

Project Proposal

Organization	UNIDO (Universal Intervention and Development Organization)					
Project Title	Improve quality of comprehensive emergency primary healthcare services and increase access through health facility and community-based service provision					
Fund Code	SSD-15/SA1/H/NGO/234					
Primary Cluster	HEALTH	Secondary Cluster	None			
Project Allocation	1st Round Standard Allocation	Allocation Category Type				
Project budget in US\$	150,000.04	Planned project duration	6 months			
Planned Start Date	01/01/2015	Planned End Date	30/06/2015			
OPS Details	OPS Code	SSD-15/H/72534	OPS Budget	0.00		
	OPS Project Ranking		OPS Gender Marker			
Project Summary	This project is meant to maintain and improve the primary health care services network putting into consideration the quality, accessibility and culturally acceptable mostly for the vulnerable groups like children, women of child bearing ages, disabled and the IDPs. The effects of flooding and the current crisis have exposed the community of Mayendit county into state of no good harvest for the year. And as result the <5 children are prone to malnutrition where SAM is >6.1% in the area and also the pregnant and lactating mothers are likely to face malnutrition and its related co-morbidities. The pregnant women have no access to ANC services and the family planning utilization is below 5% as most of the population are >5km radius from the health facilities which can be addressed by establishment of mobile clinics. TT2, DPT and other childhood disease immunizations provision and accessibility is just below 15%. Also the continuous increased number of IDPs due to the floods mainly during the rainy season contributes to the exposure of the vulnerable groups into anger and inter-communal conflicts					
Direct beneficiaries		Men	Women	Boys	Girls	Total
Beneficiary Summary		20864	27126	29400	29580	106,970
Total beneficiaries include the following:						
Children under 5		0	0	0	0	0
Pregnant and Lactating Women		0	0	0	0	0
Pastoralists		0	0	0	0	0
Internally Displaced People		0	0	0	0	0
Indirect Beneficiaries	Catchment Population					
Link with the Allocation Strategy	This project proposal will ensure adequate and uninterrupted supply of drugs, medical and laboratory supplies & equipments, through both direct and MOH supply chains and also undertake Emergency Obstetrics surgical interventions. It will also strengthen the emergency preparedness and respond to health related emergencies including the control of communicable diseases from spreading at the supported facilities in the affected community of Mayendit county. It will also enhance the establishment of mobile clinics in the residential areas which have no access to the existing facilities to cater for <5 children, aged women & men and the disabled who are hard to walk distances.. It will also help to maintain an environmental friendly activities because UNIDO plans to build permanent incinerators for safe disposal of the medical equipments used in the supported facilities and to train the health and community based staffs on the system of safe disposal. The project will also help to repair the existing health facilities to ensure their functionality.					
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)					
Organization focal point contact details	Name	Title	Phone	Email		
	Dr. Duk Stephen Pai	Medical coordinator	+211955550669	dukstephen@yahoo.com		
	Rev. Thomas Riek Manyol	Program coordinator	+211955060734	riekthomasmanyol@gmail.com		
	James Keah Ninrew	Executive director	+211927394926	ninrewk@gmail.com		
	Kennedy Recha	Admin & finance manager	+254715768768	fm@unidosouthsudan.org		

