# **Project Proposal**

	UNICEF (United Nations Child	dren's Fund)					
Project Title	Support emergency and routing immunization services to previous					ain systems, capad	ity building and implementat
Fund Code	SSD-15/HSS10/SA2/H/UN/65	1					
Cluster	Primary cluster			Sub cluster			
	HEALTH				None		
Project Allocation	2nd Round Standard Allocation	n	Allo	ocation Category Type			
Project budget in US\$	280,000.00		Plar	nned project duration	6 months		
Planned Start Date	01/08/2015		Plar	nned End Date	31/01/2016		
OPS Details	OPS Code	SSD-15/H/72955/F	R OPS	PS Budget	0.00		
	OPS Project Ranking		OPS	S Gender Marker			
Project Summary	The planned interventions aim immunization services to prevunity and Upper Nile states re	ent outbreaks of va	accine preven				
Direct beneficiaries		Bu	ut	Women	Boys	Girls	Total
	Beneficiary Summary		0	6800	39984	43316	90,100
	Total beneficiaries include	the following:					
	Internally Displaced People		0	4000	23250	25480	52730
	People in Host Communities		0	2800	16734	17836	37370
ndirect Beneficiaries			Cot	tohmont Donulation			
Link with the Allocation Strategy	The project will contribute to he through the prevention of commortality in children under five diseases such as pneumontality. The CHF project will contribute to objective 2 enhancements and the CHF project will contrib	municable diseases Based on the MSF, malaria and malnut e to raising awarene	ive number 1 s, since vacc F Holland report trition were the	cine preventable diseases ort week 27, a total of 25 he main causes of death. ommunity level on the imp	s account for a substantic death have been registe ortance of vaccination fo	al percentage of the red in Bentiu PoC v r children and preg	burden of morbidity and with 16 under five-preventable and women. The project wi
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Humanitarian context analysis.
 Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

South Sudan as a new nation has been facing serious structural, human, technical, and logistical challenges to ensure that children and women receive quality immunization services. The on-going armed conflict since mid-December 2013 has further aggravated the health situation making it highly difficult to reach children and women with life-saving immunization services. The economic crisis has further compounded the situation further stretching the limited economic resources of the vulnerable population. The ongoing mainturition crisis in South Sudan also has a negative impact on the health situation in the country. The existing capacity and infrastructure for immunization services is also very weak countrywide, but particularly in the three conflict affected states.

Even prior to the crisis, the health status of the women and children of South Sudan was extremely poor. The maternal and under-five child deaths were high at 2,054/100,000 live births and 108/1,000 live births respectively. According to the 2012 EPI coverage survey, 34% infants below one year were fully immunized, 46% children had received measles vaccine before one year of age, and 45% had received DPT3. As a result, most children have been at risk of morbidity and mortality resulting from vaccine preventable diseases.

This current crisis has resulted in destruction of health facilities, cold chain systems, and immunization supply chain. This is set against the background of an already fragile health system, compromising the access of quality health services for the affected populations. The risk of outbreaks of vaccine preventable disease has been heightened among affected populations with the already poor routine immunization coverage in the country and compounded by increasing risk factors such as high population displacement and overcrowding in IDP camps as seen most recently in Malakal and Bentiu. Measles outbreaks have occurred in some of the IDP camps, from Jan to June 2015 at total of 399 cases of measles have been reported. In 2014, a total of 798 suspected cases of measles and 82 deaths (CFR 10 - 27%) were reported. The delivery of immunization services to conflict affected populations living outside IDP camps have been hampered following destruction of health facilities and looting of cold chain equipment, relocation of health morkers and limited access to the affected communities due to insecurity. Within this constrained context, UNICEF is using the modality of the Rapid Response Mechanism (RRM) to provide a basic package of health services which includes immunization and training of health workers and community volunteers.

