

Project Proposal

Organization	MEDAIR (MEDAIR)																				
Project Title	Emergency response to acute and chronic complex health emergencies and increased access to health care for vulnerable populations in South Sudan																				
Fund Code	SSD-15/SA1/H/INGO/369																				
Primary Cluster	HEALTH	Secondary Cluster	None																		
Project Allocation	1st Round Standard Allocation	Allocation Category Type																			
Project budget in US\$	400,000.43	Planned project duration	6 months																		
Planned Start Date	01/02/2015	Planned End Date	31/07/2015																		
OPS Details	OPS Code	SSD-15/H/72901	OPS Budget																		
	OPS Project Ranking		OPS Gender Marker																		
Project Summary	<p>Through this project Medair will respond to prioritized, assessed, unmet health needs or gaps in primary health service provision, to reduce morbidity and mortality of vulnerable girls, boys, women and men in conflict affected and other vulnerable states. This project aims to improve access to quality preventative and curative primary health care services, including reproductive health. Due to the underlying vulnerabilities of the population, high maternal and <5 mortality rates, this project will focus on improving access of quality life-saving services to pregnant and lactating women and children under 5 years. This project will maintain provision of essential primary health care services to IDPs and the host community in Renk County where the health system has been dysfunctional as a result of the conflict. The project will also maintain Medair's health mobile response capacity to act as "First Responders" in an emergency location following a needs assessment, as well as to scale-up this first response in the absence of other partners. Medair's health emergency response team forms part of a well-established multi-sector emergency response team that has been responding to acute emergencies across South Sudan for more than 10 years. Medair deploys health personnel and life-saving assistance at short notice, to assess or respond to needs triggered by acute health emergencies in the country. Medair's mobile teams propose to respond to the needs of communities affected by outbreak disease or other public health emergencies and to communities displaced or impacted by the ongoing conflict. This project also aims to support the Ministry of Health and other relevant authorities in emergency response capacity, training local male and female health workers to respond to health emergencies and providing training in disease surveillance, outbreak response, case management, reporting systems, and awareness of various health gender needs based on current disease trends.</p>																				
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>10551</td> <td>15825</td> <td>13187</td> <td>13187</td> <td>52,750</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> </tbody> </table>				Men	Women	Boys	Girls	Total	Beneficiary Summary	10551	15825	13187	13187	52,750	Total beneficiaries include the following:					
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Total beneficiaries include the following:																					
Indirect Beneficiaries	1	Catchment Population	1																		
Link with the Allocation Strategy	<p>This project will contribute to the overall objective of the CHF allocation strategy to address life-threatening health needs for displaced populations, returnees and vulnerable host communities in South Sudan. In line with the first health sector objective, Medair will improve access to essential primary health care where there is a critical service gap to a vulnerable population. In locations where Medair supports Primary Health Care, Medair will continue to provide patient consultation, essential PHC drugs, routine EPI and provision of antenatal care while working towards implementation of MISP and establishing effective referral systems for emergency obstetric care in project locations. Medair will provide Primary Health Care services for IDPs in Renk County and the Juba-based health mobile response team will respond to new displacements or vulnerable groups to increase access to essential preventative and curative health care, targeting the most at risk groups. In locations, such as Renk County, where Medair is supporting provision of essential basic and preventive health care for a longer period, the project is designed to impact community behaviour change through a participatory cascade model using mothers groups. This project supports the second health sector objective through enhancing surveillance using IDSR in PHC supported locations and facilitating timely reporting. This project maintains Medair's emergency health mobile response team capacity to assess reported outbreaks and act as "First Responders" in a location requiring emergency response following a needs assessment. The emergency health team will also have capacity to scale-up initial responses in the absence of other partners. Medair will procure drugs to facilitate timely response to disease outbreaks and train local health care workers in prevention, diagnosis and case management of disease outbreaks according to South Sudan MoH guidelines. Through this project, Medair's emergency response team will have capacity to implement community mobilization to spread targeted health education and promotion messages related to public health emergencies and implement mass vaccination campaigns against disease outbreaks. Medair's emergency response team will coordinate with the MoH and health cluster to assess and respond in any of the 10 states in South Sudan to provide lifesaving services to girls, boys, women and men vulnerable to or directly affected by public health emergencies. This project will aim to improve the detection and management of SGBV through increasing access to services through PHC facilities and training for midwives and clinical staff. Where mother's groups are established, issues and concerns around utilizing services for SGBV will be addressed. Where possible, Medair will work with organisations in the protection sector to increase utilization of services and provide appropriate referral of cases.</p>																				
Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)																			
Organization focal point contact details	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Heather Dunlop</td> <td>Health Advisor</td> <td>+211 927 172961</td> <td>medicaladvisor-sds@medair.org</td> </tr> <tr> <td>Caroline Boyd</td> <td>Head of Country Programmes South Sudan</td> <td>+41-21 694 8475</td> <td>caroline.boyd@medair.org</td> </tr> <tr> <td>Anne Reitsema</td> <td>Country Director</td> <td>+211-924-143-746</td> <td>cd-southsudan@medair.org</td> </tr> </tbody> </table>			Name	Title	Phone	Email	Heather Dunlop	Health Advisor	+211 927 172961	medicaladvisor-sds@medair.org	Caroline Boyd	Head of Country Programmes South Sudan	+41-21 694 8475	caroline.boyd@medair.org	Anne Reitsema	Country Director	+211-924-143-746	cd-southsudan@medair.org		
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BACKGROUND INFORMATION