BACKGROUND INFORMATION

1. Humanitarian context

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

According to the Sudan populations and households census of 2008, Mayendit county has population of 79,009. Moreover, Unity State has one of the poorest intrapartum and very early neonatal death rate for health facilities at 24.9% it also shows that the percentage of institutional maternal deaths due to indirect causes among the health facilities was at 54%. It is a government declared flood prone area making it completely inaccessible during the rainy season. Due to the challenges of poor accessibility, the uptake for MCH services is very low; the discontinuation of TBAs at the health facilities and lack trained midwives has left a big gap since it's very difficult to get a qualified midwife hence leaving the pregnant women even more vulnerable in accessing safe delivery at the health facilities and antenatal care. Some of the health facilities are more than 5 km away from the population residences making it hard for mothers and children <5 both boys and girls to access health services. The disease burden in Mayendit County is increasing especially on children boys and girls <5 (AWD, ABD and Malaria) and also on the PLW (Malaria). Since the beginning of the year Mayendit recorded high number of patients per week of not less than 1000. Destruction and looting of health facilities put the IDPs and host communities at a more vulnerable state in health service provision especially boys and girls <5 and PLW where services were being provided in the bush hence creating no privacy for the pregnant women and putting them at risk when it came to child birth. Measles suspected cases and deaths have been reported in Mayendit HQ and the CHD says that there are even more in the other payams. This has been caused by lack of vaccination in the county as the cold chains were vandalized and the solar panels and batteries taken away thus leaving no functioning cold chain. Mayendit County is one of the counties that was gravely affected by the crisis that happened in South Sudan. HF's were destroyed and health staff killed during the crisis reducing further the already lean HR in the health institutions which also affected service delivery. According to OCHA, there are 32,765 IDPs in Mayendit County the second highest number of IDPs in the state. Majority of the IDPs are not in the UNMISS protected area and they have mingled with the host community and taken refuge in neighbouring counties in the bush. For those who ran for their safety from Leer, Koch and Bentiu to Mayendit they have been reported to eating water lilies as a coping mechanism to curb hunger. Majority of the IDPs are women, children boys and girls and the elderly men and women. All Mayendit health facilities are running out of drugs due to the high population and the county still remains inaccessible either by air or by road hence making it a great challenge to transport any lifesaving items to the area. The most vulnerable groups that is the children boys and girls <5 and the P&LW are at high risk of disease outbreak since there are no private clinics in the county they solely depend on the health facilities run by UNIDO. One health facility in the county was burnt to the ground again increasing the gap of health service delivery to the community living in Mado! Payam. Reproductive health kits are also quickly finishing due to the same reasons as the drugs. There is no referral institution in the State as Leer hospital was destroyed and Bentiu Hospital is still not fully functional hence medivacs will have to be used for the chronic cases.

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)

The beneficiaries include less than five years boys and girls, between 5 and 15 years boys and girls, women of child bearing ages, old men and women, disabled,

3. Description Of Beneficiaries	current & post war trauma victims, local chiefs, teachers and their related groups like PTA and others for the host communities, pastoralists and the IDPs
4. Grant Request Justification.	The proposed project activities will maintain the existing emergency health sector safety net in Mayendit county by providing basic health packages and emergency referral services in the targeted 7 health facilities (Mayendit PHCC, Thaker, Kuok, Dablual, Tutnyang, Pabuong and Luom PHCUs) of Mayendit county and the surrounding communities. Through a focus on maternal and child health (MCH) - especially obstetric care, integrated management of childhood illnesses (IMCI) protocols, and EPI, UNIDO intends to ensure the promotion of mother and child survival in its supported healthcare facilities whilst continuing to provide services in line with the Basic Package of Health Services (BPHS). Special focus will be in place to boost the coverage for measles vaccination through enhanced outreach activities and regular cyclic vaccination campaigns. UNIDO has initiated the use of community health committees to intensify community education and social mobilization for the utilization of services at the community level. UNIDO plans to use community health committees to conduct health promotion on common illnesses, MCH, nutrition, healthcare seeking behavior, and information on available services in the health facilities, HIV/AIDS since one of the facilities Mayendit PHCC has a VCT. UNIDO shall procure and distribute essential drugs, kits (including trauma kits), medical supplies, basic medical equipment, and laboratory supplies through direct supply and the MoH's supply chain from the State to facility level. UNIDO shall continue in partnerships with UNFPA and UNICEF to ensure the timely procurement and distribution of essential RH and EPI commodities, and ensure proper functioning of the cold chains installed in Mayendit PHCC and Kuok PHCU which are now damaged as result of the conflict. UNIDO shall continue improving the diagnostic capacity of laboratory services at Mayendit PHCC to ensure rapid and accurate diagnoses to support timely treatment of communicable diseases and reporting on the HMIS. The SMOH still lacks capacity in HR hence UNIDO shall conduct on-job/refresher trainings at the facilities and community-based health workers on safe motherhood, child health, community health, common morbidities, IDSR/HIS, and emergency surgical and obstetric interventions. UNIDO shall ensure IDSR reports are submitted weekly from all health facilities. This project proposal is meant to fund the seven (7) health facilities out of twelve (12) health facilities in Mayendit county. While the remaining five (5) health facilities are funded by HPF.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	

