OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Kuwaiti Patients Helping Fund
Allocation Type :	2018 – SHF 2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Increase provision and improve access to quality, sustainable and Integrated Primary Health Care services for protracted IDPs in South Darfur State (Nyala North specifically in Draij & Otash IDPs camps) (Envelope 2).
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SUD-18/HSD20/SA2/H/INGO/7785
Cluster :		**Project Budget in US$:**	400,000.15
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	01/06/2018	**Planned End Date :**	31/05/2019
Actual Start Date:	01/06/2018	**Actual End Date:**	31/05/2019

Project Summary :

Kuwaiti patients Helping Fund (KPHF) proposes to assist protracted displacement population affected by the conflict by supporting two PHC clinics in Draij and Otash IDPs camps in Nyala North, South Darfur State. Project will support provision of quality, high impact lifesaving primary health care interventions to communities affected by protracted displacement in Otash and Draij IDPs camps, Nyala North locality in South Darfur state. The proposed programming will support 125,117 direct beneficiaries including men(24,887),women(69,589),boys(14,704),girls(15,937) comprising of protracted IDPs, returnees and host communities experiencing protracted crisis. People living in Draij & Otash IDPs camps suffer from low coverage and access to health care, high disease prevalence and mortality rates and frequent disease outbreaks. The current situation of Otash & Draij IDPs camps predisposes the population to ill health, due to high burden of diseases among the target population. Essential medicines forecast indicates that there will be lack of drug supply in the near future, low EPI coverage especially among some IDPs for example penta3 and measles coverage according to KPHF health facility data this poses a serious risk and could result in an outbreak of measles, low uptake of reproductive health services, increased number of outbreaks prevention and control of epidemics, crowding, poor sanitary conditions. The situation requires urgent intervention to fill this gap. KPHF will intervention through provision of basic primary health care services under these activities which include outpatient consultations and referrals of severe cases to secondary care level as well as improve access to maternal health care services and strengthened child health services which will be achieved by providing routine EPI and IMCI services and comprehensive reproductive health services such as ANC, clean delivery and EmOC. As a key part of providing health care services and as apart of the sector's identified priorities, KPHF will provide essential drugs, medical supplies and medical equipment to 2 health facilities. KPHF will also strengthen the capacity of project and SMoH staff through medley and intensive trainings and on-the-job trainings related to management and delivery of primary health care services. Also KPHF will contribute in early detection, preparedness and response to emergencies and public health threats and make sure that surveillance system is in place and that epidemics are prevented, reported and controlled. In the same context, the above mentioned staff will be trained on disease surveillance , prevention and control. Accordingly, they will send weekly EWARS reports to the SMoH and WHO and report any outbreaks within 72 hours. KPHF along with SMoH will conduct community awareness campaigns in these targeted camps and surrounding areas on different topic such as AWD, STIs, RH and others to promote good health and hygiene practices and to reduce the risk of outbreaks of communicable diseases. KPHF has taken into account men, women, boy and girls in assessing the needs for and design of this project, and will continue to do so throughout its implementation. KPHF is very cognizant of the importance of gender equality and will provide equal access for men, women, boys and girls to health care services at the clinics and ensure that health education is provided to both genders. As women and children are considered the most vulnerable ,KPHF will prioritize maternal and child health services KPHF strongly believes in shared responsibilities, strong linkage and communication among partners including SMOH, national and international NGOs and the community. To find common solutions to problems, and exchange ideas and experiences, KPHF will continue to participate in the weekly health coordination meeting chaired by WHO and SMoH at national and state levels.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
24,887	69,589	14,704	15,937	125,117

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	24,887	20,244	0	0	45,131
Children under 18	0	0	14,704	15,937	30,641
Women of Child-Bearing Age	0	49,345	0	0	49,345

Indirect Beneficiaries :

These include families who have members treated in the clinics and populations hosting IDPs who are not residing in camps or gatherings e.g. relatives hosting IDPs. Total of 24,883 beneficiaries will be benefited from the project activities indirectly.

Catchment Population:

A total of about 167, 367 people in the project catchment area, this will include protracted IDPs, returnees, resident and host communities. The catchment area includes the following Nyala North especially Otash and Draij IDPs camps and surrounding areas.

Link with allocation strategy :

This project is aligned with the SHF 2nd round allocation strategies (envelop 2) in addition to the health sector priorities and guiding principles. According to the allocation strategy paper Draij and Otash IDPs camps have the highest number of protracted IDPs returnees, and providing life saving health services in these areas is considered a priority to the health sector. The project will contribute to the PHC services assistance for the most vulnerable communities (protracted IDPs, host populations, returnees, women, children, among others) living in these priority camps of Nyala North, South Darfur (health services). Proposed activities will focus on supporting PHC direct service delivery in 2 health facilities with a focus on provision of basic primary health care services which include outpatient consultations and referrals of severe cases to secondary care level as well as improve access to maternal health care services and strengthened child health services which will be achieved by providing routine EPI and IMCI services and comprehensive reproductive health services such as ANC, clean delivery and EmOC. As a key part of providing health care services and as a part of the sector's identified priorities, KPHF will provide essential drugs, medical supplies and medical equipment to 2 health facilities. KPHF will also strengthen the capacity of project and SMoH staff through medley and intensive trainings and on-the-job trainings related to management and delivery of primary health care services. Also KPHF will contribute in early detection, preparedness and response to emergencies and public health threats and make sure that surveillance system is in place and that epidemics are prevented, reported and controlled. In the same context, the above mentioned staff will be trained on disease surveillance , prevention and control. Accordingly, they will send weekly EWARS reports to the SMoH and WHO and report any outbreaks within 72 hours. KPHF along with SMoH will conduct community awareness campaigns in these targeted camps and surrounding areas on different topic such as AWD, STIs, RH and others to promote good health and hygiene practices and to reduce the risk of outbreaks of communicable diseases .These activities line with the cluster objectives and directly contribute to achieve them. KPHF has gathered relevant secondary and primary information to understand the humanitarian and sectoral needs of the affected communities in the targeted localities. KPHF aims to provide integrate life-saving PHC programs and works as much as possible with local stakeholders and the government to ensure national protocols are followed and local capacity is built. This project in health sector is addressing a target group of beneficiaries in Nyala North. This will promote synergy and increasing impact, as well as enhancing reasonable use of donor money. To maximize the benefit and impact of this approach, KPHF will closely coordinate with other partners actors at the field level. Addressing critical gaps in response to the protracted IDPs remains a primary focus of this allocation and Nyala North is consequently highly prioritized in this allocation. The health sector focuses on provision of life saving and preventive activities in priority localities. Likewise, the health sector strategies address provision of primary health care including maternal and child health, strengthening of capacities in emergency preparedness and response to public health risk or events, monitoring the disease trends by maintaining the surveillance systems, capacity building of health care workforce. Aligned with this, KPHF proposes the current multi –sectoral (health and nutrition) project in Tawellla and Dar Al Salam localities in North Darfur.
The project design recognizes the inherent structural, human and technical capacity constraints that exist in the locality. KPHF plans to use one approach in order to provide technical and operational support in the i

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
Khobaib Osman Ali	Project Manager	khobaibosman@gmail.com	+249114452319
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BACKGROUND

