



Red Cross Red Crescent hospital in Camp Azraq

A consortium for refugee health

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 International Federation
of Red Cross and Red Crescent Societies

Foreword

The conflict in Syria and the resulting massive refugee influx in Jordan and across the region is the most acute humanitarian crisis in the world today. With no political solution in sight and a widening gap between the needs of and the humanitarian response on the ground, the Red Cross and Red Crescent Movement must increase its assistance to the refugee population severely affected by the war in Syria.

Experience from the current emergency shows that short-term solutions to provide health care to refugees without reasonable donor commitment and sustained international support lead to a fragmented health care sector, uncoordinated and unpredictable service delivery, and a suboptimal use of resources, as the need for emergency solutions and costly referrals increase disproportionately.

Canadian, Finnish, German and Norwegian Red Cross Societies are the ERU National Societies that maintain a permanent readiness and competence to deploy hospitals with medical and surgical capacity to humanitarian emergencies all over the world. It is also these National Societies that constitute the ERU-consortium that has made this assessment and proposal possible. The Syrian refugee crisis in Jordan manifests a slow-onset humanitarian context that differs from a regular ERU deployment setting to most of its qualities: its intensity, pace, duration, predictability, disease panorama, and public health risk are not what we would be expecting in a rapid onset natural disaster. At the same time it gives the Movement an exceptional opportunity for repositioning itself as a leading provider of health in emergencies, for refocusing efforts and support to the beneficiaries and the Host National Society, and realigning interventions with the Movement humanitarian mandate, principles and rules as well as cooperating with the wider humanitarian community and local authorities in provision of critically needed humanitarian services.

Amman, 28th of June 2013

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Red Cross Red Crescent hospital in Camp Azraq
in partnership with



**CANADIAN
RED CROSS
CROIX-ROUGE
CANADIENNE**



Finnish Red Cross

German Red Cross



**الهلال الأحمر الأردني
JORDAN RED CRESCENT**



Norwegian Red Cross

Executive summary

The ongoing crisis in Syria has so far forced the migration of over 1.5 million refugees to neighbouring countries. Of those, 472,292 are currently in Jordan¹. The majority (63.3%) of those refugees currently live in host communities while the rest have found refuge in a number of refugee camps, including Za'atari (population 143,267) and the Emirates Jordanian Camp (formerly called Hallabat, population 3,005).

As the existing camps are nearing saturation, and given the ongoing waves of migration, the Jordanian authorities (GoJ) have opted for the creation of a new refugee camp in Azraq. This camp, under construction at the time of writing, is scheduled to open before the end of July² and to gradually receive new arrivals up to a planned total capacity of 130,000. The Jordanian Red Crescent Society (JRCS) was approached by the GoJ and UNHCR to assess the feasibility of providing hospital services in this camp, in collaboration with other partners and in line with the established refugee referral protocols to Jordanian health facilities. This request prompted the JRCS to seek the support of the IFRC, deployed an assessment team to Jordan on 18 June.

This team, composed of a member from every hospital-ERU National Society and led by the IFRC, met with all relevant stakeholders and concluded that: (1) The needs will exist for the provision of secondary level hospital and surgery care in Azraq camp; (2) the four ERU national societies, under the coordination of the Federation, and working closely with the JRCS, collectively have the capacity to respond to those needs, contingent on the approval of funding.

Consequently, the recommendation of the assessment team is to trigger the deployment of a modified referral ERU hospital³, with an initial capacity of 60 beds for 13 months (phase 1) and the possibility to expand for 26 months in total (phase 2), both with the option to expand to 130 beds, based on the growth of the camp. It is recommended that this deployment be undertaken by a consortium of the hospital ERU National Societies together with the JRCS and under the coordination of IFRC. The budget for this deployment is estimated at 9,670,491 CHF for the 13 months of phase 1, and an additional 6,437,573 for phase 2 (60 beds); expanding to 130 beds would mean an additional CHF 750,000 per year⁴. These costs will be slightly lower if a fully-funded logistics ERU is deployed to support the operation. The current budget does not include additional headquarters-based National Society staff or support services that may be required to enable this operation.

1 UNHCR Statistical Report on Jordan, 16 June 2013

2 Most camp partners are aiming for July 15th. It is however our conclusion, based on multiple bilateral meetings that the camp is very unlikely to receive refugees before the last week of July. The shelter contract, for example, has not yet been awarded.

3 Customised hospital based on referral hospital (see Infrastructure Annex)

4 Estimated costs to cover staff increase keeping the same proportion as for the 60-bed hospital, plus 50% additional wards and 25% additional equipment overall.

