

Project Proposal

Organization	HLSS (Health Link South Sudan)				
Project Title	Accelerating Access to Essential and Emergency health services to women, girls, boys and men in affected and vulnerable communities in Lakes and Eastern Equatoria in order to reduce excess morbidity and mortality.				
Fund Code	SSD-15/SA1/H/NGO/346				
Primary Cluster	HEALTH	Secondary Cluster	None		
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services		
Project budget in US\$	300,000.96	Planned project duration	6 months		
Planned Start Date	01/01/2015	Planned End Date	30/06/2015		
OPS Details	OPS Code	SSD-15/H/72974	OPS Budget	0.00	
	OPS Project Ranking		OPS Gender Marker		
Project Summary	The aim of this project is to reduce excess morbidity and mortality from common communicable diseases and injuries sustained from violent conflict among IDPs at Mingkamman in Awerial county and at Melijo IDP site. The strategy is to maintain access to lifesaving emergency primary health care and Secondary health services for displaced people in all the four sites; (Site 0,1,2 & 3) while focusing on achieving the agreed health cluster priorities and objective for the year 2014. The main objective of the project are: 1. To Provide access to emergency Primary Health Care services for vulnerable populations (with focus on women, girls and boys) within the IDP sites through the provision basic equipment, drugs, medical supplies, basic lab equipment, human resources and supplies 2. Provide access to emergency secondary health services (Specialized In-Patient Care) for women, children and men within Mingkamman IDP sites 3. Strengthen early warning surveillance and response system for outbreak-prone diseases among IDPs at Mingkamman IDP sites.				
Direct beneficiaries		Men	Women	Boys	Girls
	Beneficiary Summary	16920	32900	22310	21870
	Total beneficiaries include the following:				
	Internally Displaced People	16920	32900	22310	21870
	People in Host Communities	0	0	0	0
Indirect Beneficiaries	10,800 Host Communities living with IDPs at Mingkamman's Puluk Payam. 1,944 Males, 3,780 females, 2,563 boys and 2,513 girls.	Catchment Population	54,000 Host communities from 4 other Payams in Awerial County. i.e. 9,720 males, 18,900 females, 12,817 boys and 12,563 girls.		
Link with the Allocation Strategy	Health Link Intends to rapidly scale up access to Essential and Emergency health services to women, girls, boys and men in affected and vulnerable communities in Lakes and Eastern Equatoria in order to reduce excess morbidity and mortality. This will be achieved by providing essential basic curative care in the selected IDP camps and operational health facilities with EmONC centres, Strengthen the surgical facility at Mingkamman to handle trauma and mass casualties, Train outbreak surveillance and emergency response team, Conduct emergency vaccinations, Clinical management of rape and GBV survivors, Provide HIV services in emergency including PMTCT, To provide emergency supplies including to Procure and establish tents for emergency clinics in the IDP, Conduct Growth monitoring & Nutritional assessment to under five years males and Females among others. Although the main focus of this project is on IDPs, host communities living in the 'IDP area will also be allowed to access these basic services These selected activities are designed to achieved the health cluster objectives and strategy which HLSS has adopted and more so the selected counties are those among the high priority counties of the cluster				
Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)			
Organization focal point contact details	Name	Title	Phone	Email	
	Gama Josepu	Operations Manager	+211955572572	operationsmanager@healthlinksouthsudan.org	
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	Emmanuel Douglas Obuoja	Chief Executive Director	+211955038964	admin@healthlinksouthsudan.org	
BACKGROUND INFORMATION					
1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	Nearly one year since the declaration of L3 emergency in south Sudan, violence continues to displaced tens of thousand people majority of them women, girls, boys, elderly people and people with disability from across the country. Although the Epi-center of this conflict was in central Equatoria, much of the fighting and violence has been witnessed in Jongolei, Upper Nile and Unity states. To date, estimated 1.438 million people mainly women, girls and boys have been displaced, more than 100,000 of them are trapped in PoCs at UNMISS bases, over 467,824 have fled into neighbouring countries (Kenya, Ethiopia and Uganda) and estimated 203,000 have returned to their homes. 94,000 of these displaced people have settled along the banks of the Nile in Awerial County at Mingkamman. In Magwi County, eastern equatorial estimated 10,500 displaced people are currently living at Melijo IDP site.				
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	This project will target both IDPs and Host communities; Women, girls, Boys and men with focus People with special needs; People living with Aids, TB, people with disability as well as pregnant mothers.				
4. Grant Request Justification.	There is a huge gap in provision of basic emergency primary health and secondary care services in Mingkamman IDP camp as well as at Melijo IDP camp. With the exit of MSF-CH in October from Mingkamman, only one partner (Health Link South Sudan) has been left to provide In-patient care with emergency surgical services. Health Link is also experiencing funding gap to maintain access to the most needed life saving health care for the IDPs in Mingkamman. The humanitarian situation in these IDP sites and affected places is described as dire with low coverage of basic services; e.g. sanitation (Toilet) coverage at Mingkamman is currently at 36 individuals per toilet compared to 20 individuals per toilet by sphere standards. Communicable disease burden is on the rise as witnessed by frequent disease outbreaks; an on-going Hepatitis E outbreak, measles outbreak reported in the previous months while recent cholera outbreak in the counties such as Juba, Torit, Magwi and Iafon. According to HMIS and IDSR data collected by health partners, Malaria, acute respiratory tract infections, acute watery diarrhea, intestinal worms, malnutrition and anemia are among the top causes of morbidity and mortality. Nonetheless, injuries from gunshots and other forms of trauma have also been reportedly widespread and among the top causes of morbidity and mortality in all IDP sites and affected places. With basic service delivery systems and infrastructure already disrupted morbidity and mortality in the affected counties might exceed the epidemic threshold. The current scenario may be further exacerbated by outbreak of a new wave of fighting in the conflict affected areas. Health link therefore intends to Contribute to the reduction of excess morbidity and mortality in Mingkamman, Juba and Melijo IDPs site and other vulnerable areas by scaling up provision of essential and emergency health services to affected communities.				

