

Project Proposal

Organization	CARE International (CARE International)																																														
Project Title	Emergency health responsive to vulnerable population and host community in 5 counties of Unity state (Rubkona, Guit, Mayom, Abiemnom and Pariang) and two counties in Jonglei (Twic east and Uror)																																														
Fund Code	SSD-15/SA1/H/NGO/245																																														
Primary Cluster	HEALTH	Secondary Cluster	None																																												
Project Allocation	1st Round Standard Allocation	Allocation Category Type																																													
Project budget in US\$	249,999.77	Planned project duration	6 months																																												
Planned Start Date	01/01/2015	Planned End Date	30/06/2015																																												
OPS Details	OPS Code	SSD-15/H/72879	OPS Budget	0.00																																											
	OPS Project Ranking		OPS Gender Marker																																												
Project Summary	<p>The crisis in south Sudan has cause a major public health crisis with extensive disruption of essential primary and secondary health care (UNOCHA). The crisis has led to break down of health care system especially in the three conflict states leading to increase of communicable disease such as Cholera, Measles, Kala-azar and recently vaccine derive polio in Bentiu PoC. The project will seek to improve access to primary health care by supporting functional PHCC, PHCU and by conducting out-reach services in areas where IDPs are. The primary health care activities that will be targeted through this CHF funding are out-patient consultation and treatment, health education, immunization of children under five years and pregnant mother, ANC, PNC and skilled delivery by qualified midwives or nurses, measles vaccination for under 15 years in IDP camps and support of emergency supplementary immunization campaigns to boost routine immunization. There are serious gaps in reproductive health services hence the need to improve access by strengthening emergency obstetric and neonatal care at both facility and community by involving community actors. This will be through training of midwives, nurses, clinical officer on emergency obstetric care. The project will also procure drugs and medical equipment and supplies to address the current serious gaps in health care provision due to lack of these. Provision of out-reach services will be a key element in this project therefore constitution of at least one or two teams will be undertaken. Surveillance will be strengthened and monitored to detect and respond to outbreaks in timely manner. During the crisis till reports of sexual and gender base violence have been on the increase and yet lack of clinical management of survivors is lacking. This project will seek to provide appropriate health care to survivors in the static PHCC and at out-reach service. Midwives will be trained on clinical management where possible referral can be undertaken. The use of MISPs standards in reproductive health will be implemented. Psychological services in the country are limited hence the need to train health care staff on counselling and referral of those in need of services. Community involvement and advocacy will be strengthened at Boma level to improve utilization of health care. Due to the continuous crisis in the country that has persisted many patient with psychological effect are on the rise hence the need to train primary health care staff on counselling and referral strategy.</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>8792</td> <td>16956</td> <td>19468</td> <td>17584</td> <td>62,800</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>6250</td> <td>6250</td> <td>12500</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>2512</td> <td>0</td> <td>0</td> <td>2512</td> </tr> <tr> <td>People in Host Communities</td> <td>0</td> <td>16956</td> <td>0</td> <td>0</td> <td>16956</td> </tr> <tr> <td>People in Host Communities</td> <td>8792</td> <td>0</td> <td>0</td> <td>0</td> <td>8792</td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	8792	16956	19468	17584	62,800	Total beneficiaries include the following:						Children under 5	0	0	6250	6250	12500	Pregnant and Lactating Women	0	2512	0	0	2512	People in Host Communities	0	16956	0	0	16956	People in Host Communities	8792	0	0	0	8792
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Indirect Beneficiaries	Catchment Population																																														
Link with the Allocation Strategy	<p>CARE's emergency health project will significantly contribute to overall CHF strategies and specifically health cluster strategies outlined in the strategy paper. The activities proposed are going to directly address the disrupted primary health care services in the target locations where such needs are greatest. CARE has been and continues to be the lead health implementing agency in all targeted counties providing primary health care in collaboration of CHD in hard to reach areas with huge life threatening insecurity in Unity State and Jonglei state. The proposed activities will capitalize on the window of opportunity offered during this dry season. Provision of preventive, curative and promotion health care will be strengthened as well enhancing monitoring and detection of early warning of disease out breaks and instituting response in collaboration with other key health actors INGO and WHO/UNICEF in the conflict areas where IDPs are settled in POCs, camp setting or in host communities CARE will address all the three health cluster objectives by ensuring the following activities (Outputs) are implemented within the project life span. • Procurement and distribute drugs and other medical supplies • Rehabilitation of target PHCC and PHCU (Uror PHCC, Twic east PHCC) • Provide essential basic and curative basic care to children, women and men in the five counties of in Unity (Rubkona, Guit, Abiemnom, Mayom, and Pariang) in the following areas Rubkona UMISS PHCC, Mobile in Bentiu town and in Jazeera, Nhadiu), In Mayom Makien Mayom PHCC, Wangei and one mobile to cover Kuerborna, Bien Ngop, and Kueryiek), in Pariang (Panyang, Biu, Gumriak payams), Guit (Guit, Kuch Niemi Wathynyon) and Abiemnon (Abiemnon, Manjoga and Panyan payams and two Counties in Jonglei (Uror and Twic east) In Uror (Yuai PHCC, Motot, where CARE has presence and offering Primary Health care activities • Provide Immunization to children <1year pregnant women and women of child bearing age and provide vitamin A to children 6-59 month and post natal mothers. • Conduct maternal and neonatal health at facility and at out-reach service. • Conduct mobile out-reach services in all health facilities • Conduct health education at facility, out-reach and at community level • Support CHD to conduct integrated health and nutrition outreach activities and referrals • Train facility and community health workers on emergency obstetric care and referral, IMCI and infection prevention • Produce appropriate targeted IEC messages and materials for Maternal and neonatal care • Participate and support National, State and County health cluster forums • Capacity build the CHD and health workers on emergency preparedness and response. All above proposed activities will contribute to the CHF and health cluster strategic objectives and links well with prioritization of projects. CARE areas with current and proposed activities are within high prioritization rank, Rubkona, Pariang, Mayom, Abiemnom and Guit counties in Unity State and Uror and Twic east in Jonglei state. CARE has made considerable efforts on how to ensure prepositioning of drugs and medical supplies in all its counties during the dry season. CARE has been working in these locations for considerable time and has ongoing activities. CARE is willing to offer whole package of primary health care services and finally CARE will offer services in coordinated and consultation with community, County Health department (CHD), health sector pipeline organizations (WHO and WFP), and other implementing partners and health cluster at both field level and national levels.</p>																																														
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)		Source	US\$																																											
			IMA and HPF	2,825,000.00																																											
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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>Grace Saita</td> <td>Health/SRH Advisor</td> <td>0955058695</td> <td>gsaita@ss.care.org</td> </tr> <tr> <td>Aimee Ansari</td> <td>Country director</td> <td>0913177836</td> <td>aansaari@ss.care.org</td> </tr> </tbody> </table>					Name	Title	Phone	Email	Grace Saita	Health/SRH Advisor	0955058695	gsaita@ss.care.org	Aimee Ansari	Country director	0913177836	aansaari@ss.care.org																														
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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

