

Project Proposal

Organization	Nile Hope (Nile Hope)					
Project Title	Provision of emergency and gender-sensitive high-impact health services in hard-to-reach, underserved and conflict affected IDPs and vulnerable communities in Akobo, Pigi and Fangak counties of Jonglei state, and Leer county in Unity state					
Fund Code	SSD-15/SA1/H/NGO/341					
Primary Cluster	HEALTH	Secondary Cluster	None			
Project Allocation	1st Round Standard Allocation	Allocation Category Type				
Project budget in US\$	200,000.36	Planned project duration	5 months			
Planned Start Date	01/02/2015	Planned End Date	30/06/2015			
OPS Details	OPS Code	SSD-15/H/72953	OPS Budget	0.00		
	OPS Project Ranking		OPS Gender Marker			
Project Summary	<p>Leer, Pigi, Akobo and Fangak are most extremely affected by this brunt of violence. Women, Girl, Boys and Men in these counties are the most vulnerable to food insecurity, malnutrition and disease. Active hostilities and insecurity is constraining people to move freely to more secure place area or accessing assistance. This is more seen in the recent past week in Pigi due to different communities' involvement in the battle line and physical barrier of river Nile. There is wide spread report of women and girls being rape and other forms of violence under the hand of armed men. In absence of livelihood opportunities, many boys are encouraged and even other forced to join armed groups. Report from communities living in these locations indicates that several families have been separated, with children and elderly left to fend for themselves. Basic infrastructures including health facilities are limited and the war have completely destroyed the few existing one. Women, Girls, Boys and men are forced to seek traditional ways of treatment. Women and Girls who are exposed to any kind of gender base violence do not get special services including psychosocial support or treatment in case of rape. RH services in this conflict affected counties are nearly nonexistence. Men and Boys from the battle field are exposed to traumatizing thus requiring psychological support. Immunization coverage is very low in these counties thus predisposing Boys and girls to outbreaks diseases. Men and women with disability lack special service. However, Nile Hope through this project will support the existing health facilities and also set up mobile clinic that will provide health services to women, Girls, boys and men who are in need of health services including women and men with disabilities. Special services will be provided to targeted highly vulnerable people including clinical management of rape, HIV services in emergencies and psychosocial support to traumatized affected women and Men.</p>					
Direct beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	19640	22615	9087	9087	60,429
	Total beneficiaries include the following:					
	People in Host Communities	13748	15830	6361	6361	42300
	Internally Displaced People	5892	6785	2726	2726	18129
Indirect Beneficiaries	Catchment Population					
Link with the Allocation Strategy	<p>Nile Hope health project is meant to saving lives and alleviating suffering through provision of quality emergency and timely health services to the affected population of Akobo, Pigi, Leer and Fangak counties. The project is meant to reach the most vulnerable people including IDPs and other targeted highly vulnerable people in the community including HIV/AIDS people, people with mental problem and rape survivors. Since the conflict erupted in south Sudan, it has been marked by brutal violence against civilian and deepening suffering across the country. Despite ongoing peace negotiations, the fighting continues unabated. The crisis has been characterized by widespread displacement caused by violence; high rates of deaths, disease and injuries; severe food insecurity and disrupted livelihoods and Market and Major Malnutrition. In addition, health facilities in these mention counties were neither spared, some of the facilities in Pigi and Leer were looted and other completely destroyed. This has added community suffering since their do not get enough health services in an already poor health infrastructure even before conflict eruption. Through this project the affected community both IDPs and the local communities will have access to emergency health services including Obstetric health care. Nile Hope will make sure through the support of CHF, Emergency curative services, ANC, delivery services and health education is provided in the both static facilities and Temporary one(Mobile clinic), in order to save the lives of people and reduce deaths. Nile hope using it personnel will strengthen the existing system to prevent, detect and respond to disease outbreak; this will be through provision of immunization services to children of affected communities, Training the existing health staff on outbreak surveillance and emergency respond in order to investigate and respond to disease outbreak. Akobo is among the counties in south Sudan commonly prone with outbreak especially Measles and Kala-azar thus enhancing the staffs capacity on Emergency prepared & Respond will really increase the capacity of the organization to respond timely. With the current conflict still continuing with recent SPLA capturing of Pigi and Fangak from the opposition, they is higher probability of gender base violence including rape in the affected communities thus increasing the need to provide equality services including clinical treatment of rape and psychosocial support. Nile Hope will improve the capacity of local staffs in these affected counties in order to provide even additional emergency services that were initially not provided in the health facilities. Mobile clinic services will be set up in order to move with community in case of any displacement from the current population area.</p>					
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)					
Organization focal point contact details	Name	Title	Phone	Email		
	Getachew Ghazaghen	Health Advisor	0928747787	getchadua@yahoo.com		
	David Tolu Lemiso	Health Coordinator	0914377402	tolulemiso@yahoo.com		
BACKGROUND INFORMATION						
1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	<p>The humanitarian situation is south Sudan is horrible and unpredictable. The conflict that started on December 15th 2013 in Juba, involving arm factions groups of SPLA then eventually spread to the other state including Jonglei, Upper Nile and Unity sate, have lead to Mass displacement of women, men, boys and Girls within the country and other fleeing to neighbouring countries. According to OCHA bulletin report 64, it's estimated that More than 1.9 million being displace internally and more than 834,000 million fleeing to neighbouring countries including Ethiopia, Uganda and Kenya. Pigi, Leer, Akobo, Fangak are most underserved counties and the most affected counties in both Jonglei and Unity state. The current conflict has cause a major public health crisis by plunging an already weak health infrastructure deeper into crisis. Since the violence erupted, already severely insufficient primary health care services have been extensively disrupted in these four counties. As of July 2014 according to October OCHA report only 41 percent of health facilities in unity state were functioning compared to 57% in upper Nile and 68 percent in Jonglei state. This hampers preventive health care –including vaccination campaign, malnutrition screening, and Antenatal care-and reduces healthcare ability to monitor outbreaks. For example, routine vaccinations have nearly ceased in these four counties especially Pigi County and Leer counties were arm faction have been exchanging hand since the start of the 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 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 exposed to communicable and water borne diseases. Outbreaks of Kala-azar in Akobo west have affected the health care system, were the staff are seeing 7-13 new admission everyday thus overstretching the existing staff capacity in the PHCC. The rise of incidence of these disease is due to movement of people and lack of enough protective supplies like LLITNs. Women and girls in this remotely counties lack Reproductive health services thus posing a major health risks. Men and Boys in these conflict affected counties forcefully conscripted into armed groups, or killed in the fighting thus living their family with nobody to cater to their basic needs. Report shows that sexual and gender base violence and exploitation has increased since the start of crisis. The lack of appropriate health services for these survivors is a major gap, especially in these remotely counties. 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 condition such as HIV/AIDS has broken down. OCHA report indicate that 1.5 are suspected to be food insecure between October – December and the situation is expected to deteriorate further in the first quarter of 2015, with 2.5 million people facing severe food insecurity between January and march. The number is expected to rise further before the harvest season for 2015. The health situation in these counties will continue to deteriorate in 2015 unless the security situation improve to allow health workers to resume works and organization rebuild their presence back in these most affected counties. Even if services are restored, the current crisis will have long term impact, including given the consequences of incomplete vaccination coverage and stunted growth among children due to malnutrition.</p>					
2. Needs assessment. Explain the specific needs of the target group(s).	<p>South Sudan has one of the worst health indicators in the world, following the conflict that broke out in December 15th/2013. According to the UNOCHA Situation Report 65, 1.91 Million civilians are displace within the country. Leer, Akobo, Pigi/Canal and Fangak are experiencing worst humanitarian challenges since are</p>					