Scenario	Total budget	Remark
13 months – 60 beds	CHF 9,670,491	Phase 1 – initial request for funding
13 months – 130 beds	CHF 10,356,122	Phase 1 “plus”
26 months – 60 beds	CHF 16,108,064	Phase 2
26 months – 130 beds	CHF 16,887,726	Phase 2 “plus”

The proposed operation spans over 13 months of full hospital activity, with a recommended extension to 26 months in total. No one National Society alone can generate all the outputs needed in an intervention of this magnitude and duration. The assessment team recommends this deployment be based on a consortium – a cost- and benefit-sharing, matrix-managed approach - for an optimal use of resources, to ensure stability and predictability in the operation and for learning and sharing good humanitarian and ethical practices across the humanitarian community.

To make the opening of this hospital coincide with the arrival of refugees into the camp, it is recommended to send a first rotation composed of technicians and of a health coordinator, followed by the gradual deployment of clinical staff once the infrastructure is established and the equipment out of customs. It is further recommended that the IFRC office in Amman be strengthened by the immediate deployment of an Head of Operations and that the assessment team be replaced and/or extended to continue setting the stage for the deployment.

Background

The number of people fleeing the violence in Syria continues to increase, with Jordan receiving a large proportion (30%) of migrants. In March 2012, the UN's Regional Response plan (RRP) was forecasting that 300,000 refugees would be in Jordan by June 2013. This number was surpassed in February 2013 and the current UNHCR estimate is that 472,292 Syrians are now seeking refuge in Jordan. Although the influx has slowed down in April and May 2013, mostly due to an effort by the GoJ to better regulate the flow of migration, this number is projected to increase. Should the conflict in Syria intensify in Damascus, this increase could be significant. This reality, combined with the fact that the main camp in Jordan (Za'atari) is nearing capacity, has prompted the authorities to prepare a new site in Azraq. This camp will be large enough to accommodate up to 130,000 refugees, with the initial design and current site preparation aiming to accommodate 54,100. Some refugees living in host communities are also receiving assistance, although not yet in any systematic way.



Number of new Syrian arrivals in Jordan. Source: UNDP press release 07 June 2013

Movement actions to date

The Jordanian Red Crescent Society JRCS, in collaboration with other Red Cross and Red Crescent societies as well as other humanitarian actors, has been assisting Syrian refugees since the onset of the crisis. As of May 2013, they had assisted 25,000 families with 83,600 food parcels, 211,829 blankets, 21,500 hygiene parcels, 35,600 floor mats as well as other commodities, in addition to the provision of medical services estimated at USD1.8M and 12,000 kg of fresh bread every month. With support from the IFRC and Swiss RC, the JRCS is also implementing a cash transfer program to support the rental costs

and basic necessities of 2,000 families for three months. In addition to this support to refugees living in host communities, the **Qatar RC** as well as the **United Arab Emirates RC** are offering health services to refugees in existing camps, including a clinic deployed by the UAE RC.

The **IFRC** has deployed a Head of Emergency Operations (HEOps) to support the JRCS in its response to the crisis. In January 2013, a FACT was also deployed to assess the feasibility of JRCS providing support to the EJC (Hallabat) refugee camp.

On August 9th, 2012, the IFRC launched a regional Preliminary Emergency Appeal seeking CHF 3.7M to assist 55,000 refugees for six months in Iraq, Jordan and Lebanon. On January 30th 2013, the appeal was revised to CHF 4.6M to assist 62,000 refugees. On 28 May, this appeal was revised again and now seeks CHF 27.4M to assist 51,693 refugees in the three countries. This appeal is nine per cent (9%) covered at the time of writing.

The **ICRC** is also assisting arriving refugees with the provision of medical services at the border delivered by mobile medical teams, as well as the provision of training and medicines to support the capacity of local hospitals to treat the war wounded. The **ICRC** is also supporting the JRCS financially and through the provision of First Aid training as well as assisting vulnerable refugees with food parcels, hygiene kits and reunification services (RFL). The **ICRC** is planning to increase its medical services on the border with additional lightweight surgical teams. On May 7th, the **ICRC** launched a Budget Extension Appeal seeking CHF 12,727,000 to support their activities in Jordan.

UN appeal

On 7 June 2013, the UN revised its appeal for Syria and neighbouring countries to USD4.4 billion dollars, combined with separate appeals to assist refugees in Jordan and Lebanon worth USD850m; this makes the largest appeal in UN history¹. Of this appeal, USD1.5 billion is meant to be used to cover the “immediate needs” of the displaced population. Although this amount was pledged in full by the international community, only 20% of the funds had materialised by June 23rd².

