

# Project Proposal

Organization	UNKEA (Universal Network for Knowledge and Empowerment Agency)						
Project Title	To increase access of integrated emergency primary health care services to IDPs, Host Community.						
Fund Code	SSD-15/HSS10/SA2/H/NGO/504						
Cluster	<b>Primary cluster</b>		<b>Sub cluster</b>				
	HEALTH		None				
Project Allocation	2nd Round Standard Allocation	Allocation Category Type	Frontline services				
Project budget in US\$	249,998.53	Planned project duration	6 months				
Planned Start Date	01/08/2015	Planned End Date	31/01/2016				
OPS Details	OPS Code	SSD-15/H/72908/R	OPS Budget	0.00			
	OPS Project Ranking		OPS Gender Marker				
Project Summary	<p>This project is meant to increase access to integrated emergency primary health care services to IDPs and host community in Nasir County upper Nile state. The project will focus on the Provision of curative consultations to children under five years, in all health facilities, Provision of RH services including ANC and PNC, services in all project locations, Distribution and supply of essential drugs and LLTNs in all locations, Provision of preventive maternal and child health services such as immunization, Deworming, iron foliate, IPT and vitamin A supplementation to &lt;5s and pregnant women, provide basic laboratory supplies to 1 PHCC, Provision of routine health education to pregnant and lactating, mothers, Conducting skills training of health workers on minor surgery, clinical case management and surveillance of communicable diseases, Conducting targeted community awareness campaigns on, prevention of communicable disease and uptake of health care services in all locations.</p> <p>The project aims, to achieve,</p> <ul style="list-style-type: none"> <li>- 28,000 curative consultations conducted in all health facilities</li> <li>- 1280 pregnant women complete at least 4 ANC visits</li> <li>- 780 deliveries followed up for post partum care</li> <li>- 10,000 LLTNs distributed to pregnant and lactating women and community for malaria prevention</li> <li>- 1500 under fives vaccinated.</li> <li>- 8000 children under five dewormed</li> <li>- 1280 pregnant women received iron foliate</li> <li>- 1280 pregnant women received IPT 2nd Dose</li> <li>- 15000 under five children received vitamin A supplementation.</li> <li>- 19,200 routine health education sessions conducted for pregnant women at all health facilities</li> <li>- 16 health workers trained on MISP, EPI and BEMOC,</li> <li>- 10,000 free condoms distributed.</li> </ul> <p>With current partnerships with UNICEF, IMA, WHO, PSI, as our major in-kind donors, and maintaining a closer coordination, this project will avoid any duplication. The project will also seek partnership with UNAIDS for the supply of free condoms and IEC materials for HIV health education and training.</p>						
Direct beneficiaries		<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
	Beneficiary Summary	22400	29000	12460	12460	76,320	
	<b>Total beneficiaries include the following:</b>						
	Children under 5	0	0	12460	12460	24920	
	Internally Displaced People	6167	6167	6167	6167	24668	
	People in Host Communities	6167	6167	6167	6167	24668	
Pregnant and Lactating Women	0	2060	0	0	2060		
Indirect Beneficiaries	Catchment Population						
Link with the Allocation Strategy	The project will ensure health care services are brought closer to the community by improving referral systems, out-reach and increasing the staffing for reproductive health workers as well as the equipment for emergency obstetric and neonatal care. The project will ensure, staffs are given refresher trainings on various areas including preventive and curative trainings to improve their skills in prevention and treatment of common ailments, it will ensure the health facilities are well equipped with the necessary equipments to respond to such ailments. The project will have a better focus on community health events to ensure the community is well sanitized on when and where to get health care services, and will have targeted outreaches on such events to highly vulnerable people (People in need).						
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)						
Organization focal point contact details	Name	Title	Phone	Email			
	Tobijo Denis Sokiri M	Health and Nutrition Advisor	+211921230704	tdmsokiri@gmail.com			
	Simon Bhan Choul	Executive Director	+254704643227	unkea.southsudan@gmail.com			

