Requesting Organization :	Christian Mission Aid
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Emergency healthcare delivered through the PHCC, PHCU, Mobile Teams and iCCM packages targeting vulnerable and unreached host communities where IDPs are integrated in Fangak and Nyirol counties of former Jonglei State.
Allocation Type Category :	Frontline services

OPS Details

Project Code :		**Fund Project Code :**	SSD-18/HSS10/SA1/H/INGO/8099
Cluster :		**Project Budget in US$:**	99,999.90
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 :

The emergency that this project will address is the high rate of mortality from malaria, AWD, pneumonia, SAM with medical complications and outbreaks of measles, cholera and kala-azar. In the volatile context of GUN, the project will target IDPs recently displaced and newly displaced by conflict, and IDPs and host communities in PHCU locations without health services. Nyirol is rated as IPC 4 Emergency for February to May, but expected to deteriorate (IPC SS Oct 2017, FEWS Net, pg7). Catastrophic (IPC Phase 5) remains likely in parts of Nyirol, where households did not harvest and ongoing insecurity is limiting access to assistance and movement towards natural food sources (FEWS Net January 2018).

Two clinical packages will be delivered: PHCU and mobile teams for emergency outreach. A third package, the PHCC package for the treatment of SAM with medical complications and CMR will be delivered at one PHCC (Pultruk) with established stabilization center. To address access, coverage and service interruptions, the project will support: (1) case-finding medical outreaches from PHCUs to reach vulnerable HHs and conduct surveillance; (2) emergency mobile teams to reach locations without PHCU services and to serve new and recently displaced people; (3) one selected PHCC for the stabilization of SAM and CMR as well as referrals of patients needing specialized services for HIV/AIDS, TB and MPPSS. The project will provide skilled health workers for the PHCUs, mobile teams and PHCC-based stabilization centers, and provide support to conduct the outreaches to bomas not served by static facilities, and for mobile team outreaches in an emergency. The project will provide equipment, supplies to maintain services from PHCU facilities and add transportation for implementation of emergency mobile team outreaches.

Estimates for Nyirol show 49,335 IDPs as of October 2017. Recent conflict in Waat where the population has been displaced to Keew has raised the displaced population by at least 16,000 according to local authorities and CMA's on-ground teams.

Data from the fourth quarter of 2017 indicates the leading causes of morbidity were: malaria, diarrhea and pneumonia (CMA HMIS Data October-December 2017). During 2017, 3 cases of cholera were confirmed and 6 other cases were suspected. Nutrition Cluster data shows a GAM rate of 25.7 for children U5 and 35.2 for PLW. The increase in SGBV has heightened the need for CMR for the survivors of rape.

The project will fill the critical humanitarian gap of lack of access to frontline lifesaving healthcare services for the most vulnerable children U5, and PLW of newly displaced and unserved IDP populations. To address this gap, PHCU and mobile team clinical packages will be scaled-up along with stabilization center services to treat SAM with medical complication at Pultruk PHCC.

Project objective 1 aims to improve access to healthcare for conflict-affected populations with emphasis on malaria control, AWD and pneumonia. Project objective 2 aims to prevent, detect and respond to epidemic prone disease outbreaks especially kala-azar, measles and cholera through both static services and emergency mobile team outreaches, including surveillance to detect new outbreaks. Emphasis will be on preventing infection, water quality and waste management when delivering cholera treatment. Project objective 3 will improve access to essential clinical health services that are inclusive and implemented with dignity and targeted to the specific needs of women and adolescent girls including essential CMR services.

An estimated 14,286 outpatient consultations will be achieved, of which 4,143 will be children U5, and 1,142 PLW women. To ensure the project achieves gender equality in access to health services, communities will be organized to provide protection for vulnerable women, adolescent girls and children so they are not impeded when access to services is needed.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
4,564	5,579	2,000	2,143	14,286

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	1,826	2,231	800	857	5,714
Internally Displaced People	2,738	3,348	1,200	1,286	8,572

Indirect Beneficiaries :

Total = 10,500
Men = 3,500
Women = 7,000

Catchment Population:

Host Population = 57,959
IDPs = 40,839
Total = 98,798

Link with allocation strategy :

This allocation will support
1. Five (5) PHCUs
2. One (1) mobile team
3. One (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 Nyirol county. The implementing partner (Christian Mission Aid) will strengthen 1 PHCC, 5 PHCUs and 1 Mobile team to reach 14,286 people spread across 3 payams in Nyirol County.

The activities aligned with the Health Cluster clinical packages as identified 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
UNICEF PCA	103,594.00
	103,594.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

Conflicts in Waat and Chuil in recent months have all contributed to the new population displacements. OCHA's data (People in Need, Health Cluster, Oct 2017) estimated a total of 49,335 IDPs in Nyirol, but recent conflict has added an estimated 16,000 to Nyirol IDP numbers. CMA assessment of the IDP population indicates 65%-75% of adults are women, they subsist on wild foods for long periods, and they have low access to health facilities. This information demonstrates the heightened vulnerability and suffering experienced constantly by the IDP populations.

Hunger and malnutrition have escalated on an unrelenting course (South Sudan HRP 2018, UNOCHA pg 5). Conflict along trade routes, continues to disrupt the markets that have traditionally provided cereals in the lean season. The national economic crisis, constant insecurity and market disruptions are exacerbating the shocks of ongoing conflict. OCHA's overview of needs shows Nyirol is now rated at Severity of Need Level 5 and a health severity of need rated at Level 4 (South Sudan HNO 2018, UNOCHA pg 10 and 23). For the February to May 2018 period, Nyirol is rated as IPC 4 Emergency, with parts of Nyirol likely to deteriorate to IPC 5 Catastrophic (IPC SS Oct 2017, FEWS Net, pg 7).