1. Humanitarian context analysis

The on-going conflict and the massive movement of populations, which has been occurring in Darfur since 2003, have a great impact on the heath situation in this region, as the IDPs lost their assets and reduced livelihoods mechanisms. This has worsened the situation, which was already fragile. According to HRP and HNO- 2018 number of 1.76 million people are in need for health care services (51% female, 53% children, 42% adult, 5% elderly) about 1.6 million living in camps in Darfur.
The situation of Otash & Draij IDPs camps predisposes the population to ill health, due to high burden of diseases among IDPs. Essential medicines forecast indicates that there will be lack of drug supply in the near future, low EPI coverage especially among some IDPs, low uptake of reproductive health services, increased number of outbreaks prevention and control of epidemics, crowding, poor sanitary conditions (SMoH Health map 2017, HNO-2018).
The primary health care services are characterized by low coverage, inadequate provision of essential package and limited accessibility. About 36 % of the Primary Health Care (PHC) facilities across Sudan are not fully functional, either due to staff shortages or poor physical infrastructure. Only 24%of functional health facilities offer all main service components of the PHC package (42 % Darfur is due to NGO support)(HNO-2018).
From June 2017 to January 2018, KPHF has provided 61,823 OPD consultations, of which 15,968 were under-five children. During this time period, diarrheal diseases (1067) ,malaria (441) , TB (20) , AWD (66), UTI(2981)(2017 KPHF clinic records) ,were the major causes of morbidity of the entire population. EPI coverage is still low in two camps, for example penta3 and measles coverage according to KPHF health facility data. This poses a serious risk and could result in an outbreak of measles. Reproductive health services uptake remains extremely low in Nyala North (SMoH Health map 2017).
While KPHF has seen a minimal increase in utilization of family planning methods (only 102 women per month reported using family planning in June2017, but this increased to 387 women by Jan 2018). KPHF data from June 2017 through Jan 2018 showed that out of 2,602 deliveries reported in Draij and Otash IDPs camps only 1346 of deliveries were attended by skilled health workers and 1002 of the deliveries were made at the health facility.
KPHF has been working in SD since 2004,operating PHC clinic in Deraj IDPs camp in SD since 2005 up to date, Draij camp populated by 39,282 its lacking basic health services. Also Otash IDPs camp is populated by about more than 97,238 IDPs its lacking basic health services. KPHF has been working in Otash PHC clinic science 2009 up to date. SMoH has no capacity to run these clinics. KPHF clinics in Draij & Otash IDPs camps are biggest operating health facilities; it serves more than 125,117 beneficiaries, in addition to surrounding communities. The situation requires urgent intervention to fill this gap through implementing this project to serves more than 125,117 beneficiaries in two camps .

2. Needs assessment

People living in Draij & Otash IDPs camps suffer from low coverage and access to health care, high disease prevalence and mortality rates and frequent disease outbreaks. In both camps our clinics records (Jun 2017- Feb 2018) showed that Malaria (441), ARI (396), diarrhea, UTI (2981) & eye infection (210) are the leading causes of morbidity and mortality especially in the women and children. As these are commonly caused by communicable diseases, there is a high need to strengthen the linkage between wash and health sectors and conduct awareness in the needy communities to improve the situation. Also, MIRA - 2016 conducted by WHO in Draij and Otash IDPs camp found lacking of PHC services without KPHF and other partners clinics. According to the WHO's Health Resources Availability Mapping System (HeRAMS) report for the 4th quarter 2016, 44%(360) functioning health facilities out of the total (813) provide minimum basic health package (MBHP) in Darfur. KPHF conducted health community assessment (Nov2017) joint with the community layers (representative on local health committees, Omdes & Shakhs and other beneficiaries) through consultation, identification and focus group discussion in Draij and Otash IDPs and the result showed that there was high need to basic PHC packages services including OPD consultation, provide essential drugs, raising awareness, EPI, maternal and child health services . More than 7120new returnees are without health services. The clinics data assessment further demonstrated that only 10%of women reported delivering at health facilities. Child immunization rates were only 82%. Basic essential obstetrics care is reported low at 26%across all primary health care centers in Darfur States (HeRAMs December 2016). Provision of maternal and newborn health services at community level is noted to be low; 34%in South Darfur State (HeRAMs December 2016). KPHF will work together with community health promoters and trained community midwives to sensitize the community through health awareness campaigns on the services available in the health facilities, to increase demand of services, and at the same time educating on the importance of safe and clean delivery by skilled personnel. In order to improve the skills and knowledge of trained community midwives conducting deliveries at home, KPHF will conduct a refresher course on family planning and how to do safe and clean delivery. Provision of maternal and newborn health services at community level is noted to be low; 34%in South Darfur State (HeRAMs December 2016). Communicable diseases and maternal complications continue to result in high level of morbidity and mortality. Maternal mortality rates in South Darfur (334/100,000 live births) are very high as compared to most states of Sudan (Darfur Health system profile, FMOH, 2012). In Darfur, a total of 572 suspected dengue fever (DF) cases including 105 deaths, were reported in the period of 29th August to 18th March, 2016 (end of week no 11). Communicable diseases continue to affect the most vulnerable group of population. IDPs account for 69% and <5 children account for 42%. The top 5 morbidities are diarrheal diseases (27.7%), upper respiratory infections (26%), malaria (9%), skin diseases (7%) and eye infections (6.7%). BEmONC coverage in health facilities is only 9%, 8% and 31% in South Darfur, respectively. Key health workers lack basic skills of managing childhood illness, with only 28% and 36% of these diseases managed by IMCI trained HWs. SMOH have inadequate resources to support minor rehabilitation of clinics. Early warning reporting is low, as only 33%, 57% and 30% of clinics report regularly in South, West and Central Darfur, respectively. The project is targeting 125,117 beneficiaries in two camps to intervention and solve these above problem mentioned.

3. Description Of Beneficiaries

A total of 125,117 direct beneficiaries (protracted IDPs) men(24,887),women(69,589),boys(14,704),girls(15,937) identified and targeted according to SMoH health map and previous targeted clinics records from OPD sections, along with 24883 indirect beneficiaries (host communities, returnees, residents) are expected to be reached through this project . These include women, men, girls and boys who are eligible for health services. KPHF selected this project to cover Nyala North especially Otash and Draij Protracted IDPs camps because these camps are considered priority areas to SHF- 2018 2nd round allocation and there has a big gab in PHC services . KPHF uses a three main points of criteria to identify beneficiaries. The first is geographic context: KPHF selected localities identified by the SHF Health sector geographical boundaries that are within current KPHF operational localities, the next step is to clearly identify the camps among this locality and estimate the number of needy beneficiaries. In the third step, which is conducted once the project commences, individual beneficiaries are identified and registered by community leaders ,SMoH health map 2017 and KPHF previous clinics records. The criteria for these beneficiaries is: protracted IDPs, returnees, and host communities are targeted with PHC activities.
In these camps, KPHF will support clinics which will provide essential primary health care services. The locality currently has a low level of service coverage, access and quality, as identified by the health sector. The state Ministry of Health is currently unable to assume responsibility of the clinics targeted by KPHF. The catchment population under this action includes vulnerable population affected by conflict in the target areas, including protracted displaced persons, returnees and host populations.
Direct beneficiaries include men and women, boys and girls, children under-five years of age, elderly and disabled who will receive primary health care service at the clinics including health education. These beneficiaries will be enrolled into standard services based on their clinical and public health indications and eligibility. Their enrollment does not depend on factors like race, religion, class and economic status. KPHF will use standard triage system to identify the most severe cases and will work with the community and SMoH to ensure that health services are provided with equity and quality. Training participants are also considered as beneficiaries.