**BACKGROUND INFORMATION**

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

Nasir County in Upper Nile state has an enormous humanitarian need. It has suffered and continuous to suffer both Natural and Manmade calamities. The current triggers being the current fighting between opposition and government forces which started on the 15th December 2013 in Juba and quickly spread to the other states of Jonglei, Unity and Upper Nile states which led to hundreds of people displaced, most of who settled in Nasir County. A total of 15,086 households (HHs) of IDPs were assessed and registered with a 131,259 individuals mostly women and children (SRRC, Nasir, and January 2014). Population movements continue between Nasir Town and surrounding payams. Mandeng Payam of Nasir County currently hosts most of the IDPs. Before the war erupted, Nasir County was already Vulnerable. Flooding has been a common phenomenon limiting access to quality health care services resulting to unmet demand for health care. The pressure of war and hunger is so huge on the community. The community is in dire need of basic services, Clean Water, Non Food Items (NFI) food and latrines. Besides war and floods, Nasir also suffers long dry seasons further limiting food production. When the crises started on 15th December many National and international NGOs either scaled down or withdrew completely from Nasir County. UNKEA is currently the only active NGO in Nasir County and is scaling up to fill the gaps left. During the incident of the 4th may 2014 in which the county exchanged hands between the opposition and government forces, most of the health equipment were destroyed making access to treatment by the community strained. The recent fighting in some parts of Upper Nile has increased the number of IDPs seeking shelter in the county especially Mandeng. In a recent visit to Mandeng, The SRRA reported that about three quarters (3/4) of the IDPS from Malakal, Ulang and Nasir Town have settled in Mandeng and Jikmir with about a quarter (1/4) crossing to Ethiopia. Malaria, Pneumonia, Diarrhea and Malnutrition were reported as the most common ailments affecting mainly children <5 years. The Clinical officer in charge of Mandeng PHCU+ reported a daily average consultation rate of 300 patients per day. Sexual exploitation, rape, early marriages and pregnancies among IDPs and Host communities are some of the worst forms of sexual and gender based violence (SGBV) increasing the risk of STIs and HIV/AIDS. Most children under 5 among the host community and IDPs have not been fully immunized. With a health care system struggling to overcome the challenges of limited number of skilled health workers, poor road infrastructure limiting accessibility to health facilities and weaker referral services due to lack of ambulance services, this increase in the number of IDPs and the pressure on the host community is likely to overwhelm the current funding capacity of UNKEA. "

**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

"Before the crises of the 15th December 2013, there were about 18 functional health facilities in Nasir County" (South Sudan Health Forum 2015). This were either run by the government or by International and National NGO. The active NGOs supporting health then include; MSF Holland, ADRA, UNKEA, IMA and Nile hope. IMA and MSF-H were majorly supporting secondary health care, while, ADRA and UNKEA were supporting the Primary health care. UNKEA's supported health facilities then include; PHCC, Dhording PHCU, Kierwan PHCU, Mandeng PHCU, Dinkar PHCU and it had presence in (Five) Payams, that is Kiechkon, Mading, Jikmir, Kierwan, Kuerengke and Dhuoreding.

explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

When the crises started, "A total of 15,086 households (HHs) of IDPs were assessed and registered with a 131,259 individuals mostly women and children" (SRRC, Nasir, and January 2014).

Due to the crises, all the NGOs pulled out of Nasir County, most health facilities including Nasir Hospital were abandoned. UNKEA was the only NGO that remained to support the community. With its limited funding from CHF, UNKEA had to step in to fill the gaps of the remaining health facilities.

During the incident of the 4th may 2014 in which the county exchanged hands between the opposition and government forces, most of the health equipment were destroyed making access to treatment by the community strained.

( SRRA Nasir may 2014) reported that about three quarters (3/4) of the IDPS from Malakal, Ulang and Nasir Town have settled in Mandeng and Jikmir with about a quarter (1/4) crossing to Ethiopia. Malaria, Pneumonia, Diarrhea and Malnutrition were reported as the most common ailments affecting mainly children<5 years.

The recent fighting in some parts of Upper Nile has increased the number of IDPS seeking shelter in the county especially Mandeng.The displacement and settlement pattern follows the same fashion as it was in may 2014.

