

Requesting Organization :	Sign of Hope				
Allocation Type :	Reserve allocation 4				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Delivery & Strengthening of Frontline Primary Healthcare PHCC services to conflict affected Internally Displaced Persons and Vulnerable Host Community members, Nyal, Panyijar County, Southern Unity.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-15/H/73111	Fund Project Code :	SSD-15/HSS10/RA4/H/INGO/662		
Cluster :	Health	Project Budget in US\$:	200,000.00		
Planned project duration :	6 months	Priority:	High (H)		
Planned Start Date :	01/12/2015	Planned End Date :	31/05/2016		
Actual Start Date:	01/12/2015	Actual End Date:	31/05/2016		
Project Summary :	<p>The overall objective of the project is to provide essential primary healthcare services to conflict affected IDPs and host community members in Nyal, Unity State. Since the SPLA offensive in Apr/May 2015 and continued fighting in upper sections of southern Unity State (Mayendit, Leer and Koch counties), Nyal continues to act as a hub for IDPs fleeing violence and seeking humanitarian assistance.</p> <p>The project will;</p> <ol style="list-style-type: none"> 1) Improve access to essential primary health care services for vulnerable population by strengthening the existing PHCC (including; OPD (All ages inc. U5s), IPD (All ages inc. U5s), Maternity/Basic Obstretic Care, Basic Minor Surgery, TB Treatment, VCT/HTC and Laboratory services-16 lab tests provided). 2) Improve access to essential and effective immunization, health promotion and communicable disease surveillance services <p>In order to achieve the above SoH will use the following strategy;</p> <ol style="list-style-type: none"> 1) Scale up the provision of basic clinical consultations, treatment of common illnesses and preventive services by strengthening SOH's existing PHCC in Nyal with skilled and qualified human resouces. 2) Pre-positioning of essential medicine and lab items will be scaled up in order to accommodate the increase in patients and to cover routine diseases and emergency outbreaks. These items will be bought in Nairobi and brought to Nyal 3) Conduct light rehabilitation and supply of required/looted equipment/furniture at Nyal PHCC <p>With these measures it is expected that:</p> <ol style="list-style-type: none"> 1) Access to health care for affected displaced population and vulnerable host community, will be increased 2) The daily service capacity of the PHCC, will be increased 3) The number of outpatient consultations and number of deliveries attended by a skilled birth attendant meet the demand of the IDP and host community population 4) More people can be reached through facility-based health education sessions and awareness raising 5) U5s and pregnant mothers will be immunized, reducing incidence of communicable diseases 6) Decrease the stock-outs of essential medicine and improve the PHCC's capacity to handle health related emergencies. 				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
4,119	6,898	5,537	5,726	22,280	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,517	2,353	4,870
Internally Displaced People	1,648	2,759	2,215	2,291	8,913
People in Host Communities	2,471	4,139	3,322	3,436	13,368
Pregnant and Lactating Women	0	686	0	0	686
Indirect Beneficiaries :					

Catchment Population:**Link with allocation strategy :**

The project is consistent with the Health Cluster planning and strategy of the 2015 HRP. The project relates directly to the HRP Goal 'Reduce excess morbidity and mortality in vulnerable states by providing essential and emergency health services to most affected communities' and primarily to Cluster Specific Objective 'Improve access to, and responsiveness of, essential and emergency health care, including emergency obstetric care services.' Nyal PHCC is one of only two PHCCs in Panyijar county. Due its location in Nyal, Northern Panyijar where other humanitarian support is available to IDPs, (majority of whom, travel from Koch, Leer and Mayendit counties) the facility is the only centre providing comprehensive primary healthcare services, with a reliable and consistent drugs/lab supply. The project also relates to Specific Objective 2 'Enhance existing systems to prevent, detect and respond to disease outbreaks' due to cold chain immunization and health promotion conducted at the facility activities. In the context of the Research Allocation 4, Nyal PHCC has been identified by the Health Cluster as a 'Preferred Partner' and the project includes the following 'Key Activities', from CHF 2015 Reserve Allocation 4 Recommended framework for funding in Southern Unity;

- Re-establish basic primary health care services, Maternal and Child Health (EMNOC), Disease surveillance and control and light rehab of damaged healthcare facilities.