Conflict and economic crisis have severely weakened the provision of life-saving health services (South Sudan HNO 2018, UNOCHA pg 22) especially frontline PHCU services. Nationwide, with only 22% of health facilities being fully operational, the absence of vital services means EPI services, obstetric care, mental health, and other diseases go untreated resulting in elevated rates of morbidity and mortality (South Sudan HRP 2018, UNOCH, pg 5). Looting, drug stock-outs and lack of funds prevents delivery of lifesaving services. The coping mechanisms of vulnerable households have been totally eroded and there is a risk of elevated severe acute malnutrition if food needs are not met through the lean season of 2018.

Throughout 2017, the population of Nyirol remained highly susceptible to disease. Outbreaks of cholera, measles, malaria, and kala-azar affect large parts of Nyirol due to poor living conditions, poor sanitation and overcrowding and lack of health services (South Sudan HNO 2018, UNOCH, pg 22). Confirmed cases of cholera (3 in Nyirol) persisted during 2017. The cholera attack rate was 4 per 10,000 with CFR of 3% in Nyirol (Cholera Situation Report and Updates, MOH, 29 Dec 2017). Over all, morbidity is high and rising. Data for the fourth quarter of 2017 indicates the leading causes of morbidity were: malaria, diarrhea and pneumonia (CMA HMIS Data Oct-Dec 2017). Children U5 represent more than 30% of total consults. SAM with medical complications for children U5 has added to the already high disease burden.

Conflict, insecurity and floods affect women, men, boys and girls differently. Men maintain mobility, but IDPs, children U5, and women have restricted movement (South Sudan HNO 2016 UNOCHA pg 6). With great distance to reach health facilities, women and children face immediate risks of violence when attempting to access services. Women and children need protection to access facilities. "Survivors of GBV have inadequate access to services and women have inadequate access to skilled personnel during pregnancy and childbirth" (South Sudan HNO 2018, UNOCH, pg 22). In Jonglei State, outpatient data showed that only 37% were female, indicating lower access of the most vulnerable to health services (HRP MYR 2015 pg. 25).

2. Needs assessment

Health cluster data shows people in need are 73,367 in Nyirol, including 49,335 IDPs integrated into host communities (Cluster PIN 24 Oct 17). The payams in greatest need are Chuil, Nyambor, Pading and Pultruk payams and the new IDP population from Waat now residing in Keew. In these payams, the population in need is estimated at 52,431 of which 40,839 are IDPs.
CMA's experience in Nyirol shows the critical health service gaps are:
1. limited coverage and frequent disruption in essential primary healthcare, specifically treatment of malaria, AWD, pneumonia and SAM with medical complications;
2. slow response to measles, cholera, kala-azar and other disease outbreaks;
3. frequent disruption in the supply of essential medicines when PHC service is interrupted.

Populations in greatest need are those suffering from the compound effects of displacement, hunger and disease, and those facing greatest protection risks especially pockets of IDPs. The project will focus on reaching these populations at greatest risk due to actual or imminent absence of frontline services, specifically populations in the catchment areas of PHCUs and the displaced.

Populations displaced in Chuil and Waat have not returned to home areas, and are now integrated in host communities. Conflict has caused continued breakdown of health facilities and interruption of essential services - the main driver of morbidity and mortality in this county. Nyirol is rated at IPC 4 Emergency in the February to May period, but this is expected to deteriorate (IPC South Sudan Oct 2017, FEWS Net, pg 7). Nyirol is placed in the group of counties rated as Severity of Need Level 4 for health (South Sudan HNO 2018, UNOCHA pg 22).

CMA's on-ground experience provides the same evidence provided in the HRP and HNO 2018 with most common health threats being malaria, AWD, severe acute malnutrition, as well as high risk of outbreaks of cholera, measles and kala-azar. National IDSR data for 2017 showed most clinical consultations were for treatment of malaria 60.0%, AWD+Bloody Diarrhea 15.5% and ARI 10.8% (IDSR report for Week 52 2017 WHO/MOH pg 4). The same report showed malaria to account for 68.3% of deaths, followed by AWD+Bloody Diarrhea at 8.7% (pg. 9). CMA's HMIS data for Oct to Dec 2017 indicated treatment consultations as follows: malaria at 53%, AWD+Bloody Diarrhea at 16% and ARI at 7% and 65% of U5 consultations were for malaria (CMA HMIS Data Oct-Dec 2017), and kala-azar has re-emerged in Nyirol. The impact of this disease burden affects IDP household most severely.

In Nyirol, 70% of PHCU structures lack a secure storage of medicines, medical supplies and equipment and are in need of rehabilitation. Vulnerable children and PLW cannot access health facilities due to long distance and insecurity. The populations of greatest need are IDPs recently displaced (Keew, Yawkuach), communities where IDPs have integrated and settled, and where services have been interrupted and coverage is low. To serve this population, there is need to scale up in delivery of PHCU services in 5 locations (Pokbor, Limkuon, Riang, Wenyal, Pading) combined with mobile team outreach services focused on reaching pockets of IDPs (Yawkuach, Keew).

The increase in SGBV has heightened the need for comprehensive care of victims of SGBV. Women, adolescent girls and children are most at risk. This reality coupled with conflict, insecurity and seasonal flooding has caused severe restrictions on these highly vulnerable groups to access health services. In Jonglei, outpatient consultations data showed that only 37% were female, indicating lower access of the most vulnerable women and girls to services (HRP MYR 2015 pg. 25). Special outreaches, services for the CMR and community-based protection measures are needed to reduce protection risks and ensure women, adolescent girls and children have access to services.