4. Grant Request Justification

The project will be implemented in Draij and Otash IDPs camps in South Darfur which are part of SHF's priority areas.KPHF has been working successfully in the provision of PHC services in Darfur since 2003 and Nyala North (Draij and Otash IDP camps) since 2004,during which time it has not only built up extensive experience which aids its implementation of quality services, but has also developed good relationships with the communities themselves, which further facilitate the smooth implementation of programme delivery. The project will contribute to the PHC services assistance for the most vulnerable communities (protracted IDPs, host populations and returnees) living in these priority camps of Nyala North, South Darfur (health services). Proposed activities will focus on supporting PHC direct service delivery in 2 health facilities with a focus on provision of basic primary health care services . This project is intended to strengthen and maintain the PHC activities run by KPHF in Draij & Otash IDPs camps, South Darfur which have been highly populated by protracted displaced people since 2004. All activities proposed for SHF funding strongly support health sector priorities . Communicable diseases remain major cause of morbidity and mortality among children under five in Darfur, particularly in protracted IDP in Draij and Otach camps(According to SMoH reports 2017). Even with the humanitarian interventions, these camps have continued to be affected by high rates with frequent occurrence of disease outbreaks also humanitarian interventions were able to minimize the risk and impact of high rate disease outbreaks. According to HRP and HNO- 2018 number of 1.76 million people are in need for health care services (51% female, 53% children, 42% adult, 5% elderly) about 1.6 million living in camps in Darfur.The situation of Otash & Draij IDPs camps predisposes the population to ill health, due to high burden of diseases among IDPs. Communicable diseases and maternal complications continue to result in high level of morbidity and mortality. Maternal mortality rates in South Darfur (334/100,000 live births) are very high as compared to most states of Sudan (Darfur Health system profile, FMOH, 2012). In Darfur, a total of 572 suspected dengue fever (DF) cases including 105 deaths, were reported in the period of 29th August to 18th March, 2016 (end of week no 11). Communicable diseases continue to affect the most vulnerable group of population. IDPs account for 69% and <5 children account for 42%. The top 5 morbidities are diarrheal diseases (27.7%), upper respiratory infections (26%), malaria (9%), skin diseases (7%) and eye infections (6.7%). BEmONC coverage in health facilities is only 9%, 8% and 31% in South Darfur, respectively. Key health workers lack basic skills of managing childhood illness, with only 28% and 36% of these diseases managed by IMCI trained HWs .KPHF will intervention through provision of basic primary health care services under these activities which include OPD consultation, basic laboratory investigation, essential drugs and medical supplies, IMCI services, RH services, supporting maternal health care services with emphasis on ANC and safe delivery by skilled birth attendants with effective referral systems to facilities (EMoC) services and provide EPI services. Also KPHF will contribute in early detection, preparedness and response to emergencies and public health threats and make sure that surveillance system is in place and that epidemics are prevented, reported and controlled. .KPHF along with SMoH will conduct community awareness campaigns in these targeted camps and surrounding areas on different topic such as AWD and others to reduce the risk of outbreaks of communicable diseases. However, the lack of funding would undoubtedly result in the cessation of KPHF-supported activities, and have a disproportionately adverse effect on these highly vulnerable populations particularly children and women.

5. Complementarity

KPHF is implementing health activities in the proposed locality by funds obtained from SHF. This project provides comprehensive primary health care services. The project have significant contributions for ensuring the health and well-being of the target communities. providing comprehensive primary health care services include outpatient consultations, management of different injuries and wounds, referrals of severe cases to secondary care level as well as improve access to maternal health care services and strengthened child health services which will be achieved by providing routine EPI and IMCI services and comprehensive reproductive health services such as ANC, PNC ,clean delivery and EmOC, provide essential drugs, medical supplies and medical equipment to 2 health facilities, also strengthen the capacity of project and SMoH staff through medley and intensive trainings and on-the-job trainings related to management and delivery of primary health care services. Also contribute in early detection, preparedness and response to emergencies and public health threats and make sure that surveillance system is in place and that epidemics are prevented, reported and controlled. In the same context, the above mentioned staff will be trained on disease surveillance , prevention and control. Accordingly, they will send weekly EWARS reports to the SMoH and WHO and report any outbreaks within 72 hours. KPHF along with SMoH will conduct community awareness campaigns in these targeted camps and surrounding areas on different topic such as AWD, STIs, RH and others to promote good health and hygiene practices and to reduce the risk of outbreaks of communicable diseases. These activities directly targeting those groups PLW, women of child bearing age, elderly ,men, boys and children under five years old abilities to lead healthy lives. In this area of project to be implement KPHF is not has the nutrition aspect of the program, KPHF makes every effort to coordinate with partner organizations to ensure integration of activities. KPHF will be complementary with two other nutrition project such as (OTP services) currently running by World Vision International WVI in Draij and Otash IDPs camps to rehabilitate children with severe malnutrition also severe complicated cases of malnutrition will be referred to Alnahda specialized children hospital to be treated for free at the expense of KPHF and WASH project to provide clean potable water , storage chlorination, liquate waste control, toilets sanitation and medical waste control with direct impact on reduction of waterborne disease and promotion of hygiene and sanitation as preventive methods currently running by MC Scotland in Draij IDP camp as well as IOM in Otash IDP camp to integrate the full package of health, nutrition and WASH services.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction of morbidity and mortality and participate in improving general well - being among protracted IDPs, returnees and host communities in Draij & Otash IDPs camps and surrounding areas in Nyala North in South Darfur through supporting and Improving access to quality, sustainable and Integrated Primary Health Care services.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide and continue access to PHC services for vulnerable population affected by conflict and natural disasters	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	50
Ensure provision of maternal and child health services for the reduction of maternal and child morbidity and mortality among vulnerable population	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	30
Strengthen the capacities to prepare, detect and promptly respond to public health risks or events at federal, state and locality levels	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	20

Contribution to Cluster/Sector Objectives : KPHF reviewed the health cluster objectives1, 2, and 3, and will contribute on these objectives through support of two PHC clinics in Otash & Draij IDPs camps to provide basic package of PHC services which include OPD consultations, basic laboratory investigation, management of injuries and wounds, infectious disease control, short stay facilities, provision of free medication and treatment of acute and chronic health conditions, medical waste management ,strengthen referral system , and health education services. It also provides maternal and child health services which include ANC, PNC, clean and safe deliveries, family planning, EPI and IMCI services. Also KPHF will contribute in early detection, preparedness and response to emergencies and public health threats and make sure that surveillance system is in place, and that epidemics are prevented, reported and controlled. It also conduct training for project staff on disease surveillance, prevention and control. In this context, KPHF will send weekly EWARS reports to the SMoH and WHO and report any outbreaks within 72 hours. Within the project, KPHF will conduct community awareness campaigns on AWD prevention, communicable disease prevention, family planning, STIs and AIDS, environmental sanitation, and others to promote good health and hygiene practices and to reduce the risk of outbreaks of communicable diseases. These activities supported in this project is in line with the cluster objectives and directly contribute to them.

Outcome 1

Increased and improved coverage of primary health care services in Draij & Otash IDP camps in Nyala North, South Darfur.

Output 1.1

Description

Basic package of primary Health care services in 2 PHC clinics in Otash and Draij IDPs camps Nyala North, South Darfur is provided which includes OPD consultations, basic laboratory investigation, management of injuries and wounds, infectious disease control, medical waste management, short stay facilities, provision of free medication and treatment of acute and chronic health conditions, maternal health which includes ANC , PNC ,clean and safe deliveries ,family planning services and routine EPI. In addition to ,strengthening referral system and health education services.

Assumptions & Risks

Assumptions:
- None or very limited delay will occur with processes and activities .
- Signature of agreements/Memorandum of Understandings with SMoH and HAC
- Availability of drugs and other medicals supplies
- Ensured clinic maintenance and rehabilitation activities (avoiding delay in delivery of materials, lack of labour, etc.)

Risks:
- Disruption of activities due to natural disasters - e.g. flooding
- Disruption of activities due to security disorder and conflict

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of health facilities providing minimum basic package of primary health care services including reproductive and mental health and psychosocial support (HRP 2018).					2
Means of Verification : report obtain from SMoH ,WHO reflecting approval and functionality of PHC.							
Indicator 1.1.2	HEALTH	Number of people using the health care facilities (by age and sex) (HRP 2018).	24,887	69,589	14,704	15,937	125,117
Means of Verification : Monthly report.							
Indicator 1.1.3	HEALTH	Number of community awareness sessions conducted.					8
Means of Verification : Reports by the end of campaigns.							
Indicator 1.1.4	HEALTH	Number of health education sessions					20
Means of Verification : Reports by the end of session.							

Activities

Activity 1.1.1

Standard Activity : Procurement, storage and distribution of drugs and medical supplies.

Procure and distribute basic medical equipment , essential drugs including antibiotics, anti-malarial..etc and medical supplies for Otash and Draij IDPs clinics.

