

Project Proposal

Organization	Nile Hope (Nile Hope)																																												
Project Title	Provision of emergency lifesaving and gender sensitive high impact health services in hard to reach, underserved and conflict affected IDPs and vulnerable communities in Fangak county of Jonglei state, and Leer county in Unity state.																																												
Fund Code	SSD-15/HSS10/SA2/H/NGO/548																																												
Cluster	Primary cluster		Sub cluster																																										
	HEALTH		None																																										
Project Allocation	2nd Round Standard Allocation	Allocation Category Type																																											
Project budget in US\$	200,000.01	Planned project duration	5 months																																										
Planned Start Date	01/08/2015	Planned End Date	31/12/2015																																										
OPS Details	OPS Code	OPS Budget	0.00																																										
	OPS Project Ranking	OPS Gender Marker																																											
Project Summary	<p>The humanitarian condition of the population living in Leer and Fangak remain grim and unpredictable. The counties are most extremely affected by the brunt of violence. Violence in these areas have caused Women, Girls, Boys and Men to escape and live in swampy and island places where there is an increase of disease burden, Food insecurity and higher cases of malnutrition. There is wide spread report of women and girls being raped and other forms of violence under the hand of armed men according to UNMISS May report. Men and Boys in these conflict affected counties have been mobilised or coercively recruited by armed groups, or having to protect their cattle and other ending up being killed in the fighting thus living their family with nobody to cater to their basic life needs. Report from communities living in these locations indicates that several families have been separated, with children and elderly left to defend for themselves. Basic infrastructures including health facilities are limited and the ongoing conflict have completely destroyed the few existing ones. Women, Girls, Boys and men are forced to seek traditional ways of treatment. Women and Girls who are exposed to any kind of gender based violence do not get special services including psychosocial support or treatment in case of rape. Reproductive Health services in these conflict-affected counties are nearly nonexistent. Men and Boys from the battlefield are exposed to traumatising events thus requiring psychosocial support. Psychosocial support programmes to reduce distress are inadequate and services for women and men with mental illness or physical disabilities remain virtually non-existent. Much of the care with people living with chronic conditions has broken down. Immunisation coverage is extremely low in these counties thus predisposing Boys and girls to outbreaks of vaccine preventable diseases. Men and women with disability lack special service. However, Nile Hope through this CHF emergency health project will support the existing health facilities and also set up mobile clinics that will provide health services (Curative, RH, Immunisation and Health education services) to women, Girls, boys and men who are in dire need of health services. Special services will be provided to targeted highly vulnerable people including GBV victims and Rape survivors, HIV services in emergencies and psychosocial support to victimised women and Men.</p>																																												
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>16200</td> <td>18974</td> <td>3133</td> <td>3261</td> <td>41,568</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>People in Host Communities</td> <td>9720</td> <td>11384</td> <td>1880</td> <td>1957</td> <td>24941</td> </tr> <tr> <td>Internally Displaced People</td> <td>6480</td> <td>7590</td> <td>1253</td> <td>1304</td> <td>16627</td> </tr> <tr> <td>People in Host Communities</td> <td>9720</td> <td>11384</td> <td>1880</td> <td>1957</td> <td>24941</td> </tr> <tr> <td>Internally Displaced People</td> <td>6480</td> <td>7590</td> <td>1253</td> <td>1304</td> <td>16627</td> </tr> </tbody> </table>				Men	Women	Boys	Girls	Total	Beneficiary Summary	16200	18974	3133	3261	41,568	Total beneficiaries include the following:						People in Host Communities	9720	11384	1880	1957	24941	Internally Displaced People	6480	7590	1253	1304	16627	People in Host Communities	9720	11384	1880	1957	24941	Internally Displaced People	6480	7590	1253	1304	16627
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Indirect Beneficiaries	Mothers, children and the elderly and members with disability will be the prime beneficiaries of the emergency funding. IDPs will count for almost 40% of the total beneficiaries in both counties	Catchment Population																																											
Link with the Allocation Strategy	<p>The project seeks to save lives and alleviate suffering of the most emergency-affected vulnerable Women, Girls, Boys and men in Leer and Fangak counties through provision of quality emergency and timely health services. The project shall reach the most vulnerable people including IDPs and other targeted highly vulnerable people in the community including people living with HIV/AIDS, the disabled, people with mental problems and GBV (especially rape) survivors. Since the conflict erupted in South Sudan, it has been marked by brutal violence against civilians and deepening suffering across nearly the entire country. Fighting has continued unabated despite ongoing peace negotiations that have been undergoing in Ethiopia. The crisis has been characterised by widespread displacement caused by violence; high rates of deaths, disease and injuries; severe food insecurity and disrupted livelihoods and Market and Major Malnutrition especially the last three-months; April, May and June. The health service system has been disrupted exacerbating communities' suffering since there do not get enough health services in an already poor health infrastructure that was prevalent even prior to the eruption of conflict. Through this project the emergency-affected, both IDPs and the local communities, will have access to emergency health services including reproductive health services in places where it is difficult to reach and including through health service outreach. Nile Hope will make sure through the support of CHF, Emergency curative services, ANC, delivery services and health education are provided in both static facilities and freelance ones (Mobile clinic), in order to save the lives of people and reduce mortality and morbidity. Nile Hope, through her personnel, will strengthen the existing system to prevent, detect and respond to disease outbreaks. This will be through provision of immunization services to children of affected communities. Training the existing health staff on outbreaks' surveillance and emergency response in order to investigate and respond to disease outbreaks. The project will see to it that the staff capacity is enhanced on Emergency prepared and response in order to increase the capacity of the organization to respond in a timely manner. However, with the current tide of intense fighting, there is higher probability of gender based violence including rape in the affected communities thus increasing the need to provide quality services including clinical management of rape and psycho social support. Mobile clinic services will be set up in order to reach swampy and Island areas where other communities have identified as safe havens. Cross-sectoral coordination will be ensured to scale up impact and holistic responses.</p>																																												
Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)	<table border="1"> <thead> <tr> <th>Source</th> <th>US\$</th> </tr> </thead> <tbody> <tr> <td>Rapid Results Health Project</td> <td>850,000.00</td> </tr> <tr> <td></td> <td>850,000.00</td> </tr> </tbody> </table>	Source	US\$	Rapid Results Health Project	850,000.00		850,000.00																																				
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BACKGROUND INFORMATION