3. Description Of Beneficiaries

The population in target counties is predominantly Nuer ethnicity whose livelihoods are based on agro-pastoralism. The focus of this project will be on reaching locations where new and existing IDP populations have settled and where health services are not being provided by other humanitarian actors. Through CMA's on-ground presence, the locations of beneficiaries most in need of assistance have been identified. In Nyirol, these are the PHCUs of Chuil, Nyambor, Pading and Pultruk payams and the new IDP population from Waat now residing in Keew. According to population projections for 2015, Nyirol is reported to have a population of 127,614 (WorldPop, LandScan and the UN from 2008-2015). Using OCHA data, these payams comprise an estimated 58% of the total population of Nyirol County and 41% of the IDPs. The most vulnerable and at-risk populations within these target areas and the primary target beneficiaries of the project will be the new IDPs, pockets where IDPs are concentrated and those households that are hosting IDPs. The priority beneficiaries within these households are the vulnerable U5 children, those between 6 to 15 years, adolescent girls and PLW. CMA ensures its programs are accessible to all regardless of race, tribe, gender or religious belief. Services are available to combatants not uniformed and not carrying arms of any kind.

Even in non-crisis situations, this population has experienced the ravages of common communicable diseases caused by poor nutrition, poor water and sanitation standards, and lack of knowledge on prevention and management of common diseases. IDP and IDP hosting households are seriously affected by malnutrition and crowded conditions - a significant direct cause of their increased morbidity. Men have joined the armed forces (HNO 2015 pg 3) leaving women to maintain households. CMA's personnel estimate that community-wide 50% of households are now women headed, and among IDP households 70% are women headed. The coping mechanisms of these vulnerable households have been totally eroded. The target beneficiaries are experiencing IPC 4 Emergency in the February to May period, but this is expected to deteriorate (IPC South Sudan Oct 2017, FEWS Net, pg 7). Nyirol is placed in the group of counties rated as Severity of Need Level 4 for health (South Sudan HNO 2018, UNOCHA pg 22). CMA's on-ground experience provides the same evidence provided in the HRP and HNO 2018. Common health threats are malaria, AWD, severe acute malnutrition, the cholera outbreak as well as high risk of outbreaks of measles and kala-azar. The impact of this disease burden affects IDP households most severely.

The project will reach the most vulnerable and in need populations through two clinical packages: PHCU and emergency mobile team to provide rapid responsive services to newly displaced populations. In addition, from the Pultruk PHCC-based stabilization center, services for SAM with medical complications and CMR will be provided. The project will support a strong outreach approach to provide services and implement health promotion, EPI, case-finding activities for SAM with medical complications and the victims of SGBV. Total individual direct beneficiaries who receive clinical treatments from the selected clinical package of the project will be 14,286 (female – 7,722 and male – 6,564) of which 8,572 (60%) will be IDPs. The total children U5 direct beneficiaries will be 4,143 (girls 2,143 and boys 2,000) and total PLW beneficiaries will be 1,142. Through case-finding outreaches and education on sexual and reproductive rights, victims of SGBV will be encouraged to seek services and will be referred to PHCCs equipped to deliver CMR and related mental health services. The total individual indirect beneficiaries who receive health promotion IEC health message, FSL, WASH, nutrition and protection messages but who do not receive clinical treatments will be estimated 8,885 adults.

4. Grant Request Justification

The critical humanitarian gap and the emergency that this project will address is the high rate of mortality from malaria, pneumonia, AWD, cholera, kala-azar and unsafe deliveries, and the increase of SGBV. In the volatile context of GUN, the project will target IDPs recently displaced by conflict, IDPs in PHCU locations without health services and those IDPs that have integrated with host communities but not accessing health services. The population in focus will be U5 children, and PLW of unserved IDP populations. The priority services will be: (1) treatment for malaria, pneumonia, AWD, cholera, kala-azar and SAM cases with medical complications; (2) referrals and treatment for victims of SGBV with clinical management of rape and ANC delivery services; (3) provision of emergency vaccinations when required, and immediate treatment responses to outbreaks of measles, kala-azar and cholera. 95% of the funding request to SSHF will be directed to delivering these priority services. These services will be delivered through 2 clinical packages: PHCU and emergency mobile team, with the addition of the PHCC package where a stabilization center provides treatment of SAM with medical complications.

Nyirol is prone to frequent episodes of volatility. IDP population estimates show 49,335 as of October 2017. Recent conflict in Waat has raised the displaced population by at least 16,000 in Nyirol according to local authorities and CMA's on-ground teams. The Situation Overview of Jonglei State published by REACH dated May 2017 (pg 2) indicates 95% of settlements now host IDPs. Nyirol is rated as Severity of Need Level 5 (South Sudan HNO 2018, UNOCHA pg 10). Both counties are rated as IPC 4 Emergency for the February-May period (IPC SS Oct 2017, FEWS Net, pg7). The combined cholera cases confirmed in 2017 was 3 individuals with CFR of 3% in Nyirol. (Cholera Situation Report and Updates, MOH, 29 Dec 2017). The GAM rate of children U5 is 25.7% in Nyirol with a MAM rate of 35.2% for PLW (2018 Caseload, Nutrition Cluster, Oct 2017). Clearly, Nyirol needs support.

Through the proposed clinical packages (PHCU, emergency mobile team and PHCC to address SAM with medical complications), the large and growing population of IDPs will be reached with quality services. This project will scale-up services focusing assistance on PHCUs and to also conduct regular outreaches to reach the remote locations where IDPs are concentrated. To serve new and reach existing populations of unserved IDPs, the project will utilize a mobile team approach to deliver emergency mobile outreaches. SSHF assistance will complement CMA's PCA that focuses on EPI, iCCM and reproductive health.

CMA has worked in Nyirol County since 1997 where it succeeded in building effective networks with the local authorities and the general population. CMA has a wealth of experience in establishing units for safe deliveries, reproductive health, and treatment of SAM with medical complications for children U5. With UNICEF assistance, CMA is also delivering OTP and TSFP services from PHCC locations that are fully integrated with health services, and one stabilization center has been established at Pultruk. Further, CMA has experience delivering health services in a gender sensitive approach, conducting awareness on sexual and reproductive rights, providing CMR and MHPSS, and mobilizing communities to address SGBV and protection practices to enable women, girls and boys to access services in the context of insecurity. CMA has experience delivering programs that target IDPs without excluding host communities. CMA understands the high risk of delivering projects in insecure areas and applying the "do-no-harm' approach. Most importantly, CMA is known by community leaders, local authorities and CHDs. CMA's relevant experience and the on-ground presence of CMA in Nyirol county places it in the best position to deliver the proposed project.

