

Requesting Organization :	Universal Intervention and Development Organization				
Allocation Type :	Reserve allocation 4				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Reestablishment of the basic emergency primary health care services by scaling up the OPDs activities with much focus on the maternal & child health components in Kertith, Nyadong and Duong PHCUs in Greater Nyal of Panyijjar county				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SSD-15/HSS10/RA4/H/NGO/661		
Cluster :		Project Budget in US\$:	75,006.25		
Planned project duration :	3 months	Priority:			
Planned Start Date :	15/11/2015	Planned End Date :	14/02/2016		
Actual Start Date:	15/11/2015	Actual End Date:	14/02/2016		
Project Summary :	<p>This project proposal is meant to scale up the delivery of the basic primary health care services in Kertith, Nyadong and Duong PHCUs which have been affected by the huge load caused by the continuous influx of the IDPs from Mayendit, Koch and leer counties into the area. The continuous deterioration of the humanitarian situation generally in Southern Unity has disrupted the delivery of the basic health care services to women, elderly men, boys and girl. Therefore, this project will enhance the availability and accessibility to the health care services at the supported facilities to both the host communities and the IDPs.</p> <p>There will much focus on maternal and child health (MCH) especially basic obstetric and neonatal care (BEmONC) services and usage of integrated management of childhood illnesses (IMCI) protocols. UNIDO intends to ensure the promotion of mother and child survival in its supported healthcare facilities and continues to provide services in line with the Basic Package of Health Services (BPHS). Special focus will be in place to boost the coverage for measles vaccination through enhanced outreach activities and regular cyclic vaccination campaigns and we shall continue to coordinate with the partners and other stakeholders on the establishment of the routine EPI. UNIDO has initiated the use of community health committees to intensify community education and social mobilization for the utilization of the health services. UNIDO plans to use community health committees/home health promoters to conduct health promotion activities on common illnesses, MCH, nutrition, healthcare seeking behaviour and information on available services in the health facilities.</p> <p>UNIDO shall procure and distribute essential drugs, basic medical equipment, and laboratory reagents/supplies which are not in the available supply chain.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	3,000	3,500	1,500	1,510	9,510
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,500	1,510	3,010
Internally Displaced People	0	0	0	0	0
People in Host Communities	0	0	0	0	0
Pregnant and Lactating Women	0	0	0	0	0
Indirect Beneficiaries :					
Catchment Population:					
Over 50,000 host communities and 35,000 IDPs. (Source:SSRA, Panyijjar county)					
Link with allocation strategy :					

This project proposal will ensure adequate and uninterrupted supply of drugs, medical and laboratory reagents/supplies & equipments through both direct and other supply chains. It will also strengthen the emergency preparedness and respond to health related emergencies including the activities aiming at control of communicable diseases outbreak at the supported facilities in the affected community of Greater Nyal in panyijjar county. It will also enhance the establishment of the outreach activities through community mobilization and health promotion by doing health awareness sessions. It will also help to maintain environmental friendly activities because UNIDO plans to renovate the existing permanent incinerators for safe disposal of the medical hazardous & non-hazardous wastes used in the supported facilities and to train the health and community based staffs on the system of safe disposal.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
James Keah Ninrew	Executive director	ed@unidosouthsudan.org	0955008160
Duk Stephen	Health manager	mc@unidosouthsudan.org	0955550669
Kennedy Recha	Finance manager	wanyonyi41@gmail.com	0956466703/071576876

BACKGROUND

1. Humanitarian context analysis

Panyijjar county has been experiencing the continuous influx of IDPs from Mayendit, Leer and Koch counties since May 2015 when the fighting intensified in the Southern Unity. A joint assessment was conducted by UNIDO and Christian Aid in August 2015 revealed the existent of 24,000 IDPs in addition to 59,753 host community in Greater Nyal. That same report indicated around 60 to 70 persons enter Nyal on daily basis using canoes from Leer and Mayendit counties and high proportion of women and children were reported among the IDPs. People drink directly from the river and defecate in open spaces. Moreover, the only health facility in the area which had once been supported by COSV closed down more than 7years ago. And as result of little health care services in the area a lot of diarrheal, acute respiratory tract infections and skin diseases were reported. When the IDPs subsequently integrated into the host community, then disease outbreaks will be more likely unless accessible health care services is scale up in Greater Nyal

