

Project Proposal

Organization	CARE International (CARE International)						
Project Title	Emergency Health Response To Vulnerable Populations And Host Communities In 2 Counties Mayom and Guit of Unity State In South Sudan						
Fund Code	SSD-15/HSS10/SA2/H/INGO/531						
Cluster	Primary cluster			Sub cluster			
	HEALTH			None			
Project Allocation	2nd Round Standard Allocation		Allocation Category Type	Frontline services			
Project budget in US\$	200,001.91		Planned project duration	5 months			
Planned Start Date	01/08/2015		Planned End Date	31/12/2015			
OPS Details	OPS Code	SSD-15/H/72879/R		OPS Budget	0.00		
	OPS Project Ranking			OPS Gender Marker			
Project Summary	<p>The crisis in south Sudan continues to cause 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 in Mayom county a vaccine derive polio virus was detected. The situation continue to deteriorate as IDPs continue to moving from the recent attacked in lower unity. 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 second standard allocation from CHF funds, will be to re start out reach mobile serves which had stopped due to lack of funding. Services provided are out-patient consultations and treatment, health education, provision of vaccination to children under five years and pregnant mother, ANC, PNC and skilled delivery by qualified midwives or nurses , support of emergency supplementary immunization campaigns (SIAD) to boost routine immunization. There are serious gaps in reproductive health services in both IDP and host community. Therefore there is need to improve access by strengthening emergency obstetric and neonatal care at both facility and community by involving community actors. This will be done through training of midwives , nurses , clinical officer on basic emergency obstetric care, conducting ANC/PNC and providing prophylaxis for malaria to pregnant women. Counselling on family planning and providing accurate information , rapid diagnostic test will also be undertaken. 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 constituted. Surveillance will be strengthened and monitored to detect and respond to outbreaks in timely manner. Through out previous and current crisis serious reports of sexual and gender base violence have been on the increase and yet there is lack of clinical management of survivors. 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 of rape and where possible referral will 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			Men	Women	Boys	Girls	Total
	Beneficiary Summary		7679	23079	3871	4032	38,661
	Total beneficiaries include the following:						
	Children under 5		0	0	3871	4032	7903
	Pregnant and Lactating Women		0	3689	0	0	3689
	People in Host Communities		7679	19390	0	0	27069
Internally Displaced People		0	0	0	0	0	
Indirect Beneficiaries	A total 20 (health workers) will benefit from training from this project. As well community training such as Boma health training will be undertaken and will target (60) team members in the 2 counties both from host community and IDPs. Health education messages will also be targeted and the community as a whole will benefit through out the project cycle.		Catchment Population	Guit and Mayom counties			
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 with CHD in hard to reach areas with huge life threatening insecurity in Unity State. The proposed activities will capitalize on any window of opportunity offered even during rainy season. Provision of preventive, curative and promotion health care will be strengthen 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 host communities. CARE will address all the three health cluster objectives by ensuring the following activities (Outputs) are implemented within the project life span.</p> <ul style="list-style-type: none"> • Procurement and distribute drugs and other medical supplies • Provide essential basic and curative basic care to children, women and men in the 3 counties of Unity (Guit, Mayom, and Pariang) in the outreach services among host and IDP community and at static facilities. In Mayom county Makien Mayom PHCC, Wangkei and two mobile to cover Kuerborna, Bien Ngop, and Kueryiek), in Pariang (Panyang, Biu, Gumriak payams), Guit (Guit, Kuch Niemi Wathnyon) • 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 basic 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 integrated disease surveillance, preparedness and response. <p>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, Pariang, Mayom, and Guit counties of Unity State. CARE has made considerable efforts to ensure propositioning 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\$		
				Health Pooled Fund	1,500,000.00		
					1,500,000.00		
Organization focal point contact details	Name	Title	Phone	Email			
	Christoper Necker	ACD-P	0954604620	christopher@care.org			
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BACKGROUND INFORMATION

