

Project Proposal

Organization	UNKEA (Universal Network for Knowledge and Empowerment Agency)																																														
Project Title	To increase access of integrated emergency primary health care services to IDPs,Host Community.																																														
Fund Code	SSD-15/SA1/H/NGO/223																																														
Primary Cluster	HEALTH	Secondary Cluster	None																																												
Project Allocation	1st Round Standard Allocation	Allocation Category Type																																													
Project budget in US\$	199,313.50	Planned project duration	6 months																																												
Planned Start Date	01/01/2015	Planned End Date	30/06/2015																																												
OPS Details	OPS Code	SSD-15/H/72908	OPS Budget	0.00																																											
	OPS Project Ranking		OPS Gender Marker																																												
Project Summary	<p>This project is meant to increase access to integrated emergency primary health care services to IDPs and host community in Nasir County upper Nile state. The project will focus on the Provision of curative consultations to <5s and >5s in all health facilities, Provision of RH services including ANC and PNC services in all project locations, Distribution and supply of essential drugs and LLTNs in all locations, Provision of preventive maternal and child health services such as immunization, Deworming, iron folate, IPT and vitamin A supplementation to <5s and pregnant women, Conducting minor health facility improvements (fixing shutter, locks, painting, and extensions) and equipment with basic laboratory supplies to be more effective, Provision of routine health education to pregnant and lactating mothers, Conducting skills training of health workers on minor surgery, clinical case management and surveillance of communicable diseases, Conducting targeted community awareness campaigns on prevention of communicable disease and uptake of health care services in all locations. The project aims to achieve:- 28,000 curative consultations conducted in all health facilities - 1280 pregnant women complete at least 4 ANC visits - 780 deliveries followed up for post partum care - 10,000 LLTNs distributed to pregnant and lactating women and community for malaria prevention - 1500 under fives vaccinated. - 8000 children under five dewormed - 1280 pregnant women received iron folate - 1280 pregnant women received IPT 2nd. dose - 15000 under five children received vitamin A supplementation. - 19,200 routine health education sessions conducted for pregnant women at all health facilities - 16 health workers trained on MISP, EPI and CEMOC, - 10,000 free condoms distributed. With current partnerships with UNICEF, IMA, WHO, PSI, as our major in kind donors, and maintaining a closer coordination, this project will avoid any duplication. The project will also seek partnership with UNAIDS for the supply of free condoms and IEC materials for HIV health education and training.</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>22400</td> <td>29000</td> <td>12460</td> <td>12460</td> <td>76,320</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>12460</td> <td>12460</td> <td>24920</td> </tr> <tr> <td>Internally Displaced People</td> <td>6167</td> <td>6167</td> <td>6167</td> <td>6167</td> <td>24668</td> </tr> <tr> <td>People in Host Communities</td> <td>6167</td> <td>6167</td> <td>6167</td> <td>6167</td> <td>24668</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>2060</td> <td>0</td> <td>0</td> <td>2060</td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	22400	29000	12460	12460	76,320	Total beneficiaries include the following:						Children under 5	0	0	12460	12460	24920	Internally Displaced People	6167	6167	6167	6167	24668	People in Host Communities	6167	6167	6167	6167	24668	Pregnant and Lactating Women	0	2060	0	0	2060
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Indirect Beneficiaries	Catchment Population																																														
Link with the Allocation Strategy	<p>The project will ensure health care services are brought closer to the community by improving referral systems, outreach and increasing the staffing for reproductive health workers as well as the equipment for emergency obstetric and neonatal care. The project will ensure staffs are given refresher trainings on various areas including preventive and curative trainings to improve their skills in prevention and treatment of common ailments, it will ensure the health facilities are well equipped with the necessary equipments to respond to such ailments. Infrastructure replacement and repair will be given a concern. The project will have a better focus on community health events to ensure the community is well sensitised on when and where to get health care services, and will have targeted outreaches on such events to highly vulnerable people.</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>Denis Sokiri</td> <td>Health & Nutrition Advisor</td> <td>+211921230704</td> <td>tdmssokiri@gmail.com</td> </tr> <tr> <td>Simon Bhan Chuol</td> <td>Executive Director</td> <td>+254704643227</td> <td>unkea.southsudan@gmail.com</td> </tr> </tbody> </table>					Name	Title	Phone	Email	Denis Sokiri	Health & Nutrition Advisor	+211921230704	tdmssokiri@gmail.com	Simon Bhan Chuol	Executive Director	+254704643227	unkea.southsudan@gmail.com																														
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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	<p>"Nasir County in Upper Nile state has an enormous humanitarian need. It has suffered and continues to suffer both Natural and Manmade calamities. The current triggers being the current fighting between opposition and government forces which started on the 15th December 2013 in Juba and quickly spread to the other states of Jonglei, Unity and Upper Nile states has led to hundreds of people displaced, most of who settled in Nasir County. A total of 15,086 households (HHs) of IDPs were assessed and registered with a 131,259 individuals mostly women and children (SRRC, Nasir, and January 2014). Population movements continue between Nasir Town and surrounding payams. Mandeng Payam of Nasir County currently hosts most of the IDPs. Before the war erupted, Nasir County was already vulnerable. Flooding has been a common phenomenon. Last year, Nasir County has been one of the most of the affected areas with floods. 10 payams were affected displacing 2,253 HHs and 11,264 individuals (Inter Agency Flood Assessment Report, Nasir, and October 2013). The pressure of war and hunger is so huge on the community. The community is in dire need of basic services. Clean Water, Non Food Items (NFIs) food and latrines. Besides war and floods, Nasir also suffers long dry seasons further limiting food production. When the crises started on 15th December many National and international NGOs either scaled down or withdrew completely from Nasir County. UNKEA is currently the only active NGO in Nasir County and is scaling up to fill the gaps left. During the incident of the 4th may 2014 in which the county exchanged hands between the opposition and government forces, most of the health equipment were destroyed making access to treatment by the community strained. Most of the community moved to Mandeng an area 8 Kms from Nasir town. In a recent visit to Mandeng, The SRRA reported that about three quarters (3/4) of the IDPs from Malakal, Ulang and Nasir Town have settled in Mandeng and Jikmir with about a quarter (1/4) crossing to Ethiopia. Malaria, Pneumonia, Diarrhea and Malnutrition were reported as the most common ailments affecting mainly children <5 years. The Clinical officer in charge of Mandeng PHCU+ reported a daily average consultation rate of 300 patients per day. Sexual exploitation, rape, early marriages and pregnancies among IDPs and Host communities are some of the worst forms of sexual and gender based violence (SGBV) increasing the risk of STIs and HIV/AIDS. Most children under 5 among the host community and IDPs have not been fully immunized. With a health care system struggling to overcome the challenges of limited number of skilled health workers, poor road infrastructure limiting accessibility to health facilities and weaker referral services due to lack of ambulance services, this increase in the number of IDPs and the pressure on the host community is likely to overwhelm the current funding capacity of UNKEA. "</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>The beneficiaries will be IDPs and host community in Nasir county of Upper Nile state, it will be a gender sensitive project and will benefit both men and women, boys and girls. Vulnerable communities will be given a special focus, that is children under five years, women and the elderly, people with disabilities and people living with HIV and aids.</p>																																														