In September 2015, UNIDO's nutrition and health teams conducted another assessment at Mer Island which is the entry point to Greater Nyal. Random MUAC screening to less than 5years children conducted involved 8households among which 6households were IDPs and the results revealed 3 MAM cases which were later on referred to Nyal PHCC, 7MAM cases and 10 at risk. The total children screened were 30. And beside, the IPC reports in September 2015 revealed that 30,000 population in the Southern Unity are at the catastrophe phase.

2. Needs assessment

Panyijjar county as part of southern Unity state has been hit by enormous destruction on both the health safety net and the general livelihood. Population have continuously been displaced from their homes, humanitarian access has been impossible especially from May 2015 and hence exposed the most vulnerable people such as children, women and the elderly into uncountable sufferings from the lack of basic primary health care services. The health facilities encountered a lot of destruction on the infrastructures, drugs, medical and laboratory reagents/equipments and furnitures were looted.

Moreover, the movement of the population increased southwards from Mayendit, Koch and Leer to panyijjar county. And until October 2015 Greater Nyal in Panyijjar county was hosting over 35,000 IDPs and around 60 to 70 people crossing into Nyal using canoes on daily base. IPC reports in September 2015 indicated 30,000 populations are over the catastrophe phase in the southern Unity. GAM rate in the Bentiu POC is more than 30% and more likely to be worse in the origin counties mainly the Southern Unity. Morbidities and the constrained health & nutrition services delivery will in the other end worsen the humanitarian situation in the Southern part of Unity which is mainly comprised of the above mentioned counties plus Koch.

The same IPC reports indicated that 355,000 of the population in Unity state will be at the crisis phase while 195,000 will be at the emergency phase from January to March 2016.

There is also a great need to strengthen and improve the psycho-social supports and mental health services at the facilities and the communities levels in addition to intensive focus on GBV issues since much of the population was subjected to numerous atrocities which include rape, torture, killings and many others.

3. Description Of Beneficiaries

The beneficiaries will include under5 boys and girls, children between 5 and 15yrs, women of child bearing ages, elderly men and women, disables, current & postwar trauma victims, local chiefs, teachers and other members of the host communities and IDPs.

4. Grant Request Justification

The proposed project activities will maintain the existing essential primary health care services in Greater Nyal of Panyijiar county by providing basic health packages and emergency referral services in the targeted 3 PHCUs. Through a focus on maternal and child health (MCH) especially Basic Emergency obstetric care, integrated management of childhood illnesses (IMCI) and routine and outreach EPI activities, UNIDO intends to ensure the promotion of mother and child survival in its supported HFs and outreach whilst continuing to provide services in line with the Basic Package of Health Services (BPHS). Special focus will be in place to boost the coverage for measles vaccination through enhanced outreach activities and regular cyclic vaccination campaigns. UNIDO shall procure and distribute essential drugs kits (including trauma kits), basic medical equipment and laboratory reagents/supplies which are not in the existing supply chain to the facility level. UNIDO shall maintain the partnerships with UNFPA and UNICEF to ensure the timely procurement and distribution of essential RH kits and reestablishment of the routine EPI. UNIDO shall continue to improve the diagnostic capacity of laboratory services at the facilities to ensure rapid and accurate diagnosis to support timely treatment of the most common diseases and reporting on the HMIS. UNIDO shall conduct in-services/refresher training to the facility staff and community-based health workers on safe motherhood, child health, community health, common morbidities, IDSR/HIS, and emergency surgical and obstetric interventions. UNIDO shall ensure IDSR reports are submitted weekly from all health facilities and send to SMOH and other partners for a coordinated monitoring of the situation.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Increase access to and improve quality of comprehensive basic emergency and essential primary healthcare services through health facility, outreach and community levels service in Greater Nyal of Panyijiar county for the next three months (15th of November 2015 to 14th of February 2016).

