

Project Proposal

Organization	RUDI (Rural Development Initiative South Sudan)					
Project Title	Provision of primary health services to the vulnerable IDPs and host communities in Twic East County					
Fund Code	SSD-15/HSS10/SA2/H/NGO/547					
Cluster	Primary cluster		Sub cluster			
	HEALTH		None			
Project Allocation	2nd Round Standard Allocation		Allocation Category Type			
Project budget in US\$	99,997.65		Planned project duration			
Planned Start Date	01/08/2015		Planned End Date			
OPS Details	OPS Code	SSD-15/H/72966/R	OPS Budget	0.00		
	OPS Project Ranking		OPS Gender Marker			
Project Summary	<p>The proposed six months project will be implemented in Jonglei State targeting 8,500 beneficiaries of Twic East which is in crisis due to insecurity and yearly flooding, presently the community is very poor, culminating into problems public health crisis with extensive disruption of essential primary and secondary care health care in Twic East</p> <p>RUDI intends to provide primary health service at health facilities supported by CHD/ RUDI in Twic East in Jonglei State and giving technical guidance training to CHW.</p> <p>We will use an all inclusive approach with all groups and genders represented during the project implementation. This will play a vital role in reduction of possible conflicts among target beneficiaries. During beneficiary selection, and all inclusive beneficiary selection committee involving host community, IDPs, Women, youth, people living with disability and local authorities representatives will be formed through the communities</p> <p>Provision of curative consultations to <math>5s</math> and <math>5s</math> in all health facilities and provision of RH services including ANC and PNC services in project location, distribution and supply of essential drugs and LLTNs in all locations, provision of preventive maternal and child health services such as immunization, de-worming, iron, malaria prophylaxis, IPT and vitamin A supplementation to <math>5s</math> and pregnant women will be put to consideration.</p> <p>At the end of the project, RUDI will have achieved, 340 pregnant women complete at least 2 ANC visits, 8,500 OPD consultations, 120 deliveries followed up for post partum care, 450 LLTNs distributed to pregnant, lactating and community for malaria prevention, 1785 under fives vaccinated Pentavalent, 1785 children under five received preventive services including Deworming, 1000 pregnant women reached with IPT 2nd Dose, 1785 under five children reached with vitamin A supplementation, 12 Health education sessions conducted, 20 CHWs provided training on MCH.</p>					
Direct beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	3425	3290	910	875	8,500
	Total beneficiaries include the following:					
	People in Host Communities	1612	1545	400	430	3987
	Internally Displaced People	1813	1745	510	445	4513
Indirect Beneficiaries	Catchment Population					
Link with the Allocation Strategy	<p>• Effective and efficient health care system is paramount for quality health care service delivery. To achieve quality and timely health care service delivery, there is need to enhance the capacity of health care personnel and improve on health care coordination. Through this project, we will work with CHDs and other partners to identify existing gaps among government recruited health care personnel and identify how best to improve their capacity to enhance quality service delivery. • Enhanced response capacity of health care workers will ensure correct diagnosis and management of patients at the health care centers within the targeted locations thus reducing mortality rates especially among pregnant and children <math>5</math> years. RUDI will also work closely with CHD and other partners to ensure improved coordination of health care activities to ensure timely and equitable distribution of health care services in the proposed locations. • In collaboration with CHD, RUDI will procure and conduct household distribution of mosquito nets to be used by communities as a preventive measure against Malaria causing mosquitoes. RUDI field staff will take lead in installing the mosquitoes at household level to ensure they are rightly placed. To mitigate against hygiene and sanitation related infection such as diarrhea, RUDI will procure hand washing soaps and water collecting jugs to ensure that communities uphold appropriate hygiene practices and also collect water using clean containers respectively. • Health workers from RUDI supported clinics will be trained on identifying children suffering from malnutrition and how to conduct referrals to the next level of health care provision. RUDI will also work with CHD to identify health centers in secure locations that can be renovated and put back to use. This will ensure health care services are moved closer to communities unlike the case now where community members have to trek for several hours to access health services. All the above activities are linked to the health cluster strategic objective of Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services.</p>					
Sub-Grants to Implementing Partners	Partner Name	Partner Type	Budget in US\$	Other funding Secured For the Same Project (to date)		
	RUDI	National NGO	99,969.95			
			99,969.95			
Organization focal point contact details	Name	Title	Phone	Email		
	Milka David	Program Manager	+211 954 626 100	milkadavid.rudi92@gmail.com		
	Sangula Benard	Country Director	+211 954 913 169	rudi.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

