

Requesting Organization :	LiveWell South Sudan	
Allocation Type :	1st Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100
Project Title :	Provision of Emergency lifesaving healthcare services to the vulnerable IDPs populations in Yirol East in Lakes, South Sudan.	
Allocation Type Category :	Frontline services	

OPS Details

Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/H/NGO/8081
Cluster :		Project Budget in US\$:	100,000.06
Planned project duration :	6 months	Priority:	
Planned Start Date :	20/03/2018	Planned End Date :	30/09/2018
Actual Start Date:	20/03/2018	Actual End Date:	30/09/2018

Project Summary : The aim of the Project is to reduced access morbidity and mortality from common causes of morbidities and mortality in children under-five and most vulnerable groups of 14,286 IDPs/host communities at Yirol East due to the anticipated rainy seasons in March when the high incidences of water and sanitation related diseases and outbreaks are on increased. LiveWell is currently responsible for ensuring lifesaving Health care services directly for IDPs and vulnerable host communities in Yirol East. The overall objective of this project is to ensure access to lifesaving health care services integrated with WASH services and Nutrition to reduced access morbidity and mortality among the IDPs population. LiveWell will achieved this through the establishment of 1 PHCU at Tinagau in Nyang, Yirol East in Lakes State.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
2,143	3,572	3,857	4,714	14,286

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	500	1,000	1,200	1,300	4,000
People in Host Communities	1,643	2,572	2,657	3,414	10,286

Indirect Beneficiaries :

Eastern Lakes State has an estimated population of over 271,751 people according to 2008 Sudan National Census conducted in 2008 (males form 52.6% and female 47.4%), approximately 68,000 lives in Yirol East, and a large number of IDPs/returnees living in Awerial county. This project will indirectly benefit over 10,000 host community members living in Yali, and Pagarau in Yirol East.

Catchment Population:

Lakes State has an estimated population of 700,000 people according to 2008 Sudan National Census. 67,402 people Lives in Catchment area (Yirol East). 25,000 people of which lives in Adior and Nyang Payam, and the rest of which in Pagarau, Yali etc.

Link with allocation strategy :

