAM+MC treated in SC				30	30	60
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Means of Verification : CMAM Report

Activities

Activity 1.1.1

Provide mobile clinics and support the existing Health Facilities as a means of ensuring access to much needed health services and emergency referral services taking into consideration women and children particular needs

Activity 1.1.2

Carry out mass immunization and mop up immunization in case of emergency and outbreak of measles in the county to ensure that children of 6 months to 15 years are fully covered.

Activity 1.1.3

Support mobile teams to provide mobile activities to ensure access to emergency primary health care to vulnerable/displaced population; equip mobile team with essential emergency MH & RH drugs, PHCU Kits, PHCC kits, LLITNs, safe delivery equipment, newborn.

Activity 1.1.4

Conduct surveillance on the epidemic prone diseases in the county and ensure that once detected, they are reported and responded to within 48 hours. Weekly report will be submitted to the cluster both at National and sub-national level.

Activity 1.1.5

Provide sensitization and referral of GBV survivors' women, girls and boys to the health facilities where the cases will be managed

Activity 1.1.6

Train Health workers on infection prevention and control (wash in health facilities) this will prevent the outbreak of diseases and transmission of infection from health workers to the patients in the facilities.

Activity 1.1.7

Establishment of a locally appropriate complaints response mechanism (complaint box) in Nyirol to ensure that beneficiaries can access a safe way to voice concerns and report any abuses (related to the program).

Activity 1.1.8

Train staff in the facilities and community level on disease surveillance and outbreak respond in the county to enable them detect and report and suspected cases to the right authority within 48 hours.

Activity 1.1.9

Strengthen provision of essential clinical care management of SAM with Medical complication in health facilities with focus on lactatic mothers and children under 5

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. The implementing partner 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 partner, 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 analysed on a monthly basis and shared with SSHF at the end of the project

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide mobile clinics and support the existing Health Facilities as a means of ensuring access to much needed health services and emergency referral services taking into consideration women and children particular needs	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Carry out mass immunization and mop up immunization in case of emergency and outbreak of measles in the county to ensure that children of 6 months to 15 years are fully covered.	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Support mobile teams to provide mobile activities to ensure access to emergency primary health care to vulnerable/displaced population; equip mobile team with essential emergency MH & RH drugs, PHCU Kits, PHCC kits, LLITNs, safe delivery equipment, newborn.	2018			X	X	X	X	X	X	X			
Activity 1.1.4: Conduct surveillance on the epidemic prone diseases in the county and ensure that once detected, they are reported and responded to within 48 hours. Weekly report will be submitted to the cluster both at National and sub-national level.	2018			X	X	X	X	X	X	X			
Activity 1.1.5: Provide sensitization and referral of GBV survivors' women, girls and boys to the health facilities where the cases will be managed	2018			X	X	X	X	X	X	X			
Activity 1.1.6: Train Health workers on infection prevention and control (wash in health facilities) this will prevent the outbreak of diseases and transmission of infection from health workers to the patients in the facilities.	2018				X	X	X						

Activity 1.1.7: Establishment of a locally appropriate complaints response mechanism (complaint box) in Nyirol to ensure that beneficiaries can access a safe way to voice concerns and report any abuses (related to the program).	2018			X	X	X	X	X	X	X			
Activity 1.1.8: Train staff in the facilities and community level on disease surveillance and outbreak respond in the county to enable them detect and report and suspected cases to the right authority within 48 hours.	2018			X	X	X	X	X	X	X			
Activity 1.1.9: Strengthen provision of essential clinical care management of SAM with Medical complication in health facilities with focus on lactating mothers and children under 5	2018			X	X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

Implementing partner CASS will develop a culture of engaging the community from the initiation of the project in order for the community to own it. 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. Implementing partner will closely coordinate with the health cluster at National and subnational 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 response 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
CORDAID	Treat their patients once they refer from the OTP to our SC; we refer patients from Koeithe PHCU to the Hospital for treatment.

Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

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. The implementing partner 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

Risk assessments will regularly be conducted by CASS Field Coordinator and all movement to project site will be coordinated with the relevant Cluster leads, UNDSS, UNMISS and local authorities/RRC to ensure clearance for safe passage, flexible response and effective team work. The CASS Juba security advisor support will be available at all times to respond to queries and provide advice. CASS field teams will also be sensitive towards staffing and the underlying conflict tensions. Deployment of national staff will be done within their home areas, where the risk of ethnic violence is minimal. In addition, all staff working in the field are already provided with hostile environments awareness training (HEAT) and regular security briefings. Surge capacity will be used where appropriate in order to reduce risks in areas with a high potential for ethnic conflict

Access

CASS will closely coordinate with the UNDSS, Health clusters to negotiate access with the government and non-governmental forces in order to reach people in need. There is, however, no accessibility problems being experienced in Rubkona but staff will adhere to CASS security protocols when implementing project activities. The security team at Juba as well as field levels will also provide support to staff in terms of security updates and appropriate measures should there be security and accessibility challenges