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)

among the worst hit counties in greater upper Nile region. Continued conflict has exacerbated the already difficult humanitarian situation to worst. Akobo County remains grim, According to the report from RRM March 22-April 3/2014; there are approximately 18,000 IDPs who fled from Bor, Malakal and adjacent counties. In Akobo West over 45,000 IDPs are settled within the community in walgak town and it outskirts, the high influx of IDPs to the county has increased the population density and demand to the existing weak health systems, Nile Hope is responding to kala-azar outbreak where by over 648 cases are admitted so far. This has overburdened the existing health workforce. Reproductive health services are low in the county with higher increase in IDPs, Women and Girls do not get the right quality of services. Immunization services were disrupted; boys and Girls are prone to Public health disease. Nile Hope being the led NGO in the county, will intensify its campaign on targeted preventive and awareness creating activities to IDPs who migrated from Kala-azar free areas to Walgak, This approach is of paramount importance to avert the public health impacts of the outbreak with a focus to the most vulnerable groups. Pigi County is one of the county in Jonglei that is severely hit by the conflict, Joint IRNA Pigi-Canal 19-22/7/2014, showed that GAM among under-five children (Boys and Girls) to be 48.1% which predisposes children to infections and opportunistic diseases. The situation in Pigi needs urgent Health and Nutrition response. An RRM report in Kaldak August 06-14/2014 showed that communicable diseases, Malaria, diarrheal diseases and RTI are the leading health problems which account for half of the total cases. Following the eminent fighting in Pigi County, local community Mostly Women, Boys and Girls have run to different part in the county more especially to Korwach and Atar, Other have run to Old Fangak. Services especially health services are completely brought down. Women and Old girls are not in position to get any reproductive health services, Men on the other hand lack treatment in case of being wounded on frontline. In this makeshift camp like korwach and part of Atar, boys and Girls are at higher risk of disease since no immunization services is on-going. Fangak on the other hand which was relative calm since the outbreak of the currently conflict was hosting 46000IDPs until one month ago when it started experiencing heavy fighting more especially in New fangak area. Communities have run to different village like Wechmoun and Wechkuernyang were no basic services including health services are currently in the area. RRM Report July 28-August 8th/2014 showed that there is a rise in prevalence of major health problems among which acute respiratory infections /ARI/, skin infections, Malaria and Diarrheal diseases are the leading causes of morbidity. The prime victims of the health and nutrition related problems are the most vulnerable group especially women, boys, Girls of IDPs and the host community. Nile Hope intends to rapidly scale up access to quality emergency health services including BEmONC in the selected underserved areas by focusing on enhancing the provision of emergency medical and surgical services, immunization of children(boys and girls), providing women friendly RH services as well as improving access to emergency obstetric care for pregnant mothers. Working closely with Protection department within Nile Hope a one-stop management of and referral of GBV survivors will be introduced and scaled up in all the mention counties.