South Sudan has remained engulfed in a crisis pitting SPLA and SPLA-IO forces led by President and former Vice-President respectively since political violence erupted on December 15, 2013. Both sides are preparing for major offensives as the dry season sets in at the beginning of December 2014. Renewed conflict is likely to be accompanied by widespread displacement, atrocities/crimes coupled with increasing food insecurity. Settlements where basic services are available are expected to receive an additional influx of people in 2015. As per UNOCHA report about 1.8 million people have fled their homes. This includes the more than 1.35 million people who have been displaced inside South Sudan and the 453,000 who have fled to neighboring countries. Majority of the people have displaced in major 3 states of Jonglei, Unity and Upper Nile and are living with host communities, within POCs and IDPs settlements and have seen the most active hostilities and displacement throughout the crisis. The south Sudan crisis has extensively disrupted essential primary health care and health care access remains challenging especially in hard to reach areas of Rubkona, Guit, Mayom, Abiemnom and Pariang Counties in Unity State and in two Counties of Jonglei namely Uror and Twic east. All these counties were ranked as high severity score and class by CERF heat map county severity score from various assessments done. Other baseline surveys by IRNA in most areas of our projects were conducted to evaluate the needs for health services as we start 2015. Access to essential primary health care to vulnerable and host community needs will remain high or it may be expected to deteriorate if intensification of violence and displacement continue particularly during the dry season. Inadequate food and livelihood is likely to lead disease outbreaks such as Kala-azar which will increase due to poor malnutrition. Due to this

