OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Christian Mission for Development
Allocation Type :	1st 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 Ulang County – Upper Nile State		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-17/H/103462	**Fund Project Code :**	SSD-17/HSS10/SA1/H/NGO/5097
Cluster :	Health	**Project Budget in US$:**	100,000.06
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	01/04/2017	**Planned End Date :**	30/09/2017
Actual Start Date:	01/04/2017	**Actual End Date:**	30/09/2017
Project Summary :	Ulang 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 in these areas due to intermittent funding thereby creating gaps in coverage; responses are mainly through mobile health partners. Displacement of populations in the area as well as exodus of health actors has further compounded an already dire situation. The project seeks to provide static emergency primary health care services in Ulang County, by ensuring availability, functionality and scale up to deal with the major causes of mortality among U5C (malaria, diarrhoea, pneumonia). 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 Ulang, CMD will work with the cluster leads 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 though 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 Ulang.		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
800	1,200	400	600	3,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	320	480	160	240	1,200
People in Host Communities	160	240	80	120	600
Children under 5	0	0	120	180	300
Other	320	480	40	60	900
Internally Displaced People	0	0	0	0	0
People in Host Communities	0	0	0	0	0
Children under 5	0	0	0	0	0
Other	0	0	0	0	0

Indirect Beneficiaries :

The project will indirectly benefit 12,000 persons. It's anticipated that every direct beneficiary will indirectly impact 3 persons. Household heads will impact an average of 5 persons, as well as over 10,000 people will be reached through mass awareness campaigns on health, nutrition and WASH.

Catchment Population:

A total of 12,192 persons are currently displaced in Ulang county; again population census data of 85,044 persons. These will be impacted by the scope of the project over the next 6 months.

Link with allocation strategy :

The project inline with the cluster objective aims at improving access to essential health care for conflict-affected and vulnerable host populations; focusing on the major causes of mortality among U5C (Malaria, Diarrhea, Pneumonia). The project seeks to prevent, detect and respond to disease outbreaks by intensifying surveillance and integrated WASH, Nutrition and Education response in these areas - well inclusive of dignity and psychosocial support. Dry season access will be utilized to strengthen county health department capacity to handle medical stock, through cold chain provision, training and subsequent preposition of essential medical supplies in time for the rainy season. The project seeks to mitigate diverse effects of food insecurity especially in Ayod County, which due to lack of adequate health care has led to higher mortality rates from diseases such as HIV/AIDS and TB.

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 and online fundraising.	10,000.00
	10,000.00

Organization focal point :

Name	Title	Email	Phone
Rt. Rev. Thomas Tut Gany	Executive Director	ed@cmdsouthsudan.org	+21195088855;
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Edwin Marita	Monitoring and Evaluations Officer	cmdsouthsudan@gmail.com	+211915175002

BACKGROUND

1. Humanitarian context analysis

Ulang County in Upper Nile State has experienced massive multiple displacements of populations as a result of mainly conflict. IOM 2017 DTM Data indicates Ulang hosts about 12,192 displaced persons. The brunt of conflict has resulted in destruction of health care facilities, infrastructure and eventual loss of health personnel. Health Data from Ulang indicates an increase in morbidity and mortality from disease outbreaks such as malaria, diarrhea and pneumonia. Severe food insecurity in the location has made populations more susceptible to disease, while exhibiting high levels of SAM with complications. (WFP). Malnutrition levels exceed global thresholds for SAM. Assisted deliveries are reported at less than 5% (WHO, 2017); with over 84% of health facilities closed/non–functional in Upper Nile. (SS Health Cluster, 2017). Engagement of communities in armed incursions has led to high numbers of war wounded. HIV/TB cases remain on a high, with constant vulnerability of populations to diseases such as cholera, Kalazar and Hemorrhagic fevers.