This allocation will support 1 PHCU and will focus on all the activities and indicators aligned to the clinical package as per the Health Cluster strategy for this allocation. Project will aim at ensuring access to essential emergency health care to IDPs and vulnerable communities in Yirol East County. LiveWell will strengthen 1 PHCU to reach 14,286 IDPs/Host communities targeting Tinagau and Nyang Payams of Yirol East 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	
Organization focal point :			
Name	Title	Email	Phone
Dr. Thon Paul Agok	Program Director	livewellsouthsudan@gmail.com	0955921762
Peter Mut Liep	Health Manager	health.livewellsouthsudan@gmail.com	0954739992
BACKGROUND			
<u>1. Humanitarian context analysis</u>			
<p>The Yirol East has been characterized by cholera outbreaks, rampant insecurity and increase cases of malaria, 2 confirmed cases of measles, 28 suspected cases of Rift Valley Fever (RVF) which is anticipated to worsen during the rainfall in March through to September couple with Cholera outbreak according to EPR/IDSR surveillance report for Week 6 of 2018.</p> <p>At week 6, the top cause of morbidity and mortality in IDPs and Static population include malaria, AWDs, medical complications of malnutrition, and pneumonia. According to the recent EWARS/IDSR Report for week 3, 4,5 (Jan & Febraury, 2018). In late 2017, malaria morbidity at 67.2% 1,430 deaths, and 50 alerts in week 48 of the IDSR/EWARS, putting malaria as the top cause of morbidity and mortality. The total cumulative for 2017 cases of malaria at 1,839,766 (58.5% of total morbidity, still toping the list). At least 12 countries – including Yirol East, Aweil East, Aweil South, Abiemnhom, Mayom, Pariang, etc which reported increased trends at or above the third quartile</p> <p>Malaria is the major cause of admission in LiveWell's 3 health facilities that were supported by SSHF SA2 for 2017 in Yirol East. The Outpatient consultation at Yirol East's 3 LiveWell facilities was 16,758 patients after 31st Jan 2018. Malaria cases were at 7504 cases, highest of all the morbidities reported in the facilities. According to the State IDSR report, Malaria is the major cause of admissions and mortality in Yirol East. The recent outbreak of RVF couple with the anticipated rainy season may worsen the situation as the outbreak may spread to neighboring counties of Panyijar, Bor etc.</p> <p>With the concluded support from SSHF SA2 for 2017, LiveWell was able to established 1 Mobile Team in Machar-Achiek in Adior, 1 PHCU at Tinagau in Nyang and 1 ICCM in Malek. The health care needs are still be very huge at this locations, CUAMM in Yirol East are stretched with patient turn over and the increased populations in the area. With the support and approval of Health cluster, LiveWell will continue to provide the much need lifesaving health care services for the vulnerable populations. LiveWell also has a capacity to response to Cholera outbreak, Rift Valley Fever, measles, pertussis and other common childhood illnesses in Yirol East.</p>			
<u>2. Needs assessment</u>			
<ul style="list-style-type: none"> • Malaria is the top cause of morbidity and mortality followed by ARI according to LiveWell's Need Assessment report for July 2017 report. This was also in line with IDSR report for week 6 of 2018 that put malaria as a top morbidity in IDPs and stable locations. • Due to anticipated rainy season in March and April in Lakes, it is predicted that there will be increased reported cases of Malaria, ARI and the disease outbreaks. LiveWell recommended that the preventive measures to control Malaria, cholera, measles, RVF and meningitis strengthened. The IDSR/EWARS presentation for week 8 of 2018 reported several alerts of malaria, measles, pertussis and meningitis. The onset of heavy rain will worsen the situation. • The outbreak of Rift Valley Fever (RVF) was confirmed in Yirol East county and the cases continue to rise (IDSR for week 8 reported 32 cases, 8 cases of which are confirmed with PCR screening). The SMOH has not declared the outbreak up to date. The Ministry of Animal production is still waiting for laboratory test of the 10 samples taken to confirm from animals to confirmed the RVF. • The assessment also revealed Poor WASH practices in health facilities run by CUAMM. Evidence of open defecation in Yirol Hospital, Adior PHCC and other PHCUs. • LiveWell rapid assessment also revealed that Cattle Keepers were not reached with services provided by development partner like CUAMM, putting the Under-5 children, and pregnant mothers at risk of deaths. • Cholera outbreaks was high at week 28 of 2017 in Yirol East and West. Cases subsided and there were no further cases of cholera. Open defecation is still being practice by host communities and cattle keepers. Due to anticipated rainfall in March and April it is assumed that the outbreak would strike the areas along the Nile according to IDSR report for week 48 of 2017. 			
<u>3. Description Of Beneficiaries</u>			
<p>LiveWell is targeting all 14,286 IDPs and vulnerable host communities for lifesaving health care services focusing on Cholera, Malaria and other childhood illnesses including disease outbreaks like Rift Valley Fever by supporting the existing 1 PHCU in Tinagau to continue providing emergency health care services to the vulnerable population. These IDP/host community beneficiaries include the sick women, children, the elderly, and persons with disability etc. who are the residents of Yirol East, county.</p>			
<u>4. Grant Request Justification</u>			
<p>LiveWell will response and provide emergency medical services to the vulnerable populations and most specifically in Yirol East where we operate. LiveWell has been providing lifesaving health care services in Adior, Nyang and Malek in Yirol East with support from SSHF since last year. Because of the proactive role in Health and WASH sector response in Yirol East, LiveWell has been providing integrated community case management of malaria and other childhood illnesses including responding to disease outbreak like RVF in Yirol East. This grant intends to support the existing 1 PHCU in Tinagau-Nyang which has been providing emergency medical services to the vulnerable populations in remote setting. In addition to this, the anticipated spreading of Rift Valley Fever in Yirol East and the onset of cholera in Yirol East during rainy season will also be responded to using this grant through improved WASH services in the existing mobile health facilities runs by LiveWell.</p>			
<u>5. Complementarity</u>			