	there is need to preposition medical supplies
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	A total of 68,800 direct beneficiaries will be targeted by this project which of which are the following 19,468 are boys 17,584 are girls 8,792 16,956 are women. Children <5 years are 12,560, children <1 year 2,512 same number for pregnant women and 15,700 women of child bearing age. A total 100 (health workers) will benefit from training from this project community trainings will target 240 host community and IDPs who are living among host community who will also benefit either directly or indirectly from the project activities.
4. Grant Request Justification.	CARE will seek to provide essential primary health care services in all the proposed areas, providing essential basic curative care, essential preventive care, and basic emergency obstetric care at community/ out-reach level and strengthening of emergency obstetric care at PHCC level as well as providing micronutrient for pregnant mother and providing preventive services such as (IPT, VCT, and PMTCT). CARE will work closely with different partners in coordinated manner to ensure in all counties where CARE is providing basic package for health care services will be done in a consultative manner thus consolidating the gains and achievement realized by all on health services and other related intervention such as nutrition and WASH. All the proposed counties have been prioritized by health cluster for all thematic areas of conflict affected apart from Twic east , POC settlements, disease outbreak, malnutrition in most of these counties are at emergency level and as well in food insecurity (IPC 3, 4, 5). Populations that are still displaced in 2014 could still experience additional displacement as the insecurity and threats increase and the desire for groups to seek further safety and security away from current location. Should the crisis become more protracted, displaced populations and vulnerable host communities will continue to need sustained basic emergency essential health care services to support on the increased demand on limited infrastructure available.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	

LOGICAL FRAMEWORK

Overall project objective	To improve access to and responsiveness of essential emergency primary health care including emergency obstetric care in five counties in Unity state(Rubkona, Guit, Abiemnom, Mayon and Pariang) and two counties in Jonglei state(Uror and Twic east)
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Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	40
2015 SSO 2: Enhance existing systems to prevent, detect and respond to disease outbreaks	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	20
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	40

Outcome 1	Improved access to and responsiveness to essential including emergency health and emergency obstetric care among the vulnerable population in five counties of Unity state and two counties of jonglei state.
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Code	Description	Assumptions & Risks
Output 1.1	Emergency and responsive health care is provided at facility and out-reach level	The security will allow health care operation to continue, availability of primary health care staff to provide the service.

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	8792	16956	19468	17584	62800
		Means of Verification: IDSR surveillance reports and HMIS reports from MOH all these tools will be used to monitor and support supervision will also be used to monitor implementation and quarterly achievement during the whole project cycle.					
Indicator 1.1.2	HEALTH	[Frontline services] # of children > 5 to 15 years who have received measles vaccinations in emergency or returnee situation			11618	11618	23236
		Means of Verification: Monthly HMIS reports					
Indicator 1.1.3	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			1256	1256	2512
		Means of Verification: Monthly HMIS reports					
Indicator 1.1.4	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					13
		Means of Verification: Monthly HMIS reports, quarterly project reports					

Activities

Activity 1.1.1	Out-patient consultations at health facilities and at out-reach
Activity 1.1.2	Conduct immunization for pregnant and women of child bearing age
Activity 1.1.3	Conduct immunization for children under 1 year
Activity 1.1.4	skilled birth delivery at facility
Activity 1.1.5	Procure and distribute drugs and medical supplies and equipment.
Activity 1.1.6	Conduct measles vaccination for under 15 years at IDP camps or setting
Activity 1.1.7	Conduct quarterly support supervision and review monthly project reports

Outcome 2	Health system enhanced to prevent ,detect and response to disease outbreaks
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Code	Description	Assumptions & Risks					
Output 2.1	Training of health workers and community actors on diseases surveillance to improve detection.	Road transportation will be accessible, and security is assured, supplies and other logistic are available, Qualified health staff are available in the respective counties or are willing to work in counties where CARE is implementing the project. Risk could be insecurity due to increased hostilities, mass relocation of target population and complete brake down of health care services due to fighting					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					50
		Means of Verification:	The number of reporting sites on weekly and monthly basis, number of outbreaks reported and investigated. Training of staff on surveillance and response				
Indicator 2.1.2	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	35	15			50
		Means of Verification:	Training reports, monthly reports				
Indicator 2.1.3	HEALTH	[Frontline services] # of people reached with health education and promotion messages	8792	16956	6280	6280	38308
		Means of Verification:					
Activities							
Activity 2.1.1	Training health staff on disease surveillance and response.						
Activity 2.1.2	Conduct active surveillance at out patient facility and outreach						
Activity 2.1.3	Conduct support supervision on quarterly to project area						
Activity 2.1.4	Develop, print and distribute relevant IEC material for information to beneficiaries						
Activity 2.1.5	Conduct health education sessions at facility and out-reach level						
Activity 2.1.6	Strengthening existing EmONC facilities						