3. Description Of Beneficiaries

Nile Hope being a local organization working in Greater Upper Nile has built good relationship with the local communities in its counties of operations. Nile Hope being the lead urgency in health in Akobo, Leer and Pigi in provision of primary health care to women, Men, Boys and Girls of Host communities and also IDPs will continue to provide emergency health services to women, Men, boys and Girls who are affected by conflict. However, being the lead urgency of a county, it's an organization responsibility to make sure the entire population (Women, Men, Girls and Boys) are provided with essential services including people with disabilities and minorities. However, the emergency health services will mostly target people who are highly vulnerable and have been identified using the local mechanism; VHC, Community leader including women leader, and the local authorities in the counties. The targeted beneficiary is the collection of data's from our health facilities in addition 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 overburden by home activities. Through this emergency health provision Nile Hope have planned to target 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 < 5 years targeted in this project is a projection using the current data in the health facilities and suspected health trend in the year 2015. The minority and people with disabilities are also in-cooperated in this project since are also very vulnerable in the community. Men on the other hand are subjected to injuries, trauma both physical and mental and diseases. The identified men through health facilities data and 2015 health needs will be also benefit with this emergency health services.

4. Grant Request Justification.

Nile Hope plays a major role in emergency preparedness and Response in Akobo, Leer and Canal(Pigi) counties thus providing live-saving services to IDPs, Returnees, Women, Boys and girls, men, elderly and disable population. We provide emergency health services to aforementioned underserved Boys, Girls, Women and Men to prevent morbidity and mortality rate caused by common preventable disease. It's quite important to continue providing emergency preparedness and response activities to reduce and mitigate the impact of humanitarian emergencies on the women, boys, girls and Men of IDPs, and vulnerable host community mention areas. The impact of health emergencies are much felt if no preparedness and response measure is put in place. Adequate preparedness and response measure is quite importance through training health staff (Male and female) on communicable disease in emergencies, emergency obstetrical care, standard operation measure and basic trauma and surgical intervention in places with mass casualties thus ensuring appropriate response and timely surge capacity in collaboration with specialize partners. We have the necessary physical infrastructure at all levels including a dedicated emergency Health field staff that will support this intervention. We have strong administrative structure to oversee the implementation, coordination, monitoring and reporting to ensure accountability and transparency. Nile hope being the local organization in south Sudan, have been operating in greater Upper Nile region(Jonglei, Unity and Upper Nile state) for the last eight years and have verse experience of implementation of activities in these region. Currently, Nile Hope is the lead agency in Akobo, Pigi and Leer in provision of primary health care services, also implementing emergency health project in Fangak courtesy of support from IOM/RRF in collaboration with CMA, the lead agency in implementation of CHD supported health program which is developmental, will continue to support MoH which has limited capacity in provision of emergency primary health care intervention. These will include continuing to support the existing HF's to provide emergency health services since currently the facilities are overburden with the influx of IDPs in addition to the vulnerable host community. Nile hope will support it 25 health facilities; 5 in Leer county(Thonyor phcc, Adok, Plieny Dindin and Padeah PHCU), its 13 HF's in Akobo(Walgak, Thokiel and Kaikuiny PHCC, Thokwaath, Mer, Dilule, Old Akobo, Mer, Burmath, Diror, Bouny, Kony and Tangyang PHCUs) and 7 Facilities in Pigi(Khorfulus PHCC, Canal PHCC, Mareng PHCU, Atar PHCU, Wunkir PHCU and Chue PHCU). However in addition to being lead agency, Nile Hope has its headquarter in Akobo and field office in the other three counties. The organization has approximately 265 local staffs in Akobo, 108 in Pigi, 32 in Pigi and 51 in Leer County. However, apart from being lead agency in health in Akobo, Pigi and Leer, Nile hope also do provide other services from other sector like; Wash, Nutrition, Food security and livelihood and Education services. Moreover, the organization currently is providing reproductive health services in Akobo both west and east were we have been mobilizing women to come and seeks this services mostly targeting affected population including IDPs and the vulnerable communities. We are also in planned to provide this services to other counties that we are supporting health services in order to provide the vital needed service by women and young girls. Despite Nile Hope being a local organization, all department including health is lead by specialize staffs. The Health facilities are all runs by qualified staff i.e Clinical officers in PHCCs and also the organization have qualified staffs from Finance department who can be able to handle financial management involving internal control and chanel of disbursement of fund

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

This emergency health project is meant to increase availability of emergency health services in Leer, Akobo, Pigi and Fangak counties of both Unity and Jonglei states. Nile Hope being the lead agency in these counties except Fangak in providing basic services of health care, will wish to strengthened and continue providing emergency health services to the needy communities who are in dire need of this services. The health project is not designed differently from the previous emergency project, it meant to continue providing the same services but with increase of the target beneficiaries due the on-going conflict which have increase the need of the people in the communities.