Although it is difficult to get accurate statistical data regarding Nasir county due to insecurity, ( SRRA Nasir may 2014) reported that mandeng PHCU conducts about 300 outpatient consultations per day. This is the basis for the selection of the target beneficiaries.

**3. Description Of Beneficiaries**

The beneficiaries will be IDPS and host community in Nasir county of Upper Nile state, it will be a gender sensitive project and will benefit both men and women, boys and girls. Vulnerable communities will be given a special focus, that is children under five years, women and the elderly, people with disabilities and people living with HIV and AIDS.

**4. Grant Request Justification.**

This funding is requested to support UNKEA's accelerated response initiative (ARI) by providing basic health services to vulnerable IDPs, returnees and host communities in 7 fixed health facilities of Jikmir PHCC, Dhording PHCU, Kierwan PHCU, Mandeng PHCU, Dinkar PHCU and 3 additional fixed outreach sites in Nordeng, Batik and Kuetrengke PHCUs. This funding will sustain and prevent rapture in providing continued humanitarian health assistance to the vulnerable IDPs and host communities. Scaling up provision of basic clinical consultations and treatment of common ailments such as malaria, diarrhea, pneumonia and basic surgical services will reduce morbidity and mortality. Scaling up immunization services, vitamin A supplementation, deworming, IPT, clinical management of SGBV survivors, provision of safe and clean deliveries will enhance maternal, neonatal and child health. Improving the basic health facility infrastructure through minor repairs and maintenance, supply of essential laboratory equipment and reagents as well as skills training for health workers will improve the quality of basic package of health services. Accelerating grass root level community awareness will contribute to reduction in spread of communicable diseases. With 10 years existence in Nasir County, UNKEA has a strong community's support and acceptability making its programmes cost effective and sustainable through working with community volunteers. UNKEA has viable working relationship with its government, NGOs and donor partners such as CHD, UNICEF, SMOH, ADRA and MSF in supporting the health care system in Nasir County. Through partnership agreement with PSI and WHO, UNKEA is receiving a non cost supply of ACTs and RDTs for management of malaria and PHCC and PHCU kits.

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

This project will help to continue the CHF funded project that ended in June 30/2015, and will help manage common ailments in Nasir county. The project has both curative and preventive components

**LOGICAL FRAMEWORK**

**Overall project objective** To increase access of integrated emergency primary health care services to IDPs, Returnees and Host Community.

**Logical Framework details for HEALTH**

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	100

Outcome 1	Treatment and management of the most common ailments	
Code	Description	Assumptions & Risks
Output 1.1	Clinical consultations undertaken and treatment provided	<ul style="list-style-type: none"> <li>Security stability in the project area</li> <li>Uninterrupted funding and supply of relief items and drugs</li> <li>Continued community and acceptability and support</li> <li>Commitment and support of partners to the project</li> <li>Continuous accessibility to project sites</li> </ul>

**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	12334	12334			24668
		<b>Means of Verification:</b> Out patient records, IDSR reports and Monthly hospital reports					
Indicator 1.1.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			11175	9184	20359
		<b>Means of Verification:</b> Inpatient and out patient registers					
Indicator 1.1.3	HEALTH	[Frontline services] Number of Rape survivors provided PEP within 72 hours of possible exposure	0	200	0	250	450
		<b>Means of Verification:</b> Health facility records					
Indicator 1.1.4	HEALTH	[Frontline services] Number of HIV-positive pregnant women provided PMTCT		200			200
		<b>Means of Verification:</b> Health facility records					
Indicator 1.1.5	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					90
		<b>Means of Verification:</b> Health facility records, delivery reports					

**Activities**

Activity 1.1.1	Delivery and transport of medical supplies
Activity 1.1.2	Provision of outpatient consultations to >5, boys and girls, Men and women in all targeted health facilities
Activity 1.1.3	Provision of outpatient consultations to <5, boys and girls in targeted health facilities,
Activity 1.1.4	Clinical management of Rape cases including provision of PEP within 72 hours,
Activity 1.1.5	Care and support for HIV-positive pregnant women (PMTCT),
Activity 1.1.6	Conducting safe deliveries for pregnant women with skilled birth attendants