## 2. Needs assessment. Explain the

nducted, list a plain how the neficiaries had dicates referen	s been develo nces to asses uster/sector Ir	eta and ped. sments										
Description	Of Beneficiar	th	nis project for this CHF standard allocation round follows the same sunties except: Pibor, Pochalla and Akobo 2. Upper Nile – all count e planned interventions, a total of 90,100 beneficiaries will be reacl th lifesaving measles vaccinations while 6,800 pregnant women w	ties except: Mabar hed by UNICEF ar	n and Many nd its partn	o 3. Unity ers-83,300	<ul> <li>all counties e</li> <li>children between</li> </ul>	except Paria	ng and Abiem	nom. Through		
Grant Reque	est Justificati		ne risk of outbreaks of vaccine preventable diseases remains high ildren less than fifteen years of age both boys and girls; and by pr							on services for		
		Tinn m Uffress	nis will be achieved through: - provision of safe and potent measlest crease uptake of immunization services especially during emergeraintenance of cold chain equipment in accessible areas of the prio NICEF continues to play a pivotal role in South Sudan immunization on vaccines preventable diseases. UNICEF is entirely responsible dependentary, and emergency immunization activities, and established chain equipment and their installation, repair, renovation, rehabitiven that the protracted and ongoing conflict has limited access to rect implementation modality of the Rapid Responses Mechanism	s vaccines and rel ncy immunization a rity locations. In program to ensue of for the procurem shment and mainte litation and mainte the beneficiaries,	lated injection activities and the storage of the service the service.	on materia nd strength dren and v ie, and dist ne cold cha	vomen, among tribution of all viain system acre	social mobilic chain system the affected accines and oss the cour a number of	zation and ad m through rep communities injection mate try through p approaches i	are protected erials for routing rocurement of including the		
oject will comp	tarity. Explain plement previo s/activities imp ation.	us or										
GICAL FRA	MEWORK											
verall project	•	of	o ensure that boys, girls and women among vulnerable populations health workers on immunization, provision of cold chain equipment threaks of vaccine preventable diseases.									
gical Frame	work details f ives	or HEALTH		Strategic Resp	onse Plan	(SRP) ob	jectives			centage of		
)15 SSO 1: In	nrove access	to and resp	onsiveness of, essential including emergency health care, and	SO 1: Save lives	s and allevi	ate sufferir	na by providina	multi-sector		activities		
	tetric care ser		onoveness of, essential moleculing emergency reductions, and		SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need							
15 SSO 2: Er	nhance existing	g systems to	prevent, detect and respond to disease outbreaks	SO 1: Save lives assistance to pe			ng by providing	multi-sector	25			
utcome 1		able children t tetanus	(IDPs and the host population) up to 15 years of age are vaccinate	ed through integra	ted emerge	ency vacci	nation campaig	ns .and preg	nant women	are vaccinated		
ode	Descr			As	sumption	s & Risks						
utput 1.1			tions provided to 83,300 children between 6m - 15 years and TT v	vaccines								
Indicators	provid	ed to 6,800 p	egnant women									
Code	Cluster		Indicator		End Cycle Beneficiaries					End-		
					But Women Boys					Cycle Target		
Indicator 1.1.1	HEALTH		[Frontline services] # of children > 5 to 15 years who have recein emergency or returnee situation	ived measles vaco	cinations			39984	43316	83300		
1.1.1	Means of	Verification:	in chargency of returned situation									
	HEALTH		[Core pipeline] # of implementing partners receiving supplies from	m the pipeline						20		
Indicator			Partner and UNICEF reprots									
Indicator 1.1.2	Means of	Verification:	Faither and Unicer replots									
1.1.2	Means of	Verification:	ratulet and UNICER reprots									
1.1.2 Activities			·	ccines and related	injection n	naterials						
1.1.2	.1 Maint	ain vaccine p	ipeline through procurement, distribution and pre-positioning of var		-		RMs in access	ible areas of	the priority lo	cations.		
Activities  Activity 1.1.	.1 Maint .2 Resp .3 Imple	ain vaccine pond to vaccir	ipeline through procurement, distribution and pre-positioning of var e preventable disease outbreaks through appropriate mechanism nobilization activities to support vaccination activities including train	s such as integrat	ed campai	gns and RI	ommunity leade	ers as well a	s multi-media			
Activities  Activity 1.1. Activity 1.1.	.1 Maint .2 Resp .3 Imple (radio	ain vaccine pond to vaccir ment social rocampaign, c	ipeline through procurement, distribution and pre-positioning of var e preventable disease outbreaks through appropriate mechanism	s such as integrat	ed campai	gns and RI	ommunity leade	ers as well a	s multi-media			
Activities  Activity 1.1.  Activity 1.1.  Activity 1.1.	.1 Maint .2 Resp .3 Imple (radic	ain vaccine pond to vaccinement social recompaign, collation of cold	ipeline through procurement, distribution and pre-positioning of var e preventable disease outbreaks through appropriate mechanism nobilization activities to support vaccination activities including train hurch and mosque announcements and drama performances) an	s such as integrat	ed campai	gns and RI	ommunity leade	ers as well a	s multi-media			
Activities  Activity 1.1. Activity 1.1. Activity 1.1. Activity 1.1.	.1 Maint .2 Resp .3 Imple (radio	ain vaccine pond to vaccin ment social rocampaign, colation of cold	ipeline through procurement, distribution and pre-positioning of var e preventable disease outbreaks through appropriate mechanism nobilization activities to support vaccination activities including train hurch and mosque announcements and drama performances) an chain equipment in priority locations	s such as integrat	ed campai	gns and RI	ommunity leade	ers as well a	s multi-media			