As a healthcare organization, we put people's need first, and take ownership of activities and results that we are committed to. We are distinctive in our goal and vision. Our actions are consistency with our dream 'to improve the healthcare services for our people' and we feel rewarded and believe in change. The following outlines are our added values for the SSHF allocation consideration:-

- LiveWell has it present in Yirol East, and is currently implementing lifesaving healthcare services in Nyang, Adior and Malek.
 - The organization has also established 4 emergency facilities that are equipped to provide emergency response to the communities.
 - We are running 1 Mobile Clinic in Machar Achiek, 1 PHCUs in Tinagau, and 2 ICCMs in Malek (1 of PHCU in Tinagau will be supported by this SSHF SA1 for 2018).
 - We also have a dynamic team of clinicians, nurses, public health and supportive admin staff currently assigned to the 4 facilities in Yirol East
 - LiveWell has Past experiences in emergency medical responses at remote areas like Yirol East.
 - The organizational team have dynamic and broader understanding of integrated emergency health management of outbreaks like cholera case management with nutrition and WASH in South Sudan at large.
 - The human resources for health that LiveWell proposed in this project have an expertise knowledge to implement this project
- Our mobile team in Adior reach to locations that are 'hard to reach' like Mading Awan and Thian and have developed a good relationship with local authorities
- LiveWell as required system, policies, guidelines, procedures, strategies and protocols booklets/documents in place to ensure timely response to emergency health care programming like this project.
 - We have core values that ensures responsiveness to address the emergency needs of the vulnerable communities.
 - LiveWell continues to participate in key policy, program, and coordination at both National, State Cluster and Working Group forums in Lakes and the National city, Juba

LOGICAL FRAMEWORK

Overall project objective

To reduced excess morbidity and mortality from common causes of illness in under-five and pregnancy women through the provision of lifesaving health services integrated with Emergency WASH to the vulnerable IDPs and the host populations in Yirol East in Lakes, States, South Sudan

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
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	70
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	30

Contribution to Cluster/Sector Objectives : The planned emergency response aims at ensuring access to essential life-saving services to targeted IDPs and vulnerable host communities which is in line with the Cluster objectives. This project stems from the needs, justification and findings of assessments and reports that explains the level of conflict and health risk exposure and the needs of vulnerable groups in the 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

Excess morbidity and mortality from common causes of illnesses in under-five is reduced through integrated emergency health services and improved WASH services in 1 health facility runs by LiveWell in Tinagau

Output 1.1

Description

Vulnerable populations have improved access to lifesaving health care services in 1 PHCU

Assumptions & Risks

Sudden outbreak of cholera during rainy season will be managed by improved WASH services in Health facilities.
Insecurity, cattle raiding and inter-tribal fighting between communities
Proper use of lifesaving medical supplies and management & reporting on usage.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline Services) Number of OPD Consultations					14,286
Means of Verification : Health bulletin, 5Ws, IDSR report, patient registers							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	10	5			15
Means of Verification : Training Report, Attendants sheet							
Indicator 1.1.3	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					5,000

Means of Verification : Health bulletin, 5Ws, IDSR report, patient registers

Indicator 1.1.4	HEALTH	(Frontline Services) Number of people reached by health education /promotion	2,143	3,572	3,857	4,714	14,286
Means of Verification : Health bulletin, 5Ws, IDSR report, patient registers							
Indicator 1.1.5	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	10	5			15
Means of Verification : Attendant Sheet, Training Report							
Activities							
Activity 1.1.1							
Conduct Outpatient clinical services, treat and refer patients							
Activity 1.1.2							
Conduct training on infection prevention and control							
Activity 1.1.3							
Request and transport ACTs/RDT supplies. Conduct malaria RDT testing, treatment of uncomplicated cases and refers complicated cases to the nearby PHCC							
Activity 1.1.4							
Conduct direct and participatory health education in the health facility							
Activity 1.1.5							
Conduct training on disease surveillance and outbreak responses							
Additional Targets :							

