

Project Proposal

Organization	COSV (Comitato di Coordinamento delle Organizzazione per il Servizio Volontario)					
Project Title	Enhancing emergency primary health care services among the vulnerable displaced communities of Ayod County (Jonglei State)					
Fund Code	SSD-15/SA1/H/INGO/390					
Primary Cluster	HEALTH	Secondary Cluster	None			
Project Allocation	1st Round Standard Allocation	Allocation Category Type				
Project budget in US\$	200,000.83	Planned project duration	6 months			
Planned Start Date	01/01/2015	Planned End Date	30/06/2015			
OPS Details	OPS Code	SSD-15/H/72897	OPS Budget	0.00		
	OPS Project Ranking		OPS Gender Marker			
Project Summary	<p>In December 2013, with violence erupting between opposing factions within South Sudan army, large movements of population and IDP's took place and affected the health situation in several parts of the country, including Jonglei State. Ayod town was initially clam in quarter one of 2014. However, all these worsened when fighting took place in Ayod on 27th April 2014 and COSV lost most of its assets. This resulted to the community and IDPs (originally from Bor, etc) in Southern Ayod fleeing to Northern county side, and all settling as IDPs in Jiech, Mogok, Pagil and Canal areas; health facilities in Ayod, Kuachdeng and Pajiek areas being abandoned and destroyed. Access to and within Ayod had been a major challenge in 2014. COSV collaborated with UNICEF, WFP, UNOCHA and other cluster partners, to understand and respond to the humanitarian needs and access the real gaps. There were three Rapid Response Mechanisms conducted with COSV's participation in the sectors of health, nutrition and education; in Jiech, 3rd to 10th June (est. IDP population of 15,000), in Gorwai on 21st to 29th July with est. IDP population of 22,300 and Pagil from 2nd to 9th October 2014 with est. IDP of 18,000. The primary health care services were found to be in a dreadful state, with most health workers scattered. Drug delivery is ongoing with support of logistic cluster.</p>					
Direct beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	7500	11800	5200	3800	28,300
	Total beneficiaries include the following:					
	People in Host Communities	4000	6400	2700	2200	15300
	Internally Displaced People	3500	5400	2500	1600	13000
Indirect Beneficiaries	Catchment Population					
Link with the Allocation Strategy	<p>Ayod county current health care services are predominantly manned by people of lower cadre (CHW and MCHW or much lower), with CHW/MCHW accounting for about 12%. The county remains underserved in terms of basic health services involving Curatives, Reproductive health, nutrition and Immunization. MoH supplies of routine medical kits, is irregular, and most often supplies are supplemented with IMA (RRHP) Kit supplies. Logistic remain a major challenge. With CHF funds, other supplies of laboratory materials and logistic activities could be supported, especially to reach the hardly accessible locations. Strengthening surveillance is essential in early warning so as to minimize the impact of outbreaks. Continued training of health staff, will improve their capacity to respond to detect and respond to outbreak prone diseases. This will also enhance quality of care, and reporting. Through CHF funds, COSV will continue supporting such responses and outreach strategies to reach the remote communities and more regularly supervise practices in peripheral facilities. The CHF/SRP 2015, funds shall be very critical in re-establishing the dilapidated health infrastructure in Ayo as well as enhancing preventative care including vaccination campaigns since some cold chain infrastructure have been damaged or presumed looted, coupled with damage to the cold chain and withdrawal of vaccinators has occurred in many parts of the crisis affected states. Increased malnutrition screening and antenatal care to include role shifting of TBA's to home health promoters and scaling up on reduction maternal mortality through stocking misoprostol in coloration with UNFPA and ensure facilities with trained health care workers have the life saving essential drugs. Moreover, with minimal marked lack of lifesaving surgical and referral services at the county level we have established a system with ICRC, where it collects patients to their operation sites and equally they train the local staff in management of wounds and