1 UNDP press release 07 June 2013

2 Jordan Times - “UNHCR calls for plans to build to build emergency camps for Syrians”, 23 June 2013

Camp Azraq

Overview

Construction of the Azraq camp is currently underway. The infrastructure investment is estimated by UNHCR at USD60M and the camp will be over 15 km² in size (four times the area covered by Za'atari). The camp is designed in "villages", each with its own community infrastructure including a medical clinic (to be run by International Medical Corps IMC), a police substation, play areas, kindergartens, schools, mosques, etc. From a site preparation point of view, the camp is being built in stages. The first stage (already underway) will see the construction of villages 1 (base camp), as well as villages 2, 3, 5, 6 and 7 (see site layout), with an initial capacity of 55,000 villages. Of those, villages 1, 2 and 7 are nearly complete. As needed, these villages will be expanded and villages 4 and 8 will be developed, bringing the total capacity to 130,000 refugees.



Camp Azraq layout (each black square equals 1 km²)

Camp management

The governmental guidelines for camp management in Jordan changed in 2013 partly based on the experiences in Al-Za'atari camp. UNHCR leads and coordinates the international action for the world-wide protection according to its mandate, whereas the day-to-day camp management will be led by the "Syrian Refugee Camps Affairs Directorate"¹.

Infrastructure

The proposed deployment is for an initial setup of a 60-bed, secondary level care facility with a lifespan of 13 months (see health annex for details). The compound has been prepared as part of the initial layout of the new camp. The current prepared area is 5000m² with room to expand. The area required as per the proposed layout is 11,000m² and the UNHCR is working to expand the site accordingly. Adjacent to the hospital site, in the same compound, will be an IMC clinic as well as offices for Save the Children. A layer of white gravel and a seal coat has been applied throughout, rendering the surface trafficable by light vehicle in dry and wet conditions. The site has a natural slope of 1-2% and sufficient drainage ditches. At the time of writing, there was no fence or any infrastructure of any kind on or around the medical compound.



Site preparation at Azraq camp with village 5 in the right hand side background.

¹ The Jordanian Cabinet decided to introduce a directorate to be known as the *Syrian Refugee Camps Affairs*. The Jordanian Cabinet also decided to appoint the Assistant Director of Public Security, Major-General Mohammed Al-Zawahreh, as director for the Syrian Refugee Camps' Affairs as from Monday 14 January 2013.

Support services

In addition to the security services mentioned in the security annex, water will initially be trucked to the site by the water partner, German Technical Relief. It will later be piped to the hospital compound, at a cost (see budget). It will be up to the ERU hospital to connect this supply to a storage tank facility and pipe it to the various hospital water points. The water storage capacity should be of at least 12 cu.m. To allow for three days of operation without resupply. The quality of the water is to Jordanian drinking water standard. That being said, it is recommended that a water treatment unit be deployed to ensure quality. **Sewage** will be collected from site and a sewage storage bladder will be required. No digging/burying of refuse or sludge will be allowed on or near the site. **Solid waste** will also be collected at the site, from a collection point to be established. **Medical waste** will have to be disposed of in a proper high-heat medical incinerator (see site layout). **Electricity** will be delivered to the site. As the power grid is currently under development, it is impossible to know if there will be enough power available to meet our needs, nor what will be the reliability of the supply. As such, we recommend that generators be brought to power the entire facility, and that a hookup to the camp power grid as soon as practical, in an effort to cut down the fuel cost².

Greener approach

Resources in Jordan are being stretched by the massive arrival of refugees. This is especially true about water resources, as aquifers were already being tapped to their limit before this new influx. This is the subject of much debate in Jordanian media. Electricity in Jordan is also a source of environmental concern as it is produced in majority (96%³) from oil imported from neighbouring country. Throughout this deployment, it will be important to **adopt behaviours** aimed at conserving water and limiting the use of electricity, in part by **raising awareness** about the issue and **not tolerating** wastage. The climate would also be conducive to the installation of environmentally-friendly **technology**, such as solar panels, water-saving plumbing systems, re-circulating incinerators, etc. (CHF 150,000 is budgeted for this).

Proposed layout

Given the medical services required and the terrain available, the layout proposed below is recommended. The main warehouse tent is absent from this drawing as we suggest that it will be located in the general warehousing section. This layout allows for a main patient entrance in the front and a service entrance from the back road. Patients would come into the out-patient area after going through registration; from there they could access the pharmacy and be discharged or move into the in-patient area. It is paramount that gender segregation and privacy be kept in mind when dividing the common areas and locating the doors of the wards. Given the dry climate and sustained winds in the area, it is also important to maintain a minimum fire-break distance of five meters between tents. Following initial installation, it is further recommended that a number of facilities transition to containers or another type of prefab structure (reflected in layout and budget).

² The current budget accounts for the purchase of electricity from the camp power grid and for the hookup to the grid. There is also a budget line for fuel and generator maintenance allowing operating backup power 5 days a month.