4. Grant Request Justification. This funding is requested to support UNKEA's accelerated response initiative (ARI) by providing basic health services to vulnerable IDPs, returnees and host communities in 7 fixed health facilities of Jikmir PHCC, Dhording PHCU, Kierwan PHCU, Mandeng PHCU, Dinkar PHCU and 3 additional fixed outreach sites in Nordeng, Batik and Kuetrengke PHCUs. This funding will sustain and prevent rupture in providing continued humanitarian health assistance to the vulnerable IDPs and host communities. Scaling up provision of basic clinical consultations and treatment of common ailments such as malaria, diarrhea, pneumonia and basic surgical services will reduce morbidity and mortality. Scaling up immunization services, vitamin A supplementation, deworming, IPT, clinical management of SGBV survivors, provision of safe and clean deliveries will enhance maternal, neonatal and child health. Improving the basic health facility infrastructure through minor repairs and maintenance, supply of essential laboratory equipment and reagents as well as skills training for health workers will improve the quality of basic package of health services. Accelerating grass root level community awareness will contribute to reduction in spread of communicable diseases. With 10 years existence in Nasir County, UNKEA has a strong community's support and acceptability making its programmes cost effective and sustainable through working with community volunteers. UNKEA has viable working relationship with its government, NGOs and donor partners such as CHD, UNICEF, SMOH, ADRA and MSF in supporting the health care system in Nasir County. Through partnership agreement with PSI and WHO, UNKEA is receiving a non cost supply of ACTs and RDTs for management of malaria and PHCC and PHCU kits.