first aid. And last but not the least scaling up HIV/TB and trace the internally displaced populations and establishing satellite labs for sputum microscopy and psychosocial services in collaboration with our education project and ensure mitigation of frequent ruptures in drug supplies in partnership with IMA WORLD HEALTH and logistic cluster humanitarian air assets. Lastly through continued surveillance of the most common causes of morbidity include respiratory tract infection, acute watery diarrhea, malaria, and measles, and other communicable diseases through addressing various predisposing factors. These include poor sanitation, shortage of water, crowded living conditions, malnutrition, and poor immunity, with young children and pregnant women particularly vulnerable and other vector borne diseases endemic in this region such as Kala Azar.</p>					
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)					
Organization focal point contact details	Name	Title	Phone	Email		
	Olore Peter Claver	Country Coordinator	+211920429262	cosv.countryrjuba@gmail.com		
BACKGROUND INFORMATION						
1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	<p>In December 2013, with violence erupting between opposing factions within South Sudan army, large movements of population and IDP's took place and affected the health situation in several parts of the country, including Jonglei State. Ayod town was initially clam in quarter one of 2014. However, all these worsened when fighting took place in Ayod on 27th April 2014 and COSV lost most of its assets. This resulted to the community and IDPs (originally from Bor, etc) in Southern Ayod fleeing to Northern county side, and all settling as IDPs in Jiech, Mogok, Pagil and Canal areas; health facilities in Ayod, Kuachdeng and Pajiek areas being abandoned and destroyed. Access to and within Ayod had been a major challenge in 2014. COSV collaborated with UNICEF, WFP, UNOCHA and other cluster partners, to understand and respond to the humanitarian needs and access the real gaps. There were three Rapid Response Mechanisms conducted with COSV's participation in the sectors of health, nutrition and education; in Jiech, 3rd to 10th June (est. IDP population of 15,000), in Gorwai on 21st to 29th July with est. IDP population of 22,300 and Pagil from 2nd to 9th October 2014 with est. IDP of 18,000. The primary health care services were found to be in a dreadful state, with most health workers scattered. Drug delivery is ongoing with support of logistic cluster.</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. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)						
3. Description Of Beneficiaries	<p>Total: 53,839 The total direct beneficiaries of 53839 include: 22161 Women; 7961 Girls; 11685 Men; and, 12032 Boys. The beneficiaries are estimated based on the RRM sites registered beneficiaries who received services of general food rations, curatives, promotive and preventive health care including capacity building. Projections also are done in relation to IDP's situation in areas of planned response. Children: 19,993 Women: 22,156 Other group: 11,690 Women and 11670 Men at consultation and 20 people (15 men and 5 women) attending trainings</p>					
4. Grant Request Justification.	<p>Ayod county current health care services are predominantly manned by people of lower cadre (CHW and MCHW or much lower), with CHW/MCHW accounting for about 12%. The county remains underserved in terms of basic health services involving Curatives, Reproductive health, nutrition and Immunization. MoH supplies of routine medical kits, is irregular, and most often supplies are supplemented with IMA (RRHP) Kit supplies. Logistic remain a major challenge. With CHF funds, other supplies of laboratory materials and logistic activities could be supported, especially to reach the hardly accessible locations. Strengthening surveillance is essential in this time of conflict as a sensitive early warning mechanism so as to minimize the impact of outbreaks. Continued training of health staff, will improve their capacity to respond to detect and respond to outbreak prone diseases. This will also enhance quality of care, and reporting. Through CHF funds, COSV will continue supporting such responses and outreach strategies to reach the remote communities and more regularly supervise practices in peripheral facilities.</p>					

