

Project Proposal

Organization	Sign of Hope (Sign of Hope)						
Project Title	Improve health situation of conflict affected displaced community and vulnerable host community in Nyal, Unity State, by providing primary health care services						
Fund Code	SSD-15/SA1/H/INGO/166						
Primary Cluster	HEALTH	Secondary Cluster	None				
Project Allocation	1st Round Standard Allocation	Allocation Category Type					
Project budget in US\$	98,740.32	Planned project duration	6 months				
Planned Start Date	01/01/2015	Planned End Date	30/06/2015				
OPS Details	OPS Code	SSD-15/H/73111	OPS Budget	0.00			
	OPS Project Ranking		OPS Gender Marker				
Project Summary	<p>The overall objective of the project is to improve the health situation of conflict affected displaced community and vulnerable host community in Nyal, Unity State. This will be achieved through the following interventions: 1) Scale up the provision of basic clinical consultations, treatment of common illnesses and preventive services by strengthening SOH's existing PHCC in Nyal. Staff will be trained in emergency preparedness through SOH medical coordinator. Prepositioning of essential medicine and lab items will be scaled up in order to cope with the increase in patients and to cover routine diseases and emergency outbreaks. These items will be bought in Nairobi and brought to Nyal 2) Reopen 3 Primary Health Care Units (PHCUs) in Nyal Payam for treatment of common illnesses and offering of preventive services. The infrastructure of the PHCUs already exists and SOH was running PHCUs in the area but had to close it down due to financial restrictions and insecurity 3) Raise awareness among the population in order to prevent diseases. Awareness raising will be done for in- and outpatients in the PHCC and outpatients in the PHCUs through medical staff. Posters will be printed and best behavior will be shown by practical examples. With these measures it is expected that: 1) Access to health care for affected displaced population and vulnerable host community, especially in hard to reach areas, will be increased 2) More patients can be treated in the PHCC and PHCUs 3) The number of outpatient consultations increases as well as the number of deliveries attended by a skilled birth attendance and midwife 4) More people can be reached through facility-based health education sessions and awareness raising 5) More children and pregnant mothers can be immunized, reducing the risk of spreading of diseases. 6) Decrease the stock-outs of essential medicine and improve the facilities capacities to handle health related emergencies.</p>						
Direct beneficiaries		Men	Women	Boys	Girls	Total	
	Beneficiary Summary	5174	7661	2786	4279	19,900	
	Total beneficiaries include the following:						
	People in Host Communities	3622	5433	1940	2925	13920	
	Internally Displaced People	1552	2328	835	1252	5967	
Indirect Beneficiaries	Catchment Population						
Link with the Allocation Strategy	<p>Through the strengthening of the PHCC in Nyal and the opening of three PHCUs in its surrounding, access to the population in remote rural areas to primary health emergency care increases significantly. The project targets those areas where conflict affected displaced population and host community live together, increasing the vulnerability of both groups as they share the little services and food they have. In the areas where the project will operate, the risks of spreading of diseases is high as many people live closely together and there is a lack of health services, poor sanitation, shortage of water and malnutrition, as host community shares water and food with displaced community. Within the project, SOH will refer suspicious cases to competent institutions and discuss with them the further treatment. SOH is doing this already within the PHCC and the systems will be strengthened as detection of cases is possible also outside the PHCC in the three PHCUs. The immunization services help to prevent disease outbreak and with the scaling up of the PHCC and the reopening of the three PHCUs, more beneficiaries can be immunized, also in remote areas. SOH medical staff will be trained in order to be prepared if there is a risk of a diseases outbreak. Community awareness raising campaigns will contribute to the reduction of the risk of communicable diseases. This also helps to prevent disease outbreaks</p>						
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)		Source	US\$			
			Sign of Hope	68,230.00			
				68,230.00			
Organization focal point contact details	Name	Title	Phone	Email			
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BACKGROUND INFORMATION