5. Complementarity

CMA has provided health services in Nyirol County since 1997 and nutrition services since 2015. For this SSHF funded project, CMA will draw on the lessons learned from past programs to deliver effective services in the current crisis of conflict and economic hardship. Currently, CMA has committed assistance from UNICEF with PCAs for health and nutrition services. CMA is also the lead agent of RRHP II. These agreements form the funding foundation for a complementary approach in delivery of SSHF's health sector assistance.

Complementarity in Populations Reached: Support from UNICEF and RRHP will sustain static services delivered from functional PHCCs at Pultruk and Chuil. The SSHF project will provide much needed support to strengthen static services from 5 PHCUs and enable a robust outreach approach to be delivered from PHCUs. In respect of the volatile context of Nyirol, SSHF support will provide a mobile team to serve pockets of IDPs and reach any new IDPs in an emergency. Additionally, this mobile team based out of the Pultruk PHCC will conduct outreaches targeting locations where IDPs are concentrated and not reached by any health service provider. Mobile team outreaches are planned at the rate of 2 per quarter, with flexible capacity to increase this number should new population displacements require. The SSHF project will enable scale-up of lifesaving health services to a much larger population of the most vulnerable and at risk IDP and host populations in Nyirol County.

Complementarity within Health Sector: The UNICEF PCA is delivered through PHCCs and focuses on EPI, iCCM and reproductive health activities. RRHP addresses capacity development of CHDs, support of PHCCs, trainings personnel, and strengthening of the Boma Health Initiative. SSHF funding will be applied to scale-up and fill gaps in PHCU frontline services and provide a mobile team, and this assistance will be focused on the treatment of malaria, AWD, pneumonia and the important additions of treatment of SAM with medical complications and CMR.

Complementarity Across Sectors (Health – Nutrition - WASH – Protection - FSL): The SSHF funded health services will be delivered fully integrated with nutrition services at the level of static services and outreach services achieving efficiency and effectiveness of the integrated approach and related synergy and complementarity. Further, through PHCU services and mobile team services, WASH messages and protection awareness will be constantly delivered through community promotion, meetings with affected populations and IEC sessions. FSL fishing kits and seeds and tools kits can also be delivered when available. Further, CMA will engage with other humanitarian actors in Nyirol County and through these channels, CMA will ensure effective and timely coordination with all humanitarian actors delivering programs in the targeted locations of this project. From its base of functional PHCCs in the county, CMA has established effective working relationships with local authorities and community leaders and Pultruk has a well-maintained landing strip. These attributes and assets will provide the necessary base for the delivery of more complete WASH, FSL, protection and other emergency assistance whenever other humanitarian partners can avail their sectoral assistance to the areas covered through this project.

LOGICAL FRAMEWORK

Overall project objective

The overall objective is to reverse the rising rates of mortality and morbidity from malaria, SAM with medical complications, measles, cholera, kala azar and support victims of SGBV with services for the clinical management of rape. The project focus is on reaching the most vulnerable U5 children, children between adolescent girls and women. The target population is IDPs recently displaced, IDPs in locations not served, and those IDPs that have integrated with host communities.

Specific project objectives are to:
1. improve access to healthcare for conflict-affected populations with emphasis on malaria control, pneumonia, AWD.
2. prevent, detect and respond to epidemic prone disease outbreaks especially kala-azar, measles and cholera through both static services and emergency mobile outreaches, including surveillance to detect new outbreaks;
3. improve access to essential clinical health services that are inclusive and implemented with dignity and targeted to the specific needs of women and adolescent girls by offering essential SGBV and CMR services and utilize facilities at Pultruk PHCC for treatment of SAM with medical complications.

To achieve these objectives, two clinical packages will be delivered: PHCU, emergency mobile team approach. In addition, the Pultuk PHCC will provide treatment for SAM with medical complications. To address access, coverage and service interruptions constraints, the project will support: (1) case-finding medical outreaches to reach vulnerable HHs and conduct surveillance; (2) provide a mobile team to reach locations without PHCU services and to serve new and recently displaced people; (3) utilize Pultruk PHCC for the stabilization of SAM and CMR. In addition, referrals will be made for patients needing specialized services in HIV/AIDS, TB and MPPSS.

Important cross-cutting themes will be (1) mainstreaming gender equality; (2) ensuring accountability to affected populations; (3) protection of vulnerable populations so they can access health services. Providing a mobile team with personnel skilled in reproductive health, safe deliveries and CMR, and providing in-service training of these workers, and engaging boma health committees and men and women leaders of host and IDP communities will ensure that gender, accountability and protection are integrated into health service delivery. Feedback through outreaches and meetings will be applied in ongoing programming. Tools prepared by IASC to ensure accountability to affected populations will be critical references for CMA’s training. The project will take advantage of the dry season to maximize reach with emergency mobile team to serve new IDPs and IDPs in locations inaccessible in the wet season, conduct case-finding outreaches. The economic and political crisis remains the most significant risk. CMA’s strategies for managing the risk of service disruption are: (1) ensuring personnel of mobile units and outreach teams are equipped to provide services when insecurity limits access for re-supply and support; (2) maintain a one month inventory stock of essential medicines and supplies; (3) always maintain good relationships with local authorities who are best placed to provide security of personnel and supplies in an emergency.

Complementarity will be achieved by integrating health and nutrition programming, and collaborating closely with other humanitarian actors delivering FSL, WASH, nutrition and protection programming. CMA has PCAs with UNICEF for health and nutrition programming, and CMA is the designated lead for RRHP II in Nyirol. The full integration of health services with nutrition programming allows maximum leverage and impact from available funding as both programs target same locations, and use common facility, transportation and human resources.