Currently funding from IMA/ RRHP, UNICEF, and CHF (2014) R2, are supporting specific activities and areas. With CHF 2014, the whole county shall be able to have stable health services per payam, with a motivated work force.

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

LOGICAL FRAMEWORK

Overall project objective Provision of Emergency primary health care services among the host and IDP communities of Ayod County in Jonglei State affected by the on-going conflict

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	60
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

Outcome 1 Increased access to emergency and essential primary health care services and supplies.

Code	Description	Assumptions & Risks
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Output 1.1	Procure, transport and provide essential medical kits from IMA and central medical stores in partnership with the SMOH and CHD.	Access to field locations do not hinder deliveries
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	7500	11800	5200	3800	28300
		Means of Verification: Monthly Facility report					
Indicator 1.1.2	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					7
		Means of Verification: Monthly Facility report					
Indicator 1.1.3	HEALTH	[Frontline services] # of EmONC centres established					1
		Means of Verification: Monthly RH activity reports					

Activities

Activity 1.1.1	Procurement and provision of basic PHCC/PHCU equipment, basic laboratory supplies and other essential drugs specific missing in MoH or RRHP (IMA) kit ; Kala-Azar, and Tuberculosis drugs and vaccines
Activity 1.1.2	Transport from Juba to field and distribution of supplies to routine and emergency supplies as appropriate to the 8 facilities.

Output 1.2	Conduct medical consultations and referrals of medical, surgical and reproductive health complications	Security remains stable and functionality not interrupted Patients reporting to health facility promptly
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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 >5 outpatient consultations in conflict-affected and other vulnerable states	7500	11800			19300
		Means of Verification: Monthly facility report					
Indicator 1.2.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			5200	3800	9000
		Means of Verification: Monthly facility report					
Indicator 1.2.3	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					90
		Means of Verification: Monthly facility report					
Indicator 1.2.4	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					23
		Means of Verification: Weekly and monthly reporting					
Indicator 1.2.5	HEALTH	[Frontline services] # of people reached with health education and promotion messages	2778	2723	2272	2227	10000
		Means of Verification: Community locations are accessible, and people attend services promptly;					

Activities

Activity 1.2.1	Carrying out clinical consultation for Case detection (OPD/Maternity)
Activity 1.2.2	Provision of Laboratory diagnostic services at PHCC and PHCU's for case confirmation.
Activity 1.2.3	Routine submission of project updates to cluster (Reports) - monthly, quarterly and final
Activity 1.2.4	Conduct awareness campaign addressing major health issues of disease prevention, case detection, and referrals among the community

Outcome 2 Increased child protection against child preventable diseases

Code	Description	Assumptions & Risks
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Output 2.1	Conduct EPI activities (routine, mobile and campaign):	Security situation remains calm to allow deliveries, and outreach services; Available cold chain facilities remain stable in good working conditions					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			790	795	1585
Means of Verification:		Monthly EPI reports					
Activities							
Activity 2.1.1	Supporting maintenance of 3 cold chain facilities, and drug stores in the 8HF's.						
Activity 2.1.2	Carrying out Mobile immunization in hard to reach locations or IDP's settlements and supplemental national immunization days campaigns						
Output 2.2	Improved capacity of CHD, local staff and community to report, and respond to emergencies	Training Reports					
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	15	5			20
Means of Verification:		Training reports					
Activities							
Activity 2.2.1	Trainings for health staffs on key elements of emergencies that includes: Emergency preparedness and communicable disease control and outbreak response; Emergency obstetrical care, and MISP (minimum initial service package-MISP).						
Activity 2.2.2	Conducting routine support supervision.						
Activity 2.2.3	Solicit for and or print records and report materials for facilities						
Activity 2.2.4	Conduct internal staff report review workshop for M&E						

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 Procurement and provision of basic PHCC/PHCU equipment, basic laboratory supplies and other essential drugs specific missing in MoH or RRHP (IMA) kit ; Kala-Azar, and Tuberculosis drugs and vaccines	2015	X	X	X									
Activity 1.1.2 Transport from Juba to field and distribution of supplies to routine and emergency supplies as appropriate to the 8 facilities.	2015	X	X		X	X							
Activity 1.2.1 Carrying out clinical consultation for Case detection (OPD/Maternity)	2015	X	X	X	X	X	X						
Activity 1.2.2 Provision of Laboratory diagnostic services at PHCC and PHCU's for case confirmation.	2015	X	X	X	X	X	X						
Activity 2.1.1 Supporting maintenance of 3 cold chain facilities, and drug stores in the 8HF's.	2015		X	X	X	X	X						
Activity 2.1.2 Carrying out Mobile immunization in hard to reach locations or IDP's settlements and supplemental national immunization days campaigns	2015	X	X	X	X	X							
Activity 2.2.1 Trainings for health staffs on key elements of emergencies that includes: Emergency preparedness and communicable disease control and outbreak response; Emergency obstetrical care, and MISP (minimum initial service package-MISP).	2015	X		X									
Activity 2.2.2 Conducting routine support supervision.	2015	X	X	X	X	X	X						
Activity 1.2.3 Routine submission of project updates to cluster (Reports) - monthly, quarterly and final	2015	X	X	X	X	X	X						
Activity 1.2.4 Conduct awareness campaign addressing major health issues of disease prevention, case detection, and referrals among the community	2015	X	X	X	X	X	X						
Activity 2.2.3 Solicit for and or print records and report materials for facilities	2015	X		X		X							
Activity 2.2.4 Conduct internal staff report review workshop for M&E	2015	X		X									

M & R DETAILS**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?).