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Executive Director--Juba	S	1	8,000.00	6	5.00	2,400.00
	<i>5% contribution from the project with role to provide operational and programmatic oversight to the project at senior management level. The scale is based on the organisation scale stipulated for the position.</i>						
1.2	Director of Programs Implementation--Juba	D	1	7,000.00	6	5.00	2,100.00
	<i>5% contribution from the project, he will provide technical oversight of the program and the scale is as stipulated in the CASS manual of salary scale</i>						
1.3	Finance Manager--Juba	D	1	5,500.00	6	5.00	1,650.00
	<i>5% contribution from the project, his role is to manage the financial component of the project ensuring that project is in line with the budget, scale as per organisation package.</i>						
1.4	Logistic Manager--Juba	S	1	3,500.00	6	10.00	2,100.00
	<i>10% contribution from the project, he will ensure that procurement and logistic component of the project is satisfactory, scale as per CASS</i>						
1.5	HR Officer--Juba	S	1	1,000.00	6	15.00	900.00
	<i>15% contribution from the project, her role is to maintain the staff files and all documentation of the project, scale is as per CASS package.</i>						
1.6	Health and Nutrition Coordinator--Juba	D	1	3,500.00	6	30.00	6,300.00
	<i>30% contribution from the project, he technically manage the project and ensure all the activities of the project are implemented accordingly, the scale is as per CASS package</i>						
1.7	Driver--Juba	S	1	1,200.00	6	40.00	2,880.00
	<i>40% contribution from this project, his role is to help in the transportation, the scale is as per CASS package</i>						
1.8	Cleaners Juba	S	1	600.00	6	40.00	1,440.00
	<i>40% contribution from the project, help in maintaining of the hygiene and the cleanliness of the work place.</i>						
1.9	Field Coordinators--Field	S	1	3,000.00	6	80.00	14,400.00
	<i>80% of the project, they oversee the project at the field level and provide both administrative and technical support to the staff at the field</i>						
1.10	Health Project Managers--Field	D	1	2,500.00	6	80.00	12,000.00
	<i>80% pay from the project, they provide the technical support to the project and ensure that the project is implemented as planned</i>						
1.11	Finance and Admin officers--Field	D	1	1,800.00	6	80.00	8,640.00
	<i>They are contributing to the financial management of the project at the field level and ensure that financial procedures are followed, the project will contribute to 80% of their pay</i>						
1.12	Clinical Officers	D	2	1,000.00	6	100.00	12,000.00
	<i>Oversee the activities at the facilities and provide consultation and treatment of the patients, pay is 100% contribution. This facilities were being supported by the emergency funding from HPF and the funding ended in December, hence 100% pay from the clinical officers from SSHF.</i>						
1.13	Certified Nurse	D	1	800.00	6	100.00	4,800.00

	<i>Help the clinical officer with the management of the patients at the facilities. 100% pay because the facility they are going to work in was being supported by HPF Emergency Funding which ended in December, hence 100% pay from the SSHF</i>						
1.14	Certified midwife	D	1	800.00	6	100.00	4,800.00
	<i>Oversee the deliver and all the ANC and PNC services at the clinic and the community. 100% pay because the facility they are going to work in was being supported by HPF Emergency Funding which ended in December, hence 100% pay from the SSHF.</i>						
1.15	CHW	D	2	350.00	6	100.00	4,200.00
	<i>Help with carrying out the community activities, vaccination, and dispensing in the facilities, pay is 100% from the project. 100% pay because the facility they are going to work in was being supported by HPF Emergency Funding which ended in December, hence 100% pay from the SSHF.</i>						
1.16	Vaccinators	D	2	350.00	6	100.00	4,200.00
	<i>Help in carrying out the EPI services both at the facility and the community. 100% pay because the facility they are going to work in was being supported by HPF Emergency Funding which ended in December, hence 100% pay from the SSHF.</i>						
1.17	Lab assistant	D	1	300.00	6	100.00	1,800.00
	<i>Help the clinical officer in the diagnosis of the patients in the health facility. 100% pay because the facility they are going to work in was being supported by HPF Emergency Funding which ended in December, hence 100% pay from the SSHF.</i>						
1.18	Nutrition Nurse	D	1	800.00	6	100.00	4,800.00
	<i>Help in carrying out nutritional services and growth monitoring at the facility and they will work in the Stabilization center managing the SAM with medical complication. 100% pay because the facility they are going to work in was being supported by HPF Emergency Funding which ended in December, hence 100% pay from the SSHF.</i>						
1.19	Guards--Facilities	D	2	150.00	6	100.00	1,800.00
	<i>To ensure safety and Security at the facility. 100% pay because the facility they are going to work in was being supported by HPF Emergency Funding which ended in December, hence 100% pay from the SSHF.</i>						
1.20	Cleaners--Facilities	D	2	150.00	6	100.00	1,800.00
	<i>To ensure cleanliness of the facility. 100% pay because the facility they are going to work in was being supported by HPF Emergency Funding which ended in December, hence 100% pay from the SSHF.</i>						
	Section Total						95,010.00
2. Supplies, Commodities, Materials							
2.1	Training of Health worker on management of common childhood illness	D	1	200.00	4	100.00	800.00
	<i>Training the health workers at 200 USD per training @ location one training for 4 days</i>						
2.2	Training of health workers on identification of epidemic prone diseases	D	1	200.00	4	100.00	800.00
	<i>Training the health workers at 200 USD per training @ location one training for 3 days</i>						
2.3	Purchase of furniture and cleaning materials for mobile team	D	1	3,000.00	1	100.00	3,000.00
	<i>To provide work space at the facilities and the outreaches, price as per the market rate.</i>						
2.4	Purchase of office supplies and stationery	D	1	1,000.00	6	100.00	6,000.00
	<i>For the field office and facilities use</i>						
	Section Total						10,600.00
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00

