OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Christian Mission for Development
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Provision of Emergency Primary Healthcare Services to Internally Displaced Persons and Vulnerable Host Communities in Ayod County – Jonglei State.
Allocation Type Category :	Frontline services

OPS Details

Project Code :		**Fund Project Code :**	SSD-17/HSS10/SA2/H/NGO/6442
Cluster :		**Project Budget in US$:**	150,000.09
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	01/08/2017	**Planned End Date :**	31/01/2018
Actual Start Date:	01/08/2017	**Actual End Date:**	31/01/2018

Project Summary :

Ayod County has experienced excesses of poor health care provision as a result of conflict, fresh displacements, food insecurity, malnutrition, poor WASH standards as well as inadequate coverage by partners. The major health providers in these areas have scaled down operations due to intermittent funding thereby creating gaps in coverage; responses are mainly through mobile health partners. The project seeks to provide static emergency primary health care services in Ayod County, by ensuring availability, functionality and scale up to deal with the major causes of mortality among U5C (malaria, diarrhea, pneumonia); and as well carry out clinical management of cholera cases in areas with functional CTUs. The project will ensure provision of curative solutions to severe acute malnutrition and provision of basic emergency obstetric and neonatal care including the clinical management of SGBV. In each of these locations, CMD will work towards strengthening surveillance and quality to detect, prevent and respond to outbreaks amongst IDP populations and vulnerable host communities. In order to provide a holistic package, ongoing WASH, Nutrition and Education projects in these locations will form an integral part of the response thereby mitigating occurrence of integrated emergency health related needs. In parts of Ayod CMD will work with the cluster leads and partners (MEDAIR, RMF and IMA) to ensure availability of minimum essential stock of SAM treatments for medical complicated cases as a result of the food insecurity. Health Input handling in these locations will be further enhanced through cold chain management, in collaboration with the County Health Department (CHD). CMD will work with the community in management of health care provision through static presence in Ayod.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
3,450	4,600	1,610	1,840	11,500

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	2,070	2,760	966	1,104	6,900
People in Host Communities	1,035	1,380	483	552	3,450
Other	345	460	161	184	1,150

Indirect Beneficiaries :

23,000 Indirect beneficiaries. (40% female.)It is anticipated that every direct beneficiary will impact atleast 2 persons. Household heads will indirectly impact 4 persons; As well as local communities close to health facilities. Mass awareness will reach populations in targeted populations.

Catchment Population:

151,597 persons are displaced in Ayod County. This is against a population of 139,282 based on the most recent census. These will be impacted by the project over a period of 8 months.

Link with allocation strategy :

In line with the allocation, the project targets an area with high GAM; IPC 4 and cholera affected. Ayod county currently hosts the highest number of IDPs in Jonglei State according to the latest DTM data. The project will focus on provision of primary health care services to communities affected by conflict; as well as provision of case management services for cholera patients, routine immunization and other health needs over a period of 8 months.

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
In kind contributions from affiliate churches	10,000.00
	10,000.00

Organization focal point :

Name	Title	Email	Phone
Rt. Rev. Thomas Tut Gany	Executive Director	ed@cmdsouthsudan.org	+211 950 888 555
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John Tut Kuek	Health Coordinator	cmdhealthprogram@gmail.com	+211 922 211 444

BACKGROUND

1. Humanitarian context analysis

Multiple displacements of populations, coupled with disease outbreaks, economic hardships and food insecurity have all exacerbated the already dire humanitarian situation in parts of Ayod county majorly affecting women and children, who prior to the current situation where already living below globally accepted thresholds in WASH, Health, Nutrition and Food Security. Despite humanitarian interventions, recent assessment reports from Ayod indicate dire, Health and Nutrition needs far below standards. Majority of the populations settled in various locations are prone to preventable and curable illnesses; The insufficiency of health units was further exacerbated by increased concentration of IDPs in safe havens, deliberate destruction of health centres by armed forces, breakdown due to lack of supplies and personnel and lack of access by humanitarian actors to carry out routine programming. Increased caseloads have further strained available facilities, with majority of these requiring support, management and inputs. Unsafe child birth habits are a common practice. The situation is expected to be compounded by the seasonality of these areas that lie along the Sobat and Eastern flood plains. Latrine and bathing shelter collapses have been inevitable in some areas, which has led to public health risks such as cholera outbreaks, and increase in AWDs, malaria, amongst other diseases. Protection risks have been increased to girls and women. Insufficient health facilities have played a big role in the rise of diseases, which have undermined efforts to reduce levels of mortality as a result of disease, malnutrition and unsafe practices. Significant disruptions of markets in Ayod has further lessened opportunities of already vulnerable communities to access basic health supplies.