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

Since the eruption of the December 2013 conflict, violence continued to intensify and spread across the country which has exacerbated the suffering to hundreds of thousands of Women, Men, boys and Girls across the country. The on-going conflict has caused Mass displacement of Women, Men, Boys and Girls within the country and other flee to neighboring countries. According to the biweekly OCHA update of June 30th estimated that More than 1.6 million people are displaced internally and more than 600,000 million fled to neighboring countries. Leer, Pigi and Fangak are the worst of the most underserved and conflict affected counties in both Unity and Jonglei states. The escalating violence in unity state and Northern Jonglei (Fangak and Pigi) has forced civilians (Boys, Girls, Men, Women and elderly) to flee to deep off-road swampy and small pockets of Islands. In inaccessible areas for better protection from potential attacks. Report from the field suggests high number of IDPs being experienced in Fangak and Eastern side of Leer from other neighboring counties in southern unity state especially Koch, Guit and mayandit. IRNA report conducted on 16-18 June in Fangak indicated that 5,631 people had moved from Unity to Fangak. Pigi County especially Kurwai has been a shelter to over 5000 IDPs who flee from Malakal and from the recent displacement from Panyikang area. The IDPs in these localities have no shelter have set-up a temporary shed under trees and lacking basic services including limited health services. The current crisis has caused a major public health crisis as it

aggravates the already weak health infrastructure deeper into crisis. Since the violence erupted, already severely insufficient primary health care services have been extensively disrupted in these three counties. Most of health facilities in those active conflict zones forced to close, This had adversely affected access to Primary Health care in these localities difficult and almost impossible. Most facilities are looted burned and destroyed hence with poor infrastructure, high level of insecurity together with the rainy season will aggravate and increase the morbidity and mortality of the IDPs and the host community of the three counties.

Following the repeated attacks of civilian IDPs and the local community in Leer and Pigi Counties civilians are forced to abandon their locations to the most inaccessible and swampy areas, hence with the rainy season approaching, given the poor living conditions, and non-existent health and nutrition services compounded with poor sanitary conditions there will be a high potential of an increase in morbidity and mortality of the vulnerable community as a result of infectious and communicable diseases, as the WASH facility and access to wash supplies is none where disease outbreak is also an expected scenario if an immediate emergency promotive, and prevention activities and early detection and treatment of the common diseases are put in place.

Following the protracted and chronic social political and economic stress IDPs, the host community has facing a multitude of pressure that predispose to a series of Mental and psychological disorders. UN report on the recent conflict in Leer showed that teenage girls and under age children were raped and physically abused, with the poor health system, the level of suffering will keep on building up hence these localities need an emergency health response to minimize and there by reverse the adverse consequence of GBV, Unwanted Pregnancies, psychological traumas and related communicable diseases.

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. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

Nile Hope is targeting areas that are seriously affected by the conflict where there are a high concentration of IDPs and remote areas that are physically inaccessible Payams and villages of Fangak and Leer Counties. These areas are perceived as a relatively safe places though are continuously hit by the ongoing conflict which has now harbored thousands of displaced population scattered in the swampy and far inaccessible areas within the counties. The degree of access to primary health care through the funding from HPF do cover only five of the existing sixteen payams and here compounded by the existing conflict there is a population movement and swell in Leer county where by community from adjacent payams are flocking to Leer in search of better protection. This has compounded the health need to IDPs and the host communities who have fled their homes. So as to enhance our service coverage and access to cost-effective interventions such as immunisation, malaria prevention (including IPT and LLITN for pregnant and lactating women), maternal health and surveillance for epidemic prone diseases; four mobile clinics/team will be organized (two in Fangak and Leer counties) for assessing and responding to emergency health care. Since 2008 Nile Hope had been supporting those areas to date and has a clear understanding of the IDP localities, movement and needs in these counties. Through the support from HPF Nile Hope is also running five facilities in Leer and the emergency funding will enable Nile Hope to respond to strengthen the health system that is seriously affected by the ongoing conflict in the areas. As the situation of healthcare services in both Unity and Jonglei states are in serious challenge, it is of paramount importance to have an additional funding support to respond to the overwhelmingly high population movement, high service demand from the highly vulnerable community, Hence Nile Hope if gets the CHF funding it will enable us to be able to establish an emergency mobile clinics and provide life saving health care to the most vulnerable community particularly mothers and children who are the prime victims of the crisis in the country.