LOGICAL FRAMEWORK

Overall project objective

The project is meant to save the lives and prevent morbidity and mortality of targeted vulnerable Groups, reaching 15830 women, 6361 girls, 6361 boys and 13748 men including IDPs in Akobo, Pigi and Fangak Counties of Jonglei state and Leer County of Unity state through provision of quality emergency Primary Health Services and strengthening preparedness to respond to health related emergencies by end of June 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	50
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	25
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	25

Outcome 1	Reduce morbidity and mortality rate for women, Men, Boys and Girls of vulnerable hosts communities and IDPs thus improving their lives and increase their productivity	
Code	Description	Assumptions & Risks
Output 1.1	Essential curative health services provided to 39279 men, 45231 women, 18173 boys and 18913 girls in Akobo, Pigi, Leer and Fangak counties	security situation is safe to provide health services, community willing to bring the sick to the HF's, Drugs are available in the HF's and Health staffs willing to provide health services to the affected communities

Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	39279	40881	10555	10985	101700
Means of Verification:		<ul style="list-style-type: none"> Monthly Report Patient register 					

		• Quarterly reports								
Indicator 1.1.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states						10985	10555	21540
	Means of Verification:	<ul style="list-style-type: none"> • Monthly Report • Patient register • Quarterly reports 								

Activities

Activity 1.1.1	Provide emergency curative health services including management of minor surgical/trauma and Kala-azar to 39279 men, 45231 women, boys 18173 and 18913 girls through continuing supporting the MOH/Partner facilities and set up mobile center in area of health emergencies in Akobo, Leer, Pigi and Fangak counties
Activity 1.1.2	Support to 25 HF(3 PHCC and 10 PHCU in Akobo, 2PHCC and 5 PHCU in Pigi, 1PHCC and 4 PHCU in Leer and additional 2 Mobile clinic one in Fangak – WechMuon and One in Kamel in Pigi county) in order to provide emergency and essential curative services to patient
Activity 1.1.3	Procure and pre-position emergency drugs before rainy season to prevent stock out/ Rapture of drugs in the health facilities

Output 1.2	4950 Mother reached with reproductive health services including ANC, deliveries, FP and treatment of STDs in Akobo, Pigi, Leer and Fangak counties	Reproductive health supplies available and proposition, Women willing to come for RH services, Qualified health available to provide RH services
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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					80
	Means of Verification:	<ul style="list-style-type: none"> • Monthly Report • Delivery register • Quarterly reports 					
Indicator 1.2.2	HEALTH	# of ANC attendance					3450
	Means of Verification:	<ul style="list-style-type: none"> • Monthly Report • ANC register • Quarterly reports 					

Activities

Activity 1.2.1	Provide Antenatal services to 3450 mother including provision of TT, IPT and Deworming
Activity 1.2.2	Provide safe delivery service to 80% mother who have been attending ANC services in the Health facilities
Activity 1.2.3	Provide clean delivery kits to mother that are in their third trimester to deliver safely

Outcome 2	Knowledge and Skilled enhanced for the existing system to prevent, detect and respond to disease outbreaks
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Code	Description	Assumptions & Risks
Output 2.1	A total of 15546 children under five (7928 girls and 7618 boys) provided with vaccination antigen including measles vaccine in the health facilities in Akobo, Pigi, Fangak and Leer	Vaccine and immunization accessory available, Mother willing to bring children for immunization

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			3806	3962	7768
	Means of Verification:	<ul style="list-style-type: none"> • Immunization register • Monthly report 					
Indicator 2.1.2	HEALTH	# of children provided with de-worming tablets					15536
	Means of Verification:	<ul style="list-style-type: none"> • Immunization register • Monthly report 					

Activities

Activity 2.1.1	Provide immunization services to Boys and Girls under the age of five years reaching 15546(7928 girls and 7618 boys) in order to boost their immunity against public health health preventable disease
Activity 2.1.2	Provide de-worming services to 7618 Boys and 7928 Girls under the age of Five during campaign and daily curative services provision, to reduce worm manifestation and improve their health

Output 2.2	Emergency preparedness and respond mechanism established in Akobo, Pigi, Fangak, and Leer counties	Staff willing to be train on EPR, Security favorable
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	HEALTH	# of health staff trained on outbreaks and respond					78
	Means of Verification:	<ul style="list-style-type: none"> • Training report • Attendance sheet • Training photos 					

Indicator 2.2.2	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours								90
Means of Verification:		<ul style="list-style-type: none"> Assessment report HFs reports 								