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	90
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	5
Implement inclusive and dignified essential clinical health services targeting specific needs of vulnerable people	SO2: Reinforce protection and promote access to basic services for the most vulnerable people	2
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	3

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 explain the level of conflict and health risk exposure and the needs of vulnerable groups in the area of interest. 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

Reduced morbidity and mortality from life-threatening diseases especially malaria, pneumonia, AWD, SAM with medical complications, measles, cholera, kala azar.

Output 1.1

Description

Increased access and scale-up of emergency healthcare for conflict-affected populations with emphasis on malaria control, cholera prevention, including the clinical management of rape

Assumptions & Risks

Assumptions: that CMA can sustain functional health facilities as bases for mobilizing outreach health teams, that these facilities can serve as bases for delivering emergency mobile services and that CMA can recruit and sustain personnel for mobile health teams in the context of insecurity and the economic crisis.
Risks: Political unrest/conflict and the economic crisis will disrupt delivery of project materials and inputs, and deployment of personnel in unserved areas.
To mitigate this risk, CMA will procure materials and inputs in advance of utilization, and as last resort, procure materials from Kenya. Further, CMA will focus recruitment and training on skilled South Sudanese personnel and sensitize personnel to the stress and trauma experienced by target populations.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline Services) Number of OPD Consultations					12,232
Means of Verification : CMA monthly HMIS reports							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	5	4			9
Means of Verification : CMA quarterly project reports							
Indicator 1.1.3	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					3,804
Means of Verification : CMA quarterly project reports							
Indicator 1.1.4	HEALTH	(Frontline Services) Number of deliveries attended by skilled birth attendant (facility or home).					31
Means of Verification : CMA monthly HMIS reports							
Indicator 1.1.5	HEALTH	(Frontline Services) Number of people reached by health education /promotion	3,554	5,331	0	0	8,885
Means of Verification : CMA quarterly project reports							

Activities

Activity 1.1.1

Rehabilitate and equip PHCUs with requisite resources for general OPD services

Activity 1.1.2

Provide relevant on-the-job training of PHCU and Mobile Team personnel in infection prevention and WASH for HFs

Activity 1.1.3

Provide requisite resources and build capacity of PHCUs and mobile teams to control and manage uncomplicated malaria

Activity 1.1.4

Provide requisite resources and build capacity of PHCUs and mobile teams to offer ANC services including safe deliveries at the place of need

Activity 1.1.5

Provide health education and awareness to targeted beneficiaries on WASH messages, acute malnutrition prevention, reproductive health, HIV/AIDS and STI prevention and SGBV

Activity 1.1.6

Engage affected populations in planning, implementation, monitoring and evaluation of health interventions

Output 1.2

Description

Epidemic prone disease outbreaks in conflict-affected and vulnerable states prevented, detected and responded to within 48 hours in an emergency

Assumptions & Risks

Assumptions: that for disease surveillance work, CMA can deploy, train and maintain outreach health workers and community-based health promoters in the context of the complex emergency, and that these personnel can effectively deliver needed response.
Risk: Localized conflict could prevent implementation of surveillance and monitoring outreach efforts.
To mitigate this risk, CMA will engage community leaders and focus recruitment and training on skilled South Sudanese personnel to deliver surveillance, detection and effective responses.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	5	4			9
Means of Verification : CMA quarterly project reports							
Indicator 1.2.2	HEALTH	(Frontline Services) Number of epidemic prone disease alerts responded to within 48hours					4
Means of Verification : CMA monthly HMIS reports							
Indicator 1.2.3	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			497	539	1,036
Means of Verification : CMA monthly HMIS reports							
Indicator 1.2.4	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	5	4			9
Means of Verification : CMA quarterly reports.							

Activities

Activity 1.2.1

Conduct in-service training of health workers on disease surveillance and reporting

Activity 1.2.2

Conduct weekly surveillance and reporting disease trends and detect and report outbreaks

Activity 1.2.3

Conduct emergency response actions to arrest disease outbreaks and deliver measles and cholera vaccinations and treatments

Activity 1.2.4

Conduct training of personnel on cholera prevention and case management

Output 1.3

Description

SAM stabilization centers established in two PHCCs and Clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations.

Assumptions & Risks

Assumptions: CMA can deploy and maintain qualified health workers and access needed PEP kits for static services and mobile outreaches that can effectively deliver needed services for SGBV and clinical management of rape in the context of the complex emergency, and that communities will support victims of SGBV and rape to seek services.
Risks: Localized conflict could prevent implementation of services, and cultural factors could prevent survivors of SGBV and rape from presenting their situations to health facilities for treatment.
To mitigate these risks, CMA will engage community leaders to support victims of SGBV to access available clinical management of rape services.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					1
Means of Verification : CMA quarterly project reports.							
Indicator 1.3.2	HEALTH	(Frontline Services) Number of children under5 with SAM+MC treated in SC			21	23	44
Means of Verification : CMA quarterly project reports.							
Indicator 1.3.3	HEALTH	(Frontline Services) Number of people reached by health education /promotion	3,554	5,331	0	0	8,885
Means of Verification : CMA quarterly project reports.							
Indicator 1.3.4	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	5	4			9
Means of Verification :							
Indicator 1.3.5	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					1
Means of Verification : CMA quarterly project reports.							