<b>Outcome 2</b>	Strengthening the capacity of health personnel						
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>					
<b>Output 2.1</b>	Capacity of Health workers improved.	Funding secured,Security improved.					
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	11	9			20
		<b>Means of Verification:</b>	Training reports				
Indicator 2.1.2	HEALTH	[Frontline services] # of health personnel trained in community-based Mental Health and Psycho-social support in IDP settings	7	9			16
		<b>Means of Verification:</b>	Training reports				
<b>Activities</b>							
Activity 2.1.1	Training of health workers in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma management						
Activity 2.1.2	Training of health personnel in community-based Mental Health and Psycho-social support in IDP settings						

<b>Outcome 3</b>	Provision of preventive services						
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>					
<b>Output 3.1</b>	Community sensitized on the prevention of the most common ailments	Funding secured,security improved					
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	[Frontline services] # of people reached with health education and promotion messages	11175	9184	2130	2130	24619
		<b>Means of Verification:</b>	Weekly and monthly community health reports				
<b>Activities</b>							
Activity 3.1.1	Distribution of LLITNs to pregnant and lactating women						
Activity 3.1.2	Continuous health education on prevention of common ailments						

<b>Outcome 4</b>	Provision of EPI services to children <5 and 5-15 years,boys and girls						
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>					
<b>Output 4.1</b>	Children <5 years,5-15 years,boys and girls vaccinated	Funding secured,Stable security					
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 4.1.1	HEALTH	[Frontline services] # of children under 5 who have received measles vaccinations in emergency or returnee situation			750	750	1500
		<b>Means of Verification:</b>	Immunization records,monthly health facility reports				
Indicator 4.1.2	HEALTH	[Frontline services] # of children > 5 to 15 years who have received measles vaccinations in emergency or returnee situation			400	300	700
		<b>Means of Verification:</b>	Immunization records and monthly health facility reports				
Indicator 4.1.3	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			750	750	1500
		<b>Means of Verification:</b>	Immunization records/Monthly health facility reports				
<b>Activities</b>							
Activity 4.1.1	Social mobilization for Immunization						
Activity 4.1.2	Routine immunization in all health facilities						
Activity 4.1.3	Mass Immunization in Cattle camps and IDPS						

<b>Outcome 5</b>	Monitoring and reporting/Surveillance						
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>					
<b>Output 5.1</b>	Continuous disease surveillance and reporting	Funding secured/Stable security					
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	

			Men	Women	Boys	Girls	
Indicator 5.1.1	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					90
<b>Means of Verification:</b>		IDSR reports and monthly reports					

### Activities

Activity 5.1.1	Collection and submission of IDSR reports
Activity 5.1.2	Compilation and submission of monthly reports
Activity 5.1.3	Submission of Final narrative report

### 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 Delivery and transport of medical supplies		2015								X				
		2016												
Activity 1.1.2 Provision of outpatient consultations to >5, boys and girls, Men and women in all targeted health facilities		2015								X	X	X	X	X
		2016	X											
Activity 1.1.3 Provision of outpatient consultations to <5, boys and girls in targeted health facilities,		2015								X	X	X	X	X
		2016	X											
Activity 1.1.4 Clinical management of Rape cases including provision of PEP within 72 hours,		2015								X	X	X	X	X
		2016	X											
Activity 1.1.5 Care and support for HIV-positive pregnant women (PMTCT),		2015								X	X	X	X	X
		2016	X											
Activity 2.1.1 Training of health workers in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma management		2015								X				
		2016												
Activity 2.1.2 Training of health personnel in community-based Mental Health and Psycho-social support in IDP settings		2015												
		2016												
Activity 3.1.1 Distribution of LLITNs to pregnant and lactating women		2015									X		X	
		2016	X											
Activity 3.1.2 Continuous health education on prevention of common ailments		2015								X	X	X	X	X
		2016	X											
Activity 1.1.6 Conducting safe deliveries for pregnant women with skilled birth attendants		2015								X	X	X	X	X
		2016	X											
Activity 4.1.1 Social mobilization for Immunization		2015								X	X	X	X	X
		2016	X											
Activity 4.1.2 Routine immunization in all health facilities		2015								X	X	X	X	X
		2016												
Activity 4.1.3 Mass Immunization in Cattle camps and IDPS		2015									X		X	
		2016												
Activity 5.1.1 Collection and submission of IDSR reports		2015								X	X	X	X	X
		2016	X											
Activity 5.1.2 Compilation and submission of monthly reports		2015								X	X	X	X	X
		2016	X											
Activity 5.1.3 Submission of Final narrative report		2015												
		2016	X											