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

LOGICAL FRAMEWORK

Overall project objective To increase access of integrated emergency primary health care services to IDPs, Returnees and Host Community.

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	100

Outcome 1	Treatment and management of the most common ailments	
Code	Description	Assumptions & Risks
Output 1.1	Clinical consultations undertaken and treatment provided.	<ul style="list-style-type: none"> • Security stability in the project area • Uninterrupted funding and supply of relief items and drugs • Continued community and acceptability and support • Commitment and support of partners to the project • Continuous accessibility to project sites

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			11175	9184	20359
		Means of Verification:	<ul style="list-style-type: none"> • Health facility records • End of project assessment report • County Health Department records 				
Indicator 1.1.2	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	4800	7200	11175	9184	32359
		Means of Verification:	Security prevail/Funding secured				

Activities

Activity 1.1.1	Delivery and transport of medical supplies
Activity 1.1.2	Provision of clinical consultations and treatment in all health facilities
Activity 1.1.3	Prevention and management of SGBV in all locations
Activity 1.1.4	Provision of antenatal and reproductive health services such as family planning, BEmONC and SGBV) in site
Activity 1.1.5	Distribution of pipeline commodities such as drugs, RH kits, clinical, EPI and BEmONC equipment to all facilities.

Outcome 2	Strengthening the capacity of health personnel	
Code	Description	Assumptions & Risks
Output 2.1	Capacity of Health workers improved.	Community support and Stability in project sites

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	9	7			16
		Means of Verification:	Stability in all project site and Community support				

Activities

Activity 2.1.1	Training of home health promoters
Activity 2.1.2	Refresher training of health workers on the management of communicable diseases.

Output 2.2	Minor repair of Health facilities	Funding availed
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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 functional health facilities in conflict-affected and other vulnerable states																		4
Means of Verification:		Quantified supervisory check list																		

Activities

Activity 2.2.1	Minor improvement of health facilities																		
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Outcome 3	Provision of preventive services																		
Code	Description											Assumptions & Risks							
Output 3.1	Community sensitised on the prevention of the most common ailments																		

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	11175	9184	2130	2130	24619
Means of Verification:		Monthly reports					

Activities

Activity 3.1.1	Distribution of LLITNs to pregnant and lactating women																		
Activity 3.1.2	Continuous health education on prevention of common ailments																		

Outcome 4	Monitoring and reporting of activities																		
Code	Description											Assumptions & Risks							
Output 4.1	Outbreaks are reported within 48 hours and supervision and project progress reports are generated and reported											Security prevail,transport net work available							

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 4.1.1	HEALTH	# of health workers trained on DHIS					2
Means of Verification:		Training reports					
Indicator 4.1.2	HEALTH	# of quantified supervisory check lists conducted					2
Means of Verification:		Quarterly supervisory reports					
Indicator 4.1.3	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					60
Means of Verification:		Weekly, monthly and quarterly reports					

Activities

Activity 4.1.1	Training of health workers on disease surveillance and DHIS																		
Activity 4.1.2	Conducting quantified quarterly supervisory checks																		
Activity 4.1.3	Continuous surveillance and reporting of communicable disease out breaks																		
Activity 4.1.4	Mid term narrative report submitted																		
Activity 4.1.5	End of term narrative report submitted																		

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 Delivery and transport of medical supplies	2015	X											
Activity 1.1.2 Provision of clinical consultations and treatment in all health facilities	2015	X	X	X	X	X	X						
Activity 1.1.3 Prevention and management of SGBV in all locations	2015	X	X	X	X	X	X						
Activity 1.1.4 Provision of antenatal and reproductive health services such as family planning, BEmONC and SGBV) in site	2015	X	X	X	X	X	X						
Activity 1.1.5 Distribution of pipeline commodities such as drugs, RH kits, clinical, EPI and BEmONC equipment to all facilities.	2015	X	X										
Activity 2.1.1 Training of home health promoters	2015	X											
Activity 2.1.2 Refresher training of health workers on the management of communicable diseases.	2015				X								
Activity 2.2.1 Minor improvement of health facilities	2015	X											
Activity 3.1.1 Distribution of LLITNs to pregnant and lactating women	2015			X									
Activity 3.1.2 Continuous health education on prevention of common	2015	X	X	X	X	X	X						