Activities  Activity 1.1.	.1 Maint .2 Resp .3 Imple (radic .4 Instal .5 Monit	ain vaccine pond to vaccine ment social rocampaign, colation of cold oring the arri	ipeline through procurement, distribution and pre-positioning of var he preventable disease outbreaks through appropriate mechanism nobilization activities to support vaccination activities including train hurch and mosque announcements and drama performances) an chain equipment in priority locations val and effective installation of cold chain equipment.	is such as integrat ning of social mobil d door to door visi	led campai lizers, relig its in POCs	gns and RI ous and co /IDP camp	ommunity leade os and the host	ers as well a communitie	s multi-media s.	campaigns		
Activities  Activity 1.1.	.1 Maint .2 Resp .3 Imple (radic .4 Insta .5 Monit .6 Repa	ain vaccine pond to vaccin ment social rocampaign, column of cold oring the arrivir and mainted workers are noting host pond.	ipeline through procurement, distribution and pre-positioning of var e preventable disease outbreaks through appropriate mechanism nobilization activities to support vaccination activities including train hurch and mosque announcements and drama performances) an chain equipment in priority locations val and effective installation of cold chain equipment. nance of established cold chain facilities	is such as integrat ning of social mobil d door to door visi attion practices in the	ned campai lizers, relig lits in POCs	gns and RI ous and co //IDP camp	ommunity leade s and the host	ers as well a communitie	s multi-media s.	campaigns		
Activities Activity 1.1.	.1 Maint .2 Resp .3 Imple (radic .4 Insta .5 Monit .6 Repa  Health surrou Descr	ain vaccine pond to vaccin ment social recompaign, clation of cold oring the arrivir and mainte workers are nding host population	ipeline through procurement, distribution and pre-positioning of vac e preventable disease outbreaks through appropriate mechanism nobilization activities to support vaccination activities including train hurch and mosque announcements and drama performances) and chain equipment in priority locations val and effective installation of cold chain equipment.  nance of established cold chain facilities  more proficient in appropriate vaccine management and immunization.	is such as integrationing of social mobil did door to door visit did not be social mobiled the social mobiled door to door visit did not be social mobiled the social mobile did not be social mobil	led campai lizers, relig its in POCs	gns and RI ous and co //IDP camp	ommunity leade s and the host	ers as well a communitie	s multi-media s.	campaigns		
Activities  Activity 1.1.	.1 Maint .2 Resp .3 Imple (radic .4 Insta .5 Monit .6 Repa  Health surrou  Descr Health	ain vaccine pond to vaccine ment social rocampaign, collation of cold oring the arrivir and mainted workers are nding host poption	ipeline through procurement, distribution and pre-positioning of var e preventable disease outbreaks through appropriate mechanism nobilization activities to support vaccination activities including train hurch and mosque announcements and drama performances) an chain equipment in priority locations val and effective installation of cold chain equipment. nance of established cold chain facilities	is such as integrationing of social mobil did door to door visit did not be social mobiled the social mobiled door to door visit did not be social mobiled the social mobile did not be social mobil	ned campai lizers, relig lits in POCs	gns and RI ous and co //IDP camp	ommunity leade s and the host	ers as well a communitie	s multi-media s.	campaigns		
Activities Activity 1.1.	.1 Maint .2 Resp .3 Imple (radic .4 Insta .5 Monit .6 Repa  Health surrou  Descr Health	ain vaccine pond to vaccine ment social rocampaign, collation of cold oring the arrivir and mainted workers are nding host poption	ipeline through procurement, distribution and pre-positioning of var e preventable disease outbreaks through appropriate mechanism nobilization activities to support vaccination activities including trair hurch and mosque announcements and drama performances) an chain equipment in priority locations val and effective installation of cold chain equipment. hance of established cold chain facilities  more proficient in appropriate vaccine management and immuniza- pulation.	is such as integrationing of social mobil did door to door visit did not be social mobiled the social mobiled door to door visit did not be social mobiled the social mobile did not be social mobil	ned campai lizers, relig lits in POCs	gns and RI ous and co //IDP camp	ommunity leade s and the host	ers as well a communitie	s multi-media s.	campaigns		
Activities  Activity 1.1.	.1 Maint .2 Resp .3 Imple (radic .4 Insta .5 Monit .6 Repa  Health surrou  Descr Health	ain vaccine pond to vaccine ment social rocampaign, collation of cold oring the arrivir and mainted workers are nding host poption	ipeline through procurement, distribution and pre-positioning of var e preventable disease outbreaks through appropriate mechanism nobilization activities to support vaccination activities including trair hurch and mosque announcements and drama performances) an chain equipment in priority locations val and effective installation of cold chain equipment. hance of established cold chain facilities  more proficient in appropriate vaccine management and immuniza- pulation.	is such as integrationing of social mobil did door to door visit did not be social mobiled the social mobiled door to door visit did not be social mobiled the social mobile did not be social mobil	ned campai lizers, relig lits in POCs	gns and RI ous and co //IDP camp	ommunity leade s and the host	ers as well accommunities	s multi-media s.	campaigns		