Activity 1.1.2

Standard Activity : Not Selected

Rehabilitation of Otash and Draij IDPs clincs with environment friendly materials such as Stabilized Soil Blocks (SSB) or Cement Stabilized Blocks (CSB) and provide outpatient consultation (OPD) services, basic investigation services include (HB% ,U/G,S/G and other), referral of complicated emergency or critical cases from Otash and Draij IDPs clinics to secondary level and management of different injuries and wounds cases.

Activity 1.1.3

Standard Activity : Conduct awarereness / orientation sessions at the health facility for the community

Conduct regularly health education sessions for targeted population as well as community awareness campaigns on personal hygiene and environmental sanitation and hygiene in Otash & Draij IDPs camps and surrounding areas.

Activity 1.1.4

Standard Activity : Not Selected

Conduct regular field monitoring varsities to follow up activities and assess project implementation.

Outcome 2

Reduced maternal and child morbidity and mortality among vulnerable populations through increase and improve maternal and child health services in Draij and Otash IDPs camps.

Output 2.1

Description

increased and improved provision of maternal and child health services including ANC,PNC, raising awareness ,family planning,delivery care, referral services, EPI and IMCI.

Assumptions & Risks

- Qualified midwives are available and willing to work in the target areas.
- Availability of medical and non medical RH supplies in the market.
- Project areas remain accessible.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Number of children below one year of age (by sex) covered by measles vaccine (HRP 2018).			732	842	1,574
Means of Verification : Record from vaccination section at the clinic in comparison with total number of children under one year.							
Indicator 2.1.2	HEALTH	Number of children below one year that received Penta valent vaccination (Penta 3).					4,080
Means of Verification : Record from vaccination section at the clinic in comparison with total number of children under one year.							
Indicator 2.1.3	HEALTH	Number of obstetric emergencies referred to secondary or tertiary care					93
Means of Verification : Record from referral services. Cases referral reports.							
Indicator 2.1.4	HEALTH	Number of health education sessions					36
Means of Verification : Reports by the end of session.							
Indicator 2.1.5	HEALTH	Number of community awareness sessions conducted.					25
Means of Verification : Reports by the end of campaign.							
Indicator 2.1.6	HEALTH	Number of births assisted by skilled birth attendant (HRP 2018).					2,675
Means of Verification : From RH records.							
Indicator 2.1.7	HEALTH	Number of health workers trained (disaggregated by gender)	13	42			55
Means of Verification : From The attendance sheet of training.							
Indicator 2.1.8	HEALTH	Number of people using the health care facilities (by age and sex) (HRP 2018).	0	16,497	0	0	16,497
Means of Verification : Monthly report from RH sections.							

Activities

Activity 2.1.1

Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.

Provide routine antenatal care (ANC),post natal care (PNC),family planning, clean and safe deliveries services through trained mid waver and health visitor as well as referral of complicated emergency delivery cases, provide routine immunization services for maternal and children groups ,provide IMCI program services through medical doctors and medical assistant and prevention services through regularly health education and management of STIs including HIV/AIDS in Draij & Otash clinics.

Activity 2.1.2

Standard Activity : Conduct awarereness / orientation sessions at the health facility for the community

Conduct community awareness session campaigns on preventions of STIs include HIV/AIDS and RH in Otash & Draij IDPs camps and surrounding areas as well as regular community outreach counseling sessions on family planning, STIs including HIV/AIDs, personal hygiene and others. Also conduct regular focus group discussions targeting Omdas , Shiekhs and other beneficiaries in Draij & Otash IDPs camps.

Activity 2.1.3

Standard Activity : Conduct health education training for health staff

Conduct trainings workshops for project staff and SMoH staff (male and female) on the following topics :
- IMCI (especially for medical doctors and medical assistants) .
- How to do safe delivery (especially for mid wave and health visitor).
- Family planning (especially for medical doctors, medical assistant, mid wave, and health visitors).
- Support training of 5 students selected from communities (Deaij & Otash) with no or low coverage of trained midwives at Nyala Midwifery school. When they graduate, they will go back into their communities to practice.

Outcome 3

Strengthen the capacities to prepare, detect and promptly respond to public health risks or events at locality level.

Output 3.1

Description

Strengthened local capacity in preparation , detection and prompt response to public health risks or events in Otash and Draij IDPs camps.

Assumptions & Risks

-Funding and in-kind support including medical supplies are available in a timely manner
- Government committed to avail seconded staff

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	% of health emergency events reported, investigated and response initiated within 72 hours after reporting (HRP 2018).					90
Means of Verification : Records from outpatient at Deraj & Otash clinics and records from emergency at referral destination.							
Indicator 3.1.2	HEALTH	% completeness and timeliness of weekly surveillance reporting from sentinel sites (HRP 2018).					90
Means of Verification : surveillance report.							
Indicator 3.1.3	HEALTH	Number of community awareness sessions conducted.					9
Means of Verification : Reports by the end of campaign.							
Indicator 3.1.4	HEALTH	Number of health workers trained (disaggregated by gender)	70	17			87
Means of Verification : From The attendance sheet of training.							

Activities

Activity 3.1.1

Standard Activity : Expand and maintain disease surveillance system with early warning component.

Maintain disease surveillance and reporting system by ensuring that all the supported health facilities are submitting surveillance report on a weekly and monthly basis.

Activity 3.1.2

Standard Activity : Strengthening Early Warning, Early detection and reporting of AWD(EWARS).

Prevent, mitigate and respond to communicable diseases such as AWD and other in Draij & Otash IDPs camps.

Activity 3.1.3

Standard Activity : Conduct health education training for health staff

Conduct trainings workshops for project staff and SMoH staff (male and female) on the following topics :
- Waste management.
- Infection control.
- Emergency preparedness and rapid response plans.

Activity 3.1.4

Standard Activity : Conduct awarereness / orientation sessions at the health facility for the community

Conduct community awareness campaigns on prevention of AWD and prevention of communicable diseases in Otash & Draij IDPs camps and surrounding areas.

Additional Targets :