The Ongoing violence in South Sudan's Jonglei state has had a devastating impact on tens of thousands of people, with many forcibly displaced and further cut off from health care due to the destruction of medical facilities. Health care is threatened as medical facilities are targeted and destroyed. According to UNOCHA, hunger and disease threaten the lives of thousands of people there, including about 40,000 internally displaced people. UNOCHA further reports that over 2,000 children under five are being treated for severe acute malnutrition. The health service of provision was in a dire state even before the current war due to inter tribal fights among local communities due to cattle rustling and fights with local militia groups. The current war has worsened a situation that was already in a sorry state. Due to the displacement and the destruction of infrastructure, health services remain a challenge with food insecurity leading to inadequate food intake, thus exposing the vulnerable community members especially children under 5 years to malnutrition and other health related conditions. Twic East community is forced to travel for more than two hours to the nearest health facility (SMC clinic) as other health facilities closer to villages in these most of the health counties have been destroyed. Due to lack of safe drinking water and poor hygiene and sanitation conditions, children under the age of 5 are at risk. Data captured from patients' registers at the hospital indicate that diarrhea is a leading cause of death among children 5 and among the elderly who immune compromised. To reduce morbidity and mortality rates especially among vulnerable children 5 and the elderly it is crucial to improve on health delivery services within the villages of the two affected counties. With the current precarious nature of security in the state, most international agencies have from time to time evacuated international humanitarian actors from war prone areas leaving local communities with the locally trained humanitarian staff to deliver health services. It is therefore necessary to equip the locally recruited health staff with the needed skills to continue with health care provision in situations where international aid workers are evacuated during such time. To ensure continued health service delivery and strengthen the existing mechanisms, RUDI will;

- Work with Counties Health Departments (CHDs) from the two targeted location to identify training needs of CHW and conduct 3 refresher trainings each lasting 5 days.
- In collaboration with CHDs from the target locations identify and renovate at least 5 health centers in secure places to reduce the distance covered by communities to access health services.
- Work with CHDs to ensure that all health facilities within the two counties that are cut off during the rainy season are well stocked with drugs beyond the rainy season to promote continued access to curative services for community members.
- Work with other partners to initiate preventive measures aimed at reducing cases such as distribution of mosquito nets to prevent Malaria, stocking of therapeutic feeding centers with plump nut to manage malnutrition cases, procure and distribute non

food items such as jerry cans for collecting drinking water. e. RUDI will work in collaboration with other health cluster members and CHDs to ensure continued delivery of preventive maternal and child health services such as immunization, de-worming, iron folate, IPT and vitamin A supplementation to <5s and pregnant women

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)

This projects is responding to the primary health services to the vulnerable IDPs and host communities in Twic East County as identified in the health cluster strategy 2015. The health cluster identifies primary health services and other pipeline as key components of the health cluster response and therefore the prioritization of this project for the CHF funding during this funding cycle. The primary health service will be provided to PHCs in Twic east ensuring that RUDI reaches a target population of 8,500.

3. Description Of Beneficiaries

The beneficiaries will be IDPS and host community in Twic East of Jonglei state; it will be a gender sensitive project and will benefit 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.