ailments																		
Activity 4.1.1 Training of health workers on disease surveillance and DHIS	2015	X																
Activity 4.1.2 Conducting quantified quarterly supervisory checks	2015				X							X						
Activity 4.1.3 Continuous surveillance and reporting of communicable disease out breaks	2015	X	X	X	X	X	X	X										
Activity 4.1.4 Mid term narrative report submitted	2015						X											
Activity 4.1.5 End of term narrative report submitted	2015											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?). State if, when and how you plan to evaluate your project.

Through previous operational experience in health programs, UNKEA has developed strong skills in identifying and measuring appropriate indicators, in data collection and analysis, and in partnering with donors and other agencies to coordinate the dissemination of that information. UNKEA will ensure the prompt and accurate collection of information and compile the results for data analysis and program evaluation according to the goal, objectives, and indicators of the program. The following initiatives will be adopted to incorporate the activities in this proposal into the current monitoring plan. a) A planning and orientation workshop will be conducted in January 2015 at the beginning of the project. This is done to introduce the project staff to the entire project document, understand indicators, and reporting tools and timelines the logical framework will provide the basis for monitoring the project indicators. The output indicators will be measured using program records and reports. b) The Health and Nutrition Advisor will be responsible for the overall planning, monitoring and reporting of activities as per the log frame and work plan. This will include regular visits to all sites in the Program, monitoring of staff activities, compiling and analyzing program records, assessing external variables, tracking changes and making modifications to the program or work plan accordingly in order to ensure the attainment of objective. He will coordinate the health and nutrition programme, attend the nutrition and health cluster technical working groups and ensure that relevant information is factored into programme implementation and share UNKEA's progress reports with all partners. The Executive Director will ensure that planned activities take place. He will also attend sectoral working group and coordination meetings, ensure the relevant information is factored into program implementation and share UNKEA's progress and statistical information with other agencies where appropriate. UNKEA will continue to build the operational capacity of project staffs in monitoring and reporting in the project cycle management (PCM) and maximize their participation in all activities. c) Data collection and Analysis. Project data will be collected using the standard GoSS-MoH data collection tools such as weekly, Monthly and the Quantified Quarterly Supervision check list. The data collected will be analyzed immediately by the project Manager under the supervision of the Health and Nutrition Adviser. The data will be dis-aggregated into sex and age to show how children under 5 years (Boys and Girls), women and men are benefiting from the project. This will be a continuous process as it will be inbuilt into project implementation process so that it will be concurrent with activity implementation. The officers will also be responsible for compiling the data into a fair draft which will be reviewed by the project coordinator to ensure that data is collected for the relevant indicators, adherence to reporting timelines (Weekly, Monthly, Quarterly, Midterm and End of term narrative reports) will be observed. Quality of data The accuracy and consistency of the data will be assured through the use of standardized data collection tools duly protected for reliability, completeness, and consistency and approved. The Project Manager and Health and Nutrition Adviser will make monthly and quarterly visits to the project sites to monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This will involve data quality audits in randomly selected project sites done on quarterly basis that will form part of project data quality assurance and quality control.

OTHER INFORMATION

Accountability to Affected Populations The beneficiaries are mainly children under five, boys and girls and pregnant and lactating women who are IDPs and the Host community. These are the most vulnerable groups in the society, and in situations of crises like the current crises, they suffer most, the community was consulted in the project design and they will be fully involved in the project implementation. The network of mother to mother support groups and the Village health committees with the community and the project management team provides a strong avenue for feedback. The project will ensure women, boys and girls are treated with dignity, it will take into consideration the fundamental human rights. UNKEA has a good record of confidentiality, all information/data collected from the community will be treated with confidentiality, and data collection will include an informed consent. UNKEA has a good record of impartiality, this project will benefit all communities in the targeted area, and will ensure all people are treated equally regardless of their affiliations. UNKEA will collaborate with other agencies such as PACT Sudan, to ensure peace building projects are implemented along side this project.