1. Humanitarian context

analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

Unity State has been directly affected by the current conflict. Its geographical position and proximity to major flash points of the conflict have resulted that the area being directly affected by violent attacks and subsequent looting and destruction of public infrastructure and of communities. This has resulted in mass displacement from communities from Unity State and Upper Nile. Many people were not able to farm and harvest because of insecurity, almost 50% of the population of Unity State is falling under Crisis or Emergency Status (IPC report, September 2014). Many IDPs have integrated among the host community in remote rural locations, which shares the little food and other services with them. The sharing of resources increases the vulnerability of the host community. Limited access to water, together with limited access to food and with a high malnutrition rate, increases the vulnerability of the displaced population and of the host community to water-related diseases even more. Diarrheal diseases remain one of the top morbidities among the patients at SOH's PHCC in Nyal. Especially during the rainy season morbidities from diarrheal diseases reach a peak because of contaminated drinking water sources from flooded water. SOH is running a Primary Health Care Centre in Panyijar County since 2009 (until 2013 in Duong, then Nyal). As one of the only health care center in the area, the PHCC provides much of the primary health care services in the area. It serves a population of about 64'000 people (50'000 host community, 14'000 IDPs; IRNA report February 2014). The PHCC has an in- and outpatients department, a pharmacy and a laboratory and provides ANC, delivery unit, nutrition and EPI services. The PHCC carries out curative and preventive services. First includes clinical and laboratory diagnosis and treatment of common illnesses, provided by trained health staff to all groups of people, mainly conflict affected displaced population and vulnerable host community. The preventive services targets children under five, pregnant women and women in childbearing age with EPI services as well as the entire community through health awareness campaigns and health education. Since the outbreak of the crisis in December 2013, the number of in- and outpatients increased significantly. From an average of 2700 patients per month in 2013, over 4000 patients per month on average came to the PHCC in 2014 so far. This is mainly due to the fact that Panyijar County has experienced a big influx in displaced people, fleeing insecurity from other parts of Unity State and Upper Nile. The influx of patients brings the PHCC to its limits. Medicine is running out faster than planned, more laboratory tests are conducted and the health staff can hardly cope with the daily patient's number. This is reported directly by SOH medical staff in the PHCC and was also confirmed by an assessment of SOH medical coordinator in November 2014. In order to cope with the excess use of the PHCC, SOH plans to scale up the provision of basic clinical consultations and treatment of common illnesses such as malaria, diarrhea and pneumonia by reopening 3 PHCUs in the area and by prepositioning more medicine, lab items and mosquito nets. The prepositioning of essential drugs will improve the facilities capacities to handle routine diseases, health related emergencies and diseases outbreaks. The reopening of the PHCUs allows increasing the access to health care for affected displaced population and vulnerable host community in hard to reach areas. Also, the preventive services will be strengthened by offering them in the PHCUs for children and pregnant women. It is expected that safe deliveries at the facilities or in a private setting attended by a skilled personnel will increase; this would lead to decreased Maternal Mortality Ratio. Community awareness raising will contribute to the reduction of spreading of communicable diseases and to prevent diseases outbreaks.

2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments

such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	
3. Description Of Beneficiaries	SOH is running the PHCC in the area since 2009 and is one of the only health care providers in Nyal area. The situation on the ground is well known to the organization and SOH is widely accepted among the community. The compound of the PHCC is in good condition and comprises both a clinical (in- and outpatient ward, maternity ward laboratory, pharmacy) and a resident area (rooms, offices). As part of an integrated approach, SOH has also been running a WASH project in the area and runs a nutrition program within the PHCC. SOH has trained local staff and expats on the ground that is very well acquainted with the situation, the people and the needs on the ground. The relationship with the authorities is good and SOH's work is well known and appreciated. SOH's work is linked with the work of other organizations, e.g. referral services, medical evacuations, MoU with IRC and Oxfam. As the infrastructure of the PHCC and of the PHCUs is complete and fully equipped, the services can be offered at any time of the year, independent of rainy or dry season. Only the drugs have to be brought during the dry season in order to guarantee the services throughout the year. Nyal PHCC has one vehicle and is located near the Nyal airstrip. Next to Nyal PHCC, SOH is running a PHCC in Rumbek, Lake State. Most expat staff is acquainted with both clinics and can share best practices between the two facilities. The two clinics are under the supervision of a Medical Coordinator and the Head of Mission. SOH Logistics and Coordination office is based in Nairobi, where SOH has well established contacts and collaboration with suppliers and transport companies and experience in efficient logistics supply chain. This guarantees that the items are of good quality and will be delivered in short time as possible to South Sudan.
4. Grant Request Justification.	Although SOH PHCC is running since 2009 and will be funded for the next year, it is not prepared to deal with the influx of patients that Nyal Payam experiences due to the national conflict. Therefore, the CHF grant is needed to implement the following extra activities in order to be ready to cope with the influx of vulnerable persons: - Reopening of three additional PHCUs in Nyal Payam: additional personal will be hired, additional medicine and medical equipment will be ordered and delivered, money for administration and repairs of the PHCUs is needed - Additional medicine and laboratory material will be brought to Nyal to scale up the daily business of the PHCC - Health education and awareness raising for in- and outpatients in the PHCC and PHCU will be strengthened and developed in order to help in the prevention of spreading of diseases - Training of personal in order to be able to cope and react in emergency situations (outbreak of diseases, heavy injured patients due to conflict situations)
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	

LOGICAL FRAMEWORK

Overall project objective To improve health situation of conflict affected displaced community and vulnerable host community in Nyal, Unity State.