The monitoring system will be based on 3 sets of indicators: efficiency indicators, touching the respect of time, expenditures, human resources and outputs; such indicators are settled every 6 months; effectiveness indicators, measuring the usefulness of the project activities, quantifying the short and long term impacts in terms of benefits produced by the project and enjoyed by the beneficiaries, and the achievement of intermediate and final objectives; such indicators are settled once at the beginning of the project; context indicators, analyzing risk factors and project assumptions in order to keep track of sustainability from the beginning; such indicators are established at the starting of the project and revised mid term. All indicators will be identified by a key group: the Emergency response coordinator, with the support of other project stakeholders and key staff members. They will also be in charge of their continuous follow up, gathering data, process them and report to the management. Such operation will involve, in a participatory process, all project staff and experts, stakeholders, target groups and final beneficiaries. All deviations between planned indicators and measured data will be reported in real time to the project management, which will be in charge of taking remedial actions when appropriate. The performance indicators will be collected and reported monthly. Data collected will be disaggregated into sex, age, location to address and inform on cross cutting issues like gender and the environment and this will commence as soon as possible. Transmission of data and communication

State if, when and how you plan to evaluate your project .	among facilities will be done through the Thuraya and local radio network that connects CHD, and COSV bases with the health facilities. Moreover, both county administrator and director will conduct monthly visits in order to track progress and to communicate to the donor any challenges encountered. Monthly reports will be verified by expatriated staff for completeness, and correctness. Adequate report forms, register books from MoH, WHO, UNICEF and Clusters and all necessary record materials shall be put in place. The Country Coordinator and the Emergency Response coordinator shall be the focal persons for M&E activities involving financial and technical aspects respectively.
OTHER INFORMATION	
Accountability to Affected Populations	The project design focuses on needs realised from the affected communities across all categories of age and sex. Intervention shall involve provision of services on the most specific disease conditions in the region. Community leaders shall be involved in dissemination of project objective. Provision of health care services shall be carried out by locally trained health workers in order to ensure sustainability. These health workers will be supervised and supported regularly by COSV expat staffs and qualified national staffs.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	Emergency primary health care services shall be sustained through provision basic equipment, drugs, medical supplies: These are supplies and essential drug preparations (forms) specifically missing in MoH or RRHP (IMA) kit to be procured following COSV internal procurement procedure. Kala-Azar, and Tuberculosis drugs shall be requested from WHO. Items shall be transported by air from Juba. All supplies shall be kept in COSV warehouse and released to facilities upon request, or in emergencies. These supplies shall support activities of general consultations, maternity, and Laboratory services. COSV shall collaborate with UNFPA, UNICEF and SMOH in sourcing basic medical kits, including vaccines. Supplies shall be transported from Juba or State stores by air to Ayod. Supplies will be distributed upon identified need and key response areas. The supplies will be positioned in all the facilities prior to rain season. Communicable disease control and outbreak response : Effective control shall depend on prompt case detection and reporting. Our strategy of implementation shall focus on routine diagnostic services at facilities, and regular (weekly) reporting of selected IDSR cases. Satellite phones shall ensure prompt communication and reporting. Health workers in far remote locations shall rely on local communication network or radio calls near their vicinity to promote communication. COSV and CHD shall carry out routine support supervision in facilities to ensure good practice, adequate stock of drugs, and meeting community leaders to ensure community linkages with facility workers. Support immunizations via fixed and mobile health clinics targeting displaced people, including mass vaccination campaigns: COSV and CHD shall work in collaboration to improve immunization services. With existing cold chain facilities in Jech, routine immunization shall continue. Mobile immunization shall be carried out too, to reach IDP settlements and other remote locations far from these facilities. Capacity building interventions will include: This shall involve basic training for staffs on key elements of emergencies. Staffs shall also continue to receive support supervision in building their skills at work place. Community based interventions shall include awareness raising, hygiene promotion, education and participation in health-related issues. Health awareness shall also remain a core activity at health facilities (PHCC/PHCU) and other service points (outreaches) in disseminating key messages in health, such as RH services, Kala-azar, and malaria prevention.
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	The project has adequate gender requirements according to disaggregation into women, men, boys and girls. Moreover it's capacity in the assistance adapted to the specific needs, age groups as women of reproductive age and health care services to under 5years with vaccination of the six preventable diseases and now 8 with the introduction of penta valent vaccine. One more aspect is the inclusion of the genders into our activities such as health awareness campaigns and dissemination of health in schools and in the community outreaches with the mother support groups, men clubs and some health talks on adolescents and sexual reproductive health. And last but not the least creation of employment activities and stakeholders for a with clear guidelines on gender based violence and violation of children rights in partnership with UNICEF.
Protection Mainstreaming	Intervention seek to address reproductive health needs of both women and men. Besides, diagnostic and curative services will be provided across all age groups. Children Under 5 years are major concern in consultation services and will be priority in management of drug stock (having paediatric preparations)
Safety and Security	COSV shall continue to collaborate with OCHA on access issues and with UNDSS on assessment missions including security related incidences. COSV has internal procedures for staffs to observe safety measures during field work and at Juba office.
Access	Ayod County has limited access, more to the Northern part of the County. The Southern part of Ayod (especially Ayod Payam and Kuachden payam) are still inaccessible. Most population have moved to Northern part of Ayod where COSV has re-directed most of its support.