Activities

Activity 2.2.1	Train 78(38male and 38 female) medical staffs on how to carry out outbreak surveillance and emergency response									
Activity 2.2.2	Conduct investigation and respond to disease outbreak using the staff train on emergency preparedness and response									
Activity 2.2.3	Conduct targeted health education and promotion messages before and during the disease outbreaks									

Outcome 3	Improved availability, access and demand for services targeting highly vulnerable people in Akobo, Pigi, Fangak and Leer counties									
Code	Description	Assumptions & Risks								
Output 3.1	6 health facilities established and equipped to provide GBV, HIV and community based mental health and psycho social support affected communities including IDPs and the host communities					Affected person willing to come and seek services, 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 3.1.1	HEALTH	[Frontline services] # of health facilities providing basic package of GBV services in IDP setting					6
Means of Verification:		<ul style="list-style-type: none"> Monthly Report Quarterly reports CHD report 					
Indicator 3.1.2	HEALTH	Number of health personnel trained in community based mental health and psycho-social support					48
Means of Verification:		<ul style="list-style-type: none"> Training report Photos for training Attendance sheet 					

Activities

Activity 3.1.1	Provide support to 6 health facilities to provide clinical management of rape in Akobo, Pigi and Leer counties									
Activity 3.1.2	Equip 6 health facilities in Akobo, Leer and Pigi to provide comprehensive HIV/AIDs services including VCT services, HIV/AIDs awareness and provision of HIV/AIDs prophylactic in Leer, Akobo and Pigi counties									
Activity 3.1.3	Training health personnel in community based mental health and psychosocial support in Akobo, Pigi and Leer counties									
Activity 3.1.4	Monitoring, Reporting and Evaluation of the project to confirm and measure 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 services including management of minor surgical/trauma and Kala-azar to 39279 men,	2015		X	X	X	X	X						

Environmental Marker Code	
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 marker 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 is limited since the conflict started and it suspected to be worse in the year 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. 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 implantation 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. In addition, the gender parity in this project will be reflected in staffing and during treatment of patient in the health facilities.
Safety and Security	Akobo and Leer counties 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. Fangak and Pigi on the other hand are slight tense with sporadic fighting mostly in the last one month. The two counties 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 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 usually 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 un-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 four 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 in large number. Through this project, Nile Hope continue using human as mean of transport to where, Boat, vehicle and plane can't reach in order reach those community that remotely located 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 Pigi, Fangak and Akobo. 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 Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
1.1	Health Coordinator	D	1	5000	5	50.00%	12,500.00	6,250.00	6,250.00	12,500.00
	1 Health Coordinator at \$5000 per month for period of 5 months charging 60% to CHF He/she 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									
1.2	Assistant Health Coordinator	D	1	2000	5	85.00%	8,500.00	4,250.00	4,250.00	8,500.00
	1 Assistant Health Coordinator at \$2000 per month for period of 5 months charging 90% 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.									
1.3	Health supervisor Leer	D	1	2000	5	30.00%	3,000.00	1,500.00	1,500.00	3,000.00
	1 Health Supervisor Leer at \$2000 per month for period of 5 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									
1.4	Clinical officer	D	3	1000	5	40.00%	6,000.00	3,000.00	3,000.00	6,000.00
	3 Clinical Officers at \$1000 per month for period of 5 months charging 40% to CHF Provide medical consultation to all in-and outpatients according to NH protocols. Apply medical knowledge and skills to diagnosis and prevention (helped by clinical examination, laboratory results and exams available).									
1.5	Nurses	D	4	800	5	40.00%	6,400.00	3,200.00	3,200.00	6,400.00
	4 Nurses at \$800 per month for period of 5 months charging 50% to CHF									
1.6	Midwives	D	4	800	5	40.00%	6,400.00	3,200.00	3,200.00	6,400.00
	4 Midwives at \$800 per month for period of 5 months charging 40% to CHF Implementation of all components of the reproductive health policy in the health facilities. Is responsible for all obstetrical activities (carry out pre-conceptual care, antenatal care, labour and delivery, post-partum care, neonatal care)									
1.7	CHW mobile clinic Fangak	D	2	300	5	100.00%	3,000.00	1,500.00	1,500.00	3,000.00
	2 CHW at \$ 300 per month for a period of 5 months charging 100% to CHF To provide consultation services in the mobile clinics									
1.8	Vaccinators	D	2	250	5	100.00%	2,500.00	1,250.00	1,250.00	2,500.00
	2 Vaccinators at \$250 per month for period of 5 months charging 100% to CHF Location: 2 in Fangak health facilities Children vaccination and offering health education on importance of immunization will be their main work in the Mobile Clinics									
1.9	MCHW	D	2	250	5	100.00%	2,500.00	1,250.00	1,250.00	2,500.00
	2 MCHW @ \$ 250 per month for period of 5 months charging 100% to CHF She will be responsible in providing reproductive health services in mobile clinic									
1.10	Mobile Clinic Supervisor- Fangak	D	1	800	5	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
	He/ She will be in charge of supervising clinics , reporting and building the capacity of mobile clinic staff in relation to matters of health services.									
1.11	Executive Director	D	1	6500	5	13.00%	4,225.00	2,112.50	2,112.50	4,225.00
	1 Executive Director @\$6500 per months for 5 months ,15% charged to CHF activities Locations:Juba. He/She will be oversee the organization policies ,top management,administrative and partners and donors coordination and meetings.He/she will have travel to the field for program monitoring and encourage the team									
1.12	Program coordinator	D	1	5000	5	14.00%	3,500.00	1,750.00	1,750.00	3,500.00
	1 Programme Coordinator @ \$5000 per month for 5 months , 15% charged to CHF activities Location: Juba. He/she will support the health team in monitoring and evaluation									
1.13	Health Advisor	D	1	6000	5	28.00%	8,400.00	4,200.00	4,200.00	8,400.00
	1 Health Advisor @\$6000 per months for 5 months ,35% 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 in attending Cluster Meeting and working closely with MoH.									