2. Needs assessment

The recent IPC release places Ayod at emergency levels of food insecurity and malnutrition. Over 200,000 people in the county are presently at level 4 classification. The county has also experienced increase in mortality due to an upsurge in water related diseases such as cholera and AWDs.Lack of a funding for the location has rendered majority of the centres dysfunctional. CMD is currently managing the centres in Wau and Mogok through a short term RRF funding that closes in July 2017. Several gaps have been created by scaling down of key static partners in Ayod leaving the areas to be reliant on mobile responses. Preliminary RRM reports from locations of Buot, Wan Machar and Haat paint a grim picture of the health situation in Ayod County. There's a general increased demand for health services in each of these locations, as a result of upsurge in food insecurity, malnutrition, and IDP influxes coupled with a cholera outbreak. Ayod county has witnessed an upsurge due to conflict in neighboring counties of Jonglei, Upper Nile and Unity. Populations are congregated in the locations of Wau, Mogok, Pajiek and Pagil payams. Across the county, immunization coverage is low and cold chains remain extremely limited. Ayod currently relies on only one EPI fridge at a time when high levels of displacement and the peak of the rainy season create prime conditions for communicable disease outbreaks. Non functionality of medical facilities in Mogok and Wau has resulted in long distance treks to access medical services. However, at the peak of the rainy season the routes to these clinics are largely swamps, and accessibility is extremely challenging – even more so for the children, pregnant women, and ill community members most in need of health services. Currently facilities managed by CMD receive close to 300 consultations per day. Access to lifesaving emergency primary health care will smoothen and promote an intergrated response to basic curative services, surveillance and outbreak response, improved referrals and medical treatment of severe acute malnutrition and treatment of SGBV through clinical management of rape and PSS services.

3. Description Of Beneficiaries

CMD targets a total of 11,500 persons under this project in Ayod county in the payams of Wau, Mogok, Pajiek and Pagil. 40% of these targeted are female. 60% of the people targeted are IDPs, 30% host communities under stress. Other groups include returnees and people with special needs. Majority of the IDPs populations targeted are multiply displaced. Primary health care facilities will support the entire population of the county.
The primary beneficiaries are children, pregnant women, and vulnerable groups including the elderly. Accelerated EPI campaigns will target children under 59 months; however, immunization is associated with positive externalities, as every immunized child presents one less potential carrier of preventable childhood communicable diseases.
Kala-azar on-the-job training will benefit the entire catchment area, as this disease is endemic and the ability to identify, refer, and treat cases is essential. This will particularly benefit children, PLWs, the elderly, and other groups who are more vulnerable to disease.

4. Grant Request Justification

Despite the on – going cholera response in Ayod, Inadequate access to PHC services with limited number of functional health facilities has attributed to the dire health needs in Ayod county. Access and utilization of health services is compromised by several factors including intermittent funding. Several gaps have been created by scaling down of key static partners in Ayod leaving the areas to be reliant on mobile responses. There's a general increased demand for health services in each of these locations, as a result of upsurge in food insecurity, malnutrition, and IDP influxes. Across Ayod County, immunization coverage is low and cold chains remain extremely limited. Ayod currently relies on only one EPI fridge at a time when high levels of displacement and the peak of the rainy season create prime conditions for communicable disease outbreaks. Non functionality of medical facilities in Mogok has resulted in long distance treks to access medical services in Jiech and Gorwai. However, at the peak of the rainy season the routes to these clinics are largely swamps, and accessibility is extremely challenging – even more so for the children, pregnant women, and ill community members most in need of health services
Access to lifesaving emergency primary health care will smoothen and promote an intergrated response to basic curative services, surveillance and outbreak response, improved referrals and medical treatment of severe acute malnutrition and treatment of SGBV through clinical management of rape and PSS services. CMD will leverage on ongoing responses in the thematic areas of WASH and Education to be able to provide a holistic approach to the needs of the most vulnerable. The seasonality of funding will further enable dry season prepositioning of essential medical inputs in collaboration with WHO, logistics cluster and the health cluster.