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	80
2015 SSO 2: Enhance existing systems to prevent, detect and respond to disease outbreaks	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	20

Outcome 1	Improved access to essential primary health care services for vulnerable population by strengthening the existing PHCC and by opening 3 PHCUs in the area	
Code	Description	Assumptions & Risks
Output 1.1	1 PHCC and 3 PHCUs are staffed with skilled personnel and provide basic primary healthcare services	<p>Assumptions: Skilled personnel can be found Community demands and needs out- and inpatients services, consultations and treatments Pregnant women seek ante and post natal care (no cultural bias)</p> <p>Risks: Security situation deteriorates and affects the running of the PHCC and PHCU (e.g. movement of personnel not possible, patients are not able to come to the clinic) Loss of key staff to other organizations</p>

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					3
		Means of Verification: End of project report					
Indicator 1.1.2	HEALTH	[Core pipeline] # of estimated beneficiaries reached by the supplies from the pipeline (emergency supplies and kits)					19900
		Means of Verification: PHCC and PHCU medical reports Laboratory reports Reports by medical coordinator and clinical officer					
Indicator 1.1.3	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			2786	4279	7065
		Means of Verification: PHCC and PHCU medical reports					
Indicator 1.1.4	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	5174	7661			12835
		Means of Verification: PHCC and PHCU medical reports					

Activities

Activity 1.1.1	Employ staff to run 3 PHCUs
Activity 1.1.2	Bring essential medicine, lab and medical equipment from Nairobi to Nyal
Activity 1.1.3	Procure essential medicine, lab and medical equipment in Nairobi
Activity 1.1.4	Provide essential basic curative care to children under 5 years, women and men from host and displaced community in Nyal PHCC and 3 surrounding PHCUs with consultation, diagnosis and treatment for everybody
Activity 1.1.5	Scale up provision of laboratory services at the PHCC
Activity 1.1.6	Compile medical reports from PHCC and PHCUs regularly
Activity 1.1.7	Compile interim project report and end of project report
Activity 1.1.8	Conduct monitoring visits through medical coordinator and project coordinator

Outcome 2	Reduced morbidity and mortality rate of diseases and outbreak prone diseases						
Code	Description	Assumptions & Risks					
Output 2.1	An effective referral and communication system in place with other organizations in the area is established	Assumptions: All other organizations in the region are interested in collaborate together Risks: Other organizations pull out due to insecurity or other reasons					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					80
		Means of Verification: SOH medical reports Reports from other organizations in the region					
Indicator 2.1.2	HEALTH	Nr of trainings for PHCC and PHCU staff in emergency preparedness conducted					2
		Means of Verification: Training reports					
Indicator 2.1.3	HEALTH	Number of PHCC and PHCU staff trained in emergency preparedness					10
		Means of Verification: Training reports					
Activities							
Activity 2.1.1	Strengthen existing system of information sharing, referral and joint measures with other organizations active in the area and with partners at national level in case of the outbreak of diseases						
Activity 2.1.2	Train staff (CHW, nurses and clinical officer) in preparedness in emergency situation: - How to be prepared and how to react when outbreak of diseases is suspected - What to do if receiving people wounded by conflict - How to improve clinical case management						
Activity 2.1.3	Compile training material and training reports						
Output 2.2	Beneficiary groups are immunized and have the means to protect themselves from diseases	Assumption: Mothers and caretakers bring children for vaccination to the PHCC Patients are able to access the PHCC and PHCUs Risks: Movement of beneficiaries is hampered due to insecurity Shortage of vaccinations due to impassability of roads (insecurity, flooding)					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			720	1080	1800
		Means of Verification: Medical records from PHCC and PHCUs					
Indicator 2.2.2	HEALTH	Number of antenatal patients receiving IPT2 second dose					250
		Means of Verification: PHCC medical records PHCUs medical records					
Indicator 2.2.3	HEALTH	Number of pregnant women receiving at least 2nd dose of TT vaccination					250
		Means of Verification: PHCC medical record PHCU medical record					
Indicator 2.2.4	HEALTH	Number of mosquito nets distributed					2000
		Means of Verification: Distribution report					
Activities							
Activity 2.2.1	Establish MoU / agreement with Ministry of Health at local and national level to receive vaccinations in a timely and effective manner						
Activity 2.2.2	Immunize and de-worm children under 5 years and pregnant women						
Activity 2.2.3	Distribute mosquito nets to pregnant women and mothers of children under 5 years old						
Activity 2.2.4	Procure mosquito nets from global fund partners						
Outcome 3	Increased awareness of population regarding communicable and other diseases						
Code	Description	Assumptions & Risks					
Output 3.1	Community is practicing health behaviours in prevention of acute and chronic communicable diseases	Assumptions: Patients attend health education meetings Patients understand message Patients carry messages to their family and community as agents Risks:					