<p>1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>It is projected that half of South Sudan's population will need humanitarian assistance due to on-going conflict and a protracted peace process. Since the onset of the conflict in December 2013, 1.8 million people have been displaced from their homes. This includes 1.3 million people who are living among host communities, over 100,000 people who have sought refuge in Protection of Civilians (PoC) sites inside UN bases and 400,000 people who have crossed into neighbouring countries (OCHA, October 2014). The states most affected by the current conflict are Jonglei, Upper Nile and Unity. This project will be implemented in Renk County in Upper Nile as well as any of the 10 states in South Sudan in response to health emergencies such as outbreak diseases or where there is a critical gap in services to a vulnerable population. The conflict has caused a public health crisis, exacerbating underlying health vulnerabilities, high maternal and <5 mortality rates and weak infrastructure. The disruption of essential services, disruption in drug supplies and lack of qualified health care workers has inhibited surveillance for disease outbreaks, preventative and curative healthcare, integrated nutrition programming and reproductive health care. The most common causes of morbidity, particularly for boys and girls under 5 years continue to be acute respiratory infections, diarrhoeal disease and malaria. In 2014, outbreaks such as cholera, measles, polio, Hep E and kala azar continue to be a significant burden of disease. Lack of access to antenatal care, safe options for delivery and post natal care are primary health needs for women. The unpredictable and changing nature of the current conflict in South Sudan highlights the need for flexible and rapidly available humanitarian response. Renk County is currently hosting around 26,000 IDPs living either within recently developed IDP sites (e.g. Wonthow) or former returnee sites (e.g. Abayouk, Payuer) or within the host communities (IRNA, OCHA, October 2014). The conflict situation has interrupted an already weak health care system with the referral hospital in Renk town not functioning and MoH-supported PHCUs (Primary Health Care Unit) also not functioning (IRNA, OCHA, October 2014). The Medair operated emergency mobile clinics are providing essential primary health care facilities with an increasing patient caseload. Renk County in Upper Nile State remains in need of ongoing emergency support as (former) returnees and IDPs have experienced multiple conflict displacement and health service infrastructure has been significantly damaged. The population in Renk County, particularly children <5, are increasingly susceptible to disease outbreaks, evidenced by a measles outbreak in November 2014. Ongoing insecurity has interrupted planned integrated measles and polio vaccination campaigns. Renk County is currently under government control, however with Renk town being one of the strategic towns in this conflict, the security situation needs to be closely monitored to enable continued support to Medair's existing health facilities.</p>
<p>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. Indicate references to assessments such as Multi-cluster/sector Initial</p>	<p>Provision of essential and emergency health care to displaced populations is a significant need for 2015. In July 2014, only a fraction of health facilities were functioning in the most affected states, 41% in Unity, 57% in Upper Nile and 68% in Jonglei. Although mortality rates have been maintained below emergency levels in displacement sites where health organizations are present, the people at highest risk are conflict-affected communities in remote areas where there are no functioning health facilities. The conflict has caused a public health crisis, exacerbating underlying health vulnerabilities and weak infrastructure. Pre crisis, the maternal mortality rate in South Sudan was 205 per 100,000 live births, the under 5 mortality rate was 105 per 100,000 live births and only 6% of children under 2 years were fully immunized (SSHS 2010). The impact of low immunization coverage has been demonstrated by outbreaks of measles and polio. A significant burden of disease in 2014 can also be contributed to other outbreak diseases such as cholera, kala azar and Hep E. Lack of access to ante-natal care, safe options for delivery and post natal care are primary health needs for women. Despite support from IMA, PHC facilities supported by CHD in Renk County are either non-functioning or have regular stock outages and insufficient staff. No MoH facilities have capacity for inpatient admissions. Neither the civil nor military hospitals</p>