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

LOGICAL FRAMEWORK

Overall project objective To reduce excess morbidity and mortality from common communicable diseases and injuries sustained from violent conflict among IDPs at Mingkamman in Aerial county and at Meljo IDP site by maintaining access to lifesaving emergency primary health care and Secondary health services at four sites; (Site 0,1,2 & 3) while focusing on achieving the agreed health cluster priorities and objective for the year 2014.

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	60
2015 SSO 2: Enhance existing systems to prevent, detect and respond to disease outbreaks	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	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	20

Outcome 1	Improved access to, and responsiveness of, essential emergency health care, and including emergency obstetric care services	
Code	Description	Assumptions & Risks
Output 1.1	The population in affected areas provided with quality curative, preventive and promotive health care services.	Security remains relatively stable, Camp population remains constant

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			9969	9771	19740
		Means of Verification: Monthly morbidity and mortality report OPD report IDP reports					
Indicator 1.1.2	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	37501	36759			74260
		Means of Verification: Weekly/Monthly HIMS/DHIS reports					
Indicator 1.1.3	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			1923	1884	3807
		Means of Verification: Weekly/Monthly HIMS/DHIS reports					
Indicator 1.1.4	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					85
		Means of Verification: ANC report Maternity delivery report					

Activities

Activity 1.1.1	Provide essential basic curative care in the selected IDP camps and operational health facilities
Activity 1.1.2	Provide mobile Clinic outreach services
Activity 1.1.3	Conduct Growth monitoring & Nutritional assessment to under five years males and Females
Activity 1.1.4	Conduct under five vaccination against the six killer diseases
Activity 1.1.5	Conduct Clean skilled birth deliveries
Activity 1.1.6	Conduct Antenatal care to pregnant mothers including PMTCT, BCC and Health promotion
Activity 1.1.7	Provide pregnant mothers IPT and LLINS
Activity 1.1.8	Provide micronutrient supplementation to all expectant mothers