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
Sign of Hope	62,221.00
	62,221.00

Organization focal point :

Name	Title	Email	Phone
Robert Osborne	Project Coordinator	osborne@sign-of-hope.org	+254 738750962
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BACKGROUND**1. Humanitarian context analysis**

Unity State has been directly affected by the current conflict. Its geographical position and proximity to major flash points of the conflict have resulted that the area being directly affected by violent attacks and subsequent looting and destruction of public infrastructure and of communities. This has resulted in mass displacement from communities from Unity State and Upper Nile. Many people were not able to farm and harvest because of insecurity, almost 50% of the population of Unity State is falling under Crisis or Emergency Status (IPC report, September 2014). Many IDPs have integrated among the host community in remote rural locations, which shares the little food and other services with them, in turn increasing their own vulnerability. Limited access to water, together with limited access to food and with a high malnutrition rate, increases the vulnerability of the displaced population and of the host community to water-related diseases even more. Diarrheal diseases remain one of the top morbidities among the patients at SOH's PHCC in Nyal. Especially during the rainy season morbidities from diarrheal diseases reach a peak because of contaminated drinking water sources from flooded water.

SOH is running a Primary Health Care Centre in Panyijar County since 2009 (until 2013 in Duong, then Nyal). As one of the only health care center in the area, the PHCC provides much of the primary health care services in the area. It serves a population of about 64'000 people (50'000 host community, 14'000 IDPs; IRNA report February 2014). The PHCC has an in- and outpatients department, a pharmacy and a laboratory and provides ANC, delivery unit, nutrition, TB treatment and EPI services. The PHCC carries out curative and preventive health services. Clinical services includes; clinical and laboratory diagnosis and treatment of common illnesses, provided by trained health staff to all groups of people, mainly conflict affected displaced population and vulnerable host community. The preventive services targets children under five, pregnant women and women in childbearing age with EPI services as well as the entire community through health awareness campaigns and health education.

Since the outbreak of the crisis in December 2013, the number of in- and outpatients increased significantly. From an average of 2700 patients per month in 2013, to 3,500 per month in 2014, to 3,700 at present (Sep 2015). This is mainly due to the fact that Panyijar County has experienced a big influx in displaced people, most of whom have fled from insecurity in Leer, Koch and Mayendit counties. The influx of patients brings the PHCC to its limits. Medicine is running out faster than planned, more laboratory tests are conducted and the health staff can hardly cope with the daily patient's number. This is reported directly by SOH medical staff in the PHCC and was also confirmed by an assessment of SOH medical coordinator in Oct 2015. In order to cope with the excess use of the PHCC, SOH plans to scale up the provision of basic clinical consultations and treatment of common illnesses such as malaria, diarrhoea and pneumonia by upscaling PHCC consultations, prepositioning more medicine, lab items and mosquito nets. The prepositioning of essential drugs will improve the facilities capacities to handle routine diseases, health related emergencies and diseases outbreaks. The upscaling of consultations will allow increased access to health care for affected displaced population and vulnerable host community in Nyal. Also, the preventive services will be strengthened by the direct targeting of u5s and pregnant women at the PHCC. It is expected that safe deliveries by a skilled birth attendant providing basic obstetric care will increase; supporting a decreased Maternal Mortality Ratio. Community awareness raising will contribute to the reduction of spreading of communicable diseases and to prevent disease.