Rapid Assessments (MIRA) have been functioning in the last 6 months of 2014, therefore Renk County has had no referral facility for complex medical cases, surgery or obstetric emergencies. Medair is filling a critical gap in providing essential preventative and curative primary health care to IDPs and the host population. In 2014, Medair has provided more than 12,000 consultations for children <5 years, treating the most common causes of morbidity and mortality in this age group, primarily Acute Respiratory Infections, diarrhea and malaria. In 2012, South Sudan was ranked 12th in the world for child mortality with a rate of 104 per 1,000 live births. Medair completed a SMART survey in Renk County (August 2014) which found an <5MR 0.89 among IDPs and 0.2 among host community. This reflects the increased vulnerability among the IDP communities who have experienced multiple displacements due to conflict. The survey also highlighted the need for increased services to the host community, revealing GAM 16.9% among the host community who were without integrated nutrition services compared to 9.1% among IDPs, where Medair provides an integrated nutrition treatment programme through the health clinics. The delay in implementation of the integrated measles campaign in Renk County, due to insecurity and limited CHD capacity, contributed to a measles outbreak in November 2014. A mass measles campaign has since been completed. However the measles outbreak also indicates the underlying vulnerability of the population to disease outbreak and low vaccination coverage.

3. Description Of Beneficiaries
The beneficiaries of this project are girls, boys, women and men who had been internally displaced as well as vulnerable host communities. Medair carries out needs assessments before responding to emergencies to ensure that prioritized health needs are identified and the most vulnerable population groups are determined and targeted for assistance. Based on the assessment, the project is designed to decrease morbidity and mortality for the main diseases among the most vulnerable groups. Children, particularly under 5 years, pregnant and lactating mothers, people with special needs and the elderly are usually identified as especially vulnerable. Adolescent girls are also vulnerable and a priority for the RH component of Medair's PHC, along with PLW as they are often an at risk group for complicated deliveries. Health staff who receive targeted training are also beneficiaries of this project. Medair works through existing structures such as MoH to build the capacity of local health workers, which includes training female and male local health care workers and health and hygiene promoters.