5. Complementarity

CMD is currently implementing health, WASH, Education and FSL activities in Ayod County. The health response in Ayod is funded by IOM/RRF and was mainly focused on cholera, but had to expand due to emerging needs.
Referrals have been strengthened to align with ICWG recommendations of multi – sectoral responses. CHD collaboration will be key, with mobile modalities adopted to align to needs in the location.

LOGICAL FRAMEWORK

Overall project objective

The overall project objective is to reduce mortality in areas of high displacements, high food insecurity,malnutrition and cholera affected. This will be through provision of primary health care services, routine immunization, disease surveillance and obstetric/neonatal care. The project will seek to strengthen capacity of the CHD to detect and manage outbreaks. Linkages with nutrition, WASH, PROTECTION and Education will be strengthened through cross cutting activities and referrals

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
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
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	40
Improve access to psychosocial support and mental health services for vulnerable people	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	20

Contribution to Cluster/Sector Objectives : The project seeks to improve access to essential health care for conflict-affected and vulnerable host populations through provision of emergency comprehensive RH commodities (MISP, FP, ANC, safe and clean delivery, PNC, STI); emergency PHC services including EPI, ANC, PNC, HIV/AIDS services and Health Awareness and Education and VCT/PMTCT services in health facilities and community outreaches inline with cluster objective 1. The project will further prevent, detect and respond to epidemic prone disease outbreaks by availing IDSR reports to MOH with focus on Cholera, kala azar, measles, malnutrition, SGBV other disease outbreaks that may occur. Essential clinical health services will be inclusive and implemented with dignity; while trainings will be integrated to provide PSS to vulnerable persons in line with CO1 and CO2.

Outcome 1

Improved access to essential health care for conflict affected and vulnerable populations in Ayod County

Output 1.1

Description

Provision of basic curative and preventive health care services for vulnerable internally displaced and highly food insecure populations through delivery of primary health care services, cholera/AWD case management, sexual and reproductive, GBV , HIV / TB and mental health services targeting the most vulnerable populations , especially women and under 5 children

Assumptions & Risks

Access of the locations; timely disbursement of funds, availability of supplies from pipeline, security remains stable.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	3,450	4,600	1,610	1,840	11,500
Means of Verification : HMIS reports; OPD Registries							
Indicator 1.1.2	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					100
Means of Verification : IDSR/EWARS reports; Field reports							
Indicator 1.1.3	HEALTH	[Frontline services] Number of people reached by health education /promotion	3,450	4,600	1,610	1,840	11,500

Means of Verification : Awareness campaign reports EWARS/IDSR reports							
Indicator 1.1.4	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	120	315	200	150	785
Means of Verification : Line listings, EWARS/IDSR reports							
Indicator 1.1.5	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					3
Means of Verification : EWARS/IDSR reports							
Indicator 1.1.6	HEALTH	[Frontline services] Number of people vaccinated with oral cholera vaccines in priority locations	2,000	3,000	1,000	1,500	7,500
Means of Verification : EWARS/IDSR Reports Campaign Reports							
Activities							
Activity 1.1.1							
Provide preventative and curative care, including management of SAM with complications							
Activity 1.1.2							
Provide health education and promotion, amongst communities.							
Activity 1.1.3							
Surveillance, EWARN and responses carried out based on comprehensive risk assessment of communicable diseases.							
Activity 1.1.4							
Cholera/AWD and Malaria case management							
Activity 1.1.5							
Establishment of CTU/C and ORPs in outbreak areas within Ayod							
Activity 1.1.6							
Carry out OCV campaigns in areas not reached within Ayod County.							
Outcome 2							
Quality of health care improved by ensuring essential Clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations and with improved access to psychosocial support and mental health services..							
Output 2.1							
Description							
Vulnerable communities have access to SGBV, CMR, Nutrition, MHPSS and WASH services at all supported facilities							
Assumptions & Risks							
Access adequate, timely disbursement of funds,							
Indicators							
			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			50	70	120
Means of Verification : Facility Reports							
Indicator 2.1.2	HEALTH	[Frontline services] Number of health facilities providing SGBV services					4
Means of Verification : Facility Reports							
Indicator 2.1.3	HEALTH	Number of supported facilities with adequate and acceptable WASH services					5
Means of Verification : Facility reports							
Activities							
Activity 2.1.1							
Provide clinical management of SGBV							
Activity 2.1.2							
Clinically manage cases of SAM in U5s							
Activity 2.1.3							
Establish WASH facilities at health centres							
Activity 2.1.4							
Carry out Water quality surveillance and medical waste management							
Output 2.2							
Description							