<p>1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>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 Guit, Mayom, and Pariang Counties in Unity State. 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 progress into 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</p>
<p>2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)</p>	
<p>3. Description Of Beneficiaries</p>	<p>A total of 38,661 direct beneficiaries will be targeted by this project which of which are as follows a total of 7903 children under five years will be targeted(3871 boys 4032 girls) 7676 will be men while women are 19390 out of these 3689 are pregnant women A total 20 (health workers) will benefit from training from this project. As well community training such as Boma health training will be undertaken and will target (60) team members in the three counties both from host community and IDPs. Health education messages will also be targeted and the community as a whole will benefit through out the project cycle.</p>
<p>4. Grant Request Justification.</p>	<p>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. 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 2014/15 and 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.</p>
<p>5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.</p>	

LOGICAL FRAMEWORK

<p>Overall project objective</p>	<p>To improve access to and responsiveness of essential emergency primary health care including emergency obstetric care, access and demand for gender base and psychological services targeting vulnerable population in 2 counties in Unity state namely (Guit and Mayom).</p>
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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	50
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	40
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 2: Protect the rights of the most vulnerable people, including their freedom of movement	10

Outcome 1	Improved access to and responsiveness to essential including emergency health and emergency obstetric care and provide access and demand of gender and psychological services targeting the vulnerable population in 2 counties of Unity state.	
Code	Description	Assumptions & Risks
Output 1.1	Access and demand for emergency and responsive health care including psychosocial is provided at facility and out-reach level is enhanced	Access and security will allow health care operation to continue, and 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	7679	23079	3871	4032	38661
		Means of Verification: Monthly health information system(HMIS) and weekly cluster reporting					
Indicator 1.1.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			3871	4032	7903
		Means of Verification: Health information system(DHIS) and weekly health cluster reports					
Indicator 1.1.3	HEALTH	[Frontline services] # of people reached with health education and promotion messages	7679	23079	0	0	30758
		Means of Verification: Monthly health information system (DHIS) and weekly cluster report.					

Activities

Activity 1.1.1	Conduct out-patient treatment at static health facility and out reaches sites
Activity 1.1.2	Conduct health education activities at facility and at outreach sites
Activity 1.1.3	Conduct skilled birth deliveries at static health in Mayom County (Mankieni and Mayom)
Activity 1.1.4	Procure and distribute drugs, medical equipment, medical supplies
Activity 1.1.5	Conduct routine vaccination for children under five and pregnant mothers
Activity 1.1.6	Conduct antenatal care, and post natal care at static and outreach site

Outcome 2	Enhance health care systems to detect and response to disease out breaks						
Code	Description	Assumptions & Risks					
Output 2.1	Health care system in the 2 counties is enhanced	Road network will be accessible, security is assured, medical supplies and other logistics are procured and transported to location on time.					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					6
Means of Verification:		Monthly reports with functional facilities					
Activities							
Activity 2.1.1	Training of health staff on disease surveillance and response						
Activity 2.1.2	Conduct weekly health surveillance at 10 static health facilities and 3 out-reach mobile health service						
Activity 2.1.3	Conduct support supervision to field project bases on quarterly basis.						
Activity 2.1.4	Develop, print and distribute relevant information education material at facility and out-reach sites						
Activity 2.1.5	Equip and improve 2 static facility to provide basic emergency obstetric care						

Outcome 3	Improve access and demand for medical and psychological support for gender base survivors						
Code	Description	Assumptions & Risks					
Output 3.1	Demand and access to medical treatment and psychological support improved	Security will allow survivors to seek for help, and are willing to seek for help. The staff at facility level have been trained to offer the services and are knowledgeable and have the skill.					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	[Frontline services] # of health facilities providing basic package of GBV services in IDP setting					8
Means of Verification:		monthly reports from health facilities					
Activities							
Activity 3.1.1	Conduct community awareness of GBV service available at the health facilities						
Activity 3.1.2	Train at least two clinic staff on clinical management of rape using WHO and UNFPA guidelines						
Activity 3.1.3	Request and distribute dignity kits from UNFPA to affected persons						