4. Grant Request Justification.
Medair implements a multi-sector emergency preparedness and response programme which can respond in any of the 10 states in South Sudan to provide lifesaving services to girls, boys, women and men vulnerable to or directly affected by public health emergencies such as disease outbreaks. The health emergency response team forms part of a well-established multi-sector emergency response team that has been responding to acute emergencies across South Sudan for more than 10 years. The emergency response teams can mobilise health staff at short notice to assess and /or respond to public health emergencies in the country. Building on past experiences and its understanding of the humanitarian context in South Sudan, Medair's emergency response teams can act quickly to improve the health status of targeted vulnerable communities through strengthening the access to and quality of essential preventative and curative health services. Given its significant experience in responding to acute emergencies in the areas most severely affected by the ongoing conflict - Upper Nile, Jonglei and Unity, and in line with cluster objectives, Medair's teams propose to respond to prioritized assessed health needs and gaps of communities displaced or impacted by the ongoing conflict and those affected by outbreak disease. Medair works to support the Ministry of Health and other relevant authorities in emergency response capacity at all levels and trains local health workers to respond to health emergencies and conducts trainings for both women and men in disease surveillance, outbreak response, case management, reporting systems, and awareness of various health gender needs based on current disease trends. Medair has a warehouse with emergency stock and supplies in Juba which can be quickly mobilized to support its emergency response in the country. Medair provides primary health care with integrated nutrition for internally displaced population and host communities in Renk County through the operation of two emergency mobile clinics in Wonthow (north of Renk at the border to Sudan) and Abayouk (south of Renk town). Given the current fluidity of population movements following insecurity, Medair maintains the capacity to respond to new and evolving IDP situations and shifting locations in Renk County in 2015. Medair has proven capacity to provide high-quality emergency primary health care services through the uninterrupted operation of mobile clinics and has established relationships with the local authorities. Medair strives to implement activities which have as little detrimental impact on the natural environment as possible. During health related interventions, Medair promotes and evaluates appropriate clinical waste management, ensuring an incinerator is available and used correctly. Health promotion is also directed at environmental issues, Medair strongly promotes the use of clean water and proper sanitation habits through health and hygiene promotion activities at all levels in the community. During health interventions, Medair trains relevant staff in universal HIV/AIDS precautions. Medair supported health care staff are made aware of HIV transmission and symptoms. HIV services in the area are mapped upon arrival to new intervention areas. Where possible, patients with suspected HIV infection are referred to the nearest voluntary counselling and testing (VCT) centre. Treatment is provided for opportunistic infections during case management interventions. Medair's emergency response programme was co-funded by ECHO in 2014 and Medair is currently in the process of developing a new funding proposal to ECHO for 2015. The programme in Renk County is co-funded by OFDA. This CHF allocation will enable Medair to continue responding to emerging health emergency response needs throughout the first half of 2015 as well as continue primary health care support to IDPs and vulnerable host communities in Renk County.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

LOGICAL FRAMEWORK

Overall project objective
To reduce morbidity and mortality of vulnerable girls, boys, women and men in emergency situations by improving access to quality preventative and curative primary health care services, including reproductive health. To support capacity building of local communities and the Ministry of Health to prevent and mitigate public health emergencies across South Sudan.

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	40
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	40
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	20

Outcome 1	Increased access to quality lifesaving health services for people in acute emergency situations, in conflict affected and other vulnerable states	
Code	Description	Assumptions & Risks
Output 1.1	People affected by emergencies are provided with quality preventive and curative emergency health services	Security is maintained to allow for safe interventions, Communities are accessible, Logistical support is available to provide transport of staff and supplies, Drug suppliers have sufficient stock, MoH and government are supportive

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			3851	3699	7550
		Means of Verification: Clinic registers, Monthly DHIS reports					
Indicator 1.1.2	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	9362	20838			30200
		Means of Verification: Clinic registers, Monthly DHIS reports					

Activities

Activity 1.1.1	Carry-out rapid health assessments in event of public health emergencies by the Emergency Response Team (ERT)
Activity 1.1.2	Provide case management responses to disease outbreaks (ERT)
Activity 1.1.3	Provide emergency health services including both preventive and curative care (ERT)

Output 1.2	Mitigation and response implemented for communicable diseases and outbreaks	Security is maintained to allow for safe interventions, Communities are accessible, Logistical support is available to provide transport of staff and supplies, Drug suppliers have sufficient stock, Health workers/promoters are available in local communities, MoH and government are supportive
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Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] # of children under 5 who have received measles vaccinations in emergency or returnee situation			2550	2450	5000
		Means of Verification: Vaccination campaign tally sheets					
Indicator 1.2.2	HEALTH	[Frontline services] # of people reached by health education and promotion before and during outbreaks	1240	2760	0	0	4000
		Means of Verification: Community mobilization and HHP records					
Activities							
Activity 1.2.1	Carry-out mass vaccination campaigns in response to vaccine preventable outbreaks and evaluate post vaccination coverage using the LQAS methodology						
Activity 1.2.2	Provision of community health education to promote behaviour change through training and support to local community health promoters						