3. Description Of Beneficiaries

The emergency health project beneficiaries are largely Women, Girls, Boys and Men of the IDPs and the vulnerable host community currently residing in Leer, Pigi and the Fangak counties in Unity and Jonglei states respectively. Nile Hope being the lead agency in providing health care services in Leer and Pigi and also offering emergency services in Fangak in coordination with CMA was able to identify beneficiaries through the local mechanisms of VHC, Community leaders including women leaders, and the local authorities and actors in the counties. The targeted beneficiaries are a collection of data from our health facilities coupled with the current political trend and movement of communities. Experience has shown most women do not come to health facilities to seek reproductive health services due to Norms and sometime being overburdened by home activities. However with the current trend of violence reports indicate the facilities are seeing Women and Girls who are rape survivors or have experienced gender base violence. Through this emergency health provision Nile Hope plans to target a higher number of women since they are most vulnerable through engaging them from the development of the project and use other community outreach health services to reach those who might not be able to come and seek services in the health facilities. Boys and Girls under 5 years targeted in this project is a projection using the current data in the health facilities in the three counties and suspected health trend in the year 2015. The minority and people with disabilities are also targeted in this project since they have been found to be very vulnerable in the community. Men on the other hand are subjected to injuries, trauma (both physical and mental) and other myriad diseases. The identified men through health facilities data and 2015 health needs mapping will be also benefit from the proposed emergency health services.

4. Grant Request Justification.

South Sudan has one of the worst health indicators in the world. Which have much worsened more following the conflict that started on December 2013. According to UNOCHA bulletin showed that over 1.6 million people are internally displaced, where by most of these IDPs are in the three conflict affected states, an assessment also showed that its was only 57% of the Health facilities that are operating in greater upper Nile before the resumption of heavy fighting started on April 2015, which is clear and evident that the percent have gone far lower as community has abandoned the accessible localities to a swampy and far islands so as to ensure safety and security, access to those high conflict areas is a challenge for reasons associated with security and physical access as roads and means of transport is expensive and impossible. Similarly the three counties; Leer Pigi and Fangak continue to experience spiral of violence and displacement, the IDPs are experiencing reduced access to health services in this area since some of the facilities are inaccessible by the community due to fear possible attack and being caught in crossfire. In general the continued fighting has hampered preventive health care including immunization services, Nutritional screening, Antenatal care and basic public health care including integrated disease surveillance and response as the communication and access to information is highly affected. The routine vaccinations coverage to Boys and Girls to under five children have nearly ceased in two out of these three counties especially Pigi and Leer counties were arm faction have been exchanging hand since the start of the on conflict. Frequent rupture of drugs supplies and lack of qualified health workers (Women and Men) further aggravate the situation. The most common threats to women, Girls, boys and men of IDPs and the vulnerable host population health include acute respiratory tract infections, acute watery diarrhea, cholera, Malaria, Malnutrition and measles. Lack of access to adequate sanitation and over-crowding in displacement sites have made more women, Boys, Men and Girls to be exposed to communicable and water borne diseases. However, since most of the communities especially in Leer are in swampy area, report show a rise in morbidity given that the living conditions are quite dire. Frequent movement and lack of proactive supplies like LLITNs will indeed raises the incidence of the disease in these localities. Women of reproductive age in these displace location lacks Reproductive Health services thus increasing maternal morbidity and mortality rate. In addition, the essential drugs (EMF drugs) will likely run out in September leaving the community who are in need of health services in a difficult situation if an immediate emergency gap filling measures are not taken. Nile Hope intends to rapidly scale up access to quality emergency health services including BEmONC in these selected underserved areas by focusing on enhancing the provision of emergency medical and surgical services through offering mobile services, outreach immunization of children (boys and girls) in places with higher IDPS, providing women friendly RH services as well as improving access to emergency obstetric care for pregnant mothers. The project will also involve procurement of emergency drugs and building the capacity of local in earlier detection and referral of common cases. The program will focus on gender equality programming were men and women will be involve equal. Working closely with Protection department within Nile Hope a one-stop management of and referral of GBV survivors will be continually be put in place and scaled up in all the mention counties.

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

Nile Hope emergency health project is meant to increase availability of emergency health services in Leer and Fangak counties of both Unity and Jonglei states. Nile Hope being the lead agency in Leer in provision of basic primary health care and providing emergency services Fangak, will wish to strengthened and continue providing emergency health services to the needy communities who are in dire need of these services. The project in leer do provide the services to the host community but due to the current crisis they is increase of number of people who are displace from other area and are residing far from the facilities that we are operating. This emergency health project will support the said group and also provide additional support to the health facilities since the population health needs have increase comparing with the time that the counties were calm

LOGICAL FRAMEWORK

Overall project objective

The main aim of this project is to save the lives and prevent morbidity and mortality of the targeted vulnerable group, reaching 16200 Men, 18974 Women, 3133 Boys and 3261 boys including IDPs of Leer and Fangak counties through provision of quality emergency primary health care services and strengthen preparedness to respond to health related emergencies by the end of 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	60
2015 SSO 2: Enhance existing systems to prevent, detect and respond to disease outbreaks	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	20
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	20

Outcome 1	Morbidity and mortality rate of Women, Girls, Boys and Men of IDPs and vulnerable host community reduced thus improving the lives of the community and productivity			
Code	Description	Assumptions & Risks		
Output 1.1	Emergency and essential health care services provided to 10302 Women, 9897 Men, 2474 Boys and 2575 Girls in Leer and Fangak counties	Health staff available and willing to provide emergency service, security situation is safe in operation area to provide services, enough essential drugs available in the HF's		
Indicators				
Code	Cluster	Indicator	End Cycle Beneficiaries	End-