2. Needs assessment

The specific needs of the overall target group (IDPs and Host community members) includes improved access to comprehensive primary healthcare service provision, improved access to U5 basic paediatric care, basic minor surgery, health education, maternity services (inc. basic obstetric care). An ICWG needs assessment visit was conducted in Sep 2015 with the use of key information interviews and focus groups discussions and mapping of needs and humanitarian response. Participants included local stakeholders and humanitarian implementing agencies and beneficiaries. In addition internal analysis of health care records was also conducted by the SoH Project Coordinator to identify specific needs and numbers of beneficiaries. The need to increase access to comprehensive primary healthcare services is demonstrated by the following baseline/trend analysis. 2013 = 2,700, 2014 = 3,500, Sep 2015 = 3,700 (Sep 2015 average monthly caseload n.b. includes MSF-U5 service provision during this period). A positive correlation between monthly no. of patients and ongoing violence and fighting in 'Southern Unity' - particularly Leer, Koch and Mayendit is observed with a 'difference in mean' monthly beneficiaries of 500 before and after SPLA govt. offensive that was launched in Apr/May. The number of beneficiaries for this project was calculated as follows; Mean Monthly No. of Patients in Nyal during the 5.3 months of project implementation for SSD-15/SA1/H/INGO/166 (weighted by MSF U5s no. patients for Aug - Sep & Apr-July & Aug-Sep overall increase in patient numbers). The weighted mean monthly no. of patients in Nyal was then dis-aggregated by multiplying the total by the proportion observed for the sub-group of interest during implementation of SSD-15/SA1/H/INGO/166.

3. Description Of Beneficiaries

SOH has been running the PHCC in the area since 2009 and is one of only two functioning PHCCs in entire Panyijar county. Nyal is located towards the north of Panyijar county and is the receiving point for vulnerable IDPs from Leer, Koch and Mayendit counties in the upper section of 'Southern Unity'. The situation on the ground is well known to the organization and SOH is widely accepted among the community. The compound of the PHCC is in good condition and comprises both a clinical (in- and outpatient ward, maternity ward laboratory, pharmacy) and a logistics/resident area (rooms, offices, stores). There are four main beneficiary groups targeted by the project including U5s, IDPs, People in Host Communities and Pregnant & Lactating Mothers. People with TB and PLWHAs also represent small beneficiary sub-groups. Identification of the target groups was a demand driven, hospital-based selection according to the main sub-groups presenting at the facility. Other SoH health promotion and WASH activities support recruitment of patients from the general population through dissemination and promoting Nyal PHCC services.

4. Grant Request Justification

Although SOH PHCC has been running since 2009 and will be funded for the next year, it is not prepared to deal with the influx of patients that Nyal Payam experiences due to the conflict in the upper sections of 'Southern Unity' therefore, the CHF grant is needed to implement the following extra activities in order to be ready to cope with the influx of vulnerable persons:

- The required personnel will be employed, additional medicine and medical equipment will be ordered and delivered, money for administration and repairs of the PHCC is needed
- Additional medicine and laboratory material will be brought to Nyal to scale up the daily business of the PHCC
- Health education and awareness raising for in- and outpatients in the PHCC and PHCU will be strengthened and developed in order to help in the prevention of spreading of diseases
- Training of personal in order to be able to cope and react in emergency situations (outbreak of diseases, heavy injured patients due to conflict situations)

The intervention also represents the following priorities outlined in the Health Cluster's SRP; Support of existing health services and the delivery of the

basic health service package with community engagement, Restoration of non-functional or damaged health facilities to revive functionality, as security permits, Strengthen service delivery to areas outside PoC sites, Strengthen communicable disease control and response to prevalent disease.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To Deliver and Strengthen the provision of comprehensive Frontline Primary & Emergency Healthcare PHCC services to conflict affected Internally Displaced Persons and Vulnerable Host Community members, Nyal, Panyijar County, Southern Unity.

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	80
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

Contribution to Cluster/Sector Objectives :

Outcome 1

Improved access to essential primary health care services for vulnerable population by strengthening the existing PHCC

Output 1.1

Description

1 PHCC is supplied with water and electricity, staffed with appropriate skilled personnel, stocked with sufficient medicine, medical equipment and lab items to provide essential primary health care service provision

Assumptions & Risks

Skilled personnel are available and/or do not leave the organisation
 Community demands and needs out- and inpatients services, consultations and treatments
 Pregnant women seek ante and post natal care (no cultural bias)

Activities

Activity 1.1.1

Employ qualified and experienced staff to run PHCC

Activity 1.1.2

Procure essential medicine, lab and medical equipment in Nairobi

Activity 1.1.3

Bring essential medicine, lab and medical equipment from Nairobi to Nyal.