LOGICAL FRAMEWORK

Overall project objective Increase access to and improve quality of comprehensive emergency primary healthcare services through health facilities and community-based services provision in Mayendit county by the end of June 2015.

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	Increased access to integrated quality primary health care services in 1 PHCCs and 6 PHCUs to the IDPs, pastoralists, host community and other vulnerable groups in Mayendit county.	
Code	Description	Assumptions & Risks
Output 1.1	<ul style="list-style-type: none"> 1 PHCC and 6 PHCUs are strengthened to deliver quality primary health care services to pastoralists, host communities and other vulnerable groups. 	<ul style="list-style-type: none"> Security remains stable Funds disbursed on time Weather is conducive

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	12550	12550	8750	8750	42600
		Means of Verification:	UNIDO reports, cluster reports, QSC reports				
Indicator 1.1.2	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	12550	12550			25100
		Means of Verification:					
Indicator 1.1.3	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			8750	8750	17500
		Means of Verification:					

Activities

Activity 1.1.1	Maintain the existing provision of basic health packages and emergency referral services in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs of Mayendit county
Activity 1.1.2	Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMCI protocol for <5 girls and boys in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs
Activity 1.1.3	Provide laboratory services with improved diagnostic capacity in Mayendit PHCC
Activity 1.1.4	Provide maternal healthcare (routine ANC/PNC checkup, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, BemONC, FP services) in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs
Activity 1.1.5	Strengthen universal precautions and infection prevention including medical waste management in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs
Activity 1.1.6	Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs
Activity 1.1.7	Conduct on the job and formal/refresher training for health workers, health promoters, community based health workers, community midwives on MISP, safe motherhood, child health, community health, common morbidities, HMIS
Activity 1.1.8	Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supplies/equipments to all supported health facilities

Output 1.2 Strengthened EPI and vaccination campaign services that reach to vulnerable communities. Inter-tribal conflicts will not escalate to the extent of hindering community participation in the delivery of health services

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			8750	8750	17500
		Means of Verification:	<ul style="list-style-type: none"> DHIS reports EPI reports 				

Activities

Activity 1.2.1	Undertake memorandums of understanding with UNICEF for the transportation and distribution of EPI supplies including cold chain
Activity 1.2.2	Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs and the areas without access to health care

Output 1.3 Increased capacity of health facilities in communicable disease control, prevention and emergency response. UNIDO receives stakeholders support for the project

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					90
Means of Verification:		<ul style="list-style-type: none"> • HF disease surveillance reports. • DHIS reports 					

Activities

Activity 1.3.1	Provide vehicles for emergency referral services to the Hospital in Leer for surgical interventions e.g trauma.
Activity 1.3.2	Strengthening of facility staff health workers, health promoters, community midwives on health/disease surveillance, reporting and analysis (HF based surveillance/IDSR, community surveillance and epidemic/outbreak investigation and response); case finding, treatment and health awareness raising for the prevention of common infectious diseases e.g. cholera, meningitis, malaria, HIV/AIDS and other communicable diseases
Activity 1.3.3	Training of health workers in EP&R for disease outbreaks, laboratory and clinical management of malaria, TB and casualty incidents from conflicts and other causes
Activity 1.3.4	Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, PEP) in the said health facilities, laboratory diagnostic capacity and coordination mechanisms with other humanitarian actors in the county and at the clusters in Bentiu and Juba.