			Men	Women	Boys	Girls	Cycle Target	
Indicator 1.1.1	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	9897	10301	2474	2576	25248	
	Means of Verification:	-Monthly HMIS report -Patient register -Quarterly report						
Indicator 1.1.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			2474	2575	5049	
	Means of Verification:	- under-five register book -Monthly HMIS report - Quarterly report						
Indicator 1.1.3	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	9897	10320			20217	
	Means of Verification:	- Above 5 years register - Monthly HMIS report - Quarterly report						

Activities

Activity 1.1.1	Provide emergency curative health care services to 10302 Women, 9897 Men, 2474 boys and 2575 Girls through setting up mobile clinics and supporting Partner/ MoH facilities in area of health emergencies in Leer and Fangak
Activity 1.1.2	Established 4 mobile clinic(2 mobile clinic in Fangak- Nyualual and wechmoun and 2 mobile clinic in Leer and provide emergency support to 5 Health facilities in order to provide emergency curative services to Women, Men, Girls and Boys of vulnerable community

Output 1.2	2112 Mother reached with reproductive health services including ANC, Deliveries and FP in Leer and Fangak counties	Women of reproductive health willing to come for RH services, Qualified medical staff available to provide RH services and RH supplies available and pre-positioned
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					28
	Means of Verification:	- Delivery register - Monthly HMIS report - Quarterly Report					
Indicator 1.2.2	HEALTH	# of ANC attendance					1728
	Means of Verification:	- ANC register - Monthly HMIS register - Quarterly Report					

Activities

Activity 1.2.1	Provide Antenatal services to 1728 mother including provision of IPT, TT, LLITNs and Deworming
Activity 1.2.2	Provide safe and clean delivery to 484 in the health facilities and mobile clinic services
Activity 1.2.3	Provide clean deliveries kits to mother that are in their third trimester so as to delivery safely

Outcome 2	Enhanced provision of high quality preventive care	
Code	Description	Assumptions & Risks
Output 2.1	1344 Boys and Girls provided with vaccination antigen including measles Vaccine in both mobile clinic and HF's in Leer and Fangak	Cold chain facilities available in the field, Vaccine and immunisation accessories available, Caretakers willing to take children for Vaccination

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			659	685	1344
	Means of Verification:	- immunization register - Monthly HMIS part 2 report - Quarterly report					

Activities

Activity 2.1.1	Provide immunization services to Boys and Girls under the age of five years reaching 1344(659 Boys and 689 Girls) in order to boost their immunity against vaccine preventable diseases
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Output 2.2	12864 people provided with health education messages on prevention of communicable disease and hygiene	- Population willing to be provided with Health education -security favourable to offer services
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	HEALTH	[Frontline services] # of people reached with health education and promotion messages	6303	6561	0	0	12864
	Means of Verification:	- Health education register book					

- Monthly and quarterly report

Activities

Activity 2.2.1 Provide health education and promotion messages to 12864(6561 women and 6303 Men) in Leer and Fangak counties.

Outcome 3 enhanced existing system in detecting and responding to outbreaks

Code	Description	Assumptions & Risks
Output 3.1	Emergency Preparedness and Response/EPR/ mechanism established and strengthened in Leer and Fangak	local staff and community willing trained on EP&R, security in the field favourable

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	26	26			52
		Means of Verification:	- Training report - Training photos - Attendance List				
Indicator 3.1.2	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					100
		Means of Verification:	-Weekly IDSR report - Assessment report				

Activities

Activity 3.1.1 Train 54 (26 Men and 26 Women) medical staff on communicable disease, outbreak investigation and emergency preparedness and response.

Activity 3.1.2 conduct investigation and respond to disease outbreak using the staff trained on emergency preparedness and response

Activity 3.1.3 ensure targeted health education and promotion messages before and during the disease outbreaks

Outcome 4 Improved availability, accessibility and demand for special need services targeting highly vulnerable people in Leer and Fangak counties

Code	Description	Assumptions & Risks
Output 4.1	12 health facilities both static and Mobile equipped to provide GBV, HIV, community base mental health and psycho social support to affected Women, Men, Boys and Girls of IDPs and Vulnerable host community	Affected community willing to seek services, HIV and GBV supplies pre-position on time, community willing to share information of affected people.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 4.1.1	HEALTH	[Frontline services] # of health facilities providing basic package of GBV services in IDP setting					12
		Means of Verification:	- CHD report - Monthly Report				

Activities

Activity 4.1.1 Ensure support to 9 HF's, Mobile and static to provide clinical management of rape services to Women, Girls and Boys in Leer and Fangak.

Activity 4.1.2 Ensure 9 HF's facilities(Mobile and static) provide HIV awareness services to Women, Boys, Girls and Men in Leer and Fangak counties

Activity 4.1.3 Conduct monitoring, reporting and evaluation of the project to confirm and measure the progress and impact respectively

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Provide emergency curative health care services to 10302 Women, 9897 Men, 2474 boys and 2575 Girls through setting up mobile clinics and supporting Partner/ MoH facilities in area of health emergencies in Leer and Fangak	2015								X	X	X	X	X
Activity 1.1.2 Established 4 mobile clinic(2 mobile clinic in Fangak- Nyalual and wechmoun and 2 mobile clinic in Leer and provide emergency support to 5 Health facilities in order to provide emergency curative services to Women, Men, Girls and Boys of vulnerable community	2015								X	X	X	X	X
Activity 1.2.1 Provide Antenatal services to 1728 mother including provision of IPT, TT, LLITNs and Deworming	2015								X	X	X	X	X
Activity 1.2.2 Provide safe and clean delivery to 484 in the health facilities and mobile clinic services	2015								X	X	X	X	X
Activity 1.2.3 Provide clean deliveries kits to mother that are in their third trimester so as to delivery safely	2015								X	X	X	X	X
Activity 2.1.1 Provide immunization services to Boys and Girls under the age of five years reaching 1344(659 Boys and 689 Girls) in order to boost their immunity against vaccine preventable diseases	2015								X	X	X	X	X
Activity 3.1.1 Train 54 (26 Men and 26 Women) medical staff on communicable disease, outbreak investigation and emergency preparedness and response,	2015								X	X			