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 Conduct out-patient treatment at static health facility and out reaches sites	2015								X	X	X	X	X
Activity 1.1.2 Conduct health education activities at facility and at outreach sites	2015								X	X	X	X	X
Activity 1.1.3 Conduct skilled birth deliveries at static health in Mayom County (Mankieni and Mayom)	2015								X	X	X	X	X
Activity 1.1.4 Procure and distribute drugs, medical equipment, medical supplies	2015								X	X			
Activity 1.1.5 Conduct routine vaccination for children under five and pregnant mothers	2015								X	X	X	X	X
Activity 1.1.6 Conduct antenatal care, and post natal care at static and outreach site	2015								X	X	X	X	X
Activity 2.1.1 Training of health staff on disease surveillance and response	2015									X		X	
Activity 2.1.2 Conduct weekly health surveillance at 10 static health facilities and 3 out-reach mobile health service	2015								X	X	X	X	X
Activity 2.1.3 Conduct support supervision to field project bases on quarterly basis.	2015										X		X
Activity 2.1.4 Develop, print and distribute relevant information education material at facility and out-reach sites	2015								X	X			
Activity 2.1.5 Equip and improve 2 static facility to provide basic emergency obstetric care	2015								X	X			
Activity 3.1.1 Conduct community awareness of GBV service available at the health facilities	2015								X	X	X	X	X
Activity 3.1.2 Train at least two clinic staff on clinical management of rape using WHO and UNFPA guidelines	2015								X	X			
Activity 3.1.3 Request and distribute dignity kits from UNFPA to affected persons	2015								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

Name of the organization	Areas/activities of collaboration and rationale
1. International Rescue Committee (IRC)	Mobile health services within Mayom county
2. MSF-SWISS	Primary Health care activities at Mayom PHCC in mayom County and provision of emergency Obstertric care referral services to their Hospital at Agok

Environmental Marker Code
A: Neutral Impact on environment with No mitigation

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

Justify Chosen Gender Marker Code
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, and RH sensitization 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
								Q3	Q4	
1.1	Country director Country director based in Juba salary charged to this project as support	S	1	17102	5	5.00%	4,275.50	2,137.75	2,137.75	4,275.50
1.2	Assistant country director program Assistant country director based in Juba and salary charged to this project as support'	S	1	15538	5	5.00%	3,884.50	1,942.25	1,942.25	3,884.50
1.3	Assistant country director program support Assistant country director based in Juba salary charged to this project as support	S	1	15538	5	5.00%	3,884.50	1,942.25	1,942.25	3,884.50
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	5	5.00%	3,060.00	1,530.00	1,530.00	3,060.00
1.5	Grant and Contracts 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	5	5.00%	3,060.00	1,530.00	1,530.00	3,060.00
1.6	program support manager One program support manager field base-International staff)5% 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. He/She will spent 5% of the time managing this project	S	1	6090	5	5.00%	1,522.50	761.25	761.25	1,522.50
1.7	Health advisor Health technical advisor (Juba Based -and 1 field base both International staff) salary will be charged to this project Basic salary \$6000 plus 44% benefits plus house allowance \$3600=\$12240 she/he will be involved in technical support and management of the project, and overseeing provision of health training for health staff	D	1	12240	5	10.00%	6,120.00	3,060.00	3,060.00	6,120.00
1.8	Clinical officers 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=\$1058.5 will be charged to this project in 2 counties.where the project will be implemented	D	3	1058.5	5	100.00%	15,877.50	7,938.75	7,938.75	15,877.50
1.9	Qualified Midwives Midwives will be required to carry out health care activities during out-reach and facility health unit: Basic salary \$690 plus 45% benefits will be \$1000.5 and will be charged to this project 100%, midwives recruited will work in seven counties where the projected will be implemented	D	3	1000.5	5	100.00%	15,007.50	7,503.75	7,503.75	15,007.50
1.10	Community health workers Community health workers will be required to carry out health care activities during out-reach and facility health unit: Basic salary \$350 including 45% benefits=\$507.5 will be charged to this project 100%, CHW recruited will work where clinical health officers are lacking.where the project will be implemented	D	3	507.5	5	100.00%	7,612.50	3,806.25	3,806.25	7,612.50
1.11	Community health promoters 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 \$300 plus 45%=\$435 benefits will be charged to this project	D	3	435	5	100.00%	6,525.00	3,262.50	3,262.50	6,525.00
1.12	Registrar/Clerks Registras will be hired to register patient in the OPD registers patients cards at facility and community outreach services: Basic salary will be \$250 which includes 45% benefits and will be charged to this project in all the counties where the project is implemented	D	3	362.5	5	100.00%	5,437.50	2,718.75	2,718.75	5,437.50
Section Total							76,267.00	38,133.50	38,133.50	76,267.00