Activity 1.1.4

Provide essential basic curative care to children under 5 years, women (inc. pregnant and lactating) and men from host and displaced community in Nyal PHCC with consultation, diagnosis and treatment for all.

Activity 1.1.5

Scale up provision of laboratory services at the PHCC

Activity 1.1.6

Install a new replacement solar system/repair section of existing solar system to supply electricity for VSAT internet, lighting, computers and water supply

Activity 1.1.7

Supply new and replacement PHCC furniture, mattresses and clinic equipment according to need.

Activity 1.1.8

Compile medical reports from PHCC regularly

Activity 1.1.9

Compile interim project report and end of project report

Activity 1.1.10

Conduct monitoring visits through medical coordinator and project coordinator

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					1
Means of Verification : PHCC medical reports, Final Project Report, Photos							
Indicator 1.1.2	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	4,119	6,898	5,537	5,726	22,280
Means of Verification : PHCC medical and lab reports, End of Project Report, Photos							
Indicator 1.1.3	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	4,119	6,898			11,017
Means of Verification :							
Indicator 1.1.4	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			5,537	5,726	11,263
Means of Verification :							
Indicator 1.1.5	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					90
Means of Verification : PHCC medical reports							

Outcome 2

Improved access to essential and effective immunization, health promotion and communicable disease surveillance services

Output 2.1

Description

An effective communicable disease prevention and surveillance system delivering frontline preventive medicine services

Assumptions & Risks

Security remains stable and conducive to project implementation.
 Cold chain storage equipment is able to function through out the project period.

Activities

Activity 2.1.1

Renew the existing agreement with Ministry of Health at local and national level to receive vaccinations in a timely and effective manner

Activity 2.1.2

Train 10 frontline PHCC healthworkers in communicable disease/outbreak surveillance

Activity 2.1.3

Participate and present relevant medical records (disease surveillance data, temporal sequencing of communicable disease incidence) at cluster/coordination meetings at the local level (- Nyal IRC, UNIDO) and national level (Juba).

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					80

Means of Verification : SOH medical reports
Reports from other organizations in the region

Indicator 2.1.2	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	5	5			10
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Means of Verification : Medical records from PHCC

Output 2.2

Description

Beneficiary sub-groups receive immunizations against major communicable diseases

Assumptions & Risks

Assumptions:

Mothers and caretakers bring children for vaccination to the PHCC
Patients are able to access the PHCC

Movement of beneficiaries is hampered due to insecurity
Shortage of vaccinations due to impassability of roads (insecurity, flooding)

Activities

Activity 2.2.1

Immunize pregnant and lactating women and U5s against major communicable diseases.

Activity 2.2.2

Procure mosquito nets from global fund partners

Activity 2.2.3

Distribute mosquito nets to pregnant and lactating women and mothers of U5s.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			720	1,080	1,800

Means of Verification : Medical records from PHCC

Indicator 2.2.2	HEALTH	Number of antenatal patients receiving IPT2 second dose					300
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Means of Verification : PHCC medical records

Indicator 2.2.3	HEALTH	Number of pregnant women receiving at least 2nd dose of TT vaccination					300
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Means of Verification : PHCC medical record

Indicator 2.2.4	HEALTH	Number of mosquito nets distributed to Pregnant & Lactating Mothers, U5s and other vulnerable groups.					900
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Means of Verification : Distribution report

Output 2.3

Description

Host Community Members and IDPs receive on-going health education and promotion messages

Assumptions & Risks

Assumptions:

Patients attend health education meetings
Patients understand message
Patients carry messages to their family and community as agents

Risks:

Community is not accepting change in behaviours

Activities

Activity 2.3.1

Conduct health education and awareness sessions on common disease prevention for in- and outpatients in the facilities through medical staff

Activity 2.3.2

Print and distribute 140 t-shirts to IDPs and Host Community in Nuer language with health promotion/education messages (e.g. hand washing, use of mosquito nets, TB symptoms/available treatment etc.)