M & R

Monitoring & Reporting plan

- EFFECTIVE REPORTING SYSTEM:** First; Weekly IDSR/EWARS report on common causes of morbidities and mortalities will be compiled by the Clinical Officer, then send the data to the M & E officer for compilation, analysis and reporting to the program head office for final weekly EWARS/IDSR Report. Finally; monthly reporting to the donor's compilation of 5Ws, 3Ws and Monthly Health Cluster Bulletins. Cluster will also be served with updates information on displacements, outbreaks and health facility functionality/non-functionality.
- EFFECTIVE FINANCIAL MONITORING SYSTEM:** (i) LiveWell accounting systems (QuickBooks Plus-web-based and Quick-desktop, computer-based) is based on the double-entry system which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of finance manager; II) Budget follow-up are elaborated and approved by programs focal persons together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of logistics and procurement manager; III) compilation of financial report is elaborated by the executive Director.
- SKILLED TECHNICAL TEAM:** The organization envisaged employment of technical human resources skilled in Emergency Health Response with skilled in management and supervision, responsible for assisting CHD's team in case management of top causes of morbidities and mortalities. This includes Clinical officer, Nurses, CHWs and Health Promoters.
- RAPID RESPONSE TEAM:** 1 Clinical Officer who also act as State Coordinator oversee the overall activities in Yirol East and West. 4 CHWs to aid in the running of a facility and treatment, and administer drugs, mobilize community for mass testing and treatment, help the incapacitated receive the treatment. 2 Nurses (Enrolled and Midwife assistant) to determine the referral of severe malaria cases and also consult on complicated cases. 6 Health promoters to promote good health, infection control and hygiene promotion at facility level. They will also act as Community-based ICCM drug distributors in location where the facilities are inaccessible.
- EXTERNAL MONITORING:** Health Manager will conduct field visits on monthly basis to support and supervise, monitor and evaluate the implementation of the activities and as well as give technical support. Program Director/Executive Director to visit the project sites at least thrice during the project life cycles to identify the gaps, challenges and give appropriate recommendations for improvements. UNOCHA, Health Cluster plus and other external monitors will be expected to visit the project sites too for monitoring visits/arrangements.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct Outpatient clinical services, treat and refer patients	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Conduct training on infection prevention and control	2018			X									
Activity 1.1.3: Request and transport ACTs/RDT supplies. Conduct malaria RDT testing, treatment of uncomplicated cases and refers complicated cases to the nearby PHCC	2018			X	X			X	X				
Activity 1.1.4: Conduct direct and participatory health education in the health facility	2018				X	X	X	X	X	X			
Activity 1.1.5: Conduct training on disease surveillance and outbreak responses	2018					X							

OTHER INFO

Accountability to Affected Populations

- At the Project Start; LiveWell inform the community about the new project, its benefits and how the community will be involved during the implementation stage.
- At recruitment phase, the community qualified candidates will be given the 1st chance especially the community health workers (CHWs), health promoters, and some of the nurses will be recruited from the 2 Payam. This ease the backload of transport cost and also strengthened community ownership and project sustainability.
- At the implementation phase, unreachable locations will be identified by the community members to extend mobile medical services to the hard-to-reach locations. Community leaders will help in clearing the vegetation around the sites, and making a local fences and local benches for patients on a fee that LiveWell will pay the volunteers.
- Community leaders such as Payam administrators, Borna chiefs and the distinguish community leaders will be involved in mobilization of community members who are sick to come to the facility for mass treatment with lifesaving medical services. This strategy increased the utilization of the health care services beyond our initial plan.
- At the activity and the completion stage, the organization will give feedbacks and share updates with community leaders and health stakeholders like CHDs, SMOH, and Health cluster as a way to promote community ownership.
- Lastly, LiveWell will address complains raised by the community through appropriate channels and ensure continue feedbacks and improvement on the pending issues that need immediate actions.

Implementation Plan

This is a self-perform project by LiveWell organization which is expected to go for 6 months beginning on 20th March and end on 20th September, 2018. The same project had been implemented in the same location using the same strategies and was completed on 31st January 2018. LiveWell has verse knowledge of local areas within Yirol East. LiveWell's project team in Yirol have required skills to successfully implement this current project efficiently and effectively in the required time. This project will aim to reduced common causes of morbidities and mortalities in Nyang Payam, and as well support and strengthened the capacity of existing health facilities to response effectively to the cause of action.