Outcome 2	Enhanced existing System to prevent, detect and respond to disease outbreak	
Code	Description	Assumptions & Risks
Output 2.1	# of health workers trained and providing timely, weekly IDSR report	Supplies for collection and transportations of samples available Health activities remain active

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					100
		Means of Verification: IDSR and DHIS weekly/monthly/quarterly report					
Indicator 2.1.2	HEALTH	[Frontline services] # of people reached by health education and promotion before and during outbreaks	10300	19030	393	0	29723
		Means of Verification: Weekly/Monthly/Quarterly HIMS/DHIS reports					

Activities

Activity 2.1.1	Conduct refresher training of health workers in EWARN and IDSR
Activity 2.1.2	Collect, and submit weekly IDSR report
Activity 2.1.3	Conduct case surveillance and monitoring disease trends at the camp
Activity 2.1.4	Conduct surveillance and rapid assessment and response to communicable diseases outbreaks, rumors with Prompt management of detected
Activity 2.1.5	Carry out Community sensitisation on disease outbreaks including BCC and Health Promotion

Outcome 3 Improved capacity for emergency Response capacity for surgery including emergency obstetric care

Code **Description** **Assumptions & Risks**

Output 3.1 Emergency Response capacity for surgery including emergency Obstetric care is available

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	[Frontline services] # of key facilities able to perform surgery					1
Means of Verification:		Weekly/Monthly/HIMS/DHIS					

Activities

Activity 3.1.1	Conduct CS to all pregnant mothers with Labour obstructions and those at risk of death from delivery complications
Activity 3.1.2	Conduct major surgical emergencies for severely injured/wounded IDPs
Activity 3.1.3	Conduct minor surgeries including blood transfusion

Outcome 4 Emergency Primary health care services including MISP provided for vulnerable people in areas with limited access to health services

Code **Description** **Assumptions & Risks**

Output 4.1 Emergency Primary health care services including MISP is available for vulnerable people in areas with limited access to health services
Security remains stable
camp population remains stable and accessible

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 4.1.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	14	30			44
Means of Verification:		weekly/Monthly/Quarterly HIMS report Training reports					

Activities

Activity 4.1.1	Provide Emergency medical services for GBV survivors including provision of PEP, STI care, and emergency contraception for women and girls within the IDP camp and host communities
Activity 4.1.2	Conduct training of health workers in CMR
Activity 4.1.3	Provide DCT and HCT to the IDP population including distribution of Condoms, BCC and health promotion

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 Provide essential basic curative care in the selected IDP camps and operational health facilities	2015	X	X	X	X	X	X						
Activity 1.1.2 Provide mobile Clinic outreach services	2015	X	X	X	X	X	X						
Activity 2.1.1 Conduct refresher training of health workers in EWARN and IDSR	2015		X										
Activity 2.1.2 Collect, and submit weekly IDSR report	2015	X	X	X	X	X	X						
Activity 2.1.3 Conduct case surveillance and monitoring disease trends at the camp	2015	X	X	X	X	X	X						
Activity 3.1.1 Conduct CS to all pregnant mothers with Labour obstructions and those at risk of death from delivery complications	2015	X	X	X	X	X	X						
Activity 3.1.2 Conduct major surgical emergencies for severely	2015	X	X	X	X	X	X						

injured/wounded IDPs																		
Activity 3.1.3 Conduct minor surgeries including blood transfusion	2015	X	X	X	X	X	X											
Activity 4.1.1 Provide Emergency medical services for GBV survivors including provision of PEP, STI care, and emergency contraception for women and girls within the IDP camp and host communities	2015	X																
Activity 4.1.2 Conduct training of health workers in CMR	2015		X															
Activity 4.1.3 Provide DCT and HCT to the IDP population including distribution of Condoms, BCC and health promotion	2015	X	X	X	X	X	X											
Activity 1.1.3 Conduct Growth monitoring & Nutritional assessment to under five years males and Females	2015	X	X	X	X	X	X											
Activity 1.1.4 Conduct under five vaccination against the six killer diseases	2015	X	X	X	X	X	X											
Activity 2.1.4 Conduct surveillance and rapid assessment and response to communicable diseases outbreaks, rumors with Prompt management of detected	2015	X	X	X	X	X	X											
Activity 1.1.5 Conduct Clean skilled birth deliveries	2015	X	X	X	X	X	X											
Activity 1.1.6 Conduct Antenatal care to pregnant mothers including PMTCT, BCC and Health promotion	2015	X	X	X	X	X	X											
Activity 1.1.7 Provide pregnant mothers IPT and LLINS	2015	X	X	X	X	X	X											
Activity 1.1.8 Provide micronutrient supplementation to all expectant mothers	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.