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	[Frontline services] # of people reached with health education and promotion messages	2070	3104	1115	1671	7960
Means of Verification:		PHCC and PHCU reports					

Activities

Activity 3.1.1	Conducting health education and awareness sessions on common disease prevention for in- and outpatients in the facilities through medical staff
Activity 3.1.2	Print posters showing favourable behaviours in order to reduce diseases (e.g. hand washing, use of mosquito nets etc.)

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Employ staff to run 3 PHCUs	2015	X	X										
Activity 1.1.2 Bring essential medicine, lab and medical equipment from Nairobi to Nyal	2015		X										
Activity 1.1.3 Procure essential medicine, lab and medical equipment in Nairobi	2015	X											
Activity 2.1.1 Strengthen existing system of information sharing, referral and joint measures with other organizations active in the area and with partners at national level in case of the outbreak of diseases	2015	X	X	X	X	X	X						
Activity 2.1.2 Train staff (CHW, nurses and clinical officer) in preparedness in emergency situation: - How to be prepared and how to react when outbreak of diseases is suspected - What to do if receiving people wounded by conflict - How to improve clinical case management	2015		X	X									
Activity 2.2.1 Establish MoU / agreement with Ministry of Health at local and national level to receive vaccinations in a timely and effective manner	2015	X											
Activity 2.2.2 Immunize and de-worm children under 5 years and pregnant women	2015		X	X	X	X	X						
Activity 2.2.3 Distribute mosquito nets to pregnant women and mothers of children under 5 years old	2015			X									
Activity 3.1.1 Conducting health education and awareness sessions on common disease prevention for in- and outpatients in the facilities through medical staff	2015		X	X	X	X	X						
Activity 3.1.2 Print posters showing favourable behaviours in order to reduce diseases (e.g. hand washing, use of mosquito nets etc.)	2015		X										
Activity 1.1.4 Provide essential basic curative care to children under 5 years, women and men from host and displaced community in Nyal PHCC and 3 surrounding PHCUs with consultation, diagnosis and treatment for everybody	2015	X	X	X	X	X	X						
Activity 2.1.3 Compile training material and training reports	2015		X	X									
Activity 1.1.5 Scale up provision of laboratory services at the PHCC	2015		X	X	X	X	X						
Activity 1.1.6 Compile medical reports from PHCC and PHCUs regularly	2015	X	X	X	X	X	X						
Activity 1.1.7 Compile interim project report and end of project report	2015			X			X						
Activity 2.2.4 Procure mosquito nets from global fund partners	2015	X											

Activity 1.1.8 Conduct monitoring visits through medical coordinator and project coordinator	2015	X	X	X						
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M & R DETAILS

<p>Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .</p>	<p>Most indicators are connected to reports from the running PHCC and are part of the standard procedures that SOH staff is doing regularly, therefore can be provided in a cost-effective manner. Clinical officer and laboratorist of Nyal PHCC are responsible for the collection of information; SOH report templates already exists and staff knows how to use them. Responsible for the collection and using of the information is the medical coordinator and the project coordinator. Medical reports about the number of patients treated and details on the treatment and laboratory reports both from the PHCC and the PHCU will be collected in the facilities by the clinical officer or the nurse in charge once a month. Training reports will be done after each staff training, meaning three times during the project period. After three month, an interim project report and at the end of the project, an end of project report will be compiled by the medical coordinator and the project coordinator. Regular personal visits by the project coordinator and the medical coordinator will help to monitor the progress of the project. Each visit will be followed by a report from the respective person. The medical reports will be collected by a reporting tool that has been elaborated by SOH and is already in use to report the progress of the PHCC in Nyal and in Rumbek. Reporting time line and type of reports to be submitted: medical reports reflecting the information on patients numbers, patient types, type of illness and medication, laboratory tests, number and type of vaccination will be collected and submitted once a month. Training reports including the type of training, the content of the training and lessons learned will be compiled twice during the project period, each time after the training took place. A distribution report including details of the beneficiaries who received the mosquito nets will be compiled once after the distribution has taken place. Reports on the content and information on the beneficiaries of health education sessions will be conducted once a month.</p>
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OTHER INFORMATION