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 Maintain the existing provision of basic health packages and emergency referral services in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs of Mayendit county	2015	X	X	X	X	X	X						
Activity 1.1.2 Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMCI protocol for <5 girls and boys in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs	2015	X	X	X	X	X	X						
Activity 1.1.3 Provide laboratory services with improved diagnostic capacity in Mayendit PHCC	2015	X	X	X	X	X	X						
Activity 1.1.4 Provide maternal healthcare (routine ANC/PNC checkup, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, BemONC, FP services) in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs	2015	X	X	X	X	X	X						
Activity 1.1.5 Strengthen universal precautions and infection prevention including medical waste management in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs	2015	X	X	X	X	X	X						
Activity 1.1.6 Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs	2015	X	X	X	X	X	X						
Activity 1.1.7 Conduct on the job and formal/refresher training for health workers, health promoters, community based health workers, community midwives on MISF, safe motherhood, child health, community health, common morbidities, HMIS	2015		X										
Activity 1.1.8 Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supplies/equipments to all supported health facilities	2015	X											
Activity 1.2.1 Undertake memorandums of understanding with UNICEF for the transportation and distribution of EPI supplies including cold chain	2015	X											
Activity 1.2.2 Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio in Mayendit PHCC, Luom, Kuok, Tutnyang, Dablual, Pabuong and Thaker PHCUs and the areas without access to health care	2015	X	X	X	X	X	X						
Activity 1.3.1 Provide vehicles for emergency referral services to the Hospital in Leer for surgical interventions e.g trauma.	2015	X											
Activity 1.3.2 Strengthening of facility staff health workers, health promoters, community midwives on health/disease surveillance, reporting and analysis (HF based surveillance/IDSR, community surveillance and epidemic/outbreak investigation and response); case finding, treatment and health awareness raising for the prevention of common infectious diseases e.g. cholera, meningitis, malaria, HIV/AIDS and other communicable diseases	2015		X										
Activity 1.3.3 Training of health workers in EP&R for disease outbreaks, laboratory and clinical management of malaria, TB and casualty incidents from conflicts and other causes	2015		X										
Activity 1.3.4 Prepositioning of essential emergency supplies and kits	2015	X											

(drugs, vaccines, IV fluids, PEP) in the said health facilities, laboratory diagnostic capacity and coordination mechanisms with other humanitarian actors in the county and at the clusters in Bentiu and Juba.

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.

UNIDO will use the existing HMIS, IDRS and DHIS reporting systems on weekly and monthly basis respectively as well the surveillance forms for diseases' out breaks. Our M & E has also developed indicators tracking template which will also complement the other reporting systems. UNIDO will continuously preposition the supplies (the reporting tools like registers OPDs registers for (<5 as well for >5), registers for ANC, laboratory, birth notifications and also the death certificates) from MOH. UNIDO will also make sure that the staffs are trained on how to use each of the above mentioned tools for proper reporting system and thereafter must share those reports on weekly and monthly basis with SMOH and CHF. Routine monthly supervisions to all facilities must be done in collaboration with the CHD to monitor the efficient and quality services deliveries to the community.

OTHER INFORMATION

Accountability to Affected Populations

UNIDO will establish an awareness and community support team through the various group associations and disseminate existing messages and materials using appropriate channels. In environment UNIDO will ensure an environmental friendly measures by correct disposal of plastic paper bags, grading of waste such as hazardous, non hazardous, and sharps all put in separate containers and ensure availability of incinerators; also have dustbins strategically put in various places in the HF's in order to encourage a clean environment. UNIDO will continue with demonstration farms as a way of protecting the soil from erosion.