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.3.1	HEALTH	[Frontline services] # of people reached with health education and promotion messages	4,119	6,898	5,537	5,726	22,280

Means of Verification : PHCC Reports, Medical Coordinator Reports

Additional Targets :

M & R**Monitoring & Reporting plan**

Most indicators are connected to reports from the running PHCC and are part of the standard procedures that SOH staff are performing regularly, therefore can be provided in a cost-effective manner. One Clinical Officer (of two) and one laboratory technologist from Nyal PHCC are responsible for the collection of information; SOH report templates already exists and staff are experienced and trained in using the. Medical coordinator is responsible for collecting and verifying reports and Project Coordinator responsible for collating and summarizing reports for CHF reporting purposes as per indicators in the log frame.

Medical reports about the number of patients treated and details on the treatment and laboratory reports both from the PHCC and the PHCU will be collected in the facilities by the clinical officer or the nurse in charge once a month. Training reports will be done after each staff training. After three months, an interim project report and at the end of the project, an end of project report will be compiled by the medical coordinator and the project coordinator. Regular personal visits by the project coordinator and the medical coordinator will help to monitor the progress of the project. Each visit will be followed by a report from the respective person. The medical reports will be collected by a reporting tool that has been elaborated by SOH and is already in use to report the progress of the PHCC in Nyal and in Rumbek.

Reporting time line and type of reports to be submitted: medical reports reflecting the information on patients numbers, patient types, type of illness and medication, laboratory tests, number and type of vaccination will be collected and submitted once a month. Training reports including the type of training, the content of the training and lessons learned will be compiled twice during the project period, each time after the training took place. A distribution report including details of the beneficiaries who received the mosquito nets will be compiled once after the distribution has taken place. Reports on the content and information on the beneficiaries of health education sessions will be conducted once a month. Baseline data for indicators was defined during preparation of the report for SSD-15/SA1/H/INGO/166 grant which supported the PHCC and ended on Sep 30th 2015.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Employ qualified and experienced staff to run PHCC	2015												X
	2016	X	X	X	X	X							
Activity 1.1.10: Conduct monitoring visits through medical coordinator and project coordinator	2015												X
	2016		X		X	X							
Activity 1.1.2: Procure essential medicine, lab and medical equipment in Nairobi	2015												X
	2016	X											
Activity 1.1.3: Bring essential medicine, lab and medical equipment from Nairobi to Nyal.	2015												
	2016		X										
Activity 1.1.4: Provide essential basic curative care to children under 5 years, women (inc. pregnant and lactating) and men from host and displaced community in Nyal PHCC with consultation, diagnosis and treatment for all.	2015												X
	2016	X	X	X	X	X							
Activity 1.1.5: Scale up provision of laboratory services at the PHCC	2015												X
	2016	X	X	X	X	X							
Activity 1.1.6: Install a new replacement solar system/repair section of existing solar system to supply electricity for VSAT internet, lighting, computers and water supply	2015												
	2016		X	X									
Activity 1.1.7: Supply new and replacement PHCC furniture, mattresses and clinic equipment according to need.	2015												
	2016		X	X									

The project is interlinked with the ongoing operations of Sign of Hope's PHCC Nyal that focus on business as usual and is only organized to deal with the usual patients inflow that it experienced over the last years and not with the influx in patients due to the current crisis. The PHCC Nyal has been co-funded by a German medical foundation and by Sign of Hope's own resources, however there is currently a funding gap of USD 200,000 partly due to donor fatigue. Overall responsibility of the project is SOH Africa Program Director (APD). Responsible for the management of the project is SOH project coordinator in Nairobi, organizing administrative, financial and logistical issues. In the field, SOH medical coordinator will overview the project implementation in Nyal and is responsible for the staff on the ground. Together with the APD and the project coordinator, the medical coordinator will recruit the staff and external consultants (training). He will supervise the order of the drugs and medical equipment and the running of the PHCC.