The responders team comprises of 1 clinical officer, 2 nurses, 4 CHWs, and 6 Health Promoters(HPs) who will implement lifesaving healthcare in 1 Health facilities. The facility will be daily/weekly supervised by the qualified Clinical Officer (CO) and the overall project will be under the direct supervision of Health Manager who is based in Juba with 60% travel to the fields for monitoring and support supervision. The proposed indicators and activities will be implemented per the initial plan in the concept herein. All severe cases will be referred to the nearby government PHCC and CHDs

The project will be based on proactive and continuous collaboration with SMOH, CHD, and CUAMM (the international organizations implementing PHC services in Yirol East) to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments. LiveWell's Emergency medical team in Yirol East will meet on regularly basis to ensure that proper monitoring and evaluation is in place to achieved our objectives.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Malaria Control Program, National Ministry of Health,PSI,WHO/UNICEF/UNFPA,UNICEF Health,SMO, CHD (Eastern Lakes State),CUAMM	Request them to approve Malaria Supplies (ACTs and RDTs) at PSI,To avail ACTs for malaria response in Yirol East,To avail basic PHCU kits and emergency kits for lifesaving healthcare services,Give Diarrheal Kits in case of cholera outbreak in the area,Coordinate the IDSR reporting at county level, Coordinate LiveWell activities with the communities in the project locations. Identify areas of needs, and also coordinates the with health implementing partners in the area.,To coordinate with CUAMM on referral of severe cases to their PHCCs. and County hospitals.

Environment Marker Of The Project

N/S: Not specified

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Our emergency health services benefit all gender and the age groups which includes but not limited to boys, girls, women and men in Adior, and Nyang Payam. The health data will be disaggregated based on gender (boys, girls, men, women) defining the most affected group. The project will not discriminate against any gender, race, tribe, or religion during implementation. We have clear policy in the employees' code of conduct that stipulated the prevention of sexual and exploitation at work.

Protection Mainstreaming

- LiveWell mainstreamed gender at all the stages of project implementation.
- The project beneficiaries include all sexes who will come with suspected illnesses in the 2 mobile facilities.
- Health promotion and education component will target both men, women, boys and girls.
- The health data will also be disaggregated based on gender (boys, girls, men, women) to defined the most affected group.
- The health staffs for this project as well as expected project trainings outlines especially the Infection control and preventions, and cholera case management will be conducted and also analyzed based on gender.
- The gender will be mainstreamed at job recruitments and training process which will be meant to give equal opportunities to both sex per our planned indicators.
- Emergency WASH in health facilities such as latrines will be segregated based on gender.

However; there will be anticipated challenges, gaps and concern arising from gender equality especially at local recruitments and community leadership involvement. In our previous project in the same locations; women were scarcely represented at community meetings and even at recruitment phase. The culture that gives males superiority over females might have played a bad role in this. LiveWell team asked Payam Administrator at Nyang why few females applied for job, and he said "women aren't given equal education to males, and that if a female is educated, she needs to seek for permission from her husband before applying for any job. If the husband said no, then it a no for the wife too". This kind of culture is deep rooted amongst the Eastern Lakes communities and might have contributed to gender inequality at the recruitments and training stage during the implementation of the initial projects in Yirol East.

Country Specific Information

Safety and Security

The continue civil war and failed peace agreements has precipitated onset of mass displacement, food insecurity. Over 50,000 IDPs in Eastern Lakes as a results of on-going conflict in Jonglei State in search for food, shelters and safe drinking water. Eastern Lakes State continue to experience inter-clan raiding of cows and the retaliative killing of innocent civilians in almost all its 3 counties.

The security is stable in Yirol East but unstable on the routes that connect Adior to Shambe, Nyang to Biling Boma, and Tinagau to Pagarau Payam. Many ambushes have been reported on the routes, but as of now. It's calmed.