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

Contribution to Cluster/Sector Objectives : Through this project proposal the below will be achieved in line with the cluster priorities

- Maintain the existing safety net by providing basic essential health packages and emergency referral services through deployment of minimal PHCU/PHCC staff with skills to ensure mothers and children are attended to through MCH guidelines
- Strengthen the existing referral mechanism within primary health care network (PHCUs to PHCCs) or to secondary health facilities if at all exist, accessible and affordable.
- Maintain emergency primary health care services through provision of basic medical equipment, drugs, basic lab equipment/reagents and other supplies
- Strengthen the emergency preparedness including minor surgical interventions and UNIDO shall ensure that the support staffs are trained on emergency preparedness
- Provision and prepositioning of essentials drugs, RH kits and vaccines
- Support immunization through static, campaigns and outreach targeting children below 15years in the IDPs and the host communities
- Promote HIV/AIDS awareness through dissemination of information, conduct counseling sessions, do volunteer testing, provide condoms, PMTCT and PEP
- Respond to health related emergencies including controlling the spread of communicable diseases

Outcome 1

Increased access to integrated quality essential primary health care services in the 3 PHCUs and 9 PHCUs to the IDPs, pastoralists, host communities and other vulnerable groups

Output 1.1

Description

Strengthening the PHCUs to deliver quality primary health care services to pastoralists, host communities and other vulnerable groups.

Assumptions & Risks

Security remains stable in the area

Activities

Activity 1.1.1

Provide consultations and basic treatments of common illnesses at OPDs and IPDs, including the use of IMCI protocols for girls and boys

Activity 1.1.2

Provide laboratory services with improved diagnostic capacity in the facilities

Activity 1.1.3

Provide maternal healthcare through routine ANC/PNC services, TT injection, provision of ITNs and IPT to prevent malaria, FP services and detect the complicated pregnancies by deploying qualify health cadres

Activity 1.1.4

Provide child healthcare services through routine immunizations at the facilities and outreach, accelerated mass campaigns for measles and other childhood illness

Activity 1.1.5

Provide the minimal psycho-social supports & mental health services and GBV

Activity 1.1.6

Strengthen community health committees and conduct targeted health awareness education on HIV/AIDS, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation promotion.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	3,000	3,500	1,500	1,510	9,510
Means of Verification :							
Indicator 1.1.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			1,500	1,510	3,010
Means of Verification : Weekly IDSR and Month DHIS reports							
Indicator 1.1.3	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	3,000	3,500			6,500
Means of Verification : Weekly IDSR and monthly DHIS reports							
Indicator 1.1.4	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					50
Means of Verification : UNIDO`s reports							
Indicator 1.1.5	HEALTH	[Frontline services] # of children under 5 who have received measles vaccinations in emergency or returnee situation			1,000	1,000	2,000
Means of Verification : Provide child healthcare services through routine immunizations at the facilities and outreach, accelerated mass campaigns for measles and							
Indicator 1.1.6	HEALTH	[Frontline services] Number of health personnel trained in community based Mental Health and Psycho-Social Support in IDP settings	5	5			10
Means of Verification :							
Indicator 1.1.7	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	6	4			10
Means of Verification : UNIDO`s reports							
Outcome 2							
Adequate and uninterrupted supply of the essential drugs, medical equipment, laboratory reagents/supplies which are not the existing supplies chain							
Output 2.1							
Description							
Facilities provided with adequate supplies of essential drugs, medical equipment and laboratory reagents/supplies							
Assumptions & Risks							
Security remains stable and funds disbursed on time							
Activities							
Activity 2.1.1							
Procurement and distribution of essential drugs, basic medical equipment and laboratory reagents/supplies to all supported health facilities							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	# of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)					70
Means of Verification : UNIDO`s reports							
Outcome 3							
Deployment of qualified health workers at the facilities to report any disease outbreak and identify complicated cases for early referral							
Output 3.1							
Description							
Increase capacity of health facilities in the disease outbreak detection, prevention and emergency response.							
Assumptions & Risks							
Security remains stable and the other stakeholders in the area cooperate							
Activities							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					80