SOH medical coordinator is based in Rumbek, Lake State and travels frequently to Nyal to supervise SOH activities there and to Juba to attend national cluster meetings. He will stay in close contact with the authorities in Nyal and keep them informed about any progress and activity we plan. The project coordinator keeps the national health cluster informed about our activities in Nyal. This information will be spread among other actors that work in the field of health in Unity State and helps to avoid duplication of activities. SOH has collaborated with MSF, IRC and Oxfam in order to coordinate activities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

1-The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

Strengthening of ante natal care; Immunization for pregnant and lactating women, EPI (vaccine preventable diseases) for U5s ; Nutrition for malnourished children; health education with special focus on pregnant and lactating women and mothers of children under 5 years old

Protection Mainstreaming

Country Specific Information

Safety and Security

Access

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Expatriate Medical Coordinator (Medical Doctor)	D	1	4,500.00	6	30%	8,100.00
	<i>Expatriate responsible for managing and supervising SoH PHCC clinical services/primary healthcare programme.</i>						
1.2	Expatriate Clinical Officer	D	1	2,798.00	6	100%	16,788.00
	<i>Expatriate Clinical Officer - responsible for conducting and supervising OPD, IPD, Maternity, TB and HIV services. Unit cost includes monthly; Gross salary, food allowance and R&R costs.</i>						
1.3	Expatriate Senior Midwife	D	1	1,906.00	6	100%	11,436.00
	<i>Expatriate Senior Midwife, responsible for implementing maternal health services at Nyal PHCC. Unit cost includes monthly; gross salary, food allowance and R&R costs.</i>						
1.4	PHCC Administrator	D	1	1,170.00	6	100%	7,020.00
	<i>PHCC Administrator - responsible for management of HR, Finance, Logistics/Inventory, Management & Administration. Unit cost includes monthly; basic salary, SSF & National Income Tax.</i>						
1.5	Camp Supervisor - PHCC/Administration, Logistics, Stores & Residence	D	1	819.00	6	100%	4,914.00
	<i>Camp Supervisor/Deputy Administrator - responsible for logistics, procurement, security, HR. Unit cost includes monthly; basic salary, SSF & National Income Tax.</i>						
1.6	Senior Nurse	D	1	819.00	6	100%	4,914.00
	<i>Senior Nurse - Responsible for supervision of CHWs in OPD and IPD departments. Unit cost includes monthly; basic salary, SSF & National Income Tax.</i>						