Total Beneficiaries = 8,500
 Women = 3290
 Girls =875
 Boys = 910
 Men = 3425

4. Grant Request Justification.

RUDI is the main provider of health services in Twic East County following the withdrawal of Care International. Key focus will be on the provision of the lifesaving interventions at primary health care level. This funding is requested to support RUDI's accelerated response initiative (ARI) provide primary health service at all health facilities supported by CHD/ RUDI in twic east county. Urgent availing of primary health care package including the provision of skills and capacities necessary to recognize and manage common child/under five boys/girls and maternal illness at home and community level. The programme will improve access to ante natal services for young mothers, help them to receive postpartum care support, Information to prevent unwanted and too –early pregnancies especially to school age girl adolescents of under 17, access to family planning, immunization for under fives capacity building for CHW to enhance their capacities in delivering health solutions to the community. Through the equipping of health units with essential supplies, RUDI will enhance easier access to vulnerable and marginalized groups like women to receive health care services. RUDI will maintain its existing health personnel's at Twic East to implement and maintain the programme. RUDI has strong community's support and acceptability making its programs cost effective and sustainable through working with community volunteers. RUDI has viable working relationship with its government, NGOs and donor partners. No funding has been raised to date to support these health services and CHF allocation will ensure continuity of service delivery in Twic East County

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

LOGICAL FRAMEWORK

Overall project objective Improve access to health care service delivery to Twic East communities through strengthened health systems and effective coordination by December 2015.

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	Improved general health among targeted children and availability of drugs at local PHCUs	
Code	Description	Assumptions & Risks
Output 1.1	Clinical consultations and treatment provided to 910 Boys & 875 Girls (<5s and >5s)	Security stability in the project area . Continued community and acceptability and support . Commitment and support of partners to the project

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	3425	3290	910	875	8500
		Means of Verification: Health facility records Record and reports from RUDI to WHO and to the State Health ministry					
Indicator 1.1.2	HEALTH	[Frontline services] # of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	3425	3290	910	875	8500
		Means of Verification: Health facility records Record and reports from RUDI to WHO and to the State Health ministry					

Activities

Activity 1.1.1	Preposition pipeline commodities
Activity 1.1.2	Distribution of pipeline commodities such as drugs.
Activity 1.1.3	Conduct health promotion with locally appropriate IEC materials in clinics and in the community addressing priority diseases including recognition and referral for diarrhoea, malaria and ARIs

Outcome 2	Improved immunity/ protection amongst targeted children against polio and measles	
Code	Description	Assumptions & Risks
Output 2.1	875 Girls & 910 Boys vaccinated against measles and polio	Commitment and support of partners to the project. Availability of cold chain and vaccines at facility level

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator	HEALTH	[Frontline services] # of children > 5 to 15 years who have received measles vaccinations			1998	1997	3995

2.1.1		in emergency or returnee situation						
	Means of Verification:	Monthly reports to the Health Cluster (WHO)						
Indicator 2.1.2	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine				1998	1997	3995
	Means of Verification:	Monthly reports to the Health Cluster (WHO)						

Activities

Activity 2.1.1	Mobilization of children (>5s - 15years)
Activity 2.1.2	Vaccination of children (>5s - 15years) for preventable diseases conducted in the health facilities
Activity 2.1.3	Prepositioning of the Cold chains to the project locations

Outcome 3	Enhanced Capacity of health workers	
Code	Description	Assumptions & Risks
Output 3.1	12 health workers capacity improved/ strengthened to respond to communicable diseases/outbreaks in the community	Community support and Stability in project sites. Availability of the health workers to be trained. Security remains stable, and the area accessed

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	6	6			12
	Means of Verification:	Community support & CHD reports					

Activities

Activity 3.1.1	Training and Refresher training of health workers on MISP
Activity 3.1.2	Conduct training on emergency vaccination

Outcome 4	Infrastructure improved	
Code	Description	Assumptions & Risks
Output 4.1	3 PHCUs rehabilitated	

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 4.1.1	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					3
	Means of Verification:	Monitoring of the functional health facilities by WHO and Ministry of health.					