Clinical staff and county health workers trained on best practices in an emergency setting using cluster recommended guidelines

Assumptions & Risks

Access adequate, timely disbursement of funds and supplies.
The availability of service delivery guidelines/ protocols for services

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	[Frontline services] Number of health workers trained on safe deliveries	0	5			5
Means of Verification : Training reports							
Indicator 2.2.2	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	12	8			20
Means of Verification : Training Reports IDSR/EWARS reports							
Indicator 2.2.3	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	1	5			6
Means of Verification : Training Reports							
Indicator 2.2.4	HEALTH	[Frontline services] Number of health personnel trained on MHPSS in conflict affected states	12	8			20
Means of Verification : Training Reports							
Indicator 2.2.5	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	45	35			80
Means of Verification : Staff Training EWARS training							

Activities

Activity 2.2.1

Carry out cluster recommended trainings in the county targeting health service providers and workers. These will include trainings on cholera case management and prevention, disease surveillance and outbreak response, CMR, MHPSS and safe deliveries.

Additional Targets :

M & R

Monitoring & Reporting plan

The project will be monitored through the Ministry of Health and Health Cluster's mandated District Health Information Software (DHIS). DHIS data provides information on consultations, EPI information for children under one year, pregnant women, and data on reproductive and maternal health. Data will be entered at field level through weekly IDSR reports, monthly DHIS reports and quarterly Quantified Supervision Checklists (QSCs), supervised by Juba level health staff and submitted to the respective CHDs and line Ministries. . These reporting mechanisms provide regular data on disease prevalence, consultations, reproductive and maternal health care, communicable diseases, expanded programme for immunization coverage and staff and clinic performance. In the case of IDP responses, CMD will use the daily HIS template as designed by the Health Cluster. Field officers will feed into the Juba office, directly working with the Monitoring and Evaluations Officer who will as well carry out at least 3 monitoring visits to the field location. Feedback mechanisms will be set up; suggestion boxes at the centres; as well as focus groups to be able to get community perspective on project implementation.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide preventative and curative care, including management of SAM with complications	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Provide health education and promotion, amongst communities.	2017									X		X	
	2018	X											
Activity 1.1.3: Surveillance, EWARN and responses carried out based on comprehensive risk assessment of communicable diseases.	2017								X	X	X	X	X
	2018	X											
Activity 1.1.4: Cholera/AWD and Malaria case management	2017								X	X	X	X	X
	2018	X											

Activity 2.1.1: Provide clinical management of SGBV	2017								X	X	X	X	X
	2018	X											
Activity 2.1.2: Clinically manage cases of SAM in U5s	2017								X	X	X	X	X
	2018												
Activity 2.1.3: Establish WASH facilities at health centres	2017								X	X			
	2018												
Activity 2.1.4: Carry out Water quality surveillance and medical waste management	2017								X		X		X
	2018												
Activity 2.2.1: Carry out cluster recommended trainings in the county targeting health service providers and workers. These will include trainings on cholera case management and prevention, disease surveillance and outbreak response, CMR, MHPSS and safe deliveries.	2017								X	X			
	2018	X											

OTHER INFO

Accountability to Affected Populations

We emphasize transparency in project implementation by directly involving the community in every stage of the project to ensure clear understanding of objectives of the project, expectations and stakeholders. CMD has incorporated the commitments on Accountability to Affected Populations (AAP) into all relevant statements, policies and operational guidelines including incorporating them in staff inductions. CMD ensures facilitation of the provision of feedback from affected people on the services. Suggestion boxes will be fixed at all CMD field offices to maximize on inputs from communities. Information will be available to local communities in local languages; teams are recruited with attention to a balance of women and men, cultural diversity and age. Staff, volunteers and consultants, both national and international, are provided with adequate and timely inductions, briefings, and clear reporting lines that promote positive organizational behaviors and enable staff to understand their responsibilities, work objectives, organizational values, accountability commitments, key policies and local context. CMD works with partners and other stakeholders to ensure the needs of the most vulnerable are addressed.