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

This health project will be directly implemented by UNIDO personnel. Monitoring and evaluation of the project progress will be central to the success of the project and will be carried out to ensure the quality, effectiveness and service delivery performance. Monthly management reports in line with project targets, the state of financial resources, and summary of expenditures, shall be compiled. These will result to quarterly programmatic and financial reports detailing progress made in accordance with the project activity implementation requirements. The medical coordinator and finance manager will ensure that all necessary reports are prepared, compiled and submitted at the end of each quarter. Various tools e.g. observation, review of documentation, key informants techniques will be used to capture and document the project performance. Project stakeholders and beneficiaries feedback will play a vital role in assessing the extent of project success. This will help in restructuring the project implementation course in order to maximally deliver the project activities.

Coordination with other Organizations in project area

Environmental Marker Code

Gender Marker Code

2b-The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

UNIDO plans that women, men, boys and girls utilize the health services without hindrances. This will be achieved by ensuring that women & men are represented equally in the villages health committee (VHCs). These committee are elected for each supported facility to plan adequately for their respective health facilities for the aim of cartering for all. Secondly, men & women shall be trained on their role to the use of reproductive health services so that they at the end time convey the same message to the wider community.

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	Clinical Officers - (monthly pay Supervision and treatment)	D	2	1725	6	100.00%	20,700.00	10,350.00	10,350.00	20,700.00
	Clinical Officers will be in charge of the clinic the project will have two (2) Clinical Officer there Level of Effort (LoE) to the project will be 100% at the monthly Salary of USD 1725 (2 pax x 1725 x 6 = 20,700)									
1.2	Laboratory Technicians (monthly pay working @ PHCC)	D	2	1300	6	100.00%	15,600.00	7,800.00	7,800.00	15,600.00
	Laboratory Technician will be in charge of the Laboratory responsible for diagnosing diseases the project will have two (2) Laboratory Technician their Level of Effort (LoE) to the project will be 100% at the monthly Salary of USD 1300 (2 pax x 1300 x 6 = 15,600)									
1.3	Medical Cordinator (Monthly pay - Project Supervision)	S	1	3750	6	50.00%	11,250.00	5,625.00	5,625.00	11,250.00
	Medical Coordinator will be responsible for the supervision of the clinics. The Limit of Effort (LoE) to the project will be 50% of the effort and the other 50% will be from other project the monthly rate of payment will be 50% of 3750 x 6 months ie 1,875 x 6 months = 11,250									
1.4	Executive Director (Monthly Pay)	S	1	7818	6	10.00%	4,690.80	2,345.40	2,345.40	4,690.80
	Executive Director is responsible for overseeing the project implementation will have 10% Limit of Effort toward the project at the monthly rate of 10% of 7818 x 6 months (781.8 x 6 months = 4,690.80)									
1.5	Program Coordinator 10% LOE on Monthly Pay	S	1	4500	6	10.00%	2,700.00	1,350.00	1,350.00	2,700.00
	Program Coordinator is responsible for coordinating project implementation ie coordinating project activities with the work plan ans will have 10% Limit of Effort toward project at the monthly rate of 10% of 4,500 x 6 months (450 x 6 months = 2,700)									
1.6	Finance Manager 10% LOE on Monthly Pay	S	1	6000	6	10.00%	3,600.00	1,800.00	1,800.00	3,600.00
	Finance Manager is the custodian to the project budget is responsible for financial advice and financial accountability of the project the limit of effort toward the project is 10% at the monthly rate of 10% of 6000 x 6 months (600 x 6 months = 3600)									
1.7	M & E Manager 10% LOE on Monthly Pay	S	1	4200	6	10.00%	2,520.00	1,260.00	1,260.00	2,520.00
	M&E Manager is responsible for project monitoring and evaluation the limit of effort is 10% at the monthly rate of 10% of 4200 x 6 months (420 x 6 months = 2520)									
1.8	Finance Officer 10% LOE on Monthly Pay	S	1	2500	6	10.00%	1,500.00	750.00	750.00	1,500.00
	Finance Officer is responsible for paying the project and compiling the financial report the limits of effort is 10% at the monthly rate of 10% of 2500 x 6 months (250 x 6 months = 1500)									
1.9	Logistics & Procurement Coordinator 10% LOE on Monthly Pay	S	1	3700	6	10.00%	2,220.00	1,110.00	1,110.00	2,220.00
	Logistics and Procurement Coordinator is responsible for procurement of the project items or assets the limits of effort is 10% at the monthly rate of 10% of 3700 x 6 months (370 x 6 months = 2220)									
Section Total							64,780.80	32,390.40	32,390.40	64,780.80