Activities

Activity 4.1.1	Supporting the community to rehabilitate the PHCUs
Activity 4.1.2	Monitoring and supervision

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 Preposition pipeline commodities	2015								X	X	X	X	X
	Activity 2.1.1 Mobilization of children (>5s - 15years)	2015								X	X	X	X	X
	Activity 3.1.1 Training and Refresher training of health workers on MISP	2015								X		X		
	Activity 4.1.1 Supporting the community to rehabilitate the PHCUs	2015								X	X	X	X	
	Activity 1.1.2 Distribution of pipeline commodities such as drugs.	2015								X	X	X	X	
	Activity 1.1.3 Conduct health promotion with locally appropriate IEC materials in clinics and in the community addressing priority diseases including recognition and referral for diarrhoea, malaria and ARIs	2015								X	X	X	X	X
	Activity 2.1.2 Vaccination of children (>5s - 15years) for preventable diseases conducted in the health facilities	2015								X	X	X	X	X
	Activity 2.1.3 Prepositioning of the Cold chains to the project locations	2015								X	X			
	Activity 3.1.2 Conduct training on emergency vaccination	2015								X		X		
	Activity 4.1.2 Monitoring and supervision	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, assessing external variables, tracking changes and making modifications to the program or work plan accordingly in order to ensure that program objectives and

RUDI has strong skills in identifying and measuring appropriate and necessary indicators, in data collection and analysis, and to coordinate the dissemination of that information. RUDI 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 Health Program Manager will lead the program 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 that program objectives and

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 .

goals are met. He will coordinate this program, attend the health cluster meetings, technical working groups and ensure that relevant information is factored into program implementation and share RUDI's progress reports with the partner. The Country Director will make sure ensure that planned activities take place. The logical framework will provide the basis for monitoring the project indicators. The output indicators will be measured using program records and reports.

Data collection and Analysis

Project data will be collected and analyzed immediately by the Project Manager under the supervision of the country director. 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 M&E officers will also be responsible for compiling the data into a fair draft which will be reviewed by the project manager to ensure that data is collected for the relevant indicators, adherence to reporting formats and quality of the document

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, M&E officer and country director 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. All collected data will be stored electronically and manually to ensure its security as part of control and safety measure.

OTHER INFORMATION

Accountability to Affected Populations

The beneficiaries of this project 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 crisis like the current political crisis, floods and drought. The community was consulted in the project design and they will be fully involved and participate 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. RUDI 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. RUDI has perfect 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. RUDI will collaborate with other agencies such as PACT sudan, to ensure peace building projects are implemented alongside this project.

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

Provision of basic package of health services will be done in at all 3 health facilities. RUDI 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, diarrhea, children less than five immunized, de wormed and given vitamin A supplementation. Screening of under five, pregnant and lactating women for SAM and MAM will be done as a rider activity
 Improvement and equipment of health facility infrastructure will be under taken. Minor repairs, renovations, expansions through fixing windows, locks, painting, and equipment of health facilities with furniture, basic laboratory, BEmONC, EPI and clinical equipment and hand washing facilities will be undertaken .The government will supply essential drugs and RUDI will covers gaps (ACTs, FP commodities, LLTNs, basic clinical, laboratory, EPI, BEmONC equipment)
 Building strong referral system where patients are identified and referred from community to health facilities and among health facilities will be enhanced.
 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.
 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. RUDI 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.
 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.
 Collaboration and coordination will be a key in implementing the project. RUDI will however, initiate and promote dialogue and collaboration with it partners such as line ministries of health, NGOs, the communities and local authorities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. WHO	provision of supplies (PHCC kits,RDTs, training, advocacy
2. UNFPA	Provision of RH kits, Condoms
3. IMA	Provision of essential drugs