Activity 3.1.2 conduct investigation and respond to disease outbreak using the staff trained on emergency preparedness and response	2015									X	X	X	X	X
Activity 3.1.3 ensure targeted health education and promotion messages before and during the disease outbreaks	2015									X	X	X	X	X
Activity 4.1.1 Ensure support to 9 HF's, Mobile and static to provide clinical management of rape services to Women, Girls and Boys in Leer and Fangak.	2015									X	X	X	X	X
Activity 4.1.2 Ensure 9 HF's facilities(Mobile and static) provide HIV awareness services to Women, Boys, Girls and Men in Leer and Fangak counties	2015									X	X	X	X	X
Activity 2.2.1 Provide health education and promotion messages to 12864(6561 women and 6303 Men) in Leer and Fangak counties.	2015									X	X	X	X	X
Activity 4.1.3 Conduct monitoring, reporting and evaluation of the project to confirm and measure the progress and impact respectively	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 .

Monitoring and Reporting is one of the key-parts in implementation of any project in the field level to be able to measure the progress of achievement. However, for this emergency health project to run smoothly, the project will be monitored to track how activities are being implemented in the field. The project log-frame and the work-plan will be the main tools that will measure the extent of how the project activities area achieved and draft the way forward on how to fast-track activities that are not implemented or achieved. In addition to the Log-frame, Nile Hope's Monitoring and Evaluation Team led by the M&E Officer and CHD will use other techniques like Focus Group Discussions and stakeholder workshops to evaluate the quality of services provided by the project. Analysis of the project achievements will be presented in form of Graph, table and charts to produce quality reports. Mid Term report and the final report will be shared to CHF and the cluster using grant management system (GMS) in order to monitor the progress of the project. The organization will use the CHF mid term and the final reporting format to send this report on time. Ministry of Health State and cluster lead will visit the site at the mid of the project and at the end of the project, or as deemed appropriate to assess progress towards achievement of project targets as envisaged. In addition there will be common inter-departmental M&E activities to track cross cutting issues. The Finance Department headed by the Finance Manager with ensure continuous and robust budget tracking to ensure resources are spent and accounted within the defined ceilings. The Grants Manager will ensure adherence to, and interpretation of, the existing MoU

OTHER INFORMATION

Accountability to Affected Populations
As a tradition the organization has been working hard to provide effectively, efficiently, and equitable health services to the community that we are serving. Throughout the process of implementation, Nile hope do always engage the community as from the initiation of the project in order for the community feel the sense of ownership. During the initiation of the project, a stakeholder workshop will be organize in all the counties where the community will be provided with information regarding the whole entire project implementation in order to participate fully and be accountable in the project implementation. Nile Hope will work closely with the existing health system structure including, VHC, House Hold Promoters and the CHD to enhance information sharing and also through them feedback from the beneficiaries will be heard. Community will be very free to use the local system to express their views and provide any feedback rather than talking directly to the organization. The community views and feedbacks will be used to make concrete decision and the way forward on improvement of the project. The project is design as conflict – sensitive since the needs of the communities that we are serving is taken to into account as from project development. The beneficiaries will be involved fully as from start of the implementation, Monitoring, Evaluation and reporting time. The vulnerable and minority groups will be given high priority during the implementation period in order to make them feel secured and less vulnerable. To improve the equality of all the groups in the community, all the groups; women, men, elderly, minority and children of IDPs and the vulnerable host community will be involved equally to reduce one group feeling neglected.

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.
Nile Hope, being the implementer and the leading NGO in Leer counties in providing health care service while providing emergency health services in Fangak will work closely with the CHD/MOH, community and other cluster partners, as from initiation of the project to the end to ensure a sense of ownership and well coordination is put in place in the field thus leading to sustainability of the project in the field. The health staff in the field will be trained on different health topics including health emergencies along with CHD and follow up on-the-Job training will be continuously put in place to improve the skills of staffs in the field. Drugs supplies will be monitored closely to prevent rapture/stock out using ministry of health tools (Drugs consumption form). Health facilities will be supervised on monthly basis together with the CHD to correct any mistake seen on spot and be able to improve the quality of health services. Weekly surveillance of disease in the field will be strengthened in order to detect any outbreaks in the field. The weekly surveillance report will be sent to the state and central Ministry of Health. The organization will also participate in attending Health Cluster Coordination meetings to secure and share latest information and the progress of the implementation process. Nile Hope finance department will promptly resource activities from disbursement, manage the grant, to ensure accountability and reporting accordingly.