Activities

Activity 1.3.1

Equip facilities with the supplies needed to provide care for GBV including MISP kits (emergency contraceptive pills, and post-exposure prophylaxis (PEP) and STI presumptive treatment within 72 hours);

Activity 1.3.2

Maintain nutrition stabilization center at Pultruk and provide treatment of SAM with medical complications

Activity 1.3.3

Raise gender awareness on the sexual and reproductive rights and ensure vulnerable women and adolescent girls, and men and women community leaders are aware of SGBV services and men and women leaders support victims to access services

Activity 1.3.4

Conduct in-service training of health personnel on CMR including techniques of applying the MISP and best practices for clinical care of survivors of SGBV and rape and provide GBV services from PHCCs

Activity 1.3.5

Conduct treatment for the victims of rape with MISP and best practices for clinical care of survivors of SGBV

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 analyzed 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: Rehabilitate and equip PHCUs with requisite resources for general OPD services	2018			X	X	X							
Activity 1.1.2: Provide relevant on-the-job training of PHCU and Mobile Team personnel in infection prevention and WASH for HFs	2018			X	X	X							
Activity 1.1.3: Provide requisite resources and build capacity of PHCUs and mobile teams to control and manage uncomplicated malaria	2018			X	X	X	X	X	X	X			

Activity 1.1.4: Provide requisite resources and build capacity of PHCUs and mobile teams to offer ANC services including safe deliveries at the place of need	2018			X	X	X	X	X	X	X			
Activity 1.1.5: Provide health education and awareness to targeted beneficiaries on WASH messages, acute malnutrition prevention, reproductive health, HIV/AIDS and STI prevention and SGBV	2018			X	X	X	X	X	X	X			
Activity 1.1.6: Engage affected populations in planning, implementation, monitoring and evaluation of health interventions	2018			X	X	X	X	X	X				
Activity 1.2.1: Conduct in-service training of health workers on disease surveillance and reporting	2018			X	X			X					
Activity 1.2.2: Conduct weekly surveillance and reporting disease trends and detect and report outbreaks	2018			X	X	X	X	X	X	X			
Activity 1.2.3: Conduct emergency response actions to arrest disease outbreaks and deliver measles and cholera vaccinations and treatments	2018			X	X	X	X	X	X	X			
Activity 1.2.4: Conduct training of personnel on cholera prevention and case management	2018			X	X	X							
Activity 1.3.1: Equip facilities with the supplies needed to provide care for GBV including MISP kits (emergency contraceptive pills, and post-exposure prophylaxis (PEP) and STI presumptive treatment within 72 hours);	2018			X	X	X	X	X	X	X			
Activity 1.3.2: Maintain nutrition stabilization center at Pultruk and provide treatment of SAM with medical complications	2018			X	X	X							
Activity 1.3.3: Raise gender awareness on the sexual and reproductive rights and ensure vulnerable women and adolescent girls, and men and women community leaders are aware of SGBV services and men and women leaders support victims to access services	2018			X	X	X	X	X	X	X			
Activity 1.3.4: Conduct in-service training of health personnel on CMR including techniques of applying the MISP and best practices for clinical care of survivors of SGBV and rape and provide GBV services from PHCCs	2018			X	X	X							
Activity 1.3.5: Conduct treatment for the victims of rape with MISP and best practices for clinical care of survivors of SGBV	2018			X	X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

Implementing partner, Christian Mission Aid, 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 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
County Health Department,,	Overall supervision of health facilities and delivery of health and nutrition services. Linking agencies delivering health services in Nyirol County and coordinating health care provision activities such as planning for routine and episodic mass EPI campaigns including coordination of disease surveillance, planning, sourcing and distribution of medical supplies,,
UNICEF	Funding partner for cold-chain rehabilitation and installation
County Health Forum	Planning and reporting response to health and nutrition emergencies

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. 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

CMA has established safety and security plans for each site where re-locatable personnel are assigned including personnel who work in, or transit through Juba. These plans are based on UNDSS recommendations as well as InterAction's Minimum Operating Security Standards.

The purpose of CMA's safety and security plans are to:

(1) Guide the activities and behavior of employees working in project areas and as far as possible help them avoid security risks and prevent them from inadvertently putting themselves at risk of violence, robbery and conflict;
(2) Protect employees in the event of conflict, and as far as possible, define the conditions, responsibilities and operating procedures for safety while working in project areas and when required, to safely evacuate from locations in conflict.

CMA has a security focal point officer located in Juba linked with security focal points in the field locations. The Juba-based focal point officer holds primary responsibility for the development and update of security and evacuation plans for each site and for office personnel in Juba. This officer works under the supervision of CMA's South Sudan management team (Country Director and Medical Program Manager) to set overall guidelines and operating procedures for the safety and security of employees and authorized visitors. The CMA focal point officer constantly monitors the security context to ensure full awareness of any potential for conflict fare-up. In addition, CMA's focal point officer constantly monitors UNMISS advisory statements on security levels in Juba and field operating locations, and ensures all personnel act in accordance with UNMISS security protocols.

All sites including the Juba office site have a common security handbook to guide employees on personal safety, and which provides standard operating procedures for employees and the officers responsible for implementing security practices and executing evacuations in accordance with UNMISS security guidance. CMA has established county and site specific security and evacuation plans which give details on specific procedures and required practice, and priority secure destinations for the protection and safe evacuation of personnel. These plans are designed to take into account the seasonal changes in plausible escape routes, and site specific variables that impose upon evacuation plans. These plans are reviewed and updated annually or more frequently if factors change substantially. The designated officer is also responsible for verifying that all personnel are trained and prepared for both personal safety and security while working in the field and for evacuation in the case of insecurity and conflict.

Access

Currently, there are no access restrictions on the targeted project locations in Nyirol County. Although there are sporadic conflicts in Nyirol targeting the government and opposition such as the recent one in Waat which displaced the people, recent reports indicate security has normalized in this location. During the month of February 2018, CMA managed to fly into Nyirol for the delivery of supplies and staffs and this was after successful clearance through the JVVM. CMA has delivered humanitarian programming in Nyirol County since 1997, and is experienced in delivering nutrition services from the logistical base-station of Juba. CMA is well known in the community, and by the local authorities. When security challenges do arise, local authorities have been able to intervene so that CMA could continue service delivery. CMA intends to sustain these good relationships recognizing that these relationships are critical to enabling continued operation in Nyirol County and in the specific locations targeted. Access to all parts of the project target area is by charter air carriers or UNHAS only. CMA has longstanding good partnerships with critical air service providers, specifically AIM Air, MAF and Samaritan's Purse, as well as UNHAS. Delivering this project requires that CMA sustains good operating relationships with these air service providers.