Environmental Marker Code

Gender Marker Code

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

Justify Chosen Gender Marker Code

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	Health Program Manager The Health Program Manager will help in providing management and program support to projects in the field, provide technical guidelines, procedures and methods for health workers. And he will act as a project focal person during and after the the implementation of the project. He will also be in charge of preparing narrative reports to the donor. The justification for the cost include salary,transport cost,medical allowance, lunch and the unit number has been estimated basing on the quantity of work.	D	1	1500	5	100.00%	7,500.00	3,750.00	3,750.00	7,500.00	
1.2	Reproductive Health Officer The reproductive health officer will provide technical support to scale up high quality reproductive health services, health education and promotion in the health facilities. He will also be responsible in providing up to date progressive reports and success stories in timely manner. The cost involved includes salary,transport,medical allowance and lunch.	D	1	1000	5	100.00%	5,000.00	2,500.00	2,500.00	5,000.00	
1.3	Primary Health Care Officer He/she will make suitable arrangements for the distribution of work in the treatment of emergency cases which come outside the normal OPD hours.He/she will organize laboratory services for cases where necessary and within the scope of his laboratory for proper diagnosis of doubtful cases.He/she will make arrangements for rendering services for the treatment of minor ailments at community level and at the PHC through the Health Assistants, Health Workers and others. The cost budgeted include salary, transport, lunch, housing and medical allowance.	D	1	1000	5	100.00%	5,000.00	2,500.00	2,500.00	5,000.00	
1.4	M & E Officer The M & E Officer will be accountable to providing technical support to project manager/s in managing; planning and monitoring key project from conceptualization to project close out. He will gather and analyze data to establish and maintain policies, processes and procedures in order to provide support to programs. He will provide technical support in monitoring and evaluation project activities from time to time and unit number has been estimated according to the number of facilities and its activities and the cost involved include salary, transport,housing and medical allowance	S	1	1000	5	80.00%	4,000.00	2,000.00	2,000.00	4,000.00	
1.5	Mid Wives The Mid wive will be in charge of Examining and monitoring pregnant women, Assessing care requirements/writing care plans, Undertaking antenatal care in hospitals, homes and GP practices, Carrying out screening tests, Providing information, emotional support and reassurance to women and their partners, Taking patient samples, pulses, temperatures and blood pressures, Caring for and assisting women in labor. The total cost reflected in the budget includes transport, medical allowance, salary and housing.	D	2	700	5	100.00%	7,000.00	3,500.00	3,500.00	7,000.00	
1.6	Nurses	D	2	500	5	100.00%	5,000.00	2,500.00	2,500.00	5,000.00	

	The nurses will help in Identifying patient care requirements by establishing personal rapport with potential and actual patients and other persons in a position to understand care requirements, Establishing a compassionate environment by providing emotional, psychological, and spiritual support to patients, friends, and families, Promoting patient's independence by establishing patient care goals; teaching patient, friends, and family to understand condition, medications, and self-care skills; answering questions, Assuring quality of care by adhering to therapeutic standards; measuring health outcomes against patient care goals and standards of nursing.										
1.7	Security Guards	D	2	200	5	100.00%	2,000.00	1,000.00	1,000.00	2,000.00	
	Providing maximum security to the health units and making sure that all assets are safely kept										
1.8	Cleaners	D	2	200	5	100.00%	2,000.00	1,000.00	1,000.00	2,000.00	
	They will help in making sure that the health facilities are hygienically clean, washing all the clinical materials, collecting rubbish around the compound.										
1.9	Country Director	S	1	2500	5	50.00%	6,250.00	3,125.00	3,125.00	6,250.00	
	The country Director will provide overall/ general guidance during and after the implementation of the project. He will be responsible for seeing that the project is implemented in line with donor requirements.										
1.10	Accountant	S	1	1000	5	50.00%	2,500.00	1,250.00	1,250.00	2,500.00	
	The accountant will help in effecting payments/ advances and reconciliations										
1.11	Human Resource Officer	S	1	1000	5	50.00%	2,500.00	1,250.00	1,250.00	2,500.00	
	The Hr officer will provide personnel support through recruiting competent staffs for the organization										
	Section Total						48,750.00	24,375.00	24,375.00	48,750.00	
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	Repair and maintenance of health facilities	D	2	1000	1	100.00%	2,000.00	2,000.00	0.00	2,000.00	
	This will be minor repairs and maintenance of dilapidated health facilities										
2.2	Distribution of LLTN	D	0	0	0	0.00%	0.00	0.00	0.00	0.00	
	This will be requested from UNICEF,WHO										
2.3	Procurement of RH kits (oral contraceptives and condoms)	D	0	0	0	0.00%	0.00	0.00	0.00	0.00	
	This can be provided by UNFPA after and when they approve it										
2.4	Supply of ACTs and RDT	D	0	0	0	0.00%	0.00	0.00	0.00	0.00	
	This will be requested from PSI										
2.5	Transport of supplies from Juba to Bor	D	1	2000	2	100.00%	4,000.00	2,000.00	2,000.00	4,000.00	
	The transportation of these supplies depends on the quantity, volume and distance to the final destination.										
2.6	Transportation from Bor to Twic East	D	2	1000	2	100.00%	4,000.00	2,000.00	2,000.00	4,000.00	
	The transportation of supplies from Bor which is the dropping point to Twic East										
2.7	Loading and offloading of supplies	D	4	300	4	100.00%	4,800.00	2,400.00	2,400.00	4,800.00	
	Juba, Bor and to Twic East, this will depend on the quantity to be loaded and offloaded										
	Section Total						14,800.00	8,400.00	6,400.00	14,800.00	
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	Program staffs communication	D	6	101	5	40.00%	1,212.00	606.00	606.00	1,212.00	
	The unit cost is estimated depending on the number of staffs the program need to make frequent communications for direction on project activities progress.										
3.2	Office stationeries	D	2	200	5	40.00%	800.00	400.00	400.00	800.00	
	This will help in photocopying, printing and production of report on monthly basis and other office activities										
3.3	Lap top for Country Director, M & E Officer and Health Manager	D	3	900	1	100.00%	2,700.00	2,700.00	0.00	2,700.00	
	The laptops are important and necessary for smooth computing of office activities in timely manner										
3.4	Office Rent	D	2	600	5	100.00%	6,000.00	3,000.00	3,000.00	6,000.00	
	For an office to run successfully it has to be good and convenient which at most is rented for and price depends on its size and the facilities offer for example power,internet and other services.										
	Section Total						10,712.00	6,706.00	4,006.00	10,712.00	
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	Field Monitoring and Technical support (Director, Health Advisor, M & E and HR)	D	5	300	2	50.00%	1,500.00	750.00	750.00	1,500.00	
	The above personnel are to help in the monitoring of various departments in the field on quarterly basis										
5.2	3 field staff travel to Juba	D	3	400	2	60.00%	1,440.00	720.00	720.00	1,440.00	
	for coordination meetings, training, workshops concerning the coordination and implementation of project activities										