2. Needs assessment

The payams of Doma, Kurmuot, Ulang and Yomding have experienced an escalation of violence due to armed incursion, resulting in massive destruction of health centres that were providing services to over 20,000 people. Inter -communal clashes in 2016 resulted in the destruction of PHCUs in Nyangora, and rendered others in Barmach and Ringnyang non functional. Intermittent funding for the location has resulted in decreased health service support. Humanitarian forecasts signal that intervention is crucial given the urgent health needs within the county. Fighting in neighboring counties especially Nasir has resulted into displacements into Ulang thereby putting a strain on available resources. Ulang County continues to suffer prolonged food insecurity. SMART surveys using z-scores indicate a GAM rate of close to 20% in Ulang County (Feb 2017).
This corresponds with the most recent IPC report, which placed Ulang as IPC Level 3 (Crisis) as of January. Compounding high levels of malnutrition and SAM with medical complications are high water, sanitation and hygiene WASH) needs. In Ulang, 83% of the population access water from a river or swamp (Jan 2017 WASH survey) and 99% openly defecate. High rates of open defecation coupled with use of unprotected water sources create high risks of water-borne and fecal-oral diseases which are exacerbated by high population densities. Immunisation coverage continues to be well below; Ulang continues to suffer the after effects of two years without cold chain following the looting and destruction of health facilities in the early days of the conflict.

3. Description Of Beneficiaries

CMD targets 3,000 people under this project, 60% of these female by providing lifesaving PHC services to affected populations in the high priority county of Ulang (Upper Nile). 42% of the people targeted are IDPs, 36% 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

Inadequate access to PHC services with limited number of functional health facilities has attributed to the dire health needs in Ulang 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 Ulang 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. Ulang is witnessing an upsurge due to conflict in neighboring Nasir. In Ulang, populations are congregated in the centre, Yomding, Nyagore and Doma payams. Across UNS, immunization coverage is low and cold chains remain extremely limited. Ulang 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 Ringyang 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
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

PHC services will complement WASH interventions carried out by CMD in the location. Collaboration with other actors in the thematic areas of Nutrition will further strengthen the response. CMD will leverage on gains by other actors and work closely with CHDs inorder to ensure maximum coverage. Referral pathways have been established with other health and nutrition partners in the county, alongside other interventions such as PMTCT. CMD will continue to expand into remote, rural locations to reach populations in need. Disease outbreak will be addressed through preparedness, and emergency responses.

LOGICAL FRAMEWORK

Overall project objective

The main objective of the project is to reduce the mortality rate of populations in Ulang Counties by providing much needed health care services including referrals and to equip the community to withstand health related challenges by improving access to essential health care for conflict affected and vulnerable populations through prevention, detection and response to disease outbreaks. The project further aims at promoting dignity of beneficiaries and improvement in PSS for vulnerable populations.

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	70
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	20
Improve access to essential health care for conflict-affected and vulnerable populations.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	10

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 Ulang County

Output 1.1

Description

Provision of basic curative and preventive health care services for vulnerable internally displaced and conflict affected populations through delivery of primary, sexual and reproductive, GBV , HIV / TB and mental health services targeting the most vulnerable populations , especially women and under 5 children

Assumptions & Risks

Access and security adequate for implementation.
Timely disbursement of funds and inputs
Community participation and support.

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	800	1,200	460	540	3,000
Means of Verification : HMIS Data; Field Reports, Weekly Health Bulletins;							
Indicator 1.1.2	HEALTH	[Frontline services] Number of facilities providing BEmONC services					2
Means of Verification : HMIS Data; Field Reports; Child Mortality Data							
Indicator 1.1.3	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			500	800	1,300
Means of Verification : HMIS Data; Field Reports; Mortality Data							
Indicator 1.1.4	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			800	1,200	2,000
Means of Verification : HMIS Data; Health Reports, Field Reports, Weekly Bulletins							
Indicator 1.1.5	HEALTH	[Frontline services] Number of of children (under -5) supplemented with Vitamin A			500	800	1,300
Means of Verification : HMIS Data; Health reports; Weekly Bulletins; Field Reports							
Indicator 1.1.6	HEALTH	[Frontline services] Number of people reached by health education /promotion	800	1,200	460	540	3,000
Means of Verification : Beneficiary registries and feedback forms; Awareness campaign reports; Disease surveillance reports.							