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	Maintain the existing provision of basic health packages and emergency referral services in Mayendit County Health Facilities	D	12500	0.5	1	100.00%	6,250.00	3,125.00	3,125.00	6,250.00
	Support Health facilities Reporting (ANC cards, Out Patient Cards, In patient Cards 12500 pcs @ .05 usd = 6250 usd)									
2.2	Provide consultations and treatment of common illnesses in OPDs and IPDs, including the use of IMCI protocol for & girls and boys in Mayendit HFs	D	1500	4	1	100.00%	6,000.00	3,000.00	3,000.00	6,000.00
	Hire of Qualified Clinical Officers for Mayendit and Rubkuay PHCCS, Registered Midwives and Nurses conducting Mobile Outreach Thrice a month to neighboring villages of the HFs (Fuel 1500 liters @ 7usd = 10500 usd)									
2.3	Provide laboratory services with improved diagnostic capacity in Mayendit and Rupkuay PHCCS	D	1	4500	1	100.00%	4,500.00	2,250.00	2,250.00	4,500.00
	Procurement of Lab Reagents (1500 usd)and Lab equipment (3000usd)									
2.4	Provide maternal healthcare (routine ANC/PNC checkup, TT injection, detection of danger signs and referral of complicated pregnancies, ITN and IPT to prevent malaria, immunization, clean and safe delivery by qualified midwives, BemONC; FP services	D	1500	3.5	1	100.00%	5,250.00	2,625.00	2,625.00	5,250.00
	Procure ITNs for ANC 1500 pcs @ 3.5 usd									
2.5	Strengthen universal precautions and infection prevention including medical waste management	D	8	1200	1	100.00%	9,600.00	4,800.00	4,800.00	9,600.00
	Construct Incinerators at 8 HFs (@ 1500 usd each)									
2.6	Strengthen community health committees and conduct targeted health awareness education on HIV Aids, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation	D	1	400	12	100.00%	4,800.00	2,400.00	2,400.00	4,800.00
	Community Mobilization activities around HFs - 1 eventsper month @ 400 (Hire of Loud Speakers -100 usd , Motor cycle fuel 200 usd per diems for 4 pax @ 25 usd each = 100)									
2.7	Conduct on the job and formal/refresher training for health workers , health promoters, community based health workers, community midwives on MISP, safe motherhood, child health, community health, common morbidities, HMIS	D	36	25	3	100.00%	2,700.00	1,350.00	1,350.00	2,700.00
	Training for 36 Healthworkers 3 per Health facility @ 25 usd for three days									
2.8	Procure and distribute essential drugs, medical supplies, basic medical equipment and laboratory supplies/equipments to all supported health facilities	D	1	5000	1	100.00%	5,000.00	2,500.00	2,500.00	5,000.00
	Purchase of Drugs not in SMOH pipeline to avoid stock outs, (5000 usd)									
2.9	transportation and distribution of EPI supplies including cold chain	D	1	600	6	100.00%	3,600.00	1,800.00	1,800.00	3,600.00
	Transportation of EPI supplies to HFs for routine immunizations monthly @ 600 usd									
2.10	Provide child healthcare (Routine immunization, accelerated mass campaign for measles and NIDs for polio in Mayendit	D	1	600	6	100.00%	3,600.00	1,800.00	1,800.00	3,600.00
	Transportation of EPI teams and Training of Vaccinators (fuel 100liters @ 6 usd)									
2.11	Provide vehicles for emergency referral services to the Hospital in Leer	D	1500	4	1	100.00%	6,000.00	3,000.00	3,000.00	6,000.00
	Maintain Vehicles for referral activities (Two cars Fuel 1500 liters @ 4 usd per liter)									
2.12	Training of health workers in EP&R for disease outbreaks, laboratory and clinical management of malaria, TB and casualty incidents from conflicts and other causes	D	36	25	3	100.00%	2,700.00	1,350.00	1,350.00	2,700.00
	Training of 36 Health workers @ 25usd for three days									
2.13	Prepositioning of essential emergency supplies and kits (drugs, vaccines, IV fluids, PEP) in the said health facilities,	D	1	7950	1	100.00%	7,950.00	3,975.00	3,975.00	7,950.00
	Provision of Storage Racks, Inventory Cards for HFs (Shelves @ 600 usd x 12 HFs = 7200 usd; Cards 1500 pcs @ .5 usd = 750 usd)									
	Section Total						67,950.00	33,975.00	33,975.00	67,950.00