In the implementation of this project at all levels, Health Link will work in close collaboration with the health cluster, the MoH/SMoH and CHDs and other NGO partners. This project will be valuable in analysing the situation based on the data collected, the design of the activities and linkage with other key stakeholders like the communities, community leaders and other NGOs in reporting, monitoring and the evaluation of the project. Health Link will compile daily, weekly and monthly reports that will be shared with the health cluster. The reports will have details of beneficiaries reached e.g. number of children; girls and boys reached as per each indicator provided in the project. Various tools will be used to collect this data ranging from OPD registers, IPD, maternity and others. A detailed narrative quarterly report will be provided to CHF, the health cluster and SMoH/MoHI detailing the achievements and lesson learnt from the intervention implemented in both Mingkaman IDP Camp, Awerial County, Lakes State and Meljjo in Magwi County of Eastern Equatoria. Health Link will also submit end project report CHF and the health cluster. This report will include financial reporting requirements as outlined in the grant agreement.

OTHER INFORMATION

Accountability to Affected Populations

The design of this project involved full participation of all actors right from the time of need assessment, prioritization and project planning. The implementation methodology also provides a platform for full participation for women, girls, boys and men in the project area by ensuring their participation in camp health management committees and governance structures. During the implementation of this project, HLSS will also conduct focused group discussions and community meetings that will be attended by women and girls as well as boys and men in the camp. During these meetings, feedback on quality of service delivery and other concerns will be addressed and incorporated in the implementation of the project.

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

HLSS is a National NGO, major health service provider in Mingkamman IDP site, Health Pool Fund (HPF) County Lead agency for Primary Health Care in Cueibet County of Lakes state and also CCCM county lead agency in Magwi County of Eastern Equatoria State. In recent months, HLSS has also developed surge capacity and responded to cholera outbreak in more than 5 counties of eastern Equatoria. HLSS coordinates its development and humanitarian programmes with various partners including the national counter parts, RoSS ministry of health, SMoH, Health NGO forum. HLSS is a member of Humanitarian Country Team, NGO steering committee, health forum strategic advisory team, South Sudan CCM-Global Fund as well as State Health NGO forum. With the above experience and expertise, this proposed project is designed to respond to the health cluster priorities and objectives for the 2015. Although the attainment of expected results largely depend on the availability of technical health professionals, Health link south Sudan already has a network of national, regional and international health professionals that are working under various HLSS projects. Additional capacity could be easily mobilized within 72hrs to respond to this project and any surges within South Sudan. This project has prioritized a range of cost effective activities perceived to have high impact in achieving the project objectives; Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services. To achieve this objective, HLSS will enhance the provision of basic equipment, drugs, medical supplies, basic lab equipment, human resources and supplies; provide emergency consultation services to under five years children (Males & females) as well as to adults or those above five years both (Males & females); provide routine ANC services to pregnant mothers including IPT/LLINS, Haematinics to pregnant mothers and lactating mothers; provide HCT/PMTCT services including profiling of PLWA(this service was handed back to the National TB program); provide Clinical care to SGBV/Rape survivors; Vaccinate children under five years (Male & Female) against measles during routine EPI and pulse campaigns including provision of Vitamin A supplementation; conduct growth monitoring & Nutritional assessment to under five years children (males and females); provide essential drugs, equipment and laboratory supplies to ensure high quality services delivery. The project will also improve access to emergency secondary health services for women, children and men within Mingkamman IDP sites by strengthening case management and referral of medical and surgical emergencies within Mingkamman; provide In-Patient care for all cases from all sites and sectors of the camp. Conduct 24hrs clean health facility deliveries including Obstetrical Emergencies, provide equipment and instruments for emergency obstetric, and ensure qualified health workers are available to provide emergency secondary health care; provide a central facility for management and referral of all severe medical conditions including blood transfusion services within the camp. The project will further strengthen early warning surveillance and response system for outbreak-prone diseases among IDPs at Mingkamman IDP sites by maintaining and scaling up surveillance for early detection of communicable disease outbreaks & rumors through active surveillance and rapid assessments as well as providing immediate response within 72 hours for the management of outbreaks, provide re-fresher training for Health Workers(Males & Females) in communicable diseases / outbreaks / IMCI/CMR/ referral mechanisms including infection prevention at health facilities, regularly record, compile, analyze, interpret and disseminate vital statistics through DHIS, IDSR and other EWARN systems.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. IMC	OPD/Mobile clinics and referral pathway among IDP Camp site 3
2. CCM	OPD/Mobile clinics and referral pathway among Host communities in Awerial
3. UNICEF	EPI/Nutriton/MCH programming
4. SMC	OPD/Mobile clinics and referral pathway among IDP Camp site 0