Access

Yirol East is accessible by road, water and air transports. It is access by road through The Mingkaman-Yirol West road, and by boat through Mingkaman from Awerial, Shambe port from Twic East of Jonglei State to Yali then to Nyang, quiet a far distance compare to Mingkaman passage. Yirol town has a very small airstrip for emergency Logs flight. However, road and water transport is not 100 percent safer, but it's 100 percent accessible.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Executive Director	S	1	6,000.00	6	35.00	12,600.00
	<i>The Executive Director will have overall control and management of the program. S/he will be involved in the coordination and provide guidance in program policy issues. S/he will oversee the program implementation as per the proposal; s/he will be reviewing all reports before submission to the donors. S/he will partially work under this project.</i>						
1.2	Program Director	S	1	5,500.00	6	15.00	4,950.00
	<i>S/he is responsible for the overall oversight of the projects and ensuring that donor requirements are met. S/he will review program reports, program work plans, liaise with the donor and overseen the program manager to ensure sound implementation and completion of activities.</i>						
1.3	Finance Manager	S	1	4,000.00	6	17.00	4,080.00
	<i>S/he will be primarily responsible for the donor and administrative reporting. S/he will be formulating new budgets and ensuring adequate cash is available in the sites. S/he will also ensure all the donor requirements and LiveWell internal regulations are met and adhered to in all the field sites. S/he will also be the administration focal point ensuring all the local laws are adhered to in all LiveWell operating projects. S/he will partially work under this project.</i>						
1.4	Logistics/Procurement Manager	S	1	3,600.00	6	10.00	2,160.00
	<i>S/he will be responsible for providing direction to the logistic team in accordance with project objectives and the proposal. S/he will provide support for project procurement, asset/inventory and report writing and liaising with the project focal persons to ensure lead time between purchasing and delivery of supplies and other is kept minimal and determined beforehand. S/he will partially work under this project.</i>						
1.5	Human Resource Manager	S	1	2,500.00	6	10.00	1,500.00
	<i>S/he is responsible for developing and implementing HR policies and procedure, ensuring that all labor laws are complied with, and is a member of senior management team.</i>						
1.6	Health Manager	D	1	1,500.00	6	50.00	4,500.00
	<i>Responsible for coordination and implementation of the health project to be hired at USD 2000 per month</i>						
1.7	Clinical officers	D	1	600.00	6	100.00	3,600.00

	<i>CO is a key project staff for the implementation of clinical activities in the fields. And to to coordinates the clinical works, diagnosis, and treatment of common diseases in MT facilities at Nyang, Adior and Malek, ensure that the availability and preposition of RDT kit & ACTs supplies at each locations during the activities. Response to calls or consult severe cases other malaria and organize for referral with CHD team or nearby health facility.</i>						
1.8	Enrolled Nurses	D	2	400.00	6	100.00	4,800.00
	<i>The EN is a key project staffs (1 Nurse, and assistant Midwife), responsible for patient care, normal deliveries, administer treatment, bed making, feeding patients, and dump dusting in the three health facilities</i>						
1.9	Community Health workers (CHWs)	D	4	150.00	6	100.00	3,600.00
	<i>Administer deworm tablets to under five, conduct MUAC assessment, give vitamin A supplementation, register patients, control lines, and channel patient to the right health care provider within the facilities.</i>						
1.10	Health Promoters (HP)	D	6	100.00	6	100.00	3,600.00
	<i>Conduct health education, hygiene promotion, spraying of the clinic perimeter with chlorine sprays, distribute aqua tabs, soaps, ORS, and PUR to patients attending at LiveWell mobile facilities to improve WASH services.</i>						
1.11	M & E Officer	D	1	700.00	6	50.00	2,100.00
	<i>M & E officer who is responsible for Monitoring, Evaluation, Supervision and Report at field level in LiveWell office in Yirol Town</i>						
1.12	Guards/Watchmen	D	2	150.00	6	100.00	1,800.00
	<i>Safety and security of mobile team resources, staff and the facility in Nyang, Adior and Malek</i>						
1.13	Cleaner	D	2	100.00	6	100.00	1,200.00
	<i>Responsible for cleaning LiveWell's 1 Health facility and office in Yirol East, dispose waste, burn the combustible waste, dump the garbage, clean the HF latrines, refill hand-washing containers with water and soap.</i>						
1.14	Drivers	D	1	350.00	6	100.00	2,100.00
	<i>Drives field vehicles, enter miles and fuel liters on the logbook, maintain rental cars, repair the vehicles.</i>						
	Section Total						52,590.00
2. Supplies, Commodities, Materials							
2.1	Operation of the 1 Mobile Team and 1 PHCU	D	1	4,000.00	1	100.00	4,000.00
	<i>Costs for Operations, transportation cost from preposition site to local communities, and buying infectious control materials.</i>						
2.2	Visibilities supplies	D	1	1,500.00	1	100.00	1,500.00
	<i>Cost for T-shirt, Cap, and ribbon for cholera prevention response</i>						
2.3	Training of Health staff on infection prevention and control , cholera response and prevention	D	1	1,500.00	1	100.00	1,500.00
	<i>Cost for Training materials such as notepads, pen, meals and transport</i>						
2.4	Transportation of lifesaving medical supplies	D	1	3,000.00	1	100.00	3,000.00
2.5	Monitoring visits, support supervision	D	1	1,000.00	1	100.00	1,000.00
	Section Total						11,000.00
3. Equipment							
3.1	Communication-Juba Office	S	1	9,000.00	6	5.00	2,700.00
	<i>Cost for internet services in the head office</i>						
	Section Total						2,700.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00