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	Country Representative	S	1	4000	6	30.00%	7,200.00	2,400.00	4,800.00	7,200.00
	As a legal representative, the CR is responsible to support coordination with donors, and international advocacy for intervention. He will be responsible for Security coordination at project area, in collaboration with authorities. He is paid 4000 USD per month. Cost will be shared with other projects.									
1.2	Country Coordinator	S	1	3000	6	30.00%	5,400.00	2,400.00	3,000.00	5,400.00
	He is responsible for National and state coordination of programs in collaboration with field teams. He provides direct support for the nutrition team, and collaboration with cluster and pipeline managers. He is paid 3000 USD per month. Costs shall be shared with other projects.									
1.3	Country Administrator	S	1	3000	6	30.00%	5,400.00	2,400.00	3,000.00	5,400.00
	He is in-charge of financial processes and ensuring all accountability is done appropriately. He will support management of funds and finance paper work. He is paid 3000 USD per month. Costs shall be shared with other projects.									
1.4	Emergency Response Coordinator	S	1	2800	6	50.00%	8,400.00	2,600.00	5,800.00	8,400.00
	He is directly responsible for M&E activities of the project. He provides technical support while in field and coordination with local partners and community leaders in enhancing the project goal. She is paid 2800 USD.									
1.5	PHC Supervisor	S	1	2000	6	65.00%	7,800.00	3,800.00	4,000.00	7,800.00
	He is directly responsible for project implementations. He provides technical support while in field, capacity building of community persons and supervision of facility operations and outreaches. He is paid 2000 USD.									
1.6	RH Supervisor	S	1	2000	6	80.00%	9,600.00	4,800.00	4,800.00	9,600.00
	He/she will be directly responsible for implementation and supervision of RH services across the county. He/she provides technical support while in field, capacity building of community persons and supervision of facility operations and outreaches. He is paid 2000 USD.									
1.7	Field Coordinator	S	1	2500	6	40.00%	6,000.00	2,400.00	3,600.00	6,000.00
	He is responsible for management of field base, collaboration with local leaders and coordinating the distribution of supplies in field. He is paid 2500 USD.									
1.8	Cooks/Cleaners/Guard (Field)	S	4	250	6	30.00%	1,800.00	900.00	900.00	1,800.00
	These are field staffs who support the team to keep them safe, and protect office premises, keep clean and cook for the relocatable staff. They are paid 250 USD.									
1.9	Cooks/Cleaners/Guard (Juba)	S	5	750	6	30.00%	6,750.00	2,550.00	4,200.00	6,750.00
	These are Juba based staffs who provide indirect support to Juba office and relocatable staffs while at Juba. They are paid 750 USD including basic allowances.									
1.10	Community Health Volunteers (EPI, CHW, TBA)	D	6	250	6	100.00%	9,000.00	4,500.00	4,500.00	9,000.00
	These are staffs (2 each in 3 facility planned for/have cold chain) who will be mobile team for outreaches in Immunization interventions, data collection, RH, etc. They will also support work at facilities as appropriate. They will be paid 250 USD per month.									
1.11	Field Logistic Assistant	S	1	300	6	30.00%	540.00	200.00	340.00	540.00
	This is responsible for management of program supplies while at field, distribution and reporting weather for air travels. He is paid 300 USD per month.									