2.1.1		outbreaks / IMCI / CMR/trauma			
	Means of Verification:				
Activities					
Activity 2.1	.1 Training of health v	vorkers in cold chain and vaccine management			

### WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Sea	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Maintain vaccine pipeline through procurement, distribution and pre-positioning of vaccines and related injection materials.	2015								Х	х	Х		
pre-positioning or vaccines and related injection materials.	2016												
Activity 1.1.2 Respond to vaccine preventable disease outbreaks through	2015								Х	Х	Х	Х	Х
appropriate mechanisms such as integrated campaigns and RRMs in accessible areas of the priority locations.	2016	Х											
Activity 1.1.3 Implement social mobilization activities to support vaccinatio activities including training of social mobilizers, religious and community									Х	Х	Х	Х	Х
leaders as well as multi-media campaigns (radio campaign, church and mosque announcements and drama performances) and door to door visits in POCs/IDP camps and the host communities.	2016	Х											
Activity 1.1.4 Installation of cold chain equipment in priority locations	2015								Х	Х	Х	Х	Х
	2016	Х											
Activity 1.1.5 Monitoring the arrival and effective installation of cold chain	2015								Х	Х	Х	Х	Х
equipment.	2016	Х											
Activity 1.1.6 Repair and maintenance of established cold chain facilities	2015								Х	Х	Х	Х	Х
	2016	Х											
Activity 2.1.1 Training of health workers in cold chain and vaccine	2015									Х	Х		Х
management	2016												

#### 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.

UNICEF will keep a centralized database recording ins and outs of the central stockpile, with quantities dispatched, times and partners. UNICEF cold chain officer will be accountable for this information. Partners will report to UNICEF on a monthly basis on the number of vaccines utilized during the reporting week, with a detailed breakdown (age and sex) of the beneficiaries. UNICEF will keep databases on the number of beneficiaries reached by location. Reports will be shared with the health cluster on a monthly basis, with the exception of reactive campaigns in which the result will be share soon after the campaign, where the reporting will be done on a weekly basis. Partners implementing vaccination campaigns will send the weekly data to WHO and UNICEF immunization specialists who will further analyze and share with the health cluster; those reports include the number of children reached by the campaign, with a breakdown by sex and age, plus the number of vials utilized. Challenges in the implementation of the campaign are reported in the narrative.

## OTHER INFORMATION

Accountability to Affected Populations

Awareness and information campaigns will be conducted prior to every immunization campaign, targeting IDPs, host and returnee communities. Health educators will be present at health facilities explaining the importance of vaccines to prevent infectious diseases. UNICEF will procure vaccines of adequate quality and following international standards. Communities will be involved in the design and implementation of campaigns.