M & R

Monitoring & Reporting plan

KPHF pursue a participatory M&E system involving all stakeholders for achieving the intended objectives and ensuring sustainability of the project outcomes. All partners involved in the implementation of this project will undertake project monitoring regularly in different ways. There will be joint project monitoring and progress review meetings on a quarterly basis involving beneficiary communities, community level committees & the concerned MoH staffs. Findings from such monitoring and review meetings will be used to identify problems of the project implementation and to make relevant adjustments within the project lifetime. KPHF has tracking tools for health data, which are collected on a weekly basis and analyzed on a monthly basis. The primary sources of data is clinical records, objective field observations, regular meetings with community health committees and facility level visit. Medical Doctors and field coordinator will be responsible for clinic supervision and submission of the reports to the Medical coordinators and Public Health Officer who, in turn, will be responsible for compiling the reports and submitting them to the Program and Project Manager and M&E Officer for review and final submission. Data obtained from the clinics will be used to discuss the performance of the project during Health Sector Coordination meetings held with partners in Nyala as well as monthly internal progress review meetings to discuss achievements, challenges and lessons learned to make collective decisions and improve project efficiency. Reports generated from the database will be a basis for compiling required reports and will be submitted to KPHF head quarter and the donor based on donor requirement and formats. KPHF has a separate M&E and Field Operations Officer mandated to track the project outputs through KPHF internal M&E system. Joint monthly meetings involving project staff will be held to share updates and to take necessary measures. KPHF Medical and Field coordinator, Project and Program Manager will oversee the implementation & monitoring of project activities. The planned activities will be monitored on a weekly basis to supervise project performance and update KPHF management and the SMoH on the progress. The project will be implemented in collaboration with the SMoH and community level committees. The M& E officer will compile monthly reports to develop quarterly and bi-annual reports and also submits the bi-annual reports using the online system in accordance with the requirement of SHF & it will be further reviewed by the project and program officer, both at the HQ also KPHF submits weekly, monthly, quarterly, half yearly and yearly reports to SMoH & health sector at Sub national level. Financial report will be submitted to UNDP each quarter The Medical and Field coordinator visit each health facility on weekly and monthly basis to observe the services of the facilities using a check lists as well as Project and Program manager and M& E Officer has regular field monitory and supervision visit each two month for all clinics to oversee the implementation & monitoring of project activities. Also KPHF will conduct joint monitoring visits regularly with the SMoH ,WHO and community . The report from the health facilities inspection will be used to take timely actions by correcting defects and measure clinics personnel performance. Besides, the health sector M&R will be part of the overall M&E system of this project and the findings of the current health sector field visit and future visits will be incorporated to improve project quality.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procure and distribute basic medical equipment , essential drugs including antibiotics, anti-malarial..etc and medical supplies for Otash and Draij IDPs clinics.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Activity 1.1.2: Rehabilitation of Otash and Draij IDPs clincs with environment friendly materials such as Stabilized Soil Blocks (SSB) or Cement Stabilized Blocks (CSB) and provide outpatient consultation (OPD) services, basic investigation services include (HB% ,U/G,S/G and other), referral of complicated emergency or critical cases from Otash and Draij IDPs clinics to secondary level and management of different injuries and wounds cases.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Activity 1.1.3: Conduct regularly health education sessions for targeted population as well as community awareness campaigns on personal hygiene and environmental sanitation and hygiene in Otash & Draij IDPs camps and surrounding areas.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Activity 1.1.4: Conduct regular field monitoring varsities to follow up activities and assess project implementation.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Activity 2.1.1: Provide routine antenatal care (ANC),post natal care (PNC),family planning, clean and safe deliveries services through trained mid waver and health visitor as well as referral of complicated emergency delivery cases, provide routine immunization services for maternal and children groups ,provide IMCI program services through medical doctors and medical assistant and prevention services through regularly health education and management of STIs including HIV/AIDS in Draij & Otash clinics.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Activity 2.1.2: Conduct community awareness session campaigns on preventions of STIs include HIV/AIDS and RH in Otash & Draij IDPs camps and surrounding areas as well as regular community outreach counseling sessions on family planning, STIs including HIV/AIDs, personal hygiene and others. Also conduct regular focus group discussions targeting Omdas , Shiekhs and other beneficiaries in Draij & Otash IDPs camps.	2018							X		X		X	
	2019		X		X	X							
Activity 2.1.3: Conduct trainings workshops for project staff and SMoH staff (male and female) on the following topics : - IMCI (especially for medical doctors and medical assistants) . - How to do safe delivery (especially for mid wave and health visitor). - Family planning (especially for medical doctors, medical assistant, mid wave, and health visitors). - Support training of 5 students selected from communities (Deaij & Otash) with no or low coverage of trained midwives at Nyala Midwifery school. When they graduate, they will go back into their communities to practice.	2018							X					
	2019												

Activity 3.1.1: Maintain disease surveillance and reporting system by ensuring that all the supported health facilities are submitting surveillance report on a weekly and monthly basis.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Activity 3.1.2: Prevent, mitigate and respond to communicable diseases such as AWD and other in Draij & Otash IDPs camps.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Activity 3.1.3: Conduct trainings workshops for project staff and SMoH staff (male and female) on the following topics : - Waste management. - Infection control. - Emergency preparedness and rapid response plans.	2018						X			X			
	2019												
Activity 3.1.4: Conduct community awareness campaigns on prevention of AWD and prevention of communicable diseases in Otash & Draij IDPs camps and surrounding areas.	2018						X		X		X		
	2019		X	X		X							

OTHER INFO

Accountability to Affected Populations

KPHF believes that the organization is accountable to the donor, line ministries, HAC, local authorities where the organization operates & beneficiary communities. KPHF also promotes the beneficiaries have the right to know and be involved in projects designed to provide service to them. Selection of proposed targeted areas have accomplished jointly with Affected Populations (local government, community leader, Omda, sheikh and health committees at targeted areas level. Also KPHF involves them when identified needs and priority of services and then KPHF sets project objectives and activates accordingly. In order to insure optimum staff we give eligible criteria and qualification for specific job then give chance to community leader to propose individuals if available in targeted areas. When project funded KPHF will orient all stockholders ((local government, community leader, Omda, sheikh and health committees) on: Source of fund (donor), total amount of Fund, duration of fund ,items and activities should fund expend in targeted groups .KPHF will involve all stockholders (local government, community leader, Omda, sheikh and health committees) in project implementation especially greater activities (preparation, implementation, and evaluation) as well as cross cutting issues. In order to insure effective accountability to targeted beneficiaries KPHF will undertake the following: draft AAP guidelines for data collection and reporting, good Monitoring to insure implementation of AAP, questioner to assess satisfaction of beneficiaries, direct Interviews with targeted beneficiaries ,regular meeting with community leader, Omda, sheikh and health committees to discuses project cross cutting issues, all report at clinics level will be available for community leader, Omda, sheikh and health committees to match information, complains and suggestion box will be available at clinics level, field coordinator and M&E officer collect and analysis data and report to project manager. As a result KPHF promotes community participation in all stages of the project life-cycle by working with the communities from the initial identification of needs to the program phase-out. KPHF M&E system involves all stakeholders for timely information sharing and direct participation in implementation and M&E at all levels. In addition to ensuring openness and transparency, this will also ensure best use of the resources according to the scope of the project within the budget and priority areas of the beneficiary communities. KPHF will introduce a suggestion box to be placed at each health facilities in collaboration with SMoH to get the feedback from beneficiary communities on health facilities services. The beneficiary community will be informed to put their feedback anytime in the suggestion box and KPHF medical coordinator will collect information from the suggestion box on quarterly basis and discuss with project manager M & E officer and program manager on improvements of some of the beneficiary complaints and also keep up the good side of our services. Also the findings from the beneficiaries comment will be shared with SMoH for taking collective action. KPHF will also work with stakeholders on the proper use of the existing incinerators for safe disposal of biomedical to minimize environmental impacts through incineration of both medical and domestic wastes. Also will considered the principles of Do No Harm through gauging beneficiary satisfaction is ongoing via corroboration of sources with routine consultation of key community stakeholders, involving LHD and UN agencies as external barometers of acceptability to beneficiaries. By using these methods, KPHF considers the principles of “Do No Harm,” in order to avoid or minimize any adverse effects of the intervention on communities.

Implementation Plan

The project will be implemented by KPHF in collaboration with SMoH , WHO ,local and international agencies for duration of 12 months. KPHF will strive to strengthen internal capacity and work with the SMoH and communities to build upon their knowledge and expertise. In addition, KPHF will continue to engage local capacity including locally recruited staff and communities by regularly engaging beneficiaries in the design of activities to accommodate their needs and requirements. Specifically, community members who attend the clinic, community leaders, and Village Health Committees (VHC) were involved in discussions around services needed. Community members and Village Health Committees will play a particularly important role in the community mobilization activities. VHCs will be mobilized to do health education sessions, awareness sessions campaigns and other targeted activities. KPHF also collaborates closely with its beneficiaries, who are involved in identifying gaps, contributing overall program design and participating in implementation. Community based committees (Village Health Committees) volunteers and beneficiaries in the design and implementation of programs and services. KPHF will continue to collaborate with SMoH, in terms of program staffing, joint planning and monitoring of project activities. Most project staff will be seconded from SMoH which will provide KPHF with technical assistance, protocols and guidelines pertinent to national policy. SMoH will be involved in joint supervision, service delivery, and refresher training topics. Also WHO will provides technical assistance to KPHF and all health partners in Darfur.
Overall project implementation will be led by Kuwaiti Patients Helping Fund, Project manager. KPHF has field and medical coordinators in the area of project implementation who oversee and direct teams of national medical, and support staffs. And apart from assisting in the day-to-day activities of the projects can ensure continuity of the activities once KPHF phases out its expatriate staff . Also field coordinator and medical coordinator conducting regular monitory field visit to ensure implementation of the project according to proposed plan and also to ensure validity of reporting system at each level .The project manager is directly responsible for providing leadership and technical oversight to quality project design, implementation and monitoring. M & E Officer is responsible for monitoring and evaluation of the project to be in line with health clusters strategies .Accountant is responsible for preparation of financial reports and all related documents and project will be set according to KPHF financial policy and system .Financial reports will be carried out to provide an additional check and monitoring tool to follow expenditures and compare them with activity levels. Financial reports will be submitted to UNDP each quarter and Narrative report will be submitted to OCHA every six months. KPHF will submit weekly, monthly, quarterly, half yearly and yearly reports to SMoH & Health sector at Sub national level these reports are revised and approved by health sector at National and Sub national level.