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

Provision of basic package of health and nutrition services will be done in at all 6 health facilities. UNKEA will include a mixture of innovative approach using community outreach events during which health education on prevention and control of communicable disease such as malaria, HIV/AIDS, TB, Kala azar, diarrhea is given, children under five immunized, dewormed and given vitamin A supplementation. Screening of under five, pregnant and lactating women for SAM and MAM will be done as a rider activity improvement and equipment of health facility infrastructure will be under taken. Minor repairs, renovations, expansions through fixing windows, locks, painting, and equipment of health facilities with furniture, basic laboratory, BEmONC, EPI and clinical equipment and hand washing facilities will be undertaken. The government will supply essential drugs and UNKEA covers gaps (ACTs, FP commodities, LLTNs, basic clinical, laboratory, EPI, BEmONC equipment) Building strong referral system where patients are identified and referred from community to health facilities and among health facilities will be enhanced. UNKEA will continue to maintain its speed motor boat and provide fuel to support the CHD ambulance for referral of pregnant women and under five Capacity building through technical staff training and supportive supervision staff will be a key component of quality management system through improving efficiency and effectiveness of health facilities. On the job competence based trainings tailored to the needs of communities will be undertaken together with regular supervisory visits using the QSC of the MoH. Effective health information and management system will be enhanced to ensure that data is used for informing decision making in the course of implementing the project. UNKEA will ensure that data is effectively captured, analyzed, disseminated and utilized by all stakeholders (government, donors and partners) at all stages of the project implementation. Community involvement through recruitment and training of community leaders and community health educators (HHPs, TBAs and CHWs) on prevention and control of SGBV, communicable diseases such as malaria, HIV/AIDS, Malnutrition, promotion of LLTNs, hand washing, use of latrines, protection of water source will be used to enact health promotion and protection in the communities. Collaboration and coordination will be a key in implementing the project. UNKEA will however, initiate and promote dialogue and collaboration with its partners such as line ministries of health, NGOs, the communities and local authorities.

Coordination with other Organizations in project area	Name of the organization	Areas/activities of collaboration and rationale
	1. IMA	Capacity building, DHIS/Supplies
	2. Medicine Sans Frontiers (MSF-H)	Capacity building/provision of secondary health care
	3. PSI	Supplies (ACTs, RDTs, Mosquito nets)
	4. WHO	Supplies/Capacity Building/advocacy (PHCC Kits, RDTs etc)
	5. UNFPA	Supplies (RH kits, Condoms)
	6. UNAIDS	Supplies/Advocacy (HIV kits)

Environmental Marker Code	A: Neutral Impact on environment with No mitigation
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	
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	Health Adviser	S	1	2000	6	50.00%	6,000.00	3,000.00	3,000.00	6,000.00
	The health adviser helps in providing technical advice during the implementation of the project and the unit number has been estimated depending on the size of project and the cost included in the salary is transport, lunch and medical									