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

The proposal will be implemented only six months (Aug 2015 onwards), based on access to priority locations and potential epidemics of vaccine preventable diseases, by UNICEF, health cluster partners and the MOH. UNICEF is the sole provider of vaccines in South Sudan and coordinates immunization activities with the MOH and WHO through the EPI technical working group. Partners are able to access vaccines by submitting requests to the MOH. Supervision of the immunization activities will be conducted jointly by MOH, UNICEF and WHO.

what.

Coordination with other Organizations in project area

Environmental Marker Code

Gender Marker Code

oue

1-The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

The activities undertaken by the project will ensure the participation of women during the design, implementation and monitoring through a range of interventions. At the community level, women are engaged in consultations, participatory appraisals and communication campaigns on the importance of vaccination. Traditional birth attendants (majority are women) are supported to promote immunization activities. Boys and girls are targeted through tailored education sessions on vaccine preventable diseases, where their views are taken into consideration and utilized to develop new messages. Women and men are targeted at community level to understand the advantages and risks of immunization, the impact on community's health, the locations in their communities where vaccines are available, as well as the campaigns that might take place during the coming months. Community resilience is promoted across all the interventions to ensure sustainability of the interventions.

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)

Budget Line Description	D/S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost			2016	Quarterly Total
							Q3	Q4	Q1	
Immunization Manager, P4	D	1	22007	3	20.00%	13,204.20	0.00	0.00	0.00	
Immunization Specialist, P3	D	1	18529	3	20.00%	11,117.40	0.00	0.00	0.00	
Coldchain Officer, P2	D	1	14850	3	20.00%	8,910.00	0.00	0.00	0.00	
Immunization officer (NOB)	D	1	3760	3	20.00%	2,256.00	0.00	0.00	0.00	
	Immunization Manager, P4 Immunization Specialist, P3 Coldchain Officer, P2	Immunization Manager, P4 D Immunization Specialist, P3 D Coldchain Officer, P2 D	Immunization Manager, P4         D         1           Immunization Specialist, P3         D         1           Coldchain Officer, P2         D         1	Quantity   Cost	Quantity   Cost	Quantity   Cost   Charged to CHF / ERF	Quantity         Cost         Charged to CHF / ERF         Cost           Immunization Manager, P4         D         1         22007         3         20.00%         13,204.20           Immunization Specialist, P3         D         1         18529         3         20.00%         11,117.40           Coldchain Officer, P2         D         1         14850         3         20.00%         8,910.00	Quantity   Cost   Charged to CHF / ERF   Q3	Quantity   Cost   Charged to CHF / ERF   Cost   Q3   Q4	Quantity   Cost   Charged to CHF / ERF   Cost   Q3