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 Out-patient consultations at health facilities and at out-reach	2015	X	X	X	X	X	X						
Activity 2.1.1 Training health staff on disease surveillance and response.	2015		X	X	X								
Activity 2.1.2 Conduct active surveillance at out patient facility and outreach	2015	X	X	X	X	X	X						
Activity 2.1.3 Conduct support supervision on quarterly to project area	2015			X			X						
Activity 2.1.4 Develop, print and distribute relevant IEC material for information to beneficiaries	2015	X	X	X									
Activity 1.1.2 Conduct immunization for pregnant and women of child bearing age	2015	X	X	X	X	X	X						
Activity 1.1.3 Conduct immunization for children under 1 year	2015	X	X	X	X	X	X						
Activity 2.1.5 Conduct health education sessions at facility and out-reach level	2015	X	X	X	X	X	X						
Activity 1.1.4 skilled birth delivery at facility	2015	X	X	X	X	X	X						
Activity 1.1.5 Procure and distribute drugs and medical supplies and equipment.	2015	X											
Activity 1.1.6 Conduct measles vaccination for under 15 years at IDP camps or setting	2015	X	X	X	X	X	X						
Activity 2.1.6 Strengthening existing EmONC facilities	2015	X	X	X	X	X	X						
Activity 1.1.7 Conduct quarterly support supervision and review monthly project reports	2015	X	X	X	X	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?). State if, when and how you plan to evaluate your project .

The emergency health project will be monitored on weekly and Monthly basis through the MOH health information management system(HMIS) at the same time quarterly support supervision will be undertaken using a supervisory checklist to monitor the project. Community will be trained and feedback mechanism will be deployed to ensures accountability of the affected population. Monthly narrative reports will also be generated and shared with CHF and other donors supporting the project. Monitoring tools from the ministry of health will be used to collect health data

OTHER INFORMATION

Accountability to Affected Populations

The affected population have the right to information on the project implemented and will be given a chance to participate at all levels

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

The following activities will be undertaken during implementation, community mobilization, recruitment of project staff, procurement of project supplies and distribution, set of mobile team and drawing of activity plans, conducting OPD consultation at out reach sites, providing health education, facilitating emergency referrals during an emergency, training community and health staff on disease surveillance and provision of skilled delivery and documentation.