Implementation Plan

CMD will support a comprehensive package of primary health care in 3 PHCCs - Jiech, Gorwai and Mogok; and 3 PHCUs - Padek, Kharmun and Kandak. This will include curative treatment, reproductive healthcare (RH) including ANC, deliveries in facility, and PNC, and growth screening, as well as routine EPI. Mobile health facilities will be operated once a week, with key health workers traveling from PHCCs and PHCUs to provide skilled diagnosis and treatment as well as RH. At the facilities, Maternal Child Health Workers (MCHWs) will support maternal and child health through malnutrition screening of children, provision of ANC and malnutrition of PLWs, and IYCF counseling to all PLWs in collaboration with nutrition partners.
To strengthen EPI coverage and reduce the risk of disease outbreak, CMD will repair EPI fridges in Ulang that remain damaged from the violence last year. CMD will conduct mass immunization campaigns in collaboration with other health actors. PHCCs and PHCUs will maintain capacity to respond to outbreaks and emergencies through maintenance of cold chain, prepositioning of supplies provided as DIKs, and on-the-job training. PHCCs and PHCUs staff will continue to screen and treat cases of Kala-azar in Ayod County on a case by case basis.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF/WHO	Pipeline supplies
IMA WORLD HEALTH	Coordination in Ayod County
MINISTRY OF HEALTH	Disease surveillance

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 address the needs of the most vulnerable, despite age and sex. Treatment centers will be setup in areas close and accessible to the communities. Male and Female CHWs will be enrolled to reach out to beneficiaries unable to reach the centers such as elderly and PWD in order to ensure easy and equal access. Sex and age disaggregated data will be collected, analysed. Staffing will consist of both male and female health providers including CHWs. Single sex focus groups will be constituted in areas requiring feedback from communities. PHCCs/PHCUs designs will ensure gender segregation in attendance room allocations and WASH facilities. Special hygienic needs of women and girls will be addressed through provision of dignity kits especially adolescents in collaboration with WASH, NFIs and Protection actors. Equal participation of all gender and sex groups will be emphasized; ensuring both women, men, boys and girls benefit from trainings. Referral pathways will be setup for victims of SGBV that report to the centers/Units in order to respond to cases of gender based violence through coordination with gender networks

Protection Mainstreaming

Guidelines on protection mainstreaming have been adopted by CMD, with capacity received from the ProCAP trainings. Firstly the “Do No Harm” principle has been factored. From the initial stages of conceptualizing a project, to hiring staff, acquiring materials, implementation, CMD will examine the potential negative and positive impact of programming decisions on the conflict context; while ensuring expectations are not overly raised and considering who conducts the project activities with ethnic safety in mind. Some of the concepts will need to be introduced carefully or be addressed in smaller groups or individually. Tools and inputs that could later be used as weapons such as pangas and knives will not be provided to the communities. Safety and dignity of beneficiaries will be prioritized

The project will seek to strengthen and support self protection and will work in collaboration with protection actors such as Intersos. The project will seek to analyze dividers and sources of tensions between groups; analyze connectors between groups and across groups and consider implicit ethical messages associated with the project. In working with the local authorities, CMD has analyzed the risks and opportunities linked to engaging with government dynamically, in view of the conflict analysis and regular informal monitoring of the context.

Country Specific Information

Safety and Security

Ayod is both equally controlled by government and opposition forces; with majority of populations far away from militarized zones into villages and deep field locations. CMD works with authorities in both government and rebel controlled areas to ensure access to people in need is unhindered. Local staff will be recruited from areas of operation - to reduce the risks involved around foreign staff safety. CMD will work with the NGO forum and OCHA access team to ensure staff security guidelines are upheld. The areas have remained relatively stable; a contributory factor to the high case load of IDPs in these locations.