Coordination with other Organizations in project area	Name of the organization	Areas/activities of collaboration and rationale
	1. CMA	Nile Hope will work closely CMA, which is the lead agency in provision of Basic Package of Primary Health care in Fangak while implementing this emergency health services by use of mobile clinics. Nile Hope will send its team to area with high number of IDPs with no health services. Monthly CMA, Nile Hope and CHD will be initiated in order to share information and prevent duplication of activities

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

Gender Marker Code
2b-The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code
The organization has ranked its health project with gender maker of 2b since throughout the project from the summary; Need analysis; outcomes and activities, women, men, girls and boys needs are articulated well. In the background analysis women and Girls are prone to gender base including rape and psychological trauma. This need in responded well in the outcome and activities through provision of special services including treatment of rape and psychosocial support. Reproductive health services to women of reproductive age are limited since the conflict started and it has continue to worsen since April 2015 due to continued hostilities and lack of services. RH services will be provided to women through several activities and output shown in the logo frame part including delivery and ANC services. Men on the other hand are exposed to traumatizing event during the conflict leading them to be psychologically affected. The respond mechanism to men needs is reflected in the outcome and activity part. Boys on other hand are forced to join armed groups and others are encouraged to join the groups due to lack of livelihood activities that can keep them busy. Girls and Boys are prone to diseases that are preventable though immunization services that are currently non-existence in this counties, which is well shown in the need analysis. Women and men with HIV and Disable need are also shown and responded appropriately. The entirety of the proposal show that needs of men, women, boys and Girls are clearly showed and responded to during the implementation of this project.

Protection Mainstreaming
Un-accompanied boys and girls; older people (Men and women) and disable women and men in our project implementation area will be given first priority in emergency health services. In addition Nile Hope case manager will be providing protection education session during the daily provision of health services in both static and temporary services like mobile clinic. Psycho social support will be provided during health services provision to the community that are affected by this conflict by either the case manager where this cadre are available or through health staff who will be train during initiation of the project. In addition to protection, Gender parity has been one of the key factors that have been considered in all of Nile Hope projects. The project is designed that, during emergency implementation of this project, special needs of women, men, boys and girls will be considered and during the initiation of the project both male and female will be involved in decision making.

Safety and Security
Fangak county where Nile Hope will be implementing this emergency project are fairly calm thus providing a safe place for the local staffs and other staff from other region in south Sudan to work with minimal difficulties. Leer county on the other hand is slight tense with sporadic fighting mostly in the last three month. The county security is volatile and there has been displacement of people including local staffs. Nile Hope being a local organization on the ground have been recruiting the local staff who do not require frequent evacuation from the field but can walk with the displace population to safe place and continue providing basic services. This project is design that still Nile Hope will use it local staff and continue empowering them in order to provide the dire needed services to the community that is being served. However, in case the staffs who are not from the area/ Locality and it happen the insecurity is tense, Nile Hope as usual has been working closely with other partner including OCHA, WFP and UNDSS for evacuation. If the location doesn't permit any evacuation, the local staff who are more experience to their locality will move with the Non-local to safe places in the county. The security of our staff is very paramount and Nile Hope will do all its best to make sure that her staffs security is preserved.

Access
Nile Hope in these two counties has been there for a while and has verse knowledge of the area including how to access the beneficiaries. Good relation with the community and use of local staff help us to use them to provide the needed services to the community despite accessibility issues. With good relation with the community, Nile hope has been using human transport, to transport essential drugs to where the communities are displaced. Through this project, Nile Hope will continue to use human as mean of transport to where, Boat, vehicle and plane can't reach in order reach those community that remotely located either in swamps or in the island with services at their disposal. Places where Nile Hope have mean of transport and the area is safe, will use the mean to reach the community i.e use of boat in Fangak. In case of transport of drugs and other supplies, Nile Hope will use log cluster or UNHAS to pre-position the drugs to the nearest airstrip in the county then thereafter the organization will use it local available mean to transport supplies reach the community.