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
								Q3	Q4	
2.1	Medical supplies Assorted medical supplies which include dressing materials, disposable syringes and needles will be procured to be used at field health services	D	1	10000	1	100.00%	10,000.00	10,000.00	0.00	10,000.00
2.2	Infection prevention supplies and materials Assorted infection prevention supplies and materials which include disinfectants, gloves heavy duty, protective aprons/lab coats, dustbins and safety box for sharps needle	D	1	4000	1	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
2.3	Fuel for generator and vehicles Each of the field base will have offices with generators and vehicles for this project, including, fuel and maintenance cost this cost will be charged 40% as support cost	D	2	1200	5	40.00%	4,800.00	2,400.00	2,400.00	4,800.00
2.4	Mobile health teams, fuel, accomodation, transport and food Mayom will have two mobile teams while and Guit County will each have one mobile team. total mobile teams will be 4 with each team comprising of nurse/clinical officer, Midwife, community health worker, community health promoter and registrar. The teams will be traveling from far from their home on daily bases. A lumpsum allocation of \$3000 per team per month	D	2	3000	5	100.00%	30,000.00	15,000.00	15,000.00	30,000.00
2.5	Transportation of drugs and medical supplies Secondary transportation of drugs to filed sites with in counties lumpsum	D	1	7000	1	100.00%	7,000.00	5,000.00	2,000.00	7,000.00
2.6	Boma health committees training Training boma health committees at county level will be undetaken a lumpsum fee of 3000	D	2	2000	1	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
2.7	BEmOC training Basic management of emergency obstetric care will be carried in 2 counties by health advisor and area health manager and project staff. The training will target midwives, nurses community midwives, and community health workers. The lumpsum training cost of \$2000 will cover training material, venue travel accomodation, meals and certificates	D	1	2000	1	100.00%	2,000.00	2,000.00	0.00	2,000.00
Section Total							61,800.00	38,400.00	23,400.00	61,800.00

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
								Q3	Q4	
3.1	Assorted medical equipment Assorted medical equipment such as BP machine, Stethoscope, bag packs, bed screen, delivery couch hospital bed, drip stand and stainless dustbins	D	1	6700	1	100.00%	6,700.00	3,350.00	3,350.00	6,700.00
3.2	One digital camera One digital camera will be procured for documentation of project activities in Guit county	D	1	300	1	100.00%	300.00	300.00	0.00	300.00
Section Total							7,000.00	3,650.00	3,350.00	7,000.00

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
								Q3	Q4	
Section Total							0.00	0	0	0.00

5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
5.1	Staff travel Flights cost for direct program staff going to field and from field to juba, 5 international staff, 6 trips per staff= 30 trips each round trip \$400, 100% will be charged to this project Travel cost for flights outside Juba international direct project staff going for R&R and leave (2 health advisers, 2 area managers) 3 trips per staff round trip @ \$1500, 10% will be charged to this project	D	12	1500	3	10.00%	5,400.00	2,700.00	2,700.00	5,400.00
5.2	Staff flights outside Juba- to field location Flights cost for direct program staff going to field and from field to Juba, international staff, 2 trips per staff= 8 trips each round trip \$400, 100% will be charged to this project	D	8	400	1	100.00%	3,200.00	1,600.00	1,600.00	3,200.00
5.3	Staff perdiem Field staff visiting juba for meetings and Juba based staff visiting Field for supportive supervision, lumpsum	D	1	2500	1	100.00%	2,500.00	1,250.00	1,250.00	2,500.00
Section Total							11,100.00	5,550.00	5,550.00	11,100.00