Environmental Marker Code

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Code

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

HLSS's implementation strategy involves full participation of all stakeholders and close coordination with all the relevant clusters. During the implementation Women, girls and boys will fully be involved in decision making process as beneficiaries through focus group discussions and participating in camp health facility governance structures e.g. Health committees. By doing so, HLSS will ensure that this project will address all gender considerations.

Protection Mainstreaming

The project has mainstreamed general concerns of women, girls and boys by undertaking key activities addressing GBV. This includes provision of emergency medical services PEP, emergency contraceptives Hepatitis B vaccination, and psychosocial support for survivors of GBV. General RH activities will also be implemented to reinforce gender equity and inclusion in this project. Health link health officers will also ensure a joint activity planning with the GBV section, attend GBV sub-cluster meetings to reinforce concerns of women, girls, boys and men in health. A checklist of minimum safety and privacy standards for women will be adopted and used at all health facilities

Safety and Security

HLSS has security policy framework that provides a modest mechanism for accessing level of personal security risks to its personnel. All HLSS field locations have emergency communication equipments such as Thuraya, VHF radio, Mobile telephones and VSAT systems all designed to improve security monitoring and reporting. Above all, all HLSS personnel undergo basic security training before being deployed on ground. this precautionary measures are designed to provide for

better management and assessment security concerns while in the field. HLSS is also working with Security working group under NGO forums. Additional support is also received from UNDSS.

Access Mingkamman and Melijo IDP camps are largely accessible during the entire year. Both places can be accessed by road and air.