Outcome 2	Increased access to quality lifesaving health services for vulnerable communities within Renk County	
Code	Description	Assumptions & Risks
Output 2.1	Vulnerable communities, including IDPs in Renk County are provided with quality preventative and curative health services	MoH/CHD are supportive, people seek medical care for illnesses, Vaccines are available from UNICEF or MoH, Drug suppliers have sufficient stock, security in Renk is maintained

Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			1530	1470	3000
		Means of Verification: Clinic registers, Monthly DHIS reports					
Indicator 2.1.2	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	3720	8280			12000
		Means of Verification: Clinic registers, Monthly DHIS reports					
Activities							
Activity 2.1.1	Provide emergency health services including both preventive and curative care in IDP sites						
Activity 2.1.2	Provide basic health equipment and supplies according to the MoH Basic Package of Health Services for two emergency health facilities in IDP sites						
Activity 2.1.3	Conduct monthly formal supervision and on-the-job training for health care staff, using checklists and exit interviews to evaluate quality of services						

Output 2.2	Women have improved access to quality reproductive health services	Women are open to seek reproductive health services
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Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	4	4			8
		Means of Verification: Training records					

Activities						
Activity 2.2.1	Distribute clean delivery kits during ANC to pregnant women					
Activity 2.2.2	Train midwives in prevention of post-partum hemorrhage, pantographs, safe delivery, neonatal resuscitation and follow up of mothers and infants in post natal care					
Activity 2.2.3	Provide skilled birth attendance at supported health facilities					
Activity 2.2.4	Conduct monthly on the job training and formal supervision to midwives					

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 Carry-out rapid health assessments in event of public health emergencies by the Emergency Response Team (ERT)	2015		X	X	X	X	X	X					
	Activity 1.1.2 Provide case management responses to disease outbreaks (ERT)	2015		X	X	X	X	X	X					
	Activity 1.1.3 Provide emergency health services including both preventive and curative care (ERT)	2015		X	X	X	X	X	X					
	Activity 1.2.1 Carry-out mass vaccination campaigns in response to vaccine preventable outbreaks and evaluate post vaccination coverage using the LQAS methodology	2015		X	X	X	X	X	X					
	Activity 1.2.2 Provision of community health education to promote behaviour change through training and support to local community	2015		X	X	X	X	X	X					

			Quantity	Cost		Charged to CHF / ERF	Cost	2015			Total
								Q1	Q2	Q3	
1.1	National Programme Staff	D	1	71348	6	16.53%	70,762.95	23,587.95	35,381.00	11,794.00	70,762.95
	All benefits for 15 staff: 3 health managers, 2 clinical officers, 2 community liaison officers, 2 midwives, 2 nurses, 2 clinic registrars, 2 EPI vaccinators										
1.2	International Programme Staff	D	1	48024	6	16.53%	47,630.20	15,877.20	23,815.00	7,938.00	47,630.20
	All benefits for 7 staff: 1 Project Manager, 2 Health Managers, 1 Project Coordinator (25% to health project), 1 Health advisor (15% to health project, 1 Health Logistics Officer, 1 Programme Support (25% to health project)										
1.3	National Support Base Staff	S	1	87818	6	3.33%	17,546.04	5,849.04	8,773.00	2,924.00	17,546.04
	All benefits for 52 staff: 6 logistics officer, 2 warehouse officer, 6 finance officers, 1 project support manager, 1 facility officer, 12 guards, 16 cooks/cleaners, 5 drivers, 3 HR officers										
1.4	International Support Base Staff	S	1	103207	6	3.33%	20,620.76	6,873.76	10,310.00	3,437.00	20,620.76
	All benefits for 10 staff: 1 Logistics Manager, 1 Finance Manager, 1 Country Director, 2 Deputy Country Directors, 1 Base manager, 1 HR manager, 1 Logistician, 1 communications officer, 1 IT officer										
	Section Total						156,559.94	52,187.95	78,279.00	26,093.00	156,559.95