Activities

Activity 1.1.1

Provide preventative and curative care, including management of SAM with complications

Activity 1.1.2

Conduct immunization as a response to disease outbreaks

Activity 1.1.3

Provide VCT and PMTCT HIV/AIDS service

Activity 1.1.4

Establish and undertake minor repair of looted and vandalized PHC and PHCC

Activity 1.1.5

Provide Basic Emergency obstetric and Neonatal care Including clinical management of SGBV in Ulang county

Activity 1.1.6

Provide health education and promotion, amongst communities.

Activity 1.1.7

Surveillance, EWARN and responses carried out based on comprehensive risk assessment of communicable diseases.

Activity 1.1.8

Carry out light repairs, and restocking at PHCCs and PHCUs within the target locations.

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

IDPS and Vulnerable communities have access to SGBV services at all supported facilities

Assumptions & Risks

Access and security adequate for implementation.
Timely disbursement of funds and inputs
Community participation and support.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of health facilities providing SGBV services					2

Means of Verification : Health Data; Field Reports

Activities

Activity 2.1.1

Distribution of dignity kits from UNFPA to IDPs and other vulnerable girls/women.

Activity 2.1.2

Provision of SGBV services at all supported facilities

Activity 2.1.3

Conduct community awareness of GBV services available at all health facilities.

Activity 2.1.4

Establish community feedback mechanisms to ensure accountability to affected populations.

Output 2.2

Description

IDPs and vulnerable communities have access to MHPSS in IDP settings

Assumptions & Risks

Access and security adequate for implementation.
Timely disbursement of funds and inputs
Community participation and support.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	[Frontline services] Number of health personnel trained on MHPSS in conflict affected states	8	4			12

Means of Verification : Training reports; Field reports; Daily attendance rosters.

Activities

Activity 2.2.1

Health personnel trained in MHPSS in IDP settings.

Activity 2.2.2

IDPs and vulnerable communities accessing MHPSS.

Output 2.3

Description

Clinical staff and county health workers trained on clinical management of rape using cluster recommended guidelines

Assumptions & Risks

Access and security adequate for implementation.
Timely disbursement of funds and inputs
Community participation and support.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.3.1	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	1	5			6

Means of Verification : Training Reports, Attendance Rosters, Field reports,

Activities

Activity 2.3.1

Training of staff on clinical management of rape using cluster recommended guidelines.

Additional Targets :

M & R

Monitoring & Reporting plan

The project will be monitored through the Ministry of Health 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 immunisation 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	X			
Activity 1.1.2: Conduct immunization as a response to disease outbreaks	2017					X		X		X			
Activity 1.1.3: Provide VCT and PMTCT HIV/AIDS service	2017				X	X	X	X	X	X			
Activity 1.1.4: Establish and undertake minor repair of looted and vandalized PHC and PHCC	2017				X	X	X						
Activity 1.1.5: Provide Basic Emergency obstetric and Neonatal care Including clinical management of SGBV in Ulang county	2017				X	X	X	X	X	X			
Activity 1.1.6: Provide health education and promotion, amongst communities.	2017				X		X		X				
Activity 1.1.7: Surveillance, EWARN and responses carried out based on comprehensive risk assessment of communicable diseases.	2017				X	X	X	X	X	X			
Activity 1.1.8: Carry out light repairs, and restocking at PHCCs and PHCUs within the target locations.	2017				X	X	X						
Activity 2.1.1: Distribution of dignity kits from UNFPA to IDPs and other vulnerable girls/women.	2017					X		X					
Activity 2.1.2: Provision of SGBV services at all supported facilities	2017				X	X	X	X	X	X			
Activity 2.1.3: Conduct community awareness of GBV services available at all health facilities.	2017					X		X		X			
Activity 2.2.1: Health personnel trained in MHPSS in IDP settings.	2017				X	X							
Activity 2.2.2: IDPs and vulnerable communities accessing MHPSS.	2017					X	X	X	X	X			
Activity 2.3.1: Training of staff on clinical management of rape using cluster recommended guidelines.	2017				X	X		X					