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 mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

This project is gender marker is 2a because it is designed to contribute significantly to gender equity by serving men, women, boys and girls. KPHF understands men, women, boys and girls are protracted and up to different levels.
KPHF health services in the supported PHCCs targets all genders and age groups in the community based on their vulnerability. The curative consultation service is open for all beneficiaries with anyone coming to the clinic seeking the service receiving it. Necessary measures are taken to preserve the privacy and dignity of the target beneficiaries by using screens, curtains and doors. The service is provided in strict confidentiality. Gender considerations were part of the needs assessment, activities, and outcomes.
KPHF strives to ensure that services are delivered to men and women who need the services under medical requirements and eligibility. It is proposed to involve community volunteers and mothers in delivering services which will contribute to equity of health care among vulnerable communities .Gender considerations were integrated in the needs assessment, activities, and outcomes .This action specifically attempts to address disparities /differences in access to health services among vulnerable populations, including women and children. Women's and children's health needs are specific focuses of the action; including ensuring women have the knowledge to make reproductive health-related decisions ,provision of IMCI and immunization services and other services . Within health clinics, tracking tools help to ensure that medical assistants and doctors (often male) provide information about family planning to men.

Protection Mainstreaming

KPHF will prioritizes and insure high degree of protection and safety to all beneficiaries, staff and volunteers, and every person focusing on the project through:
Consultative meetings will be held with all beneficiaries, including women and girls, to understand needs and preferences for location, design, and methodology of assistance . Each clinic has around (3) guards to ensure safety and security of clinic assets , clinic staff and beneficiaries. This project is designed to ensure safe and equal access to inclusive and nondiscriminatory provision of services. Physical location of the clinics delivery locations can be easily and safely accessed, particularly against the risk or threat of gender-based violence and attacks from armed groups also clinics are well prepared. There are two latrines at each clinic; the first latrine only for staff uses and other latrine for beneficiaries which are accessible to all individuals group to ensure safety and dignity and clinics times are safe for beneficiaries to travel to the access and return home without exposure to further risk of harm. This project is designed to be respectful and inclusive of cultural and religious practice; the staff were selected from the same areas to consider cultural background of beneficiaries. Separate waiting areas (male/female) are offered. Female health staff members with skills and experience working with women and children are available. KPHF ensures that confidentiality and privacy are respected in any form of consultation, counseling or personal information sharing; the examination rooms are well separated from public spaces or the waiting area and has a couch for protecting the patients during the examination. Information sharing protocol is established. When collecting data or sharing identifiable information consent will be given by the benefiters. All layers of community were consulted when identifying and responding to health needs, they have been involved in identifying the solutions. In addition to making the response more relevant and potentially durable, in order to build the confidence and self-esteem of the beneficiaries concerned. The health services are accessible to community and other surrounding community. Also all displaced people will be informed about the availability and location of services. The health facilities are accessible to all (e.g. men, women, girls, boys, the elderly, ethnic groups, persons with disabilities).The services can be accessed by persons with reduced mobility (e.g. persons with physical disabilities, the elderly, bed-ridden individuals).The health staff are representative of gender and ethnic differences (have both male and female doctors/nurses) .In order to ensure that beneficiaries know their right to health care, and where/how to obtain their rights, awareness sessions will be provided in sufficient quantity in languages understandable to all beneficiaries. The health staff and committees are representative of all layers of society (e.g. gender, age, ethnicity, socio-economic group, persons with disabilities, etc.). The project is designed to ensure safe and equal access to inclusive and nondiscriminatory provision of services and designed to ensure people with specific needs or vulnerabilities are prioritized and supported. KPHF clinics are located near by the hosting communities so the beneficiaries don't have travel long distance to reach the service. Other beneficiaries who may have to travel long distance come to clinics in groups in order to ensure safety and protection.

Country Specific Information

Safety and Security

The security situation is stable in Draij and Otash IDPs camps in South Darfur this will help to implement the project and reduce the risk of insecurit . There are two guards in each clinic to enhance security of clinics and staff . KPHF coordinates with community leaders (Omdes & Shiekhs) to ensure safety of staff and beneficiaries . In case of emergency or any conflict there is stand by car to evacuate staff to a safe area .

Access

KPHF is already presence in Draij and Otash camps and has direct access to all these sites proposed under this project through vehicles.
- Draij and Otash clinics are located in Nyala North connected with public transport line and there is public transportation to and from the areas.
- Both clinics are located central in the camps where the affected population (IDPs , Returnees, host communities and resident) can reach easily through foots and traditional transportation such as donkey.
Also KPHF has valid technical agreements with government of Sudan (representative in HC, Security ,SMoH) to implement health activities in South Darfur . This particular project will be implemented by KPHF in close collaboration with State ministry of health.

BUDGET							
Code	**Budget Line Description**	**D / S**	**Quantity**	**Unit cost**	**Duration Recurrance**	**% charged to CHF**	**Total Cost**
1. Staff and Other Personnel Costs							
1.1	Prgramme Manager	D	1	4,200.00	12	10.00	5,040.00
	This is a national position based in Khartoum and is directly responsible for provides overall program design ,management, support, quality assurance, reporting and review of this project , providing guidance and supervision to the project manager and M & E officer on all facets of the health program, also advises the Country Director to ensure the required attention and resources given for the program. He/she is also involved in with Ministry of Health (MoH) and other stakeholders.						
1.2	Project Manger	D	1	4,000.00	12	50.00	24,000.00
	This is a national position based in Khartoum, and is directly responsible for providing leadership and technical oversight to quality project design, implementation and monitoring. This position is also responsible for donor reporting, networking, coordination and representation at national level. This position is also responsible for supervising of overall project.						
1.3	M & E Officer	D	1	3,500.00	12	40.00	16,800.00
	This is a national position based in Khartoum responsible for monitoring and evaluation of the project to be in line with health cluster strategies and within what proposed. Insure quality of services, all technical , quarterly reports , success stories , all epidemiological aspects .assessment feed back after any monitory visit .Collect monthly update for all epidemiological aspects , percentage and analysis communicable disease . submitted narrative report (6 month and annual) through The GMS . *The grand salary includes social insurance, hazard payments and hardship nature of work.*						
1.4	Accountant	S	1	750.00	12	50.00	4,500.00
	This is a national position based in Khartoum responsible for preparation of He Manages financial system and cash flows for this project including ensuring compliance with both donor and KPHFpolicies financial reports and all related documents. *The grand salary includes social insurance, hazard payments and hardship nature of work.*						
1.5	Field Coordinator	S	1	1,000.00	12	50.00	6,000.00
	This is a national position based in the field represents the manager of the project at the field level. The grand salary includes social insurance, hazard payments and hardship nature of work.						
1.6	Field Accountant	S	1	600.00	12	50.00	3,600.00
	This is a national position based in the field responsible of preparation of financial reports with supporting documents, cash of monthly salaries and related expenditure according to their budgets lines *The grand salary includes social insurance, hazard payments and hardship nature of work.*						
	Section Total						**59,940.00**
2. Supplies, Commodities, Materials							
2.1	Essential drugs and medicine used in primary care level according to standard classification	D	2	2,800.00	12	100.00	67,200.00
	Penamox capsule 250mg =100$, Penamox capsule 500mg=100$, Penaclox capsule 500mg=100$, Penamox syrup 125 ml=90$, Penamox syrup 250 ml=110$, Wafraclox syrup 250 ml=90$, Nilorim Tab=85$, Trisole syrup=90$, Amindazol 250mg tab=80$, Amindazol 500mg tab=100$, Amindazol syrup=100$, Amidole syrup=95$, Nilodol Tab 500 mg=85$, Ringtr lactate =60$, Erythromycin tab 250 mg=100$, Erythromycin syrup 125 ml=100$, Amyline pediatric=100$, Amyline expectorant syrup=100$, Erythromycin syrup 250 ml=120$, Dextrose Drip 5%=83$, Proxal Tab 250mg=90$, Normal saline infusion=82$, Septerin syrup=90$, Citi Flu Tab=90$, Citi Flu syrup 125 ml=100$, Citi Flu syrup 250 ml=80$, Amoxil capsule 250mg=90$, Amoxil capsule 500mg=100$, Canula size 16=30$, Canula size 18=30$, Canula size 22=30$, Canula size 24 =30$, Nu Burn cream=80$.						
2.2	lab Reagents and medical disposals	D	2	600.00	12	100.00	14,400.00
	Slides =30$, Cover Glass=30$, Urine stripe=35$, Cotton=20$, Urine container=20$, Stool container=25$ Yellow tips=30$, Blue tips=15$, Spirit=15$, ICT Malaria (SD)=70$, lancet =25$, gauze=30$, Camper=10$, Glacial Acidic Acid (G.A.A)=20$, Syringe (5ml)=30$, Centrifuge tube =20$, Glacial or total tube=20$, Stains =35, HCG=25$, Gloves=30$, H Biloria =30$, Lencet=30$ .liquid, solid and powder soap=30$, Dettol=40$						
2.3	Rehabilitation of 2 clinics	D	2	4,000.00	2	100.00	16,000.00
	The quantity unit to rehabilitate the 2 clinic fence, floor and shelter. The unit cost of USD 4000 for the following: *- Covering the wall of 12 room with cement = 20 bag *70$= 1400* *-Roofing 10 rooms with zinc material = 16 zinc material * 100 $ = 1600 $* *-Bricks =1000$*						
2.4	Printing and stationary materials for the clinics	D	2	365.08	12	100.00	8,761.92