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	Medical Program Manager	S	1	4,070.00	6	5.00	1,221.00

	Medical Program Manager, South Sudan [Supervise field planning and implementation, supervise field personnel performance, monitor budget utilization, output achievements and compile reports] [fte 5% is based on proportion of this project budget of the total estimated country program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.2	Health Co-ordinator	S	1	3,440.00	6	20.00	4,128.00
	Health Coordinator, [Conduct field planning and coordination and delivery of emergency health services, supervise personnel performance, monitor output achievements and compile draft reports] [fte 20% is based on proportion of this project budget of the total estimated health program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.3	County Field Coordinator	D	1	1,560.00	6	20.00	1,872.00
	Conduct coordination and delivery of emergency health services in the County, supervise personnel performance, monitor output achievements and compile data for draft reports] [fte 20% on this project budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)] (1 for Nyirol County)						
1.4	Clinical Officers	D	2	1,350.00	6	50.00	8,100.00
	Clinical Officers (National) Lead in the delivery of emergency , static services and mobile outreaches to IDPs, including supervision of CHWs, compile weekly HMIS reports, and other reports as required] [based on 50% fte on project activities] [Monthly salary rate inclusive of social security benefits]						
1.5	Certified Midwives/Nurses	D	2	1,350.00	6	50.00	8,100.00
	Certified Midwives/Nurses (International) [Lead in the delivery of emergency outreaches and other project field activities, including training of National Personnel as required, compile weekly HMIS reports, and other reports as required] [Working 50% fte on project activities] [Monthly salary rate inclusive of social security benefits]						
1.6	Certified Nutrition Nurse	D	1	1,250.00	6	50.00	3,750.00
	Certified Midwives/ Nurses (National) Lead in the delivery of emergency PHCC clinical packages and mobile outreach services and other project field activities, compile weekly HMIS reports, and other reports as required] [Working 50% fte on project activities] [Monthly salary rate inclusive of social security benefits]						
1.7	Pharmacy Assistants	D	1	300.00	6	50.00	900.00
	Pharmacy Assistants (National) [Deliver pharmacy services at PHCCs/ PHCUs, maintain records and compile reports] [Working 50% fte on project activities] [Monthly salary rate includes social security benefits]						
1.8	CHWs/MCHWs	D	6	300.00	6	100.00	10,800.00
	[Deliver project emergency PHCC/PHCU/iCCM clinical packages and mobile outreaches to IDPs, maintain clinical records and compile reports] [Working 100% fte on project activities] [Monthly salary rate includes social security benefits]						
1.9	EPI Vaccinators,	D	6	246.00	6	100.00	8,856.00
	EPI Vaccinators [Deliver community-based EPI in emergency outreaches to IDPs] [Monthly salary rate includes any applicable benefits]						
1.10	Casual Support Personnel (Clerks, Cooks, Guards, Cleaners, Porters)	D	6	208.00	6	50.00	3,744.00
	Support Personnel and Casuals (Clerks, Cooks, Guards, Cleaners, Porters) Support delivery of emergency outreach activities. [Working 50% fte on project activities] [Monthly salary inclusive of any applicable benefits]						
1.11	Country Director, South Sudan	S	1	3,850.00	6	5.00	1,155.00
	Country Director, South Sudan [Provide overall direction in planning and delivery of the project and supervision of performance in budget utilization and output achievements] [fte 5% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.12	M and E Specialist	D	1	3,270.00	6	5.00	981.00
	Support Data Analyst & Health Program Coordinator designing and implementing surveys and data collection and analysis to monitor disease trends and report outcome results achieved at beneficiary level] [fte 5% of actual time working on this project in a 6 month period - planned 12 days of work] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.13	Senior Logistician	S	1	1,850.00	6	5.00	555.00

	Deliver supplies to the field sites, monitor shipments and verify application of supplies, coordinate the transportation of personnel and delivery of supplies to HF, maintain financial records of procurement and transport of supplies] [fte 5% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.14	Administrator	S	1	1,750.00	6	5.00	525.00
	Coordinate and manage administration of the project, maintain financial planning and monitoring, deliver payroll and monthly financial records on incomes and expenditures, and compile reports for review and approval of Finance Manager and Country Director] [fte 10% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.15	Project Accountant	S	1	1,250.00	6	5.00	375.00
	Support Administrator to maintain financial records on the project, conduct field missions to monitor and reports field expenses for review and approval of Administrator and Country Director] [fte 5% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.16	Office Support Personnel and Driver	S	4	570.00	6	5.00	684.00
	Receptionist, Cleaner, 2 Drivers support senior personnel complete project management and administrative duties, protect and maintain office equipment and supplies, support delivery of field programs] [fte 5% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover) .						
1.17	Incentives for CHWs/MCHWs/CBD Supervisors & EPI.	D	12	100.00	1	100.00	1,200.00
	Emergency outreach incentives for CHWs/MCHWs, EPI Vaccinators and Community-Based Health Promoters to incentivize outreach activities in emergencies to PHCUs and locations where IDPs are concentrated (kits of t-shirts, boots, gear for caring water, cash etc. @ $100 per worker / volunteer)						
	Section Total						**56,946.00**
2. Supplies, Commodities, Materials							
2.1	Basic PHCU Facility Maintenance	D	5	1,250.00	1	100.00	6,250.00
	Basic maintenance of HF structures, cost based on PHCU OPD Ward for 6 HFs in locations of emergencies (1 OPD Ward/PHCU) @ $1,250/unit and 5 HFs						
2.2	Basic Latrine Maintenance for PHCC & PHCU Facilities	D	5	499.97	1	100.00	2,499.85
	Basic maintenance of HF structures, cost based on 1 latrine per facility at 2 PHCCs and 7 PHCUs in locations of emergency @ $500/unit and for 5 HFs						
2.3	Medical Materials and Supplies - Mobile Team and PHCU Kits	D	6	300.00	1	100.00	1,800.00
	Medical materials and supplies for malaria control and ANC services for teams conducting PHCU clinical package and emergency mobile outreaches (per unit) - kits of needles, syringes, bandages, gloves, etc.) [total of 5PHCUs, 1 kit per PHCU and 1 mobile team) total 6 kits						
2.4	Materials for WASH in Health Facilities Training	D	6	50.00	1	100.00	300.00
	Materials for implementing on-the-job training of PHCU and Mobile Team personnel in infection prevention and WASH for HF and other training topics (gender mainstreaming, AAP, complaints mechanism, protection mainstreaming, referral pathway) based on $50 per Mobile Team (1) and $50 per PHCU (5).						
2.5	Air Transportation of Materials, Supplies and Emergency Kits	D	1	4,200.00	1	50.00	2,100.00
	Transportation of maintenance materials and emergency medical supplies Juba - field locations 2 PHCCs (1 caravan flights / PHCC, $4,200 / flight)						
	Section Total						**12,949.85**
3. Equipment							
3.1	Emergency and Security Communication Equipment	D	1	1,152.00	1	100.00	1,152.00
	Equipment for emergency and security communication for Mobile Outreach Teams (Thruway, Began, Quack + power source) 1 set/site) for 1 mobile outreach teams						
3.2	Coldchain Equipment for Emergency Measles Vaccines and ANC Services	D	1	4,820.00	1	50.00	2,410.00