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	Q3	
2.1	Tents for health interventions	D	1	15767	6	16.53%	15,637.71	5,212.71	7,819.00	2,606.00	15,637.71
	for emergency response sites and Renk										
2.2	Construction materials and tools for setting up temporary health facilities	D	1	2292	6	16.53%	2,273.21	757.21	1,137.00	379.00	2,273.21
	timber, bamboo, poles, tarpaulins										
2.3	Incentives and casual labour	D	1	17168	6	16.53%	17,027.22	5,675.22	8,514.00	2,838.00	17,027.22
	to support health facility operations at emergency response sites and in Renk										
2.4	Transport costs for beneficiary items to the response sites	D	1	30528	6	16.53%	30,277.67	10,092.67	15,139.00	5,046.00	30,277.67
	to emergency response sites and to Renk										
2.5	Training costs for community mobilisation	D	1	8993	6	16.53%	8,919.26	2,972.26	4,460.00	1,487.00	8,919.26
	training material, snacks										
2.6	Medicines and medical supplies	D	3	35000	1	16.53%	17,356.50	5,785.50	8,678.25	2,892.75	17,356.50
	for Renk										
2.7	ANC cards and plastic sleeves	D	2000	2	1	16.53%	661.20	220.40	330.60	110.20	661.20
	for Renk										
2.8	Vaccination cards and plastic sleeves	D	2000	2	1	16.53%	661.20	220.40	330.60	110.20	661.20
	for Renk										
2.9	Running expenses - charcoal, water etc.	D	2	140	6	16.53%	277.70	92.57	138.85	46.28	277.70
	for Renk										
2.10	OPD cards	D	50000	0.25	1	16.53%	2,066.25	688.75	1,033.12	344.38	2,066.25
	for Renk										
2.11	Medicines for clinics (approx. 3 PHCUs) and outbreak response	D	1	100000	1	16.53%	16,530.00	5,510.00	8,265.00	2,755.00	16,530.00
	for emergency response team										
2.12	Printing of cards (OPD, vaccination, ANC)	D	7500	1	1	16.53%	1,239.75	413.25	619.88	206.62	1,239.75
	for emergency response team										
2.13	Other consumable supplies (like batteries, pens, paper)	D	12	1500	1	16.53%	2,975.40	991.80	1,487.70	495.90	2,975.40
	for emergency response team										
	Section Total						115,903.07	38,632.74	57,953.00	19,317.33	115,903.07

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	Q3	
3.1	Communications equipment	D	1	733	6	16.53%	726.99	241.99	364.00	121.00	726.99
	VHF radios, thuraya solar charger, inverter, batteries, cables										
3.2	Household equipment for the Nairobi support base	S	1	500	1	3.33%	16.65	5.55	8.33	2.77	16.65
	fridge/stove/washing machine										
3.3	Computer equipment for project team	D	1	283	6	16.53%	280.68	93.68	140.00	47.00	280.68
	Laptops										
3.4	Household equipment for Juba base	S	1	18000	1	3.33%	599.40	199.80	299.70	99.90	599.40
	fridge/stove/washing machine										