5. Travel							
5.1	Local staff per diem	D	1	1,168.00	1	100.00	1,168.00
	<i>This covers the cost of staff per diem during during field visits and monitoring activities. The Cost is budgeted as per actual cost LiveWell is paying, as per the procedure for per-diem/staffs/number of days. This budget covers the cost for food, water, and other refreshment during support supervision in the areas outside their aside area of duties.</i>						
5.2	Local staff accommodation	D	1	800.00	1	100.00	800.00
	<i>This covers the cost of staffs accommodation during support supervision, training need assessment, and project monitoring activities in Nyang, Adior and Malek. It may also be used for other times of assignment outside of their duty station, including accommodation. Cost is budgeted as per actual cost LiveWell is paying, as per the procedure. Accommodation has increased to 2000SSP/9.1\$ per the current and is anticipated to continue rising.</i>						
5.3	Road and Air-fare within South Sudan	D	1	1,500.00	1	100.00	1,500.00
	<i>This will cover the cost of travel both by road and by air within South Sudan and most specifically to the project sites to monitor, supervise and evaluates the project activities. Staff travel will be required mainly between the Juba main office and the site where RRM working group wanted LiveWell to response. The main means of transport between Juba and Project Implementation sites is by air since roads are impassable especially during the rainy season and LiveWell relies mainly on commercial flights for such travel. At Yirol East, vehicle will be hired for such activities. Cost is budgeted as per historical cost during the last health project.</i>						
	Section Total						3,468.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Office rental & maintenance in Juba	S	1	4,000.00	6	15.00	3,600.00
7.2	Office utilities and supplies	S	1	5,000.00	6	10.00	3,000.00
7.3	Fuel and generator maintenance in Yirol and Juba	S	1	4,500.00	6	15.00	4,050.00
7.4	Bank charges and bank account maintenance	S	1	3,500.00	6	5.00	1,050.00
7.5	Hiring 1 vehicle sold use for coordinating SSHF Health project in Juba	D	1	2,000.00	6	100.00	12,000.00
	Section Total						23,700.00
SubTotal			39.00				93,458.00
Direct							53,768.00
Support							39,690.00
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	
Lakes -> Yirol East	100	2,143	3,572	3,857	4,714	14,286	Activity 1.1.1: Conduct Outpatient clinical services, treat and refer patients Activity 1.1.2: Conduct training on infection prevention and control Activity 1.1.3: Request and transport ACTs/RDT supplies. Conduct malaria RDT testing, treatment of uncomplicated cases and refers complicated cases to the nearby PHCC Activity 1.1.4: Conduct direct and participatory health education in the health facility Activity 1.1.5: Conduct training on disease surveillance and outbreak responses

Documents

Category Name	Document Description