	Equipment for Coldchain replacements at 1 PHCCs (Chuil) to deliver EPI services in emergency (Solar refrigerators, batteries, panels @ $4,820/set, coldboxes for mobile outreach teams @$80/pc, 4 pc/unit)						
3.3	Air Transportation of Medical Equipment	D	1	4,200.00	1	50.00	2,100.00
	Transportation of medical equipment Juba - field locations receiving referrals in emergency - 2 PHCCs (1 caravan flights / PHCC, $4,200 / flight)						
3.4	Equipment for Emergency Mobile Outreach Teams	D	1	4,630.00	1	100.00	4,630.00
	Accommodation and equipment support for personnel delivering emergency services in remote locations: Tents 4 @ $1,200 each, 4 beds with mattresses, sheets, pillows etc. @ $400 each, 4 solar lighting installed @ $150 each, 1 kit kitchen and water purification gear @ $500 per team, other items $200 per kit						
	Section Total						**10,292.00**
4. Contractual Services							
4.1	N/A		0	0.00	0	0.00	0.00
	Section Total						**0.00**
5. Travel							
5.1	Charters (HF-HF) for Emergency Outreach & Mobile Units	D	2	400.00	2	100.00	1,600.00
	Short-haul charters for transport of 6 member emergency mobile teams and supplies for delivery of distant/extended health outreaches 1 emergency/qtr (per seat cost on short-haul rtrip from HF to HF, based on 1 rtrip/qtr at @ $400/person @ 100%)						
5.2	Ground transportation for Emergency Outreach & Mobile Teams	D	1	1,260.00	2	100.00	2,520.00
	Ground transport and supplies for delivery of distant/extended health outreaches (2 mobile outreaches/qtr) based on vehicle hire inclusive of fuel charges and driver @ $380/day and 6 days service per outreach = $2,280/outreach @ 100%)						
5.3	Charter Travel (Juba-HF) for Coordinators and Health Facility Personnel	D	3	550.00	2	100.00	3,300.00
	Charters (Juba-HF) and ground transport for eligible relocatable health personnel delivering emergency outreach and mobile services - (Midwives/Nurses 4 & Clinical Officers 2) (per seat cost - per person cost per rtrip, based on 1 round trip/person/qtr at 100%)						
	Section Total						**7,420.00**
6. Transfers and Grants to Counterparts							
6.1	N/A		0	0.00	0	0.00	0.00
	Section Total						**0.00**
7. General Operating and Other Direct Costs							
7.1	Communications Juba Office	S	1	550.00	6	5.00	165.00
	monthly cost prorated @ 5% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.2	Communications County Offices and project field sites monthly cost	D	1	1,300.00	6	10.00	780.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.3	Supplies and Equipment: office, and stationaries Juba Office monthly cost	S	1	400.00	6	5.00	120.00
	monthly cost for supplies and equipment repairs prorated @ 5% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.4	Supplies, Stationery and Equipment Replacement: County and PHCCs	D	1	2,100.00	6	10.00	1,260.00
	monthly cost for supplies and equipment replacement, maintenance and repair prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						

7.5	Office Rents: Juba Offices monthly cost	S	1	2,500.00	6	5.00	750.00
	monthly cost for rents and maintenance prorated @ 5% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.6	Stores Rents, Security Juba-base and Counties	D	2	1,100.00	6	10.00	1,320.00
	monthly cost for rents, security and maintenance prorated of stores Juba-base and counties @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.7	Vehicle Running Costs: Juba office monthly cost	S	1	520.00	6	5.00	156.00
	monthly cost prorated @ 5% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.8	Vehicle Running Costs: Counties monthly cost	D	1	950.00	6	10.00	570.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.9	Generator Running Costs: Juba Office monthly cost	S	1	240.00	6	5.00	72.00
	monthly cost prorated @ 5% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.10	License/insurances - vehicles and property Juba Office, monthly cost	S	1	180.00	6	5.00	54.00
	monthly cost prorated @ 5% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.11	License/insurances - vehicles, radios, Counties and project field sites monthly cost	D	1	480.00	6	10.00	288.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.12	Registrations, Professional Services monthly cost	S	1	1,050.00	6	5.00	315.00
	monthly cost prorated @ 5% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
	Section Total						**5,850.00**
SubTotal			94.00				**93,457.85**
Direct							83,182.85
Support							10,275.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							6,542.05
Total Cost							**99,999.90**

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 -> Nyirol	100	4,564	5,579	2,000	2,143	14,286	

Documents

Category Name	Document Description