1.12	Logistic Coordinator	S	1	1700	6	30.00%	3,060.00	1,300.00	1,760.00	3,060.00
	He is responsible for management of supplies, ensuring procurement procedures are adhered to, and coordinating the deliveries to field. He is paid 1700 USD including basic allowances									
1.13	Driver	S	1	800	6	30.00%	1,440.00	620.00	820.00	1,440.00
	The drivers supports management of the car in Juba and transportation of program staffs to offices and coordination meetings. Only one car available. Driver paid at local rate of 800 USD per month.									
1.14	Logistic Assistant (Juba)	S	1	800	6	50.00%	2,400.00	1,200.00	1,200.00	2,400.00
	She is responsible for management of awareness and ensuring procurement and coordinating the deliveries to field. He is paid 800 USD including basic allowance									
Section Total							74,790.00	32,070.00	42,720.00	74,790.00

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	Procurement of basic drugs for paediatric use	D	1	18000	1	100.00%	18,000.00	0.00	18,000.00	18,000.00
	Costs shall cover drugs of paediatric importance that are missing in routine supplies from MoH and RRHP kits. Drug lists shall be based on common diseases conditions. Costs shall be based on national market available with nationally registered providers.									
2.2	Flight for delivery of supplies	S	1	5000	3	75.00%	11,250.00	5,625.00	5,625.00	11,250.00
	Flight cost are according to commonly available charter rates in the country, and UNHAS. Costs including cargo handling processes. Handling process would involve delivery of goods to Logistic cluster control warehouse (currently based in Rumbek)									
2.3	Food & non-food items for staff	S	1	1500	6	50.00%	4,500.00	2,250.00	2,250.00	4,500.00
	Basic food stuffs for relocatable staffs while in field mission. Costs of goods are as per local market rates.									
2.4	Refresher training for health workers MISP / communicable diseases / outbreaks /CMR	D	1	1500	1	100.00%	1,500.00	0.00	1,500.00	1,500.00
	Trainings costs include daily feeding allowance of 15 USD per day and transport allowances to those for far distances at 30 USD per route (average).									
2.5	Rapid Needs Assessments and Response	D	1	1650	1	100.00%	1,650.00	850.00	800.00	1,650.00
	Cost covers supplies needed for responses, food and accommodation at field and basic survival items									
2.6	Printing of Reporting materials	D	1	2012	1	100.00%	2,012.00	1,500.00	512.00	2,012.00
	Cost covers printing of report forms and other basic materials to be used to improve reporting and hence M&E. Cost covers prices of printing hard papers within the country. Registers and other materials will also be sort from IMA, MoH and UNICEF									
Section Total							38,912.00	10,225.00	28,687.00	38,912.00

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	Purchase of basic facility equipments	D	1	8000	1	100.00%	8,000.00	8,000.00	0.00	8,000.00
	Facility equipments will be selected based on critically missing and important equipments for vital observations and clinical practices. These may include: Thermometer, BP machines, stethoscopes, faetoscopes, weight scales and basic lab equipments. Costs shall be based on nationally available prices, of approved suppliers.									
3.2	Mobile kit (Back bags)	S	1	4000	1	56.00%	2,240.00	0.00	2,240.00	2,240.00
	These are equipments for mobile team movements and package of survival items. costs shall be as per local market and recommended equipments. Equipments include: Quick ran bags, mobile tents, sleeping bags, mats, water containers, cooking & serving materials, lamps, and solar kit.									
Section Total							10,240.00	8,000.00	2,240.00	10,240.00