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
								Q3	Q4	
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
								Q3	Q4	
7.1	Internet connection costs-VSAT 2 VSat internet communication at Mayom and Guit, each is estimated to cost on monthly basis \$500 subscription on monthly basis for communication between field basis and Juba and with partners	D	2	500	5	30.00%	1,500.00	750.00	750.00	1,500.00
7.2	Stationery for the project lumpsum stationery for each of the four field bases	D	1	5400	1	100.00%	5,400.00	2,700.00	2,700.00	5,400.00

7.3	Office rent at field level	D	3	3500	5	20.00%	10,500.00	5,250.00	5,250.00	10,500.00
3 field offices based at Juba, Guit and Mayom- expenses include generator fuel, food supplies, guesthouse maintenance will charge 20% from this project										
7.4	Treatment flow charts, for RH, IMCI management flow chart and ANC, child health card and posters	D	1	2500	1	100.00%	2,500.00	2,500.00	0.00	2,500.00
Printing and distribution of treatment flow chart for three counties where the project will be implemented a lumpsum cost of \$2500 will be used for design and printing to document health information and for information to clinician										
7.5	Procure and distribute tents, mosquito nets, gum boots, mattresses bed sheet and blankets,	D	3	3000	1	100.00%	9,000.00	9,000.00	0.00	9,000.00
Mobile out reach staff operating in the county will require tents , gum boot to facilitate field work where no structures are available at community level a lumpsum of \$3000 will be used to procure item for project staff undertaking outreach service.										
Section Total							28,900.00	20,200.00	8,700.00	28,900.00

Sub Total Direct Cost 185,067.00

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent) 7%

Audit Cost (For NGO, in percent) 1%

PSC Amount 12,954.69

Quarterly Budget Details for PSC Amount	2015		Total
	Q3	Q4	
	6,477.35	6,477.35	12,954.69

Total Fund Project Cost 198,021.69

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Unity -> Guit	20	1841	4379	368	292	6880	Activity 1.1.1 : Conduct out-patient treatment at static health facility and out reaches sites Activity 1.1.2 : Conduct health education activities at facility and at outreach sites Activity 1.1.3 : Conduct skilled birth deliveries at static health in Mayom County (Mankieni and Mayom) Activity 1.1.4 : Procure and distribute drugs, medical equipment, medical supplies Activity 1.1.5 : Conduct routine vaccination for children under five and pregnant mothers Activity 1.1.6 : Conduct antenatal care, and post natal care at static and outreach site Activity 2.1.1 : Training of health staff on disease surveillance and response Activity 2.1.2 : Conduct weekly health surveillance at 10 static health facilities and 3 out-reach mobile health service Activity 2.1.3 : Conduct support supervision to field project bases on quarterly basis. Activity 2.1.4 : Develop, print and distribute relevant information education material at facility and out-reach sites Activity 3.1.1 : Conduct community awareness of GBV service available at the health facilities Activity 3.1.3 : Request and distribute dignity kits from UNFPA to affected persons
Unity -> Mayom	80	5838	18701	3503	3740	31782	Activity 1.1.1 : Conduct out-patient treatment at static health facility and out reaches sites Activity 1.1.2 : Conduct health education activities at facility and at outreach sites Activity 1.1.3 : Conduct skilled birth deliveries at static health in Mayom County (Mankieni and Mayom) Activity 1.1.4 : Procure and distribute drugs, medical equipment, medical supplies Activity 1.1.5 : Conduct routine vaccination for children under five and pregnant mothers Activity 1.1.6 : Conduct antenatal care, and post natal care at static and outreach site Activity 2.1.1 : Training of health staff on disease surveillance and response Activity 2.1.2 : Conduct weekly health surveillance at 10 static health facilities and 3 out-reach mobile health service Activity 2.1.3 : Conduct support supervision to field project bases on quarterly basis. Activity 2.1.4 : Develop, print and distribute relevant information education material at facility and out-reach sites Activity 2.1.5 : Equip and improve 2 static facility to provide basic emergency obstetric care Activity 3.1.1 : Conduct community awareness of GBV service available at the health facilities Activity 3.1.2 : Train at least two clinic staff on clinical management of rape using WHO and UNFPA guidelines Activity 3.1.3 : Request and distribute dignity kits from UNFPA to affected persons

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