Coordination with other Organizations in project area										
Environmental Marker Code										
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality									
Justify Chosen Gender Marker Code	CARE plans the following on gender consideration: • During recruitment CARE will give equal opportunities to male and female • During focus group discussions women will be encouraged to participate • In activities such as IYCF, men will be encouraged to participate • CARE has a gender action plan to ensure the recommendations provided in the blue print are taken into consideration • CARE has a code of conduct that protects both staff and beneficiaries male and female									
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	Country director Country director based in Juba salary charged to this project as support	S	1	17102	6	5.00%	5,130.60	2,565.30	2,565.30	5,130.60
1.2	Assistant country director program Assistant country director based in Juba salary charged to this project as support	S	1	15538	6	5.00%	4,661.40	2,330.70	2,330.70	4,661.40
1.3	Assistant country director program support Assistant country director based in Juba and salary charged to this project as support	S	1	15538	6	5.00%	4,661.40	2,330.70	2,330.70	4,661.40
1.4	Finance director 5% of Finance director (Juba Based) salary will be charged to this project as support cost:Basic salary \$6000 plus 44% benefits plus house allowance \$3600=\$12240	S	1	12240	6	5.00%	3,672.00	1,836.00	1,836.00	3,672.00
1.5	Grants coordinator 5% of Grants Coordinator (Juba Based) salary will be charged to this project as support cost. This officer is in charge of managing all program grants CHF inclusive: Basic salary \$6000 plus 44% benefits plus house allowance \$3600=\$12240	S	1	12240	6	5.00%	3,672.00	1,836.00	1,836.00	3,672.00
1.6	Grants Manager Finance 5% of Grants Manager-Finance (Juba Based) salary will be charged to this project as support cost. This officer is in charge of managing all program grants-Finances CHF inclusive:Basic salary \$6000 plus 44% benefits plus house allowance \$3600=\$12240	S	1	12240	6	5.00%	3,672.00	1,836.00	1,836.00	3,672.00
1.7	Emergency coordinator Emergency Coordinator (Juba Based) salary \$3500 plus 45% benefits=(\$5075) will be charged to this project as support cost. This officer is in charge of coordinating emergency program response for nutrition and health programs	S	1	5075	6	5.00%	1,522.50	761.25	761.25	1,522.50
1.8	Program coordinator 2 program Coordinator (Bentiu field base) his salary will be charged to this project as direct cost. These officer is in charge of coordinating all programs in Unity state of which the 5 counties and two counties in Jonglei where health project will be implemented. They will spend 5% of his time in implementation of this project.	S	2	10080	6	5.00%	6,048.00	3,024.00	3,024.00	6,048.00
1.9	Area Managers 4 area managers (Field based-International staff) salary will be charged at this project Basic salary \$4000 plus 44% benefits = \$5760. They will be involved in supporting this project at Field bases located at Mayom, Bentiu, Pariang and Uror they will spent 10% of their time is managing the project	D	4	5760	6	10.00%	13,824.00	6,912.00	6,912.00	13,824.00
1.10	Health technical advisor Health technical advisor (Juba Based -International staff) salary will be charged at this project Basic salary \$6000 plus 44% benefits plus house allowance \$3600=\$12240 she will be involved in technical support and management of the project, and overseeing provision of health training for health staff	D	1	12240	6	10.00%	7,344.00	3,672.00	3,672.00	7,344.00
1.11	Health program Manager 1 health program managers (Field Based -International staff)salary will be charged at this project Basic salary \$4000 plus 44% benefits = \$5760 the will be involved in management of the project at field level ,provision of training to project staff, representation of the project at County Cluster level, quarterly reporting, supervision at field level. The will spent 100% of their time in managing this project. The 2 will be based: 1 Bentiu to cover Rubkona, and one to cover Twic east and Uror County.	D	2	5760	6	10.00%	6,912.00	3,456.00	3,456.00	6,912.00
1.12	Program support managers Two program support manager (one Bentiu-based and one based in Panyagor-International staff)salary will be charged at this project Basic salary \$4200 plus 44% benefits = \$6,090 He will be involved in managing the field based support staff who will support in the implementation of this project. They will spent 5% of the time managing this project	S	2	6090	6	5.00%	3,654.00	1,827.00	1,827.00	3,654.00
1.13	Community health worker Community health workers will be required to carry out health care activities during out-reach and facility health unit: Basic salary \$250 plus 45% benefits will be \$360 and will be charged to this project 100%, CHW recruited will work in two counties where the projected will be implemented	D	7	360	6	100.00%	15,120.00	7,560.00	7,560.00	15,120.00
1.14	Community Midwives Midwives will be required to carry out health care activities during out-reach and facility health unit: Basic salary \$250 plus 45% benefits will be \$360 and will be charged to this project 100%, midwives recruited will work in seven counties where the projected will be implemented	D	7	360	6	100.00%	15,120.00	7,560.00	7,560.00	15,120.00
1.15	Qualified clinical officer Clinical officers will be in charge of all facility operation conducting consultation managing project facility staff and reporting: Basic salary will \$730 plus 45% benefits will be charged to this project in all the seven counties where the project will be implemented	D	5	730	6	100.00%	21,900.00	10,950.00	10,950.00	21,900.00
1.16	Community health promoter Community health promoters will be hired to carry out health education activities at facility and community level,maintain the crowd and act as link between facility and community in passing out intended messages: Basic salary of \$450 plus 45% benefits will be charged to this project	D	7	360	6	100.00%	15,120.00	7,560.00	7,560.00	15,120.00
1.17	Registrars Registrars will be hired to register patient in the OPD registers patients cards at facility and community outreach services: Basic salary will be \$195 plus 44% benefits and will be charged to this project in all the counties where the project is implemented	D	7	280	6	100.00%	11,760.00	5,880.00	5,880.00	11,760.00
1.18	Meal Advisor	D	1	12240	6	5.00%	3,672.00	1,836.00	1,836.00	3,672.00