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	
	Section Total						0.00	0	0	0.00

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	Flight Tickets of Project staff (12 Flights to and from Juba to Leer for supportive supervision)	D	12	400	1	50.00%	2,400.00	1,200.00	1,200.00	2,400.00	
There will be 12 flights for the following Staff Program Coordinator, M&A Manager, Medical Coordinator, 2 (Two) Clinical Officers and 1 Laboratory Technician form Juba - Leer - Juba each flight is 50% of 400 (200 x 6pax x 2 = 2400)											
5.2	Ground Travel per diems within project areas	D	3	25	30	50.00%	1,125.00	562.50	562.50	1,125.00	
There will be 5 visit to the clinic by the clinical officer per month at the rate 25 per day visit this will cater for food, and water											
5.3	Visas and work permits	D	2	50	12	50.00%	600.00	300.00	300.00	600.00	
each Visa cost 50 dollas per months for 2 staff i e 2pax x 50 x 6 = 600 dollas											
Section Total								4,125.00	2,062.50	2,062.50	4,125.00
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	Car Fuel	D	1	2000	6	40.00%	4,800.00	2,400.00	2,400.00	4,800.00	
An estimated car fuel for referral per month is 2000 40% cost shared with other project that is 800 per month x 6 = 4800											
7.2	Car Repairs and maintenance	D	1	650	6	40.00%	1,560.00	780.00	780.00	1,560.00	
Vehicle repairs and maintenance is estimated at 650 40% cost shared with other project that is 260 per month x 6 =1560											
7.3	Internet Subscription	D	1	800	6	10.00%	480.00	240.00	240.00	480.00	
10% of the cost of internet subcription is charged to this project ie 80 x 6 months = 480											
7.4	Mobile Airtime	D	1	300	6	10.00%	180.00	90.00	90.00	180.00	
10% of the cost of Mobile Airtime is charged to this project ie 30 x 6 months = 180											
7.5	Thuraya Phone Airtime	D	1	400	6	10.00%	240.00	120.00	120.00	240.00	
10% of the cost of Thuraya Airtime is charged to this project ie 40 x 6 months = 240											
7.6	Office Rent (Juba Office)	D	1	2500	6	10.00%	1,500.00	750.00	750.00	1,500.00	
10% of the cost of Juba Office Rent is charged to this poeject ie 250 x 6 months = 1500											
7.7	Bank Charges	D	1	300	6	10.00%	180.00	90.00	90.00	180.00	
10% of the cost of Bank Charges is charged to this project ie 30 x 6 months = 180											
Section Total								8,940.00	4,470.00	4,470.00	8,940.00
Sub Total Direct Cost										145,795.80	
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)										1.865%	
Audit Cost (For NGO, in percent)										1%	
PSC Amount										2,719.09	
Quarterly Budget Details for PSC Amount		2015		Total							
		Q1	Q2								
		1,359.55	1,359.55	2,719.09							
Total Fund Project Cost										148,514.89	
Project Locations											
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity
Unity -> Mayendit	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											