Means of Verification : Weekly IDSR reports

Additional Targets :

M & R

Monitoring & Reporting plan

UNIDO will use the existing HMIS, IDSR and DHIS reporting systems on weekly and monthly basis respectively as well the surveillance forms for the disease outbreak. UNIDO M & E department developed indicators tracking template which will also complement the other reporting systems. UNIDO will continuously reposition the registers books from MOH. We will also reposition the OPD & IPD cards, ANC and Child health cards and stock cards to the facilities. We will also make sure that staffs are trained on how to use each of the aforementioned tools for proper reporting system and those reports shall be shared with the SMOH and the cluster. Routine monthly & quarterly supervisions to the facilities shall be conducted in collaboration with other stakeholders using QSC to monitor the efficiency and quality of services delivery to the communities.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide consultations and basic treatments of common illnesses at OPDs and IPDs, including the use of IMCI protocols for girls and boys	2015											X	X
	2016	X	X										
Activity 1.1.2: Provide laboratory services with improved diagnostic capacity in the facilities	2015											X	X
	2016	X	X										
Activity 1.1.3: Provide maternal healthcare through routine ANC/PNC services, TT injection, provision of ITNs and IPT to prevent malaria, FP services and detect the complicated pregnancies by deploying quality health cadres	2015											X	X
	2016	X	X										
Activity 1.1.4: Provide child healthcare services through routine immunizations at the facilities and outreach, accelerated mass campaigns for measles and other childhood illness	2015											X	X
	2016	X	X										
Activity 1.1.5: Provide the minimal psycho-social supports & mental health services and GBV	2015											X	X
	2016	X	X										
Activity 1.1.6: Strengthen community health committees and conduct targeted health awareness education on HIV/AIDS, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation promotion.	2015												X
	2016	X											
Activity 2.1.1: Procurement and distribution of essential drugs, basic medical equipment and laboratory reagents/supplies to all supported health facilities	2015											X	X
	2016												

OTHER INFO

Accountability to Affected Populations

UNIDO will establish awareness and community support team through various group associations and disseminate the existing messages and materials using appropriate channels. We shall also ensure the existence of environmental friendly measures by correct disposal of plastic bags, grading of wastes like hazardous & non-hazardous medical wastes and sharps disposables in separate containers and ensure the availability of incinerators and dustbins in all the 16 health facilities which will be supported under this project proposal.

Implementation Plan

This project will directly be implemented by UNIDO personnel. Monitoring & Evaluation of the project progress will be central to the success of the project and shall be carried out to ensure the quality, effectiveness and efficiency of the services delivery performance. Monthly management reports in line with project targets, the state of financial resources and summary of expenditures shall be compiled. These will result to quarterly programmatic and financial reports detailing progress made in accordance with the project activities implementation requirements. The project manager and finance manager will ensure that all necessary reports are prepared, compiled and submitted on time at the end of each quarter. Various tools like observation, review documents, key informants techniques will be used to capture and document the project performance. Project stakeholders and beneficiaries feedback will play a vital role in assessing the extent of the success. This will also help in structuring the project implementation course in order to maximize the delivery of the planned project activities in their respective time frames.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The type and number of beneficiaries are clearly indicate in the project. They are also well dis-aggregated in to sex and ages. UNIDO plans that women, men, boys and girls utilize the health services equally without due hindrances. This will be achieved by ensuring that women and men are represented equally in the Village/Facility Health committees. The committee members are selected for each supported facility to plan adequately for their respective health facilities for the aim of catering for all. Secondly men and women shall be trained on their roles to the use of reproductive health services so that they convey the same message to the wider community. UNIDO shall coordinate both health and protection sectors to ensure equal utilization of the health care services by all sexes and ages and create a wider range of health awareness by conducting sessions with equal participation of women, men, boys and girls in the community.