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	Transport during coordination of activities (County, State, and Juba level)	S	1	900	6	80.00%	4,320.00	2,150.00	2,170.00	4,320.00
	Transport costs includes air ticket and taxi costs to County, State or within Juba as applicable. Costs are as per UNHAS (WFP) rates and local flight companies.									
5.2	Regional travels for Expat staffs	S	3	1200	3	58.00%	6,264.00	3,132.00	3,132.00	6,264.00
	Travels only covers air ticket to and from regional towns within the East Africa and Horn of Africa; for in-coming staff, leaves and R&R. Ticket as per costs of private airlines within the country.									
5.3	Travel allowances (Accommodation, Feeding)	S	1	250	6	40.00%	600.00	300.00	300.00	600.00
	Travel allowances are facilitation within the country when program staffs travels for coordination issues to State. Costs covers feeding and accommodation at rates within the country. Allowances also covers costs at Juba when community based staffs and partners have been facilitated to Juba/States for trainings and advocacy missions.									
Section Total							11,184.00	5,582.00	5,602.00	11,184.00

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	Office rental - Juba Rental costs in Juba, Tong-ping area, as per local rates and terms	S	1	5800	6	30.00%	10,440.00	5,220.00	5,220.00	10,440.00	
7.2	Vehicle & Motorcycle maintenance & running costs Cost includes repairs and fuel for car and motorcycle. Costs is as per the market rates	S	1	1250	6	40.00%	3,000.00	1,500.00	1,500.00	3,000.00	
7.3	Internet and V-sat maintenance Costs covers rates of internet service provision and band width level. Cost charged as per local rates in the country. This is payable as monthly/quarterly costs invoiced by RCS - average is 1700 USD for 2-3 months	S	1	1700	3	80.00%	4,080.00	2,040.00	2,040.00	4,080.00	
7.4	Communication (GMS phones-MTN, etc) Communication on MTN corporate services and other local networks based on communication channels available. Costs is as per local market. Corporate service with MTN aimed at reducing costs at a negotiated rate.	S	1	1400	6	55.00%	4,620.00	2,310.00	2,310.00	4,620.00	
7.5	Stationaries (Field and Juba offices) Basic papers, staple pins, clips, folders, files - for record management and communications. Costs are as per local market in the country	S	2	300	6	60.00%	2,160.00	1,080.00	1,080.00	2,160.00	
7.6	Financial costs Costs of bank charges, money transfers, and financial documents	S	1	500	6	60.00%	1,800.00	900.00	900.00	1,800.00	
7.7	Insurance services This covers risks for staffs involved in provision of humanitarian services under this project for the 6 months. Costs is as per national insurance rates of private companies.	S	6	3000	1	100.00%	18,000.00	9,000.00	9,000.00	18,000.00	
7.8	Internal M&E workshop Cost covers organization of internal workshop sessions for staffs on planning M&E strategies, reviewing progress and setting strategies for operation. Cost covers rental of hall and feeding during the workshop; hire of presentation equipments; purchase of workshop materials; and allowance for guest facilitators. Prices are as per market rates in Juba.	S	2	2000	1	80.00%	3,200.00	1,800.00	1,400.00	3,200.00	
7.9	Communication (Sat phone) Communication on Thuraya services as pre- and post- paid service. Costs is as per local market. Corporate service with RCS aimed at reducing costs at a negotiated rate.	S	1	800	6	55.00%	2,640.00	1,320.00	1,320.00	2,640.00	
Section Total							49,940.00	25,170.00	24,770.00	49,940.00	
Sub Total Direct Cost										185,066.00	
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)										7%	
Audit Cost (For NGO, in percent)										1%	
PSC Amount										12,954.62	
Quarterly Budget Details for PSC Amount		2015		Total							
		Q1	Q2								
		6,477.31	6,477.31	12,954.62							
Total Fund Project Cost										198,020.62	
Project Locations											
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Ayod	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											