1.5	Cold chain Logistician Officer (NOA)	D	2	2450	3	20.00%	2,940.00	0.0	0.00	0.00		
	Section Total						38,427.60	0.0	0.00	0.00	0.0	
Suppl	ies, Commodities, Materials (please itemize dire	ct and ind	irect costs of	consur	nables to be	purchased un	der the proj	ect, including ass	ociated transportation,	freight, storage and	d distribution cos	
Code	Budget Line Description	D/S	Unit Quantity	Unit Cost	Durati	on Percent Charged		tal 2015		2016	Quarterly Total	
			<b>Luu</b>	-		CHF / ER		Q3	Q4	Q1		
2.1	Measles vaccine, 10 dose vial	D	8989	2	.85 1	100.00%	25,618	.65 (	.00 0.00	0.00		
2.2	Polio vaccines	D	9371	2	.85 1	100.00%	26,707	.35 (	.00 0.00	0.00		
2.3	BCG vaccine, 20 dose vial	D	850	2	.74 1	100.00%	2,329	.00	.00 0.00	0.00		
2.4	TT Vaccines	D	1493		1 1	100.00%	1,493	00 (	.00 0.00	0.00		
		D										
2.5	Syringe, 0.05 ml box of 100		170		8.2 1	100.00%	1,394		.00 0.00			
2.6	Syringe, 0.5 ml box of 100	D	1048		5.4 1	100.00%	5,659	.20 (	0.00	0.00		
2.7	Syringe, 2 ml box of 100	D	9	2	.64 1	100.00%	23	.76	.00 0.00	0.00		
2.8	Syringe, 5 ml box of 100	D	99	3	.52 1	100.00%	348	.48	.00 0.00	0.00		
2.9	Safety boxes, box of 25	D	53	10	.67 1	100.00%	565	.51 (	0.00	0.00		
2.10	Cotton Wool	D	150		2.3 1	100.00%	345	.00	.00 0.00	0.00		
2.11	Off-shore and incountry transportation of the	D	1	17415	.69 1	100.00%	17,415	.69 (	.00 0.00	0.00		
	procured supplies											
Equip	Section Total ment (please itemize costs of non-consumables to	o be purch	nased under	the proj	ect)		81,899	.64	0.00	0.00	0.0	
Code	Budget Line Description	D/S	Unit Quantity	Unit Cost	Duration	Charged to Cos		2015		2016	Quarterly Total	
						CHF / ERF		Q3	Q4 Q1			
	Section Total						0.00		0	0	0.0	
Contra	actual Services (please list works and services to	be contra	acted under t	he proje	ect)							
Code	Budget Line Description	D/S	Unit Quantity	Unit Cost	Duration	Charged to	Total Cost			2016	Quarterly Total	
						CHF / ERF		Q3	Q4	Q1		
1.1	Support to cold chain installation, repair and maintenance	D	1	16920	1	100.00%	16,920.00	0.0	0.00	0.00		
1.2	Support to implementation of communication and social mobilization activities	D	1	25000	1	100.00%	25,000.00	0.0	0.00	0.00		
1.3	Warehousing and Logistics Costs for the procured vaccines	D	1	20000	1	100.00%	20,000.00	0.0	0.00	0.00		
	Section Total						61,920.00	0.0	0.00	0.00	0.0	
	(please itemize travel costs of staff, consultants a					,						
Code	Budget Line Description	D/S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015	0.4	2016	Quarterly Total	
- 4	Oteff to a life and in the control of the control o		-	1240	4		0.000.00	Q3	Q4	Q1		
5.1	Staff travel for monitoring and implementation support	D	5	1240	1	100.00%	6,200.00	0.0	0.00	0.00		
	Return ticket and 10 days DSA in a month-\$400 for	or return fl	light and \$84	DSA pe	er day							
	Section Total						6,200.00	0.0	0.00	0.00	0.0	
Transf	fers and Grants to Counterparts (please list tran		sub-grants	to projed	ct implement	ing partners)						
Code	Budget Line Description	D/S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total	
						OIII / EKI		Q3	Q4	Q1		
	Section Total						0.00		0	0	0.0	
	ral Operating and Other Direct Costs (please inc									2040	0	
		D/S	Unit	Unit	Duration	Charged to	Total Cost			2016	Quarterly Total	
	Budget Line Description		Quantity	Cost		CHE / EDE						
Code			Quantity			CHF / ERF		Q3	Q4	Q1		
	Budget Line Description  Security and MoSS Compliance of Office Premise	S		40000	1	50.00%	20,000.00	Q3		Q1 0.00		
Code	Security and MoSS Compliance of Office	S	Quantity				20,000.00	0.0	0.00	0.00		
Code	Security and MoSS Compliance of Office Premise		Quantity  1	40000	6	50.00%	•	0.0	0.00	0.00		

7.4	Fuel for vehicles and ge	erators	S	1 3275 1	100.	00% 3,275.00	0.00	0.00	)	0.00			
	Section Total					73,235.00	0.00	0.00	)	0.00	0.00		
Sub To	otal Direct Cost										261,682.2		
ndired	ct Programme Support C	st PSC rate (insert	percentage, not t	o exceed 7 per cent)							7'		
Audit (	Cost (For NGO, in percen												
PSC A	mount										18,317.7		
Quarterly Budget Details for PSC Amount 2015 2016 Total													
Amoun	·	Q3	Q4	Q1									
		0.00	0.00	0.00	0.00								
Γotal F	Fund Project Cost										280,000.0		
Projec	t Locations												
Locat	tion Estimated	ercentage of budg	et for each loca	tion		Beneficiary Men	Women	Boy	Girl T	Total .	Activity		
Jongle	ei 30								0	)			
Unity	35								0	)			
Upper	r Nile 35								0	)			
Projec	t Locations (first admin lo	ation where activitie	es will be impleme	nted. If the project is	covering more	than one State please in	ndicate percentage per	State)					
Admi	n Location1				Per	centage							
	ei				30								
Jongle													
Jongle Unity					35								