Protection Mainstreaming

Panyijiar county is one of the worse affected counties in Unity state by the current conflicts. Women and girls are vulnerable to all sorts of violence being sexual or physical one. The poverty and insecurity predispose women and girls into more vulnerable status where they are easily exploited by armed militants and surrender in the name of protection. UNIDO plans to deploy skilled health workers to carry out clinical management of rape and other activities like PEP for HIV/AIDS. Staffs will also be trained on mental health and psychosocial supports exercise. In July this year UNIDO sent 5health workers to five days workshop on mental health & psychosocial supports first aids sponsored by IOM here in Juba. Health awareness activities on HIV/AIDS and other Sexually Transmitted infections prevention will be conducted at the facilities and at the neighboring schools and churches. UNIDO shall also maintain the current MOU with UNFPA to preposition the necessary kits. Consultative meetings will regularly be conducted monthly with the local authorities and community leaders on how to protect the vulnerable groups of people in their respective communities so that many ambassadors are sent out into the communities with protection messages on human dignity. We shall also utilize the experiences from our protection department to coordinate the implementation of the cross sectional activities

Country Specific Information**Safety and Security**

UNITY state is one of the 3 conflict affected states in South Sudan with usual sporadic attacks every where by the waring parties. The beneficiaries here in have recently experienced dire humanitarian need for assistance across board. UNIDO having been operational in Mayendit and Leer for the longest time now understands and is well conversant with the communities' needs and measures to take to ensure the safety of the host community and UNIDO staff as well. Though not easy, UNIDO staff are dedicated to serve the community whenever the security situation allows. UNIDO has a policy that ensures Staff security is Prioritized at any given time. Evacuations are planned on need basis specially for international staffs/experts by UNIDO through the logistics department in coordination with other partners in the Areas of Operation and the Logs Cluster. Staff contracts signed and witnessed by the Management bind the staff right to Safety. The same procedure will continue to be put in place as we seek to scale up and ensure the provision of basic essential emergency primary health care services to the Vulnerable IDPs and Host Communities in Greater Nyal of Panyijiar county.

Access

Currently Nyal is accessible from Juba and the security in the area is stable where staff are able to deliver the services at the facilities and the beneficiaries can access the needed services without hindrances. Supplies are being chartered from Juba and the management normally goes to the field for the supervision and monitoring visits.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health Manager LOE (20%)	D	1	4,000.00	3	20%	2,400.00
	<i>This is the head of the health program who directly supports the implementation of this project. Will have 20% of his time for this project</i>						
1.2	Executive director LoE (5%)	S	1	7,818.00	3	5%	1,172.70
	<i>He provides important mentor-ship activities to the project implementation. Will have 5% of his time for this project</i>						
1.3	Program Coordinator LoE (5%)	S	1	5,600.00	3	5%	840.00
	<i>Does other necessary support such as supervision of the project implementation. Will have 5% of his time for this project</i>						
1.4	Finance Manager LoE (5%)	S	1	7,396.00	3	5%	1,109.40
	<i>Does the financial advises related to the project implementation. Will have 5% of his time for the project</i>						
1.5	M & E Manager LoE (5%)	S	1	5,500.00	3	5%	825.00
	<i>Provides implementation checklist to major the results against the targets. Will have 5% of his time for the project</i>						
1.6	Procurement and Logistics Manager LoE (5%)	S	1	3,700.00	3	5%	555.00
	<i>Does the procurement and logistic supports to the implementation of the project. Will have 5% of the time to this project activities</i>						