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	Unit	Duration	Percent	Total	2015	Quarterly
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		D	Quantity			Cost		Charged to CHF / ERF	Cost	2015		Total
			Unit	Unit	Duration	Q3	Q4					
1.1	Health Coordinator	D	1	5000	5	68.00%	17,000.00	6,800.00	10,200.00	17,000.00		
	1 Health Coordinator at \$5000 per month for period of 6 months charging 66% to CHF. He will be responsible in coordination of all activities being implemented in this project, Monitoring the project using log frame and Reporting all activities to the donor and MoH to be based in Juba											
1.2	Assistant Health Coordinator	D	1	2300	5	100.00%	11,500.00	4,600.00	6,900.00	11,500.00		
	1 Assistant Health Coordinator at \$2300 per month for period of 6 months charging 100% to CHF, He/ She will plan organize and implement project in intervention site, ensure that all projects activities are implemented on the site within the budget period. To be based in Leer and frequent visit to other field sites											
1.3	Health supervisor Leer	D	1	2000	5	50.00%	5,000.00	2,000.00	3,000.00	5,000.00		
	1 Health Supervisor Leer at \$2000 per month for period of 6 months charging 40% to CHF Oversees the day-to-day management of the health facility in Leer. He gathers and analyse data and using it to plan and manage the health facility in Leer. He also ensures that there are sufficient drugs and quality health administration to the patients. He is a qualified medical officer with extensive work experience. To be based in Leer											
1.4	Nurses / Midwife	D	4	800	5	100.00%	16,000.00	6,400.00	9,600.00	16,000.00		
	7 Nurses/ Midwives to be stationed at the mobile clinics, will be expected to provide medical consultation to all outpatients according to NH protocols. Apply medical knowledge and skills to diagnosis and prevention (helped by clinical examination, laboratory results and exams available). To be based in 2 mobile clinics in Leer, Fangak and Pigi and 1 PHCU in Leer,											
1.5	CHW	D	8	350	5	100.00%	14,000.00	5,600.00	8,400.00	14,000.00		
	8 CHW at \$ 300 per month for a period of 6 months charging 100% to CHF, to assist Nurse in running the mobile clinics in Leer, Pigi and Fangak											
1.6	Vaccinators	D	8	200	5	100.00%	8,000.00	3,200.00	4,800.00	8,000.00		
	8 Vaccinators to be located in 6 Mobile Clinics @ Leer, Pigi and Fangak and 1 PHCU in Leer, with responsibility of administering immunization and inoculations to patients and children											
1.7	MCHW	D	4	300	5	100.00%	6,000.00	2,400.00	3,600.00	6,000.00		
	4 MCHW @ \$ 250 per month for period of 6 months charging 100% to CHF She will be responsible in providing reproductive health services i.e. Is responsible for all obstetrical activities (carry out pre-conceptual care, antenatal care, labour and delivery, post-partum care, neonatal care) in mobile clinic at 6 Mobile Clinics at Fangak, Leer and Pigi											
1.8	Program Coordinator	S	1	5000	5	20.00%	5,000.00	2,000.00	3,000.00	5,000.00		
	1 Programme Coordinator @ \$5000 per month for 6 months , 15% charged to CHF activities Location: Juba. He is incharge of all programs and he has responsibilities of ensuring that the projects are implemented in accordance with the donors mandate, he will support the health team in monitoring and evaluation											
1.9	Health Advisor	D	1	5000	5	69.00%	17,250.00	6,900.00	10,350.00	17,250.00		
	1 Health Advisor @\$6000 per months for 6 months ,55% charged to CHF activities Location: Based in Juba with frequent travel in the field to monitor health Facilities , He will be responsible in advising the health teams in matters related to MoH protocol and also he will support the programme and will be frequently representing Nile Hope and attending Cluster Meeting and working closely with WHO and the MoH.											
1.10	Grants Manager	S	1	5000	5	20.00%	5,000.00	2,000.00	3,000.00	5,000.00		
	1 Grant Manager @\$5000 per month for 6 months ,18% charged to CHF Locations: Juba with frequent travel to the field and oversee the budget preparation , management and monitoring process. Monitor and manage all expenses within the allotted budget. The Grants Manager has over 7 years working experience and is an accountant by profession.											
1.11	Assistant Logistic Officer- Juba	S	1	1000	5	50.00%	2,500.00	1,000.00	1,500.00	2,500.00		
	Assistant Logistic @\$1000 per month for 6 months,40% charged to CHF, Locations: Juba and is responsible for the movement of human and materials in and out of Juba.											
1.12	Finance Manager	S	1	5000	5	20.00%	5,000.00	2,000.00	3,000.00	5,000.00		
	1 Finance Manager @\$5000 per month for 5 months ,14% charged to CHF Locations: Juba. Evaluate the financial reporting systems, provide financial reports on a timely basis. Performs financial analysis, reporting and management activities. Develop the financial strategy for the organisation and participate in the evaluation of finance staff. The Finance Manager has over 15 years experience and he is a qualified accountant											
1.13	Field Accountants	S	3	2000	5	20.00%	6,000.00	2,400.00	3,600.00	6,000.00		
	3 Field accountants each @\$2000 per month for 6 months,20% charged on CHF. Locations:1 in Leer ,1 in Pigi and 1 in Fangak.They are responsible for payment and safe guarding field staff salaries and activities funds and report to Juba											
1.14	Support Staff	S	2	200	5	100.00%	2,000.00	800.00	1,200.00	2,000.00		
	2 Field support staff each@\$300 per month for 6 months ,100% charged to CHF, Locations: 1 in Pigi,,1 in Fangak,1 in Leer											
1.15	Human Resources and Partner Relations Officer	S	1	4000	5	20.00%	4,000.00	1,600.00	2,400.00	4,000.00		
	1 Human Resources & Partner Relations Manager based in Juba charged with responsibility of recruitment of staff, performance appraisal on a quarterly basis and ensuring that donors partners relations is maintained. Update Donors on the progress of activities in the field, his earnings is \$ 4000 per month , 15% charged to CHF. To be based in Juba with frequent visit to the field											
1.16	State Coordinator	S	1	2000	5	20.00%	2,000.00	800.00	1,200.00	2,000.00		
	1 State, Coordinate with the State Line Ministries, Partners and State Authorities on the program being implemented. He update the local authority on the progress of health projects across Jonglei, Upper Nile and Unity States. The total afforded per month is \$ 2000, the allocation for CHF is 20%											
1.17	Liaison and Compliance Officer	S	1	4000	5	20.00%	4,000.00	1,600.00	2,400.00	4,000.00		
	1 Liaison and Compliance Officer, based in Juba with frequent travel to the field, charged with responsibility of ensuring that programs are implemented in accordance with donors policies and regulations, the Monthly Salary for this project is \$ 4000, CHF allocation is 15%											
1.18	Dispensars	D	4	200	5	100.00%	4,000.00	1,600.00	2,400.00	4,000.00		
	4 Dispensars @\$ 250 per month for 6 months , 100% charged to CHF with the responsibility of administering the prscribed drugs to the patients by the CHW. To be located in Pigi, Leer and Fangak											
	Section Total						134,250.00	53,700.00	80,550.00	134,250.00		
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	EPR Training (Leer and Fangak)	D	2	2000	1	100.00%	4,000.00	4,000.00	0.00	4,000.00		
	18 staff (10 from Leeri and 8 from Fangak Counties), they will be provided with emergency prepared and response training in order for the staff to be able to identify, investigate and respond'											
2.2	Communicable Diseases Training	D	2	3000	1	100.00%	6,000.00	6,000.00	0.00	6,000.00		
	36 health staff(18 staff from Leer and 18 staff from Fangak) provided with communicable training to be able to manage diseases appropriately'											
2.3	Rape Care Training to Health Staffs	D	2	1000	1	100.00%	2,000.00	2,000.00	0.00	2,000.00		