1.14	Finance Manager	D	1	5000	5	14.00%	3,500.00	1,750.00	1,750.00	3,500.00
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										
1.15	Field Accountants	D	3	2000	5	15.00%	4,500.00	2,250.00	2,250.00	4,500.00
3 Field accountants each @\$2000 per month for 5 months,20% charged on CHF locations:1 in Akobo,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										
1.16	Support Staff	D	4	200	5	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
6 Field support staff each@\$300 per month for 6 months ,100% charged to CHF Locations: 2 in Akobo,1 in Pigi,,1 in Fangak,2 in Leer										
1.17	Grants Manager	D	1	5000	5	14.00%	3,500.00	1,750.00	1,750.00	3,500.00
1 Grant Manager @\$5000 per month for 5 months ,14% 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.										
1.18	Assistant Logistic Officer- Juba	D	1	700	5	40.00%	1,400.00	700.00	700.00	1,400.00
Assistant Logistic @\$700 per month for 5 months,40% charged to CHF Locations: Juba and is responsible for the movement of human and materials in and out of Juba.										
1.19	Jonglei State Coordinator	D	1	2000	5	20.00%	2,000.00	1,000.00	1,000.00	2,000.00
State Coordinator State Coordinator Logistic @\$ 2000 per month for 6 months,20% charged to CHF Location : Juba with frequent travel in the field.Develop and Strengthen monitoring, inspection and evaluation procedures. Monitor all project activities, expenditures and progress toward achieving the project output										
1.20	Dispensars	D	2	250	5	100.00%	2,500.00	1,250.00	1,250.00	2,500.00
2 Dispensars @\$ 250 per month for 5 months , 100% charged to CHF Location: Pigi, Leer. Will be responsible in dispensing the prescribed drugs from the CHW in the mobile clinic										
Section Total							92,325.00	46,162.50	46,162.50	92,325.00