Access

The areas are accessible and landable by both fixed winged crafts and helicopters and are on UNHASS regular schedules. CMD works with local authorities and communities in every humanitarian intervention; with 90% of our staff hailing from the areas of intervention as a safety policy. Staff are given security training - before deployment to the field locations and are accommodated within humanitarian premises in the field locations.
Ethnical considerations for the deployment of International staff are upheld in relation to security advise from the NGO forum, UNDSS and other partners.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Roving Health Coordinator	D	1	2,400.00	6	80.00	11,520.00
	80% time on project, Juba based with frequent travels to the field. Project focal person@$2,400/month						
1.2	Clinical Officers	D	3	856.00	6	100.00	15,408.00
	100% time on project - field based; 1 persons; based in Jiech, Gorwai and Mogok; will travel to all treatment centres. $856/month						
1.3	Nurses/ Midwives	D	4	490.00	6	100.00	11,760.00
	100% time on project - nurses will run the PHCCs locations (two per location) Jiech and Gorwai PHCCs						
1.4	Lab technicians	D	3	366.00	6	100.00	6,588.00
	100% time on project - field based (2 PHCCs) $366 /month (2 in Jiech and 1 in Gorwai)						
1.5	Community Health Workers - CHWs	D	6	488.00	6	100.00	17,568.00
	100% time on project - field based $488/month, each facility to						
1.6	Registrars for 2 PHCCs and 4 PHCUs	D	6	272.00	6	100.00	9,792.00
	100% time on project - field based $272/month each						
1.7	Guards and Cleaners for 2 PHCCs and 4 PHCUS	D	24	100.00	6	100.00	14,400.00
	each facility to have 2 guards and 2 cleaners (Jiech, Gorwai, Mogok, Kandak, Padek and Kharmun)						
	Section Total						**87,036.00**
2. Supplies, Commodities, Materials							
2.1	Purchase of Basic supplies, treatment and diagnostic tools and inputs not available in pipeline	D	1	1,500.00	1	100.00	1,500.00
	Items and commodities that are not available in the corepipe line						
2.2	Local Coordination, transportation costs within payams and bomas targeted.	D	1	850.00	6	100.00	5,100.00

	Facilitation of staffs movements within Payams/Bomas - Fuel, vehicle hire and maintenance costs - Includes use of locally available means such as manual labour						
	Section Total						**6,600.00**
3. Equipment							
3.1	Standard office Kits for 2 PHCCs / 4 PHCUs	D	1	2,500.00	1	100.00	2,500.00
	Consists of tables and chairs for 2 PHCCs and 4 PHCUs						
	Section Total						**2,500.00**
4. Contractual Services							
4.1	Light repairs at 2 PHCCs / 4 PHCUs or the treatment centres	D	6	3,500.00	1	100.00	21,000.00
	Repairs/ rehabs of the facilities treatment centres - Involves light repairs, to make environment convenient for adequate health response.						
4.2	Trainings of health service providers	D	80	10.00	2	100.00	1,600.00
	Emergency tailored training of health stakeholders on emergency preparedness, CMR, MHPSS, AAP.						
	Section Total						**22,600.00**
5. Travel							
5.1	In - Country flights (CES and GUN) - UNHASS	D	3	550.00	6	100.00	9,900.00
	In - Country flights (CES and Jonglei) - UNHASS; 3 Returns/month each at $550						
	Section Total						**9,900.00**
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	Office Rent	D	1	2,000.00	6	15.00	1,800.00
	Office Rent for Juba and Field Offices(contribution 15%)						
7.2	Monthly internet subscription	D	2	750.00	6	20.00	1,800.00
	Monthly internet subscription - 2 offices supported 20%						
7.3	Office Maintenance and running costs	D	2	3,000.00	6	15.00	5,400.00
	Juba and Field Office Maintenance and running costs -15% on health project						
7.4	Visibility and Signage	D	1	525.50	2	100.00	1,051.00
	Visibility and Signage						
7.5	Bank charges	D	1	1,500.00	1	100.00	1,500.00

	1% of the project total budget			
	Section Total			**11,551.00**
SubTotal		146.00		**140,187.00**
Direct				140,187.00
Support				
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				9,813.09
Total Cost				**150,000.09**

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 -> Ayod	100	3,450	4,600	1,610	1,840	11,500	Activity 1.1.1 : Provide preventative and curative care, including management of SAM with complications Activity 1.1.2 : Provide health education and promotion, amongst communities. Activity 1.1.3 : Surveillance, EWARN and responses carried out based on comprehensive risk assessment of communicable diseases. Activity 1.1.4 : Cholera/AWD and Malaria case management Activity 2.1.1 : Provide clinical management of SGBV Activity 2.1.2 : Clinically manage cases of SAM in U5s Activity 2.1.3 : Establish WASH facilities at health centres Activity 2.1.4 : Carry out Water quality surveillance and medical waste management Activity 2.2.1 : Carry out cluster recommended trainings in the county targeting health service providers and workers. These will include trainings on cholera case management and prevention, disease surveillance and outbreak response, CMR, MHPSS and safe deliveries.

Documents

Category Name	Document Description