Meal advisor (Juba Based -International staff) salary will be charged at this project Basic salary \$6000 plus 44% benefits plus house allowance \$3600=\$12240 she will be involved in technical support and management of the project, and overseeing HMIS data capture and use

Section Total		147,465.90	73,732.95	73,732.95	147,465.90
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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 medical drugs	D	1	5000	1	100.00%	5,000.00	2,500.00	2,500.00	5,000.00
	Assorted medical drugs will be procured and will be used during consultations and treatment									
2.2	Medical supplies	D	1	3000	1	100.00%	3,000.00	1,500.00	1,500.00	3,000.00
	Assorted medical supplies which include dressing materials, syringes and needles will be procured to be used at field health services									
2.3	EmNOC and infection prevention training	D	1	2895.43	1	100.00%	2,895.43	1,447.71	1,447.72	2,895.43
	Training of 6 midwives and CHD on emergency obstetric care and infection prevention a total of 2 training will be conducted, one in each state base in the target counties. Each training is estimated to cost a lumpsum of 1000 cost of traveling, training venue and materials, accommodation and meals									
2.4	Transportation of drugs and medical supplies	D	1	2000	1	100.00%	2,000.00	1,000.00	1,000.00	2,000.00
	Secondary transportation of drugs and medical supplies within field level Lumpsum figure once									
2.5	Boma health committee training at village level	D	7	500	1	100.00%	3,500.00	1,750.00	1,750.00	3,500.00
	Training within the community will be conducted with aim of establishing boma village committees in emergencies, lumpsum fee of \$2000 for each state, this fee will be used for training venues, meals and supportive activities County has proposed									
2.6	Printing of visibility Tshirts, Caps and jackets	D	7	500	1	100.00%	3,500.00	3,500.00	0.00	3,500.00
	Key information will be printed On tshirts, caps and jackets which will be used by program staff and volunteers as they carry out the activities, a lumpsum fee for all the counties is proposed at \$1,000									
2.7	Renovation of drug store	D	2	2000	1	100.00%	4,000.00	4,000.00	0.00	4,000.00
	Medical drugs and other supplies will need to be prepositioned during dry season and most of the health facilities storage are either depilated or are non- existence therefore it is proposed for rehabilitation to ensure proper storage of drugs and other medical supplies									
2.8	Warehousing at Juba level for drugs supplies	S	1	1000	1	100.00%	1,000.00	500.00	500.00	1,000.00
	Drugs and medical supplies purchased at Juba level will be stored in a central store and will charge 10% of its cost on health per month									
2.9	Purchase of Digital bathroom weighing scales	D	2	100	1	100.00%	200.00	200.00	0.00	200.00
	2 digital weighing scales will be purchahse for use in Outreaches									
2.10	Tents, gumboots, torches, mattresses, Bed sheet, mosquito nets and blankets	D	1	3000	1	100.00%	3,000.00	3,000.00	0.00	3,000.00
	To operate in all seven counties tents will be required to facilitate accommodation at field level by support staff and program staff. At facility level especially in maternity blankets and sheets are require the assorted camping equipment bedding will be allocated as lumpsum									
Section Total							28,095.43	19,397.71	8,697.72	28,095.43

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	Assorted medical equipment	D	1	3000	1	100.00%	3,000.00	1,500.00	1,500.00	3,000.00
	Digital BP machines, Fetal dopers, Thermometers, Autosopes, Ward Screens, Trolleys, Mattresses with mackintosh, Delivery couch Drip stands Bed linen Hospital beds Ambubags paed/ adults									
3.2	Laptops with bags	D	2	1500	1	100.00%	3,000.00	3,000.00	0.00	3,000.00
	laptops will be required for the project, 1 laptop for health Advisor, 1 laptop for Joglei State Program coordinator.									
3.3	Thuraya satellite phone 2520 with charger XT and pre -paid SIM card	D	1	2000	1	100.00%	2,000.00	2,000.00	0.00	2,000.00
	1 thuraya satellite phones will be purchased for use in operational counties which will improve health reporting and communication since there is no access to other mobile networks									
3.4	Thuraya solar charger, Car chargers and spare battery	D	1	620	1	100.00%	620.00	620.00	0.00	620.00
	4 thuraya solar, car chargers and spare battery will be bought, the cost of the three will be \$300, \$200 and \$150 thus a set of three will be costing \$650									
3.5	Printer cum scanner	D	2	1500	1	100.00%	3,000.00	3,000.00	0.00	3,000.00
	2 printers will be bought to facilitate documentation in the project area. The printers multipurpose with scanner for reporting as well will be used in Twic east and Uror Counties: HP laser Jet 1536 MFP									
3.6	Digital cameras	D	1	600	1	100.00%	600.00	600.00	0.00	600.00
	one digital cameras will be procured for documentation of activities in project operational areas.									
Section Total							12,220.00	10,720.00	1,500.00	12,220.00