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	Medical Doctors	D	2	3500	3	100.00%	21,000.00	21,000.00	0.00	21,000.00
	2 Medical doctors to provide consultations and surgery hired at 3000 USD per month 100% based in Mingkamman									
1.2	Medical Clinical Officers	D	4	1200	3	100.00%	14,400.00	14,400.00	0.00	14,400.00
	4 Medical clinical officer to provide patient management hired at USD 1200 per month 100% based in Mingkamman									
1.3	Laboratory Technologist	D	2	1500	3	100.00%	9,000.00	9,000.00	0.00	9,000.00
	2 Medical Lab technologists to provide laboratory support for investigation and diagnoses hired at 1500 USD per month 100% based in Mingkamman									
1.4	Nursing Superintendent	D	1	1500	3	100.00%	4,500.00	4,500.00	0.00	4,500.00
	1 Nursing superintendent hired at 1500 USD 100% based in Mingkamman									
1.5	Registered Nurse	D	1	1000	3	100.00%	3,000.00	3,000.00	0.00	3,000.00
	1 Registered Nurse 100% based in Mingkamman hired at 1000 USD per month									
1.6	Registered Midwife	D	1	1000	3	100.00%	3,000.00	3,000.00	0.00	3,000.00
	1 Registered Midwife hired USD 1000 100% based in Mingkamman for 6 months									
1.7	Enrolled Nurse	D	6	700	3	100.00%	12,600.00	12,600.00	0.00	12,600.00
	6 Enrolled Nurses hired at USD 700 per month 100% based in Mingkamman									
1.8	Enrolled Midwife	D	4	700	3	100.00%	8,400.00	8,400.00	0.00	8,400.00
	4 Enrolled Midwife hired at USD 700 per month 100% based in Mingkamman									
1.9	Certificated Nurse	D	6	700	3	100.00%	12,600.00	12,600.00	0.00	12,600.00
	6 Certificated Nurses hired at USD 700 per month 100% based in Mingkamman									
1.10	MCH Worker -TBA	D	6	100	3	100.00%	1,800.00	1,800.00	0.00	1,800.00
	6 MCH TBAs worker hired at 100 USD per month 100% based in Mingkamman									
1.11	Home Health Promoters (Vaccinators)	D	6	100	3	100.00%	1,800.00	1,800.00	0.00	1,800.00
	6 Home Health Promoters Hired at 100 USD 100% based in Mingkamman									
1.12	Community Health Workers	D	6	150	3	100.00%	2,700.00	2,700.00	0.00	2,700.00
	6 Community Health workers hired at USD 150 per month 100% based in Mingkamman									
1.13	Hospital Administrator	D	1	1500	3	100.00%	4,500.00	4,500.00	0.00	4,500.00
	1 Hospital Administrator Hired at USD 1500 100% based in Mingkamman									
1.14	Data Clerk (M & E)	D	1	800	3	100.00%	2,400.00	2,400.00	0.00	2,400.00
	1 Data clerks hired at 800 USD per month 100% based in Mingkamman									
1.15	Emergency Coordinator	D	1	1500	3	100.00%	4,500.00	4,500.00	0.00	4,500.00
	Emergency Coordinator hired at USD 3500 per moth 50% allocation 70% based in Mingkamman									
1.16	Operations Manager	D	1	1000	3	100.00%	3,000.00	3,000.00	0.00	3,000.00
	1 Operations manager 30% time allocated 50% based in Juba									
1.17	Project accountant	D	1	1000	3	100.00%	3,000.00	3,000.00	0.00	3,000.00
	1 Project accountant hired at USD 4000 30% time allocated based in Juba									
1.18	Human Resource manager	D	1	1000	3	100.00%	3,000.00	3,000.00	0.00	3,000.00
	1 Human resource manager @ USD 3500 based in Juba with 30% time allocated for Mingkamman									
1.19	Monitoring and Evaluation specialist	D	1	1500	3	100.00%	4,500.00	4,500.00	0.00	4,500.00
	1 M & E specialist hired at 4,180 USD based in Juba with 40% time allocated for the Project									
1.20	Chief Executive Director	D	1	2400	3	100.00%	7,200.00	7,200.00	0.00	7,200.00
	1 CED hired at 8,000 USD based in Juba with 30% of time allocated for the project									
1.21	Support Staff	D	12	180	3	100.00%	6,480.00	6,480.00	0.00	6,480.00
	36 Support staff 12 Compound Cleaners, 12 ward Cleaners, 12 Guards									
	Section Total						133,380.00	133,380.00	0.00	133,380.00

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
2.1	Procurement of Emergency drug Kits and Medical supplies	D	1	15000	1	100.00%	15,000.00	15,000.00	0.00	15,000.00
	Procurement of Emergency drug Kits and Medical supplies(essential drugs assorted)									
2.2	Linens	D	300	34.19	1	100.00%	10,257.00	10,257.00	0.00	10,257.00

	Purchase of hospital bed Linens for 400 pcs each at 34.19 use										
2.3	Medical Patient Treatment Forms	D	2000	2	1	100.00%	4,000.00	4,000.00	0.00	4,000.00	
	printing of Medical Patient Treatment Forms assorted										
2.4	Fuel for Project vehicle	D	4000	1.75	1	100.00%	7,000.00	3,500.00	3,500.00	7,000.00	
	20,000 Litres of Desiel for vehicle and generator operation										
	Section Total						36,257.00	32,757.00	3,500.00	36,257.00	