	These include: *Prescription paper=150$* *Report form paper=60$* *Registration book sheet=100$* *Stationeries=55.08$*						
2.5	Medical equipments and furnature	D	2	3,800.00	1	100.00	7,600.00
	Total of 3800$ detail about : *Medical equipment include :* *Microscope = 1*800 $= 800$* *sphygmomanometer = 3*90$=270$* *Weight scale = 1*400=400$* *Stethoscope=3*50$=150$* *Delivery bed=1*280=280$* *While the furniture include:* *Cupboards= 200$*5=1000$* *Tables = 100$* *Chairs= 100$* *Desks = 600$* *Ground cloth= 100$*						
2.6	Conduct trainings on waste management and infection control for project staff and SMoH staff (male and female).	D	2	2,295.00	1	100.00	4,590.00
	Total budged of one training 2295$ detailing for : *participant per diem = 29*10 $ * 3 days =870 $* *Facilitators per diem = 2 * 50$ * 3 days = 300 $* *Meals and refreshment = 29 * 5 $ * 3 days = 435 $* *Stationeries = 120$* *Materials & certificates = 100 $* *Hall rent =50 $ * 3 days = 150$* *Care rent = 40$ * 3 days = 120$* *Coordination cost = 100$* *Banners = 100 $*						
2.7	Conduct training workshop for project staff and SMoH staff (especially for medical doctors and medical assistants) on IMCI.	D	1	2,025.00	1	100.00	2,025.00
	Total budged of one training 2025$ details for : *participant per diem = 15*10 $ * 3 days =450 $* *Facilitators per diem = 3 * 60$ * 3 days = 540 $* *Meals and refreshment =15* 5 $ * 3 days = 225 $* *Stationeries = 100 $* *Materials & certificates = 100 $* *Hall rent =200$* *Care rent = 150$* *Coordination cost = 150$* *Banners = 110 $*						
2.8	Conduct training workshop on family planning for project staff male and female (especially for medical doctors, medical assistant, mid wave, and health visitors).Support training of 5 students selected from communities (Deaij & Otash) with no or low coverage of trained midwives at Nyala Midwifery school. When they graduate, they will go back into their communities to practice.	D	1	10,025.00	1	100.00	10,025.00
	Total budged of one training 2025$ details for : *participant per diem = 15*10 $ * 3 days =450 $* *Facilitators per diem = 3 * 60$ * 3 days = 540 $* *Meals and refreshment =15* 5 $ * 3 days = 225 $* *Stationeries = 100 $* *Materials & certificates = 100 $* *Hall rent =200$* *Care rent = 150$* *Coordination cost = 150$* *Banners = 110 $* *8,000 for support training of 5 students selected from communities (Deaij & Otash) with no or low coverage of trained midwives at Nyala Midwifery school. When they graduate, they will go back into their communities to practice.*						
2.9	Conduct training workshop on how to do safe delivery for project staff(especially for mid wave and health visitor)	D	1	2,025.00	1	100.00	2,025.00

	Total budged of one training 2025$ details for : *participant per diem = 15*10 $ * 3 days =450 $* *Facilitators per diem = 3 * 60$ * 3 days = 540 $* *Meals and refreshment =15* 5 $ * 3 days = 225 $* *Stationeries = 100 $* *Materials & certificates = 100 $* *Hall rent =200$* *Care rent = 150$* *Coordination cost = 150$* *Banners = 110 $*						
2.10	Conduct training on emergency preparedness and rapid response plans for male and female project staff and SMoH staff.	D	1	2,025.00	1	100.00	2,025.00
	Total budged of one training 2025$ details for : *participant per diem = 15*10 $ * 3 days =450 $* *Facilitators per diem = 3 * 60$ * 3 days = 540 $* *Meals and refreshment =15* 5 $ * 3 days = 225 $* *Stationeries = 100 $* *Materials & certificates = 100 $* *Hall rent =200$* *Care rent = 150$* *Coordination cost = 150$* *Banners = 110 $*						
2.11	Conduct community awareness campaigns on personal hygiene, environmental sanitation and hygiene, STIs include HIV/AIDS, prevention of communicable diseases, AWD, and Reproductive health (RH) in Otash & Draij IDPs camps and surrounding areas.	D	6	800.00	2	100.00	9,600.00
	That means conduct 6 awareness campaigns on 6 topics include (Personal hygiene, Environmental Sanitation and Hygiene , STIs include HIV/AIDS , prevention of communicable diseases, AWD, and Reproductive health (RH) each campaign from these topics mentioned will frequency on two twice according to the work plan. *Total budget of one camp 800$ detailed for the following items:* *Facilitators perdeim = 3* 40 $ * 1 day = 120$* *Tent rent = 200$* *Care rent = 100 $* *Banners =2*50$ = 100$* *IEC materials =130$* *Refreshment=50$* *Coordination = 100$*						
2.12	Medical doctor	D	2	400.00	12	100.00	9,600.00
	This is a national position- seconded from SMoH responsible of consultation of patients, see complicated cases(from medical assistants and midwives). *The grand salary includes social insurance, hazard payments and hardship nature of work.*						
2.13	Medical assistant	D	4	300.00	12	100.00	14,400.00
	This is a national position seconded from SMoH responsible of out patients consultation . The grand salary includes social insurance, hazard payments and hardship nature of work.						
2.14	Lab. Technician	D	2	300.00	12	100.00	7,200.00
	This is a national position, seconded from SMoH responsible of samples examination and giving the results. Infection control safety in the lab.The grand salary includes social insurance, hazard payments and hardship nature of work.						
2.15	lab. Assistant	D	2	200.00	12	100.00	4,800.00
	This is a national position ,seconded from SMoH responsible of samples preparation for lab. tech., cleaning of the lab equipment. The grand salary includes social insurance, hazard payments and hardship nature of work.						
2.16	Midwife	D	4	250.00	12	100.00	12,000.00
	This is a national position, seconded from SMoH responsible of antenatal care, delivery and postnatal care. The grand salary includes social insurance, hazard payments and hardship nature of work.						
2.17	Health Visitor	D	2	260.00	12	100.00	6,240.00
	This is a national position responsible of antenatal care, home visits, family planning, midwives supervision . *The grand salary includes social insurance, hazard payments and hardship nature of work.*						
2.18	Pharmacist Assistant	D	2	270.00	12	100.00	6,480.00