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	
4.1	Emergency obstetric training	D	1	4000	1	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
	A consultant qualified in reproductive health will be contracted to conduct EmOC training in three location later to comiple report obstetric training in three locations Rubkona, Pariang of Unity , Uror and Twic east of Jonglei state. The lumpsum budget will carter for venue soft drinks and water, food during training, transport, stationary and flip charts									
4.2	Integrated disease surveillance training(IDSR)	D	2	2500	1	100.00%	5,000.00	2,500.00	2,500.00	5,000.00
	Consultant will be contracted to conduct IDSR training and help in decimate a rapid response strategy									

Section Total				9,000.00	4,500.00	4,500.00	9,000.00			
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	Staff travel Staff flights outside juba-International travelFlights cost for direct program international staff going for RnR and leave, 2 international staff (1 health Managers and 1 health advisor) 3 trips per staff= 3 trips each round trip \$1500, 80% will be charged to this project	D	6	1500	1	80.00%	7,200.00	3,600.00	3,600.00	7,200.00
5.2	Staff travel outside Juba for field Flights cost for direct program staff going to field and from field to juba, 2 international staff, 3 trips per staff= 3 trips each round trip \$400, 100% will be charged to this project	D	6	400	1	100.00%	2,400.00	1,200.00	1,200.00	2,400.00
5.3	Staff per-diems Field staff visiting juba for meetings and Juba based staff visiting Field for supportive supervision, lumpsum	D	1	2000	1	100.00%	2,000.00	1,000.00	1,000.00	2,000.00
Section Total				11,600.00	5,800.00	5,800.00	11,600.00			
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	EmNOC, ANC, PNC, and Treatment flow chart and IEC material printing Develop printing and duplication of program cards, and IEC materials for all the facilities and outreaches for the program. The cost for printing assorted cards and registers and other IEC materials with information on Emergency obstetric pictorials and flow charts is estimated at lumpsum of \$10,000	D	1	2500	1	100.00%	2,500.00	2,500.00	0.00	2,500.00
7.2	Internet connection costs-VSAT 5 Vsat internet communication at Juba, Bentiu, Mayom, Pariang , Guit, and Uror each is estimated to cost on monthly basis \$500 subscription on monthly basis for communication between field basis and Juba and with field staff.	D	5	650	6	30.00%	5,850.00	2,925.00	2,925.00	5,850.00
7.3	Airtime and Thuraya units Communication through mobile phones and thurayas (lumpsum)	D	1	1000	1	100.00%	1,000.00	500.00	500.00	1,000.00
7.4	Office rent at field level 5 field offices based at Bentiu, Guit, Mayom and Pariang, Twic east and Uror- expenses include generator fuel, food supplies, and guesthouse maintenance will charge 30% from this project	D	4	1000	6	30.00%	7,200.00	3,600.00	3,600.00	7,200.00
7.5	Stationary for the project lumpsum stationery for each of the four field bases	D	4	400	4	100.00%	6,400.00	3,200.00	3,200.00	6,400.00
Section Total				22,950.00	12,725.00	10,225.00	22,950.00			
Sub Total Direct Cost									231,331.33	
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)									7%	
Audit Cost (For NGO, in percent)									1%	
PSC Amount									16,193.19	
Quarterly Budget Details for PSC Amount		2015		Total						
		Q1	Q2							
		8,096.60	8,096.60	16,193.19						
Total Fund Project Cost									247,524.52	
Project Locations										
Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity			
Jonglei -> Twic East	15					0				
Jonglei -> Uror	15					0				
Unity						0				
Unity -> Abiemnhom	10					0				
Unity -> Guit	10					0				
Unity -> Mayom	20					0				
Unity -> Pariang	10					0				
Unity -> Rubkona	20					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										