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
3.1	Purchase of Ward Equipments/Laboratory Equipments and Supplies	D	1	8000	1	100.00%	8,000.00	8,000.00	0.00	8,000.00
	Purchase of Ward Equipments/Laboratory Equipments and Supplies-Oxygen concentrator, mattresses, beds)									
3.2	Purchase of assorted surgical instruments CS kits	D	4	1500	1	100.00%	6,000.00	6,000.00	0.00	6,000.00
	8 CS kits to be procured									
3.3	Surgical Operating Lamp	D	1	5600	1	100.00%	5,600.00	5,600.00	0.00	5,600.00
	1 Unit of Surgical Operating light @ USD 5600 for Mingkamman									
3.4	Sterilizer	D	2	3500	1	100.00%	7,000.00	7,000.00	0.00	7,000.00
	2 unit of electric steriliser to procured at USD 3500									
	Section Total						26,600.00	26,600.00	0.00	26,600.00

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	Transportation of medical equipments and medicines	D	1	5500	1	100.00%	5,500.00	5,500.00	0.00	5,500.00
	Transportation of medical equipments and medicines									
4.2	Generator Servicing and maintenance	D	1	1000	6	100.00%	6,000.00	3,000.00	3,000.00	6,000.00
	2 generator servicing cost									
4.3	EWARN/IDSR training for 28 Health workers	D	1	4000	1	100.00%	4,000.00	4,000.00	0.00	4,000.00
	16 health workers will be trained in CMR lasting for 5 days									
4.4	Training in GBV Survivor care for 16 Health workers	D	1	2926	1	100.00%	2,926.00	2,926.00	0.00	2,926.00
	6 Midwives, 4 Clinical officer and 6 Certificated nurses will be trained in GBV care for 3 days									
	Section Total						18,426.00	15,426.00	3,000.00	18,426.00

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	Local field flights	D	25	300	1	100.00%	7,500.00	5,000.00	2,500.00	7,500.00
	25 staff flights on UNHAS 2 flights per staff per year at 400 USD									
5.2	Hire of Toyoya Landcruiser as ambulance for transfer of Patients	D	2	80	200	100.00%	32,000.00	32,000.00	0.00	32,000.00
	Hire of 2 Toyoya Landcruiser as ambulance for transfer of Patients at USD 120 per day for 200 days									
5.3	Travel DSAs	D	36	75	3	100.00%	8,100.00	5,000.00	3,100.00	8,100.00
	36 Field staff travels for referral of patients and meetings @ USD 100 per day for 4 days									
5.4	DSA HQ management Supervision visit	D	6	100	10	100.00%	6,000.00	3,000.00	3,000.00	6,000.00
	6 HQ staff support visits lasting 5 days four times a year @ 150 USD per person									
	Section Total						53,600.00	45,000.00	8,600.00	53,600.00

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	Office stationary	S	1	900	3	100.00%	2,700.00	2,000.00	700.00	2,700.00
	assorted Stationary supply for office at USD 900 per month									
7.2	Office Rent	S	1	1000	3	100.00%	3,000.00	2,000.00	1,000.00	3,000.00
	1 Office space rented at Juba at USD 5000 allocated charge for the project 20% (USD 1000)									

7.3	Communication and Internet	S	1	1212	3	100.00%	3,636.00	2,000.00	1,636.00	3,636.00
	1500 Internet charges monthly (512 for Mingkamman and 700 USD for HQ Juba)									
	Section Total						9,336.00	6,000.00	3,336.00	9,336.00

Sub Total Direct Cost	277,599.00
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)	6.9999%
Audit Cost (For NGO, in percent)	1%
PSC Amount	19,431.65

Quarterly Budget Details for PSC Amount	2015		Total
	Q1	Q2	
	16,000.00	3,431.65	19,431.65

Total Fund Project Cost	297,030.65
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Project Locations							
Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Eastern Equatoria -> Magwi						0	
Lakes -> Awerial	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