5. Travel							
5.1	UNHAS flight	D	9	600.00	1	100.00	5,400.00
<i>Flights for the staff going and coming from the field for field visit, work station, leaves and transfer of cash to the field. unit cost as per UNHAS plus some booking of extra luggage</i>							
5.2	Travel of the regional staff (kenya, Uganda, Ethiopia etc)	D	4	400.00	1	100.00	1,600.00
<i>Direct program staffs travelling for leave and back to duty station, we are expecting the our technical staff to travel at least 4 times within the project period, unit as per market price.</i>							
5.3	Charter flight for materials and supplies to the field	D	2	5,500.00	1	100.00	11,000.00
<i>To help in transportation of supplies from Juba to the field, price is as per the market rate.</i>							
5.4	Car hire	D	90	350.00	1	100.00	31,500.00
<i>To help in the transportation of staff, commodities within the project sites during the project implementation in the field for 90 selected days when the organisation car might be engaged in other activities. This is called for, because CASS is having only one Car that is serving three different projects in the location, so the rental car will help in the smooth running of the project. Unit cost is as per market rate in Bentiu field location.</i>							
Section Total							49,500.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
NA							
Section Total							0.00
7. General Operating and Other Direct Costs							
7.1	Support to Mobile team activities	D	40	200.00	1	100.00	8,000.00
<i>To contribute to the outreach activities for at least 40 days in the six months, help in buying water, biscuit and other refreshment while they are conducting outreaches, cost is as per the market rate in the field.</i>							
7.2	Fuel for vehicle and generator field	D	2400	2.70	1	100.00	6,480.00
<i>estimated at 400 lit/month at 2.7 usd cost as per IOM including transportation to the field sites</i>							
7.3	Fuel for vehicle and generator juba	S	2400	1.80	1	50.00	2,160.00
<i>estimated at 400lit/month at 1.8 usd per liter cost as per the supplier rates at 40% contribution from this project.</i>							
7.4	Vehicle repair and maintenance field	D	1	400.00	6	100.00	2,400.00
<i>cost as per the market rate</i>							
7.5	vehicle repair and maintenance Juba	S	1	400.00	6	50.00	1,200.00
<i>Cost per market rate</i>							
7.6	Internet fee field offices	D	1	800.00	6	100.00	4,800.00
<i>cost as per supplier</i>							
7.7	Internet fee Juba office	S	1	800.00	6	50.00	2,400.00
<i>Cost per market rate, 50% contribution</i>							
7.8	Airtime subcription Juba	S	1	200.00	6	50.00	600.00
<i>To help in the coordination of the project</i>							
7.9	Airtime subscription field offices	D	1	200.00	6	100.00	1,200.00
<i>To help in coordination</i>							
7.10	Field staff accommodation and feeding	D	3	300.00	6	100.00	5,400.00
<i>To provide three field based staff with feeding allowance (200 per person per month) calculation is as per CASS feeding allowance rate and accommodation (100 per person per month), cost is as per IOM charges</i>							
7.11	Visibility and branding	D	1	5,000.00	1	100.00	5,000.00

	<i>Passing out health messages and showing the support rendered by the donor through visibility, cost as per market rate</i>						
7.12	Bank charges	D	1	100.00	6	100.00	600.00
	<i>Cost as per the current bank rate</i>						
7.13	Printer and tonner	D	1	3,400.00	1	100.00	3,400.00
	<i>Help in printing and photocopying of the documents, the printer is for field office, the unit cost is as per the current market rate</i>						
7.14	M&E field visit	D	4	75.00	3	100.00	900.00
	<i>To provide feeding and accommodation to 2 staff (Health and Nutrition coordinator and Director of programs) while visiting the project at the field site. They are estimated to stay at least for 3 days per visit</i>						
7.15	Computer Equipment	D	2	1,500.00	1	100.00	3,000.00
	<i>To help the project staff for reporting and doing the project work</i>						
7.16	Installation of solar to support the running of the Stabilization Center in Nihaldiu	D	1	3,000.00	1	100.00	3,000.00
	<i>To help the SC run 24/7, cost is per market rate. Cost for transportation and the installation work is included.</i>						
	Section Total						50,540.00
SubTotal			4,993.00				205,650.00
Direct							175,170.00
Support							30,480.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							14,395.50
Total Cost							220,045.50
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Rubkona	100	9,000	9,750	8,960	8,907	36,617	
Documents							
Category Name				Document Description			