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	
								Q1	Q2		
2.1	Rehabilitation of Health Facilities including Sanitary Facilities	D	3	1500	1	100.00%	4,500.00	2,250.00		2,250.00	4,500.00
Rehabilitation of 3 Health facilities in Pigi Canal PHCC, Walgak PHCC and Thonyor, Alela.),Repairs of 10 looted doors @ \$ 200, Repairs of 20 Windows @ \$ 50, Digging of 20 Pit Latrines @ \$ 200, Latrine Super Structure 20 Pcs @ \$ 400											
2.2	Procurement of emergency Drugs(Leer, Pigi, Akobo, Fangak)	D	4	3000	1	100.00%	12,000.00	6,000.00		6,000.00	12,000.00
Due to rapture of drugs in the health facilities, due to delay from MoH to deliver the drugs to health facilities, Nile Hope will procure and preposition emergency drugs to its health facilities in order not to interrupt health service delivery. The drugs will be bought for all the four counties where Nile Hope is operating. Purchase of Acetylsalicylic Acid (ASPIRIN, ASA) 500 mg/1000 tabs @ \$ 3, Amodiaquine 153 mg/ Artesunate 50mg/24 (blister packs) @ \$ 65, Atropine 1mg/mL 1 ml Amp. (100) @ \$2, Amoxicillin 250 mg/1000 Packs @ \$ 15, Adrenaline 1mg/ml 1ml Amp. (100 amp) @ \$ 1, Albendazole 400mg tabs/500 tabs @ \$ 28, Ampicillin 500 mg/100 vials @ \$ 6.50, Azithromycin 500mg @ \$ 31.40 , Benzathin penicillin 2.4Mu 50 vials @ \$ 0.50, Benzyl penicillin 600mg(1MU)/100 vials @ \$ 0.10, Calamine lotion 100 mLs @ \$ 12, Ceftriaxone powder 1g1 vials @ \$ 0.55, Cotrimoxazole (480 mg)/1000 @ \$ 8, Cotrimoxazole junior (120 mg)/1000 @ \$ 5, Codeine 30mg/100 tabs @ \$ 6.95, Cotrimoxazole susp(5 ml) @ \$ 10.16, Clotrimazole 100 mg vaginal tab @ \$ 62, Cloxacillin 500mg/50 vials @ \$ 35, Cloxacillin 250mg/100 caps @ 17.85, Chlorpheniramine 4mg/1000 tabs @ \$ 0.770, Chlorphenicol 250mg 1000 caps @ \$ 20.35, Chlorphenicol 1g powder for inj 50 vials @ \$1, Chlorphenicol 125mg/5mLs/100 ml susp. @ \$ 0.50, Ciprofloxacin 500mg/100 tabs @ \$ 2.67, Doxycycline 100mg/1000 caps @ \$ 11.20, Diazepam 5mg/mL 2 ml Amp (100) @ \$ 0.50, Diclofenac sodium 50mg/1000 tabs @ \$ 3.50, Erythromycin 500mg/1000 tabs @ \$ 7.70, Gentamycin 40mg/ml 2 mL 100 Amps @ \$ 12.80, Metronidazole 200mg/5mLsusp. @ \$ 0.36, metronidazole 5mg/ml(100ML) IV @ \$ 0.25, Griseofulvin 500mg/100 tabs @ \$ 7.0, Nystatin oral 500.000IU tab/100 tabs @ \$ 20, Nystatin susp @ \$ 12, Quinine 300mg/ML/100 2ml Amp. @ \$ 1.50, Quinine 300mg tabs/1000 tabs @ \$ 61.20, Coartem24 blister packs @ \$ 2.00, Clotrimazole creame 1% creame 24g @ \$ 1.00, Salbutamol 4mg tabs/1000 tabs @ \$ 3, Salbutamol inhaler 200 doses @ \$ 13.00, Salbutamol inhaler 200 doses @ \$ 24, 50% Dextrose IV @ \$ 3, 5% Dextrose IV @ \$ 3, Normal saline IV @ \$ 3, Ringer's lactate IV @ \$ 3, water for injection 10 ml vial 100 vials @ \$ 3.50, Hydrocortisone 1% ointement @ \$ 3, Zinc oxide 200mg ointement @ \$ 5, Chlorhexidine/cetrimide 1.5/15% 1 L @ \$ 18, Promethazine 25mg/ml/100 2ml Amp. @ \$ 10, Promethazine 25mg 1000 tabs @ \$ 5, oxytocin 10iu/ML/100 Amps @ \$ 30, Ergometrine 200mcg/10 Amp @ \$ 3, Aminophylline 25mg/ml/10 (10 ml Amp) @ \$ 1, Fansidar (Sulfadoxine + Pyrimethamine) 100 tabs @ \$ 5.50, prednisolone 5mg/1000 tabs @ \$ 10.50, Phenobarbitone 30mg/1000 tabs @ \$ 7.50, Ferrous Sulphate 200mg 1000 @ \$ 6, Folic acid 0.25 mg 1000 @ \$ 2, Hydrocortisone Injection(100mg)/48 vials @ \$ 73, Ibuprofen 200mg 1000 tabs @ \$ 7.15, Lignocaine 2% Injection/20 ml vials @ \$ 21.60, Mebendazole 100 mg 1000 @ \$ 13.65, Metronidazole 200 mg/1000 @ \$ 12.62, ORS 25 pkts @ \$ 1.80, Paracetamol adult 500mg 1000 tabs @ \$ 7.20, Praziquantel 600mg 500 tabs @ \$ 100, Procaine benzyl penicillin 4 MU vials 100 vials @ \$ 58.79, Retinol (Vit. A) 200,000 U/1000 caps @ \$ 57.36, Nalidixic Acid 500mg/100 tabs @ \$ 64.15, Zinc 20 mg/100 tabs @ \$ 4.50, Gentian violet 25 gram/1 pc @ \$ 6.34, Povidon iodine 10%/100 mls @ \$ 1.00, Whitfield 25 g tube @ \$ 12.7,											
2.3	Procurement of medical equipment(Fangak Mobile Clinic and Thonyor PHCC)	D	1	3000	1	100.00%	3,000.00	1,500.00		1,500.00	3,000.00
Procurement of emergency medical equipment and Lab supplies (Blanket Cellular Cotton 10 @ \$ 50, Laboratory Coats 12 @ \$ 50, Manual Centrifuge 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 Meitensis 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											
2.4	EPR Training (Pigi and Fangak)	D	2	2000	1	100.00%	4,000.00	2,000.00		2,000.00	4,000.00
78 staff (20 from Akobo, 20 from Leer, and 20 Pigi and 18 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											
2.5	Communicable Diseases Training	D	4	1500	1	100.00%	6,000.00	3,000.00		3,000.00	6,000.00
64 health staff(15 staff from Leer, 15 staffs from Pigi, 5 staff from Fangak and 29 health staffs from Akobo) provided with communicable training to be able to manage diseases appropriately											
2.6	Rape Care Training to Health Staffs	D	4	1000	1	100.00%	4,000.00	2,000.00		2,000.00	4,000.00
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.											
2.7	Transportation of Drugs and Medical supplies	D	3	9500	1	100.00%	28,500.00	14,250.00		14,250.00	28,500.00
The emergency drugs will be transported through chartering of flight to Leer, Akobo, Pigi and Fangak. This is due to inaccessibility through roads due to insecurity.											
2.8	Training VHC and Home Promoter in Hygiene and Sanitation	D	4	1000	1	100.00%	4,000.00	2,000.00		2,000.00	4,000.00
To improve Hygiene and Sanitation in health facilities, village health committee and HH will be trained on hygiene promotion in order to reduce incidences of acute watery diarrhoea. 120 village health committees and Home Promoters will be trained in Akobo, Leer and Pigi Counties											