Section Total								2,940.00	1,470.00	1,470.00	2,940.00
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		
6.1	Bank charges	D	2	400	1	100.00%	800.00	400.00	400.00	800.00	
The bank charges are charged by the bank during any transaction either withdrawal or depositing											
Section Total								800.00	400.00	400.00	800.00
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	Refreshment training for 12 health staffs (IDRS,FP,SGVB)	D	4	250	2	100.00%	2,000.00	1,000.00	1,000.00	2,000.00	
The refresher trainings are very important because they refresh the minds of the staffs and the unit cost depends on its unit number											
7.2	Conducting Health education out reach awareness campaign	D	4	250	2	100.00%	2,000.00	1,000.00	1,000.00	2,000.00	
The campaign in helping creating awareness to the public about any out break of a disease and how to detect it, beginning from signs/ symptoms, its prevention among others											
7.3	Generator Fuel	D	4	150	5	100.00%	3,000.00	1,500.00	1,500.00	3,000.00	
Generator is justifiable for running day to day activities of the project											
7.4	Vehicle Hire	D	1	1500	5	100.00%	7,500.00	3,750.00	3,750.00	7,500.00	
The vehicle will help in the transportation of personnel for meetings, workshops, training and awareness campaigns											
7.5	Internet	D	1	350	5	100.00%	1,750.00	875.00	875.00	1,750.00	
For easy communications in reporting and correspondences internet is inevitable											
7.6	Communication	D	1	300	5	100.00%	1,500.00	750.00	750.00	1,500.00	
Communication is very important in an organization											
Section Total								17,750.00	8,875.00	8,875.00	17,750.00
Sub Total Direct Cost										95,752.00	
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)										3.4%	
Audit Cost (For NGO, in percent)										1%	
PSC Amount										3,255.57	
Quarterly Budget Details for PSC Amount		2015		Total							
		Q3	Q4								
		1,627.79	1,627.79	3,255.57							
Total Fund Project Cost										99,007.57	
Project Locations											
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Twic East	100					1500	3500	1500	2000	8500	
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											