### M & R DETAILS

<p><b>Monitoring &amp; Reporting Plan:</b> 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 .</p>	<p>Through previous operational experience in health programs, UNKEA has developed strong skills in identifying and measuring appropriate indicators, in data collection and analysis, and in partnering with donors and other agencies to coordinate the dissemination of that information. UNKEA will ensure the prompt and accurate collection of information and compile the results for data analysis and program evaluation according to the goal, objectives, and indicators of the program. The following initiatives will be adopted to incorporate the activities in this proposal into the current monitoring plan. a) A planning and orientation workshop will be conducted in August 2015 at the beginning of the project. This is done to introduce the project staff to the entire project document, understand indicators, and reporting tools and timelines. The logical framework will provide the basis for monitoring the project indicators. The output indicators will be measured using program records and reports. b) The Health and Nutrition Advisor will be responsible for the overall planning, monitoring and reporting of activities as per the log frame and work plan. This will include regular visits to all sites in the Program, monitoring of staff activities, compiling and analyzing program records, assessing external variables, tracking changes and making modifications to the program or work plan accordingly in order to ensure the attainment of objective. He will coordinate the health and nutrition programme, attend the nutrition and health cluster technical working groups and ensure that relevant information is factored into programme implementation and share UNKEA's progress reports with all partners. The Executive Director will ensure that planned activities take place. He will also attend sectoral working group and coordination meetings, ensure the relevant information is factored into program implementation and share UNKEA's progress and statistical information with other agencies where appropriate. UNKEA will continue to build the operational capacity of project staffs in monitoring and reporting in the project cycle management (PCM) and maximize their participation in all activities. c) Data collection and Analysis. Project data will be collected using the standard GoSS-MoH data collection tools such as weekly, Monthly and the Quantified Quarterly Supervision check list. The data collected will be analyzed immediately by the project Manager under the supervision of the Health and Nutrition Adviser. The data will be dis-aggregated into sex and age to show how children under 5 years ( Boys and Girls), women and men are benefiting from the project. This will be a continuous process as it will be inbuilt into project implementation process so that it will be concurrent with activity implementation. The officers will also be responsible for compiling the data into a fair draft which will be reviewed by the project coordinator to ensure that data is collected for the relevant indicators, adherence to reporting timelines (Weekly, Monthly Quarterly, Midterm and End of term narrative reports) will be observed. Quality of data The accuracy and consistency of the data will be assured through the use of standardized data collection tools duly protected for reliability, completeness, and consistency and approved. The Project Manager and Health and Nutrition Adviser will make monthly and quarterly visits to the project sites to monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This will involve data quality audits in randomly selected project sites done on quarterly basis that will form part of project data quality assurance and quality control.</p>
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### OTHER INFORMATION