Accountability to Affected Populations	As PHCC Nyal has been running for the last 5 years, the beneficiaries are well know to Sign of Hope. This means that over the years the PHCC was able to adapt according to the demands of the beneficiaries and to take into accounts their needs. As most SOH staff in Nyal is local staff coming from Nyal and its surrounding they are well acquainted with the beneficiaries and their needs. Local staff speaks their language and is in constant contact with the in- and outpatients. This familiarity allows the beneficiaries to share their needs and complaints directly with the local staff. Through them, the complaints and changes will be brought to the medical coordinator and influence management decisions. SOH staff will provide health education at the PHCC and PHCUs, an effective forum to share information and also to receive feedback from the beneficiaries. The overall aim of the health services of the PHCC and the PHCUs are to help people to cure and to prevent illnesses taking into account each and everyone personal and ethnical background. The services will be offered for free and noone will be excluded from these services, regardless of gender, ethnical and familiar affiliation. The PHCC is receiving all beneficiary groups, independent of gender, age, ethnical and social affiliation, minority groups, and disabilities. Every person who is sick gets treatment at the PHCC for free, the same will go for the PHCUs. Special attention will be given to pregnant and lactating women in terms of ante- and postnatal care, safe delivery and health education. Majority of these services are conducted by female staff. Therefore the following female staff is currently working at Nyal PHCC: 2 Community Health Workers, one midwife and 5 Traditional Birth Attendance and more will be employed for the PHCUs. Children under 5 will receive vaccination services and mosquito nets will be distributed to pregnant women and women with children under 5. Special attention will be given to people with specific health conditions, like HIV/AIDS and TB. These cases will be referred to specific programs and Voluntary Counseling and Testing Centre. Health education will be conducted with special attention to pregnant women and mothers of children under 5 years old, to people with special health needs (HIV/AIDS, physical and mental disabilities) and leaders of the community. The PHCC is well known among the population in Nyal and beneficiaries are sent to the PHCC by relatives and other community members who know the PHCC. Therefore, the identification of the beneficiaries takes place within the community itself as well.
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Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	The project is interlinked with the ongoing operations of Sign of Hope's PHCC Nyal that focus on business as usual and is only organized to deal with the usual patients inflow that it experienced over the last years and not with the influx in patients due to the current crisis. The PHCC Nyal is being funded by a German medical foundation and by Sign of Hope's own resources. Overall responsibility of the project is SOH Africa Program Director (APD). Responsible for the management of the project is SOH project coordinator in Nairobi, organizing administrative, financial and logistical issues. In the field, SOH medical coordinator will overview the project implementation in Nyal and is responsible for the staff on the ground. Together with the APD and the project coordinator, the medical coordinator will recruit the staff. He will supervise the order of the drugs and medical equipment and the running of the PHCUs. Further, he will be responsible to conduct the training of the staff. SOH medical coordinator is based in Rumbek, Lake State and travels frequently to Nyal to supervise SOH activities there and to Juba to attend national cluster meetings. He will stay in close contact with the authorities in Nyal and keep them informed about any progress and activity we plan. The project coordinator keeps the national health cluster informed about our activities in Nyal. This information will be spread among other actors that work in the field of health in Unity State and helps to avoid duplication of activities. SOH has collaborated with MSF, IRC and Oxfam in order to coordinate activities.
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Coordination with other Organizations in project area	
Environmental Marker Code	
Gender Marker Code	1-The project is designed to contribute in some limited way to gender equality
Justify Chosen Gender Marker Code	Strengthening of ante natal care; Immunization for pregnant and lactating women, EPI (vaccine preventable diseases) for under 2-5 years of age ; Nutrition for malnourished children; health education with special focus on pregnant and lactating women and mothers of children under 5 years old
Protection Mainstreaming	
Safety and Security	
Access	