1.7	Community Health Worker (CHW)	D	5	333.45	6	100%	10,003.50
	<i>CHW - Responsible for OPD, IDP and dispensary work. Unit cost includes monthly; basic salary, SSF & National Income Tax.</i>						
1.8	Junior CHW- Responsible for OPD, IDP and dispensary work. Unit cost includes monthly; basic salary, SSF & National Income Tax.	D	1	321.75	6	100%	1,930.50
	<i>Junior CHW- Responsible for OPD, IDP and dispensary work. Unit cost includes monthly; basic salary, SSF & National Income Tax.</i>						
1.9	Traditional Birth Attendant (TBA)	D	3	152.10	6	100%	2,737.80
	<i>TBA. Responsible for implementation of maternal health services, under supervision of Expatriate Senior Midwife. Unit cost includes monthly; basic salary, SSF & National Income Tax.</i>						
1.10	Cleaner	D	3	187.20	6	100%	3,369.60
	<i>Responsible for cleaning IPD Wards, Delivery Room, OPD, Pharmacy, Laboratory and disposal of medical waste. Unit cost includes monthly; basic salary, SSF & National Income Tax.</i>						
1.11	Guard	D	4	163.80	6	100%	3,931.20
	<i>Responsible for vetting entry to PHCC during daytime hours, responsible for security during night and daytime hours, including protection of consumables and assets. Unit cost includes monthly; basic salary, SSF & National Income Tax.</i>						
1.12	Driver	D	1	327.60	6	100%	1,965.60
	<i>Responsible for driving SoH vehicle/PHCC ambulance. Unit cost includes monthly; basic salary, SSF & National Income Tax.</i>						
	Section Total						77,110.20
Supplies, Commodities, Materials							
2.1	PHCC Drugs, Medical Consumables and Lab Supplies for OPD, IPD and Maternity Services.	D	1	38,000.00	1	100%	38,000.00
	<i>Drugs, Medical Consumables and Lab Supplies to be procured from Kenya from pre-qualified suppliers including- MEDS (WHO Pre-Qualified Pharmaceutical Lab). Cost based on previous experience (6 yrs-financial records and consumptions sheets) and requisition prepared by Medical Team in Nyal.</i>						
2.2	Transportation of Items from Nairobi - Rumbek by Road	D	1	15,000.00	1	100%	15,000.00
	<i>40FT Truck, capacity of 26 tonnes - Horn of Africa Transporters Nbi - Rumbek.</i>						
2.3	Transportation of Items from Rumbek - Nyal by Air	D	1	15,000.00	1	100%	15,000.00
	<i>Four 1 tonne Flights (USD 3,750 x 4 - Ladylori).</i>						
	Section Total						68,000.00
Equipment							
3.1	Solar System	D	1	14,901.48	1	100%	14,901.48
	<i>BBM - Austria Supplied Solar System for Logistics, Admin and Residence for electrical supply for VSAT, computers, residence lighting. Unit cost includes equipments, installation and transportation costs.</i>						
3.2	Replacement of Clinic Equipment/Fixed Assets	D	1	5,000.00	1	100%	5,000.00
	<i>Replacement of looted/damaged clinic equipment/fixes such as mattresses for IPD wards. Unit cost based on previous experience, taking into consideration current market rates.</i>						
3.3	IEC Health Promotion/Education Materials	D	1	1,000.00	1	100%	1,000.00
	<i>Printing of approx 140 IEC Health Promotion T-shirts @ 7 USD per unit. Based on previous experienced, taking into consideration current market rates.</i>						
	Section Total						20,901.48
Contractual Services							
4.1	External Facilitation of Training of Local Staff	D	1	7,000.00	1	100%	7,000.00
	<i>1- week training of 10 Healthcare workers in Emergency Response Healthcare and Maternal and Child Health. Unit cost based on cost estimate provided by the Training Consultant - MEDS.</i>						
	Section Total						7,000.00
Travel							
5.1	Travel for Project Coordinator	D	2	750.00	1	100%	1,500.00

	2 trips to Nyal from Nairobi via Juba for monitoring, supervision and evaluation purposes. USD 750 per trip include flights and transit incidental costs - food, accommodation, local travel.						
5.2	Travel for Medical Coordinator	D	3	500.00	1	100%	1,500.00
	3 trips Juba/Rumbek - Nyal for technical supervision and implementation purposes. USD 500 per trip includes flights and daily incidental costs - food, accommodation, local travel.						
	Section Total						3,000.00
Transfers and Grants to Counterparts							
6.1	Running Cost PHCC	D	1	2,000.00	1	100%	2,000.00
	General operation and maintenance costs - e.g staff raincoats, gumboots, cleaning items, replacement of looted mosquito nets. Unit cost based on previous experience. (FY budget vs actual reports)						
	Section Total						2,000.00
General Operating and Other Direct Costs							
7.1	Communication Costs (VSAT and Thuraya)	D	1	666.67	6	100%	4,000.02
	Monthly VSAT Subscription costs and Thuraya telecom costs.						
7.2	Vehicle Running Costs (Fuel & Maintenance)	D	1	666.67	6	100%	4,000.02
	Monthly average vehicle fuel & maintenance cost of USD 666.7 per month, based on previous experience.						
7.3	Computer Hardware	D	1	1,000.00	1	100%	1,000.00
	New computer and printer/copier for Administration Office. (Replacement of old machines)						
7.4	Computer Software	D	1	500.00	1	100%	500.00
	Microsoft Office and Windows 8 for Administration, Logistics and Healthcare Records computers.						
	Section Total						9,500.04
SubTotal			40.00				187,511.72
Direct							187,511.72
Support							
PSC Cost							
PSC Cost Percent							7%
PSC Amount							12,488.28
Total Cost							200,000.00
Total Audit Cost							2,000.00
Grand Total CHF Cost							202,000.00
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						
Documents							
Category Name				Document Description			
Project Supporting Documents				Beneficiary Target Projections.xlsx			