Accountability to Affected Populations	The beneficiaries are mainly children under five, boys and girls and pregnant and lactating women who are IDPs and the Host community. These are the most vulnerable groups in the society, and in situations of crises like the current crises, they suffer most, the community was consulted in the project design and they will be fully involved in the project implementation. The project will ensure women, boys and girls are treated with dignity, it will take into consideration the fundamental human rights. UNKEA has a good record of confidentiality, all information/data collected from the community will be treated with confidentiality, and data collection will include an informed consent. UNKEA has a good record of impartiality, this project will benefit all communities in the targeted area, and will ensure all people are treated equally regardless of their affiliations. UNKEA will collaborate with other agencies such as PACT Sudan, to ensure peace building projects are implemented along side this project.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	<p>Provision of basic package of health and nutrition services will be done in at all 6 health facilities. UNKEA will include a mixture of innovative approach using community outreach events during which health education on prevention and control of communicable disease such as malaria, HIV/AIDS, TB, Kala azar, diarrhea is given, children under five immunized, dewormed and given vitamin A supplementation.</p> <p>Building strong referral system where patients are identified and referred from community to health facilities and among health facilities will be enhanced. UNKEA will continue to maintain its speed motor boat and provide fuel to support the CHD ambulance for referral of pregnant women and under five</p> <p>Capacity building through technical staff training and supportive supervision staff will be a key component of quality management system through improving efficiency and effectiveness of health facilities. On the job competence based trainings tailored to the needs of communities will be undertaken together with regular supervisory visits using the QSC of the MoH.</p> <p>Effective health information and management system will be enhanced to ensure that data is used for informing decision making in the course of implementing the project. UNKEA will ensure that data is effectively captured, analyzed, disseminated and utilized by all stakeholders (government, donors and partners) at all stages of the project implementation.</p> <p>Community involvement through recruitment and training of community leaders and community health educators (HHPs, TBAs and CHWs) on prevention and control of SGBV, communicable diseases such as malaria, HIV/AIDS, Malnutrition, promotion of LLTNs, hand washing, use of latrines, protection of water source will be used to enact health promotion and protection in the communities.</p> <p>Collaboration and coordination will be a key in implementing the project. UNKEA will however, initiate and promote dialogue and collaboration with its partners such as line ministries of health, NGOs, the communities and local authorities.</p>

Coordination with other Organizations in project area	<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
	1. IMA	Capacity building, DHIS/Supplies
	2. Medicine Sans Frontiers (MSF-H)	Capacity building/provision of secondary health care
	3. PSI	Supplies (ACTs, RDTs, Mosquito nets)
	4. WHO	Supplies/Capacity Building/advocacy (PHCC Kits, RDTs etc)
	5. UNFPA	Supplies (RH kits, Condoms)
	6. UNAIDS	Supplies/Advocacy (HIV kits)

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	The current crises has increased the vulnerability of Men, Women, Boys and girls almost equally. Demand for health there cuts through all gender
Protection Mainstreaming	The treatment centers will not be located near Armed settlements, the environment will be kept clean, latrines will be labeled Female and Male, the beneficiaries will be treated with dignity and impartially. Informed consent will be required in any data collection and all information gathered will be treated with confidentiality.
Safety and Security	All the organisations asserts will not be used for security purposes. The beneficiaries and staff will be trained on how to avoid insecure places and how to negotiate. The Facilities will be kept clean and all risk areas will be notified.
Access	UNKEA will expand its coverage through outreach programmes in order to reach the hard to reach. It intends to start mobile outreaches to reach the furthest places. All people in need will be granted access to the services

**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		2016	Quarterly Total
								Q3	Q4	Q1	
1.1	Executive director	S	1	4500	6	30.00%	8,100.00	4,050.00	4,050.00	0.00	8,100.00
	Overall leadership and advise Grade K, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.										
1.2	Health advisor	S	1	2500	6	50.00%	7,500.00	3,750.00	3,750.00	0.00	7,500.00
	Provide technical support to the project Grade J, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.										
1.3	Health Manager	D	1	1700	6	100.00%	10,200.00	5,100.00	5,100.00	0.00	10,200.00
	Project management and support Grade I, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.										
1.4	PHCC supervisor	D	1	1000	6	100.00%	6,000.00	3,000.00	3,000.00	0.00	6,000.00
	Technical and supervisory role Grade G, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.										
1.5	M&E officer	S	1	750	6	20.00%	900.00	450.00	450.00	0.00	900.00
	Monitoring and evaluation of the activities and carry out operational research, Grade J, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.										
1.6	Clinical officers	D	5	800	6	100.00%	24,000.00	12,000.00	12,000.00	0.00	24,000.00
	Clinical consultations and patient support, Grade G, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.										
1.7	Reproductive health officer	D	1	900	6	100.00%	5,400.00	2,700.00	2,700.00	0.00	5,400.00
	Technical support to the reproductive health clinic, heads the RH department, Grade G, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.										
1.8	Midwives	D	5	500	6	100.00%	15,000.00	7,500.00	7,500.00	0.00	15,000.00
	Conduct deliveries and provide support to PLW, Grade F, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.										
1.9	Nurse	D	5	550	6	100.00%	16,500.00	8,250.00	8,250.00	0.00	16,500.00
	Provide nursing care and counseling to patients, Grade F, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.										
1.10	Pharmacists	D	5	400	6	100.00%	12,000.00	6,000.00	6,000.00	0.00	12,000.00
	Responsible for the pharmacy, Grade E, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.										
1.11	Lab technician	D	5	300	6	100.00%	9,000.00	4,500.00	4,500.00	0.00	9,000.00