1.2	Health Manager	D	1	1500	6	100.00%	9,000.00	4,500.00	4,500.00	9,000.00
	This position plays a key role in providing management support to the project activity in the field and the cost included in the salary are;transport,medical and lunch									
1.3	Reproductive Health Officer	D	1	1000	6	100.00%	6,000.00	3,000.00	3,000.00	6,000.00
	This position help in providing technical support when it comes to matters to do with reproductive health in the Communities where the project is going to be implemented									
1.4	PHC officer	D	1	1000	6	100.00%	6,000.00	3,000.00	3,000.00	6,000.00
	The primary Healthcare officer helps in the providing both technical and management support to all the facilities under the projects and the cost included in the salary are transport,lunch and medical									
1.5	Primary Health Care supervisor	D	1	900	6	100.00%	5,400.00	2,700.00	2,700.00	5,400.00
	This position helps in providing technical support to the health facilities and supervising all the health facilities under this project the unit have been estimated according to the size of the project and the cost included in the salary are transport,lunch and medical									
1.6	M&M&M&M&E Officer	D	1	1200	6	30.00%	2,160.00	1,080.00	1,080.00	2,160.00
	The M&M&M&M&E is to monitor and evaluate all the activities of the project who also helps in reporting all the activities taking place in the due course of its implementation									
1.7	Clinical Officers	D	4	1000	6	100.00%	24,000.00	12,000.00	12,000.00	24,000.00
	The clinical officers are for Jikmir PHCC and Kiechkon PHCC) to provide clinical consultations to these facilities in accurate and timely manner									
1.8	Midwives	D	3	500	6	100.00%	9,000.00	4,500.00	4,500.00	9,000.00
	This position helps in providing delivery services in the health facilities and for this matter we have allocated 2 for Jikmir PHCC and 1 for Nasir Kiechkun PHCC) to provide ANC services									
1.9	Nurses	D	5	500	6	100.00%	15,000.00	7,500.00	7,500.00	15,000.00
	The 5 Nurses are distributed in the following health facilities (3Jikmir PHCC,1 Kiechkun PHCC and 1 for Mading PHCC) to provide nursing care in the units and their salary include transport,lunch housing									
1.10	EPI supervisor	D	1	200	6	100.00%	1,200.00	600.00	600.00	1,200.00
	This position helps in supervising EPI activities in the field location and the cost included in the salary are transport,lunch,housing									
1.11	Pharmacists	D	4	400	6	100.00%	9,600.00	4,800.00	4,800.00	9,600.00
	The pharmacists helps in dispensing and managing of drugs in the various health facilities and the cost involve in the salary are transport,lunch and housing									
1.12	Lab Technicians	D	3	600	6	100.00%	10,800.00	5,400.00	5,400.00	10,800.00
	The Lab technician help to perform diagnostic tests in the health facilities and the cost included in the salary are;transport,lunch and housing									
1.13	CHW	D	8	350	6	25.00%	4,200.00	2,100.00	2,100.00	4,200.00
	The CHW helps to diagnose and treat cases in 6 PHCUs and 1 PHCC (2 per facility) at all time and the cost involve in the salary include transport,lunch and housing the unit cost is estimated depending on the size of the health facility and the capacity of the project									
1.14	MCHW	D	9	1800	6	25.00%	24,300.00	12,150.00	12,150.00	24,300.00
	The MCHW is to provide quality ANC services in 6 PHCUs and 1 PHCC (1 per facility) and the unit number is derive according to the project activity to be carried out and the cost included in the salary is transport,lunch and housing									
1.15	Vaccinators to provide vaccination services	D	6	200	6	25.00%	1,800.00	900.00	900.00	1,800.00
	The helps in providing carrying out immunization services in the health facilities and they carry out household vaccination in the community, the cost in the salary include transport,lunch and housing									
1.16	Cold chain Technicians and registrar	D	4	400	6	25.00%	2,400.00	1,200.00	1,200.00	2,400.00
	This position helps in the									
1.17	Security guards	S	9	150	6	25.00%	2,025.00	1,012.50	1,012.50	2,025.00
	This position helps in providing security in terms of protection of the health facilities and the unit cost is estimated according to the activity to be implemented in the projects and the cost involved in the salary payment are transport,lunch and housing									
1.18	Cleaners to maintian cleanliness of health facilities	S	9	150	6	25.00%	2,025.00	1,012.50	1,012.50	2,025.00
	The cleaners are to maintain the office very clean at all time									
1.19	Executive Director	S	1	3300	6	25.00%	4,950.00	2,475.00	2,475.00	4,950.00
	The Executive Director provide overall leadership function in the implementation of the project and the cost included in the salary are lunch,transport and housing									
1.20	Finance Manager	S	1	1500	6	25.00%	2,250.00	1,125.00	1,125.00	2,250.00
	The finance manager helps to manage financial spendings , accountabilities and reportings of the project in timely and accurate manner									
1.21	Accountant	S	1	1200	6	25.00%	1,800.00	900.00	900.00	1,800.00
	The accountants helps in effecting project payments/advances and reconciliations during the implementation of the project activities and the unit number is according to the project capacity and the cost involve in the salary is transport,housing and lunch									
1.22	Human Resources Officer	S	1	1500	6	15.00%	1,350.00	675.00	675.00	1,350.00
	The HR is to provide personnel support during the implementation of the project activities and the cost in the salary include transport,lunch and housing									
1.23	Driver	S	1	200	6	25.00%	300.00	150.00	150.00	300.00
	The driver is to help in supporting the field vehicle movements from time to time and the cost involved in the salary include transport,lunch and housing									
	Section Total						151,560.00	75,780.00	75,780.00	151,560.00

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	Provision/Distribution of LLINs	D	10000	0	1	100.00%	0.00	0.00	0.00	0.00
	The provision and distribution of supplies is a direct contribution from UNICEF/IMA/PSI as inkind									
2.2	Provision of RH kits (oral contraceptives and condoms)	D	900	0	0	100.00%	0.00	0.00	0.00	0.00
	The provision and distribution of supplies is a direct contribution from UNFPA as inkind									