1.7	Driver LoE (5%)	S	1	950.00	3	5%	142.50
	<i>Will have 5% of the time for this project</i>						
1.8	Human Resources officer LoE (5%)	S	1	1,500.00	3	5%	225.00
	<i>Will have 5% of the time for this project</i>						
	Section Total						7,269.60
Supplies, Commodities, Materials							
2.1	Psycho - Social Training for the health workers	D	5	25.00	3	100%	375.00
	<i>This is to build the capacity of the facilities` staff to provide the basic psycho-social first aids to the beneficiaries</i>						
2.2	Health Education and community Health awareness campaign	D	1	1,500.00	3	100%	4,500.00
	<i>Since the area is overcrowded with IDPs and the host community in a situation where health awareness is scarce, there is a need to do the community awareness on the causes and prevention of certain common illness like acute watery diarrhea, scabies, malaria, HIV/AIDS, exclusive breastfeeding, infants and child feeding, family planning and safe sex behaviour e.g use of condoms</i>						
	Section Total						4,875.00
Equipment							
3.1	Procurement of OPDs, IPDs and ANCs Cards	D	1	3,600.00	1	100%	3,600.00
	<i>These are the tools to be used at the facilities for the quality assurance of the services delivery</i>						
3.2	Procurement of Laboratory reagent and equipments	D	1	6,200.00	1	100%	6,200.00
	<i>Facilities (specially the PHCC) must be equipped with the laboratory reagents and other necessary basic laboratory equipment to ensure the correct management of diseases at the facilities</i>						
3.3	Procurement of delivery beds	D	1	2,500.00	1	100%	2,500.00
	<i>One of the PHCU will be upgraded to PHCC to address the maternal & child health since we have the staffs to deliver the relevant services. So we need to purchase delivery bed and the related equipments for the maternity ASAP</i>						
3.4	Procurement of 3 weighing scale adult and 1 weighing scale Infant	D	3	3,000.00	1	100%	9,000.00
	<i>These are also going to be used at the facilities to enhance the correction management of various cases in order to ensure the quality assurance</i>						
3.5	Procurement drugs	D	1	10,000.00	1	100%	10,000.00
	<i>To avoid unnecessary stock out at the facilities we want to make sure that the essential drugs are purchased and UNIDO has strong procurement & logistics team who will be able to deliver the supplies rightly at the set time frame</i>						
	Section Total						31,300.00
Travel							
5.1	Flight ticket of Project staff from Juba to the project areaa	D	5	200.00	2	100%	2,000.00
	<i>Since the only route is air, so there is a need to cost for the program staffs` flight through UNHAS to and from the field</i>						
5.2	Ground travel perdiem within the project areas	D	5	50.00	3	100%	750.00
	<i>This is to support the field supervision visits by the management from Juba</i>						
5.3	Visa and work permit renewal	D	2	50.00	3	100%	300.00
	<i>This is for the international staffs who directly support this project implementation</i>						
5.4	Air charter to transportation of Health supplies to the project areas	D	3	4,500.00	1	100%	13,500.00
	<i>All supplies are being chartered from Juba to the project areas because the only existing route is air</i>						
5.5	Ground transport within the project area and distribution of the health supplies to the HF's	D	6	1,200.00	1	100%	7,200.00
	<i>This is to cater for the preposition of the supplies to the facilities after airlifting from Juba</i>						
	Section Total						23,750.00

General Operating and Other Direct Costs							
7.1	Car fuel	S	1	1,500.00	3	10%	450.00
7.2	Car repairs and maintenance	S	1	1,500.00	3	10%	450.00
7.3	Internet subscription Juba Office	S	1	600.00	3	10%	180.00
7.4	Thuraya Phone Airtime	S	1	300.00	3	10%	90.00
7.5	Office Rent (Juba Office)	S	1	3,000.00	3	10%	900.00
7.6	Stationeries	S	1	2,500.00	3	10%	750.00
7.7	Electricity	S	1	1,000.00	3	10%	300.00
7.8	Internet Subscription field Office	S	1	600.00	3	10%	180.00
Section Total							3,300.00
SubTotal			50.00				70,494.60
Direct							62,325.00
Support							8,169.60
PSC Cost							
PSC Cost Percent							6%
PSC Amount							4,511.65
Total Cost							75,006.25
Total Audit Cost							750.06
Grand Total CHF Cost							75,756.31
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Panyijiar	100	3,000	3,500	1,500	1,510	9,510	
Documents							
Category Name				Document Description			