<b>Section Total</b>							6,720.00	3,360.00	3,360.00	0.00	6,720.00	
<b>4 Contractual Services</b> (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		2016	Quarterly Total	
								Q3	Q4	Q1		
<b>Section Total</b>							0.00	0	0	0	0.00	
<b>5 Travel</b> (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		2016	Quarterly Total	
								Q3	Q4	Q1		
5.1	Field monitoring and technical support ( Director, Health advisor, M & E, HR, Finance , Logistic)	S	6	400	2	29.00%	1,392.00	696.00	696.00	0.00	1,392.00	
Field supervisory visits, UNHAS rate 400US double way												
5.2	Facilities health staff travel to Mandeng for refreshment training and accommodations from facilities to training venue in Mandeng	D	2	400	2	100.00%	1,600.00	800.00	800.00	0.00	1,600.00	
<b>Section Total</b>							2,992.00	1,496.00	1,496.00	0.00	2,992.00	
<b>6 Transfers and Grants to Counterparts</b> (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		2016	Quarterly Total	
								Q3	Q4	Q1		
<b>Section Total</b>							0.00	0	0	0	0.00	
<b>7 General Operating and Other Direct Costs</b> (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		2016	Quarterly Total	
								Q3	Q4	Q1		
7.1	Fuel for speed motor boat supervision visit from Nasir-Sites during rainy season	S	1	200	6	30.00%	360.00	180.00	180.00	0.00	360.00	
Supervision, estimated at 200 USD per month												
7.2	Fuel for vehicle supervision visit from Nasir-Sites	S	1	800	6	30.00%	1,440.00	720.00	720.00	0.00	1,440.00	
Supervision, estimated at 800 USD per month												
7.3	Fuel for staff compound generator in Mandeng (Nasir)	S	1	200	6	30.00%	360.00	180.00	180.00	0.00	360.00	
Power, estimated at 200 USD per month Nasir												
7.4	Maintenance of vehicle and boat	S	2	200	6	35.00%	840.00	420.00	420.00	0.00	840.00	
Efficiency, estimated at 200 USD per month												
7.5	Internet	S	2	100	6	36.00%	432.00	216.00	216.00	0.00	432.00	
Communication, estimated 100 USD per month												
<b>Section Total</b>							3,432.00	1,716.00	1,716.00	0.00	3,432.00	
<b>Sub Total Direct Cost</b>										231,330.19		
<b>Indirect Programme Support Cost</b> PSC rate (insert percentage, not to exceed 7 per cent)										7%		
<b>Audit Cost</b> (For NGO, in percent)										1%		
<b>PSC Amount</b>										16,193.11		
Quarterly Budget Details for PSC Amount		<b>2015</b>		<b>2016</b>		<b>Total</b>						
		Q3	Q4	Q1								
		16,193.11	0.00	0.00				16,193.11				
<b>Total Fund Project Cost</b>										247,523.30		
<b>Project Locations</b>												
Location	Estimated percentage of budget for each location						Beneficiary Men	Women	Boy	Girl	Total	Activity
Upper Nile -> Luakpiny/Nasir	100										0	
<b>Project Locations</b> (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)												
<b>DOCUMENTS</b>												