2.3	Supply of ACTSupply of ACTs and RDTs and RDT	D	1200	0	0	100.00%	0.00	0.00	0.00	
	The provision and distribution of supplies is a direct contribution from PSI as inkind									
2.4	Transport of supplies from Juba to Nasir	D	1	10590	1	100.00%	10,590.00	5,295.00	5,295.00	10,590.00
	The cost of transport is estimated according to the quantity received from Donors and the quotation collected from different transport Vendors									
2.5	Minor repairs and maintenance of 5 health facilities	D	1	7500	1	100.00%	7,500.00	3,750.00	3,750.00	7,500.00
	The cost estimated is base on the bill of quantity technically done by construction Vendor and the quotation collected									
2.6	Loading and offloading of supplies from Nasir to all project sites	D	2	400	1	100.00%	800.00	400.00	400.00	800.00
	This one depends on the quantity received from the Donors and existing local market rate.									
Section Total							18,890.00	9,445.00	9,445.00	18,890.00

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	Program staffs communications	D	6	75	6	40.00%	1,080.00	540.00	540.00	1,080.00
	This is needed to coordinate programmes and will be purchased locally basing on the existing market rate									
3.2	Office stationeries	D	2	200	4	40.00%	640.00	320.00	320.00	640.00
	This is needed for the day to day running of the programmes and will be purchased locally basing on the existing market rate									
3.3	Lap top for M & E officer and Health Advisor	D	2	900	1	100.00%	1,800.00	900.00	900.00	1,800.00
	For reporting and facilitation of health programming									
3.4	Office Rent	S	2	2000	6	25.00%	6,000.00	3,000.00	3,000.00	6,000.00
	Juba office and Nasir office for coordination of the projects									
Section Total							9,520.00	4,760.00	4,760.00	9,520.00

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	Field monitoring and technical support (Director, Health advisor, M & E, HR, Finance , Logistic)	D	2	400	2	50.00%	800.00	400.00	400.00	800.00
	Provision of technical support on quarterly basis, and the cost is estimated based on the current UNHAS rate									
5.2	Field staff travel to Juba for coordination meetings	D	1	400	2	100.00%	800.00	400.00	400.00	800.00
	The field staff need to travel to Juba on a quarterly basis for planning purposes smooth running of the project activity									
Section Total							1,600.00	800.00	800.00	1,600.00

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	Fuel for speed motor boat supervision visit from Nasir-Sites during rainy season	D	1	200	6	50.00%	600.00	300.00	300.00	600.00
	fuel is necessary in the transportation of supplies from Nasir to sites									
7.2	Fuel for vehicle supervision visit from Nasir-Sites	D	1	200	6	50.00%	600.00	300.00	300.00	600.00
	The amount of fuel required depends on the figure indicated on the budget and the distance covered									
7.3	Fuel for staff compound generator	D	1	200	6	50.00%	600.00	300.00	300.00	600.00
	the amount of fuel required depends on the quantity of work staff are suppose to do and the efficiency of the generator									
7.4	Maintenance of vehicle and boat	D	1	200	4	20.00%	160.00	80.00	80.00	160.00
	The maintenance cost required depends on the efficiency of the vehicle and boat and the way its being use									
7.5	Internet	D	1	375	12	20.00%	900.00	450.00	450.00	900.00
	Internet is so essential for the project to run in the smooth manner and as of that, the cost is estimated according to the quotation collected from different vendors and the existing market price in the internet companies like RCS, Bilpam Telecommunication.									
7.6										

Communication			0	0	0	0.00%	0.00		0.00		0.00	
Section Total							2,860.00		1,430.00		1,430.00	2,860.00
Sub Total Direct Cost										184,430.00		
Indirect Programme Support Cost <i>PSC rate (insert percentage, not to exceed 7 per cent)</i>										7%		
Audit Cost <i>(For NGO, in percent)</i>										1%		
PSC Amount										12,910.10		
Quarterly Budget Details for PSC Amount	2015		Total									
	Q1	Q2										
	6,455.05	6,455.05	12,910.10									
Total Fund Project Cost										197,340.10		
Project Locations												
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity	
Upper Nile -> Luakpiny/Nasir	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												