OTHER INFO

Accountability to Affected Populations

We emphasise 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 (CAAP) 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 organisational behaviours and enable staff to understand their responsibilities, work objectives, organisational 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 from 1 PHCC and 1 PHCU. 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 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 counselling 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 immunisation campaigns in collaboration with other health actors. PHCCs 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. PHCC staff will continue to screen and treat cases of Kala-azar in Ulang on a case by case basis.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
GOAL	HEALTH AND NUTRITION IN ULANG COUNTY

COUNTY HEALTH DEPARTMENT	HEALTH RESPONSE IN THE COUNTY
WHO	HEALTH SUPPLIES
UNICEF	EPI AND NUTRITION SUPPLIES

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 inorder 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. PHCC/PHCU 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 inorder to respond to cases of gender based violence through coordination with gender networks.

Protection Mainstreaming

ProCAP guidelines are being rolled out into project implementation. 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.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. CMD will work with protection actors in the county to ensure standards are upheld.

Country Specific Information

Safety and Security

Ulang is surrounded by flashpoint counties such as Nasir, that have experienced protracted incursions. Inter Communal clashed in Ulang by rival clans have been a source of insecurity. CMD works with indigenous staff, from the communities - who have coping abilities as well as able to move along with displaced communities. The county is divided by the Sobat river, thereby acting as a divide against massive insecurity.

Access

Ulang is accessible by air with 3 landable airstrips. It is serviced weekly by UNHASS and charters. The sobat river is used to transport items from Ethiopia though many times unsafe due to armed groups. the primary means of transport in Ulang is by boat along the Sobat.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Executive Director	S	1	4,500.00	6	25.00	6,750.00
	25% time on project; Juba and Malakal based with frequent field travel. Overall managerial role of the organization						
1.2	Programs Coordinator	S	1	4,000.00	6	25.00	6,000.00
	25% time on project; Juba and Malakal based, frequent field visits.						
1.3	Health Program Manager	D	1	2,258.00	6	100.00	13,548.00
	100% time on project; Juba and Malakal based.						
1.4	Clinical Officers (2) personnel	D	2	732.00	6	100.00	8,784.00
	100% time on Project - Field based						
1.5	Nurses/Midwives (2) personnel	D	2	610.00	6	100.00	7,320.00
	100% time on project; Field based						
1.6	Laboratory Technician (20 personnel	D	2	490.00	6	100.00	5,880.00
	100% time on project; field based						