Section Total							1,623.72	541.02	812.03	270.67	1,623.72
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	Q3	
4.1	Legal fees, survey and evaluations for the support base	S	1	158	6	3.33%	31.57	10.57	16.00	5.00	31.57
	NGO registration fee										
Section Total							31.57	10.57	16.00	5.00	31.57
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	Q3	
5.1	Ground Travel for project team	D	1	1188	6	16.53%	1,178.26	393.26	589.00	196.00	1,178.26
	Taxi to and from airport/project sites										
5.2	Ground Travel for support staff	S	1	2613	6	3.33%	522.08	174.08	261.00	87.00	522.08
	Taxi to and from airport/project sites and support base										
5.3	Continental/Regional flights for project staff	D	1	11393	6	16.53%	11,299.58	3,766.58	5,650.00	1,883.00	11,299.58
	to and from the project sites										
5.4	Continental/Regional flights for support staff	S	1	8633	6	3.33%	1,724.87	575.87	862.00	287.00	1,724.87
	to and from the project sites and support base										
5.5	Intercontinental flights for project staff	D	1	3410	6	16.53%	3,382.04	1,127.04	1,691.00	564.00	3,382.04
	home leave, contract break										
5.6	Intercontinental flights for supporting staff	S	1	5533	6	3.33%	1,105.49	368.49	553.00	184.00	1,105.49
	Senior Health and Nutrition Advisor's monitoring flights										
5.7	Vehicle/Boat rental expenses at project sites	D	1	7375	6	16.53%	7,314.53	2,438.53	3,657.00	1,219.00	7,314.53
	including fuel and maintenance										
5.8	Vehicle rental expenses at the support base	S	1	21501	6	3.33%	4,295.90	1,431.90	2,148.00	716.00	4,295.90
	including fuel and maintenance										
Section Total							30,822.74	10,275.75	15,411.00	5,136.00	30,822.75
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	Q3	
6.1	not applicable		0	0	0	0.00%	0.00	0.00	0.00	0.00	0.00
	n/a										
Section Total							0.00	0.00	0.00	0.00	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	Q3	
7.1	Office supplies for the project	D	1	1131.75	6	16.53%	1,122.47	374.47	561.00	187.00	1,122.47
	cartridges, stationary, paper										
7.2	Office supplies for the support base	S	1	3365	6	3.33%	672.33	224.33	336.00	112.00	672.33
	cartridges, stationary, paper										
7.3	Transport for non-beneficiary goods, conference fees, packaging materials	D	1	3105	6	16.53%	3,079.54	1,026.54	1,540.00	513.00	3,079.54
	for the project sites										
7.4	Transport for non-beneficiary goods, conference fees, packaging materials	S	1	9728	6	3.33%	1,943.65	647.65	972.00	324.00	1,943.65
	for the support base										
7.5	Communication expenses for the project	D	1	9865	6	16.53%	9,784.11	3,261.11	4,892.00	1,631.00	9,784.11
	phone credit, internet and satellite communication subscriptions										
7.6	Communication expenses for the support base	S	1	8814	6	3.33%	1,761.04	586.04	881.00	294.00	1,761.04
	phone credit, internet and satellite communication subscriptions										
7.7	Visibility material for the project	D	1	500	6	16.53%	495.90	164.90	248.00	83.00	495.90
	Flags, stickers, T-shirts										
7.8	Visibility material for the support base	S	1	367	6	3.33%	73.33	24.33	37.00	12.00	73.33
	Flags, stickers, T-shirts										
7.9	Facility maintenance and supplies for the project	D	1	14362	6	16.53%	14,244.23	4,748.23	7,122.00	2,374.00	14,244.23
	at the emergency response project sites and in Renk										

7.10	Facility maintenance and supplies at the support base	S	1	27738	6	3.33%	5,542.05	1,847.05	2,771.00	924.00	5,542.05
7.11	Office equipment maintenance and security supplies at the project sites locks, batteries, fire alarms, fire extinguishers	D	1	2113	6	16.53%	2,095.67	698.67	1,048.00	349.00	2,095.67
7.12	Office equipment maintenance and security supplies at the support base locks, batteries, fire alarms, fire extinguishers	S	1	11152	6	3.33%	2,228.17	743.17	1,114.00	371.00	2,228.17
7.13	Rental expenses at project sites at the temporary emergency response sites and in Renk	D	1	3776	6	16.53%	3,745.04	1,248.04	1,873.00	624.00	3,745.04
7.14	Rental expenses for the support base in Juba	S	1	47140	6	3.33%	9,418.57	3,139.57	4,709.00	1,570.00	9,418.57
7.15	Fuel and furnitures to operate temporary health facilities for emergency response sites and Renk	D	1	9058	6	16.53%	8,983.72	2,994.57	4,491.86	1,497.29	8,983.72
Section Total							65,189.82	21,728.67	32,595.86	10,865.29	65,189.82

Sub Total Direct Cost

370,130.87

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)

7%

Audit Cost (For NGO, in percent)

1%

PSC Amount

25,909.16

Quarterly Budget Details for PSC Amount

2015			Total
Q1	Q2	Q3	
8,636.39	12,954.77	4,318.00	25,909.16

Total Fund Project Cost

396,040.03

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Eastern Equatoria	5					0	
Jonglei	20					0	
Lakes	5					0	
Northern Bahr el Ghazal	5					0	
Unity	20					0	
Upper Nile -> Renk	25					0	
Warrap	5					0	
Western Bahr el Ghazal	5					0	
Western Equatoria	5					0	
Central Equatoria	5					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**