	This is a national position ,seconded from SMoH responsible of drug dispenses, prepare drugs report with doctor and medial coordinator. *The grand salary includes social insurance, hazard payments and hardship nature of work.*						
2.19	Nurses	D	2	270.00	12	100.00	6,480.00
	This is a national position ,seconded from SMoH responsible of giving inject able doses , wound dressing routine nursing care to out patients. *The grand salary includes social insurance, hazard payments and hardship nature of work.*						
2.20	Public Health Officer	D	1	300.00	12	100.00	3,600.00
	This is a national position ,seconded from SMoH responsible of sanitation and environmental health , general hygiene of the personnel in the camp(one of recommendation of MoH to avail Public health officer).The grand salary includes social insurance, hazard payments and hardship nature of work.						
2.21	Vaccinator	D	2	200.00	12	100.00	4,800.00
	This is a national position, seconded from SMoH responsible of immunization of children and mothers, keeping the vaccine accordion standard and submitted report to SMOH. *The grand salary includes social insurance, hazard payments and hardship nature of work.*						
2.22	Registrar	D	2	180.00	12	100.00	4,320.00
	This is a national position based in the field. The Registrars will maintain registers of all cases frequency for the clinics include women , man and children . The grand salary includes social insurance, hazard payments and hardship nature of work.						
2.23	Health Educator	D	2	180.00	12	100.00	4,320.00
	This is a national position ,seconded from SMoH responsible of routine health education messages to patients and attendants at the clinic, outreach cancelling sessions at homes and clinics. Will also have a key role in key message. The grand salary includes social insurance, hazard payments and hardship nature of work.						
2.24	Cleaner	S	5	130.00	12	100.00	7,800.00
	This is a national position responsible of cleaning the clinic and office according to directive of manager. *The grand salary includes social insurance, hazard payments and hardship nature of work.*						
2.25	Guards	S	8	150.00	12	100.00	14,400.00
	This is a national position based in the field responsible of guards for the clinic in Deraii & Otash IDPs camp and office. *The grand salary includes social insurance, hazard payments hardship nature of work and overtimes hours.*						
2.26	Precurement of Lab coats	D	1	1,000.00	1	100.00	1,000.00
	For all clinic staff .Total of 1000$ detailing to following: *20 lab coats *50$= 1000$*						
2.27	Medical Coordinator	D	1	350.00	12	100.00	4,200.00
	This is national position based in the field,seconded from SMoH , and is direct responsible for ensure effective project implementation, attending of each cluster meetings , source mobilization and working under the technical guidance and supervision of the field coordinator in the field.The grand salary includes social insurance, hazard payments and hardship nature of work.						
2.28	Logistic Supplier	D	1	250.00	12	100.00	3,000.00
	This is a national position based in the field ,seconded from SMoH ,and direct responsible for procurement of drugs, lab reagents , supplies and transportation of staff .The grand salary includes social insurance, hazard payments and hardship nature of work .						
	Section Total						**258,891.92**
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00

	NA						
	Section Total						**0.00**
5. Travel							
5.1	Monitoring and supervision visits	D	1	1,000.00	8	100.00	8,000.00
	8 trips for field coordinator, monitoring project, to ensure of good implementation, every 2 month as agreed in contract plus emergency travel due to security or in case of emergency illness leave to project manager and M & E Officer.Total budget of one supervision 1000 detailed into : *- two ways ticket = 250* *- Meals and refreshment =300$* *- incentive (petty cash and transportation) =400$* *- Communication =50 $*						
5.2	Car rent support to referral	D	2	800.00	12	100.00	19,200.00
	2 Care rent support staff transportation and referral of cases.						
	Section Total						**27,200.00**
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
7. General Operating and Other Direct Costs							
7.1	Office utilities	D	1	500.00	12	100.00	6,000.00
	Total 500 $ detailed for: *Electricity =60$* *Water supply =100$* *Clean materials = 90$* *Plumbing = 50 $* *Stationeries=80$* *Meal for office staff= 120$*						
7.2	Office rent	D	1	300.00	12	100.00	3,600.00
	This is for sub office rent in Nyala .						
7.3	Fuel	D	2	250.00	12	100.00	6,000.00
	Fuel for car, to transportation of staff and general operation.						
7.4	Maintenance	D	2	200.00	12	100.00	4,800.00
	For the car as the car rent contract not include maintenance so we need it. this includes oil exchange and other maintenance.						
7.5	Communication	D	1	500.00	12	100.00	6,000.00
	Airtime for cell phones & internet connection .Total 500 $ detailed for: *- Monthly internet charge = 2 internet connection for project manager & M&E Officer * 100 $ =200$* *- Monthly phone charge = 5 cell phone * 60$ = 300 $*						
7.6	Visibility	D	4	300.00	1	100.00	1,200.00
	4 signboard at the clinics entrance detailing the purpose of the project including its intended beneficiaries, the duration of the project and , the donors and implementing partner . Signage includes information for complaints aimed to good visibility.						
7.7	Sections banners	D	2	100.00	1	100.00	200.00

	These are signs to guide beneficiaries to different section in the clinics .			
	Section Total			**27,800.00**
SubTotal		87.00		**373,831.92**
Direct				337,531.92
Support				36,300.00
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				26,168.23
Total Cost				**400,000.15**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
South Darfur -> Nyala (Otash and Dereige)	100	24,887	69,589	14,704	15,937	125,117	Activity 1.1.1: Procure and distribute basic medical equipment , essential drugs including antibiotics, anti-malarial..etc and medical supplies for Otash and Draij I... Activity 1.1.2: Rehabilitation of Otash and Draij IDPs clincs with environment friendly materials such as Stabilized Soil Blocks (SSB) or Cement Stabilized Blocks (C... Activity 1.1.3: Conduct regularly health education sessions for targeted population as well as community awareness campaigns on personal hygiene and environmental sa... Activity 1.1.4: Conduct regular field monitoring varsities to follow up activities and assess project implementation. Activity 2.1.1: Provide routine antenatal care (ANC),post natal care (PNC),family planning, clean and safe deliveries services through trained mid waver and health v... Activity 2.1.2: Conduct community awareness session campaigns on preventions of STIs include HIV/AIDS and RH in Otash & Draij IDPs camps and surrounding areas as wel... Activity 2.1.3: Conduct trainings workshops for project staff and SMoH staff (male and female) on the following topics : - IMCI (especially for medical doctors and... Activity 3.1.1: Maintain disease surveillance and reporting system by ensuring that all the supported health facilities are submitting surveillance report on a weekl... Activity 3.1.2: Prevent, mitigate and respond to communicable diseases such as AWD and other in Draij & Otash IDPs camps. Activity 3.1.3: Conduct trainings workshops for project staff and SMoH staff (male and female) on the following topics : - Waste management. - Infection control.... Activity 3.1.4: Conduct community awareness campaigns on prevention of AWD and prevention of communicable diseases in Otash & Draij IDPs camps and surrounding areas.

Documents

Category Name	Document Description
Budget Documents	KPHF 7785 TRC.1.xlsx
Budget Documents	KPHF - 7785 TRC.2.xlsx
Technical Review	Project Proposal Health KPHF (7785) SHF TU Input.doc

Technical Review	KPHF 7785 technical inputs 18032018_WHO.doc