1.7	Community based health workers/ mobilisers / EPI vaccinators (2) personnel	D	2	300.00	6	100.00	3,600.00
	100% time on project; Field based						
1.8	Support Staff (Driver and Guard)	D	2	271.00	6	100.00	3,252.00
	100% time on project; All field based						
	Section Total						**55,134.00**
Supplies, Commodities, Materials							
2.1	Essential Health supplies and inputs	D	0	0.00	0	0.00	0.00
	Obtained in kind from pipeline. Including						
2.2	Purchase of Basic supplies, treatment and diagnostic tools and inputs not available in pipeline.	D	1	3,000.00	1	100.00	3,000.00
	Supplies, Inputs, tools not available in pipeline						
	Section Total						**3,000.00**
Contractual Services							
4.1	Light repairs at PHCC/PHCUs, and treatment centres	D	2	2,300.00	1	100.00	4,600.00
	Involves light repairs, to make environment convenient for adequate health response.						
4.2	EPI and Vaccination Campaigns	D	2	1,000.00	1	100.00	2,000.00
	Vaccination and Immunisation campaigns in Ulang in collaboration with cluster leads. Involves renumeration for team players.						
4.3	Continued Awareness Campaigns	D	2	200.00	6	100.00	2,400.00
	Awareness campaigns conducted in Ulang - Health, WASH, Nutrition messaging in collaboration with county officials						
4.4	Trainings of health service providers	D	20	30.00	2	100.00	1,200.00
	Emergency tailored training of health stakeholders on emergency preparedness, CMR, MHPSS, AAP.						
	Section Total						**10,200.00**
Travel							
5.1	In - Country flights (CES and GUN) - UNHASS	D	2	550.00	6	100.00	6,600.00
	In - Country flights (CES and GUN) - UNHASS; 2 Returns/month each at $550						
5.2	Local Coordination, transportation costs within payams and bomas targeted.	D	1	400.00	6	100.00	2,400.00
	Fuel, vehicle hire and maintenance costs - Includes use of locally available means such as manual labour						
5.3	Staff Per Diems	D	4	100.00	6	100.00	2,400.00
	SPD for Juba and Malakal and field based staff directly involved in project implementation						
5.4	Distribution costs for MHM/Dignity Kits	D	2	555.00	2	100.00	2,220.00
	Includes Transportation, Distribution and PDM exercises						
	Section Total						**13,620.00**
General Operating and Other Direct Costs							
7.1	Office Rent	D	1	1,200.00	6	25.00	1,800.00
	Office Rent for Juba and Field Offices(contribution 25%)						
7.2	Monthly internet subscription	D	1	1,600.00	6	25.00	2,400.00
	Monthly internet subscription - 2 offices supported 25%						
7.3	Office Maintenance and running costs	D	1	1,600.00	6	25.00	2,400.00

	Juba and Field Office Maintenance and running costs -25% on health project						
7.4	Visibility and Signage	D	1	1,000.00	1	100.00	1,000.00
	Visibility and Signage						
7.5	Standard Field Office Kit - Deployable	D	1	1,904.00	1	100.00	1,904.00
	Laptop and Sleeping Mats, Tents						
7.6	Bank charges	D	1	2,000.00	1	100.00	2,000.00
	2% of total project budget.						
	Section Total						**11,504.00**
SubTotal			55.00				**93,458.00**
Direct							80,708.00
Support							12,750.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							6,542.06
Total Cost							**100,000.06**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Ulang	100	800	1,200	400	600	3,000	Activity 1.1.1 : Provide preventative and curative care, including management of SAM with complications Activity 1.1.2 : Conduct immunization as a response to disease outbreaks Activity 1.1.3 : Provide VCT and PMTCT HIV/AIDS service Activity 1.1.4 : Establish and undertake minor repair of looted and vandalized PHC and PHCC Activity 1.1.5 : Provide Basic Emergency obstetric and Neonatal care Including clinical management of SGBV in Ulang county Activity 1.1.6 : Provide health education and promotion, amongst communities. Activity 1.1.7 : Surveillance, EWARN and responses carried out based on comprehensive risk assessment of communicable diseases. Activity 1.1.8 : Carry out light repairs, and restocking at PHCCs and PHCUs within the target locations. Activity 2.1.1 : Distribution of dignity kits from UNFPA to IDPs and other vulnerable girls/women. Activity 2.1.2 : Provision of SGBV services at all supported facilities Activity 2.1.3 : Conduct community awareness of GBV services available at all health facilities. Activity 2.2.1 : Health personnel trained in MHPSS in IDP settings. Activity 2.2.2 : IDPs and vulnerable communities accessing MHPSS. Activity 2.3.1 : Training of staff on clinical management of rape using cluster recommended guidelines.

Documents

Category Name	Document Description