	26 Health Trained. Due to the increase incidences of rapes in these counties, due to active hostility, Nile Hope will train its staff in clinical management of rape in order to provide services to survivors. 18 staff will be trained from each county.'									
2.4	BeMoc Training	D	2	1000	1	100.00%	2,000.00	0.00	2,000.00	2,000.00
	18 Midwives, MCHW and TBAs capacity will be build on provision of safe motherhood services to the vulnerable pregnant women and lactating mothers									
2.5	Transportation of Medical supplies & Food Supplies	D	2	4500	1	100.00%	9,000.00	9,000.00	0.00	9,000.00
	The emergency drugs will be transported through chartering of flight to Leer and Fangak. This is due to inaccessibility through roads due to insecurity and bad condition of roads.									
2.6	Printing T- Shirts with Health Messages	D	150	10	1	100.00%	1,500.00	1,500.00	0.00	1,500.00
	150 T Shirts will be printed with health promotion messages in local language, mostly targeting immunization messages, reproductive health messages and hygiene messages.'									
2.7	Mobile Clinic Set Up	D	4	1250	1	100.00%	5,000.00	5,000.00	0.00	5,000.00
	4 Mobile Clinics will be set up, 2 in Leer and 2 in Fangak , the Cost will include recruitment costs @ \$ 500 community mobilization including advocacy @ \$ 800									
	Section Total						29,500.00	27,500.00	2,000.00	29,500.00

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	Procurement of Emergency medical equipment(5 Mobile Clinics in Fangak and Leer)	D	1	5000	1	100.00%	5,000.00	5,000.00	0.00	5,000.00
	rocurement of emergency medical equipment and Lab supplies (Blanket Cellular Cotton 10 @\$ 50, Laboratory Coats 12 @ \$ 50, Manual Cntrifuge 2 @\$ 116, Delivery Srt, 2 Pcs@\$ 250, Dressing Kit 4 Pcs @ \$ 183, Weighing Scale Adult 2 pcs@\$ 316, BP Machine Pcs 2@\$ 116, Stethoscope 5 Pcs @\$ 100, Digital Thermometer 5 Pcs @\$ 13, Laboratory Timer 2 Pcs@ \$ 16, Examination Torch Pen Line 2 Pcs @\$ 50, Widal Kit Single Pair 3 Pcs @\$ 20, Brucella Antigen Abort, 3 Pcs @ \$ 12, Brucella Antigen Melitensis Pcs 3 @\$ 12, Blood Group Antigen Sera 3 Pcs @ \$ 40, Field Stain Liquida A, 1@\$ 33. Filed Stain Liquid B 1 @ \$ 33, VDRL Test Kits 2 Pcs @ \$ 40'									
	Section Total						5,000.00	5,000.00	0.00	5,000.00

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	Flight cost for health staffs(Pigi, Leer and Fangak)	D	3	400	2	100.00%	2,400.00	1,200.00	1,200.00	2,400.00
	This is travel cost for health staff and other supporting staff to travel to the field during the implementation of the project in Leer and Fangak facilitated through UNHAS.									
5.2	Local Field transport	D	2	1000	1	100.00%	2,000.00	1,000.00	1,000.00	2,000.00
	These costs is allocated for local transport of staff in the counties of operations.									
5.3	Fuel for boat	D	2	1000	2	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
	This cost is allocated for preposition and purchase of fuel for the boat. Most health facilities in Fangak are accessible through the river which will require boat transport.									
	Section Total						8,400.00	4,200.00	4,200.00	8,400.00

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	S	1	1000	5	10.00%	500.00	250.00	250.00	500.00
	The internet support cost for Juba and Akobo office, the monthly charge is \$ 1000 with 20% allocation in CHF health budget									
7.2	Stationery	S	1	600	5	30.00%	900.00	450.00	450.00	900.00
	Projected costs related to purchase of stationeries to be used in the health facilities and the main office									
7.3	Bank Charges	D	1	265.24	2	50.00%	265.24	132.62	132.62	265.24
	This amount is charged on transfer of funds. It is estimated that a total of \$ 500 will be incurred in remittance of funds in various NH Bank accounts									
7.4	Lighting (Generator Running Costs)	S	1	1000	5	10.00%	500.00	250.00	250.00	500.00
	This costs is for lighting our Juba office, The costs is related to buying fuel and repairs and maintenance of Generator.									
7.5	Communication	D	1	1000	5	50.00%	2,500.00	1,250.00	1,250.00	2,500.00
	Communication costs i.e. for buying calling cards for satellite and other networks estimated to be 1000 in relation to health budget									
7.6	Field Accommodation	D	1	650	5	100.00%	3,250.00	1,625.00	1,625.00	3,250.00
	This will be the cost of procurement of food stuff for the field compound									
	Section Total						7,915.24	3,957.62	3,957.62	7,915.24

Sub Total Direct Cost 185,065.24

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

Audit Cost (For NGO, in percent)							1%		
PSC Amount							12,954.57		
Quarterly Budget Details for PSC Amount	2015		Total						
	Q3	Q4							
	6,477.28	6,477.29	12,954.57						
Total Fund Project Cost							198,019.81		
Project Locations									
Location	Estimated percentage of budget for each location			Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Canal	30							0	
Jonglei -> Fangak	20							0	
Unity -> Leer	50							0	
Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)									
DOCUMENTS									