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
1.1	Community Health Worker	D	3	300	6	100.00%	5,400.00	2,700.00	2,700.00	5,400.00
	One CHW for each PHCU. The cost for the CHW in the PHCC will be covered by Sign of Hope, together with the nurse and the midwife. Further, SOH already is employing three TBAs who are currently working at the PHCC but would move to the PHCUs.									
1.2	Cleaner	D	3	160	6	100.00%	2,880.00	1,440.00	1,440.00	2,880.00
	1 cleaner for each PHCU location									
1.3	Guard	D	3	160	6	100.00%	2,880.00	1,440.00	1,440.00	2,880.00
	1 guard for each PHCU location									
	Section Total						11,160.00	5,580.00	5,580.00	11,160.00

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
2.1	Transport items Nairobi - Rumbek	S	1	14000	1	50.00%	7,000.00	7,000.00	0.00	7,000.00
	1 truck Nairobi - Rumbek costs 14000. As truck will only be filled half with the project items, half of the costs SOH will cover									
2.2	Tranport items Rumbek - Nyal	D	5	6000	1	100.00%	30,000.00	30,000.00	0.00	30,000.00
	Items will be transported from Rumbek to Nyal by helicopter, as the roads are currently not passable, due to flooding but mainly due to security situation. This depends highly on the security situation. If security improves significantly, roads from Rumbek to Nyal are passable for a truck in dry season and the budget will reduce significantly.									
2.3	Staff training material	D	1	500	2	100.00%	1,000.00	0.00	1,000.00	1,000.00
	Material to train staff on emergency preparedness, 2 Trainings									
2.4	Material awareness raising	D	1	1000	1	100.00%	1,000.00	0.00	1,000.00	1,000.00

	Material for health education for patients (posters, other documentation)										
	Section Total							39,000.00	37,000.00	2,000.00	39,000.00
3 Equipment (please itemize costs of non-consumables to be purchased under the project)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q1	Q2		
3.1	Medical equipment PHCC Drugs, lab items, medical items for PHCC Nyal	D	1	18142	1	100.00%	18,142.00	18,142.00	0.00	18,142.00	
3.2	Medical equipment PHCUs Drug, lab items, medical items for 3 PHCUs	D	3	4255	1	100.00%	12,765.00	12,765.00	0.00	12,765.00	
3.3	Mosquito nets LLIN will be sourced from global fund partners, see comments below	D	0	0	0	0.00%	0.00	0.00	0.00	0.00	
	Section Total							30,907.00	30,907.00	0.00	30,907.00
4 Contractual Services (please list works and services to be contracted under the project)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q1	Q2		
	Section Total							0.00	0	0	0.00
5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q1	Q2		
5.1	Travel project coordinator 1 visit from Nairobi	D	1	1000	1	100.00%	1,000.00	0.00	1,000.00	1,000.00	
5.2	Travel medical coordinator Visit every 2 months from Rumbek and conduction of 2 trainings	D	6	400	1	100.00%	2,400.00	1,200.00	1,200.00	2,400.00	
5.3	Expenses project coordinator	D	1	300	1	100.00%	300.00	0.00	300.00	300.00	
5.4	Expenses medical coordinator	D	6	100	1	100.00%	600.00	300.00	300.00	600.00	
	Section Total							4,300.00	1,500.00	2,800.00	4,300.00
6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q1	Q2		
	Section Total							0.00	0	0	0.00
7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q1	Q2		
7.1	Running costs PHCC	S	1	500	6	30.00%	900.00	450.00	450.00	900.00	
7.2	Repairs PHCC	D	1	900	1	100.00%	900.00	900.00	0.00	900.00	
7.3	Running costs PHCUs	D	3	100	6	100.00%	1,800.00	900.00	900.00	1,800.00	
7.4	Repairs PHCUs	D	3	800	1	100.00%	2,400.00	2,400.00	0.00	2,400.00	
	Section Total							6,000.00	4,650.00	1,350.00	6,000.00
Sub Total Direct Cost										91,367.00	
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)										7%	
Audit Cost (For NGO, in percent)										1%	
PSC Amount										6,395.69	
Quarterly Budget Details for PSC Amount		2015		Total							
		Q1	Q2								
		0.00	6,395.69	6,395.69							
Total Fund Project Cost										97,762.69	
Project Locations											
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity
Unity -> Panyijiar	100									0	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