2.9	Printing T- Shirts with Health Messages	D	180	10	1	100.00%	1,800.00	900.00	900.00	1,800.00
700 T Shirts will be printed with health promotion messages in local language, mostly targeting immunization messages, reproductive health messages and hygiene messages.										
2.10	Transportation of MoH and Emergency drugs to Health Facilities from County medical store	D	2	2000	1	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
The fund will be used to transport emergency and MoH drugs from the County medical stores to peripheral health facilities										
2.11	Mobile Clinic Set Up	D	2	1000	1	100.00%	2,000.00	1,000.00	1,000.00	2,000.00
2 Mobile Clinics will be set up, 1 in Wiechmon and Kamel , the Cost will include recruitment costs @ \$ 500 community mobilization including advocacy @ \$ 800										
Section Total							73,800.00	36,900.00	36,900.00	73,800.00

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
3.1	Laptops	D	1	800	1	100.00%	800.00	800.00	0.00	800.00
Purchase of 1 laptops to Mobile Clinic Supervisor in Fangak. Laptop will help the health staff compile the reports in the health facilities										
3.2	Thuraya	D	1	1500	1	100.00%	1,500.00	0.00	1,500.00	1,500.00
Purchase of 1 Satellite phones, 1 will be dispatched to Pigi The only means of communication in those areas is through Thuraya and they will greatly assist in coordination and relying information to Health Coordinator and Health Advisor.										
Section Total							2,300.00	800.00	1,500.00	2,300.00

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
								Q1	Q2	
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
								Q1	Q2	
5.1	Flight cost for health staffs(Akobo, Leer and Fangak)	D	6	200	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 Akobo, Leer, Pigi and Fangak facilitated through UNHAS.										
5.2	Local Field transport	D	4	800	1	100.00%	3,200.00	1,600.00	1,600.00	3,200.00
These costs is allocated for local transport of staff in the counties of operations.										
5.3	Fuel for boat	D	3	1500	2	100.00%	9,000.00	4,500.00	4,500.00	9,000.00
This cost is allocated for preposition and purchase of fuel for the boat. Most health facilities in Akobo, Pigi and Fangak are accessible through the river which will require boat transport.										
Section Total							14,600.00	7,300.00	7,300.00	14,600.00

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
								Q1	Q2	
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
								Q1	Q2	
7.1	Office Rent	D	1	5000	5	8.00%	2,000.00	1,000.00	1,000.00	2,000.00
This is Support Cost for Juba Office Rent, The allocated percentage in CHF is 10% of \$5000 rent charged per month										
7.2	Internet	D	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										
7.3	Stationery	D	1	400	5	50.00%	1,000.00	500.00	500.00	1,000.00
Projected costs related to purchase of stationeries to be used in the health facilities and the main office										
7.4	Bank Charges	D	1	100	5	100.00%	500.00	250.00	250.00	500.00
This amount is charged on transfer of funds. It is estimated that a total of \$ 1800 will be incurred in remittance of funds in various NH Bank accounts										
7.5	Lighting (Generator Running Costs)	D	1	1000	5	10.00%	500.00	250.00	250.00	500.00
This costs is for lighting our Juba and Akobo offices, The costs is related to buying fuel and repairs and maintenance of Generator.										
7.6	Communication	D	1	100	5	100.00%	500.00	250.00	250.00	500.00
Communication costs i.e. for buying calling cards for satellite and other networks estimated to be 1,800 in relation to health budget										
7.7	Project Digital Camera	D	2	200	1	100.00%	400.00	200.00	200.00	400.00
Purchase of Digital Camera for reporting purposes. This will help the health team to capture visuals that will be included in the narrative reports										

7.8	Field Accommodation	D	1	989.5	2	100.00%	1,979.00	989.50	989.50	1,979.00	
	This will be the cost of procurement of food stuff for the field compound										
	Section Total						7,379.00	3,689.50	3,689.50	7,379.00	
Sub Total Direct Cost									190,404.00		
Indirect Programme Support Cost <i>PSC rate (insert percentage, not to exceed 7 per cent)</i>									4%		
Audit Cost <i>(For NGO, in percent)</i>									1%		
PSC Amount									7,616.16		
Quarterly Budget Details for PSC Amount		2015		Total							
		Q1	Q2								
		3,808.08	3,808.08	7,616.16							
Total Fund Project Cost									198,020.16		
Project Locations											
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Akobo	30									0	
Jonglei -> Canal	30									0	
Jonglei -> Fangak	10									0	
Unity -> Leer	30									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											