³ International Energy Association statistical report 2011

Camp partners

Camp Management & Coordination	SRCD (Civil Admin and Police); UNHCR (Co-chair)
Unicef	WASH lead, education, immunization
UNHCR	Protection, registration, GBV prevention and response
World Vision	WASH implementing partner
THW - German Federal Agency for Technical Relief	WASH implementing partner
ACTED	Hygiene promotion
IMC	Primary health care
Handicap International	Rehabilitation, protection of disabled
Save the Children Jordan	Infant feeding
ICRC	RFL
IOM	Camp mgt support, community services, shelter allocation
WFP	Food, vouchers/e-vouchers, camp general store
UNFPA	SRH, GBV
CARE	TBC
Mercy Corps	TBC
Norwegian refugee Council	Shelter construction

Red Cross Red Crescent hospital in Camp Azraq

Operating model

Emergency Response Unit consortium in slow onset disasters

Outside this emergency, the National Societies engaged in the ERU system have an ongoing dialogue on the future direction of the ERU and how to respond to diverse humanitarian challenges in a flexible and efficient way. In the recent ERU working group meetings in Madrid (April 2013) and Vienna (June 2013), the concept of “a consortium ERU deployment” for slow-onset emergencies was discussed. The basic principles of the consortium model are (1) a single programmatic strategy and a common operational plan, (2) harmonized management, monitoring and evaluation processes during the entire duration of the deployment, (3) matrix management of the project staff, funding and equipment; and (4) multilateral operations’ support, particularly in the areas of operational design and communications/public relations. The comparative advantages of the consortium model in slow onset disasters are increased cost-effectiveness, increased accuracy in matching service delivery with humanitarian needs, and a larger Red Cross footprint in the humanitarian space through pooling of limited resources to a consortium. One of the cornerstones of the consortium approach is that *all* the achievements of the *entire* consortium are achievements of *all the consortium partners*.

Full participation and of the host National Society is essential in a consortium approach. The benefits of such process for all stakeholders involve: better time and resource management, enhancement of program scope and quality, capacity building and learning process for all stakeholders through a constant dialogue, and sharing of experiences and core competences of each of the National Societies and the Federation Secretariat.

Scaling up

The camp is scheduled to receive refugees before end of July. The initial arrivals may be limited in numbers, especially given Ramadan (approximately¹ July 9th to August 7th). As importation is a challenging process, it is recommended to deploy all materials for a 60-bed facility in one load. For HR, however, it is highly recommended that the deployment happen in a **phased approach**, aiming for minimal clinical services before end July², on call from the advance or setup team (see below), and scaling-up the clinical and support HR as the camp population expands. This means that the list of staff included in the organisational chart and the budget is not meant to deploy all at once. Also, although they are budgeted to remain on the safe side, there may not be a

1 Plus or minus one day based on sighting of the moon.

2 Pending no extraordinary customs delay outside our control

need for all delegates in the organisational chart to deploy as additional staff may have been recruited by the time peak capacity is reached.

Clinical services

General description and assumptions

The health system within the camp will be on a primary and second level care (camp hospital). IMC (International Medical Corps) – has committed to provide basic health care/primary health care, thus the Red Cross proposal focuses solely on secondary level providing 24-hour medical care in a hospital setting, as agreed with partners. IMC will set up an integrated primary health care centre for and two smaller village health posts. IMC's plan covers the curative, preventive, reproductive and mental health on primary level with referrals to the camp hospital. As required, IMC will provide community based management of acute malnutrition. IMC will also establish active community based surveillance in the camp and are interested in possible partnership in regard community based health activities. IOM (International Organisation for Migration) will do health check and vaccination of new arrivals of refugees.

Jordan Health Aid and IMC will be responsible for referral inside the camp. Referral to third level health care outside the camp will follow the existing principles and guidance for referral health care for refugees made by UNHCR Jordan. Handicap International will provide services for disabled refugees. Ministry of Health will be responsible for the coordination of health services in the camp.

The assumed patient profile will reflect the current health situation of the Syrian population. With one third of the health care system in Syria out of service and up 70% of the health personnel fled, the access to health care services within Syria is and has been limited³. Number of war wounded refugees is not significant from our findings in al-Za'atari camp.

It is assumed that the main clinical needs will be related to:

- General, obstetric and trauma surgery.
- Chronic (pre-existing) conditions of non communicable diseases (hypertension, ischemic heart disease, diabetes) that requires clinical treatment.
- Conditions related to mother and child health. In a population of 60,000, 15,000 women are in a reproductive age, whereof 1,350 women will be pregnant at any given time. Approximately 8 deliveries will require C-section. Number of cases of women in reproductive age, in risk of sexual violence are 300⁴.
- Conditions related to unsatisfactory sanitation (diarrhoeal diseases, dysentery, skin and eye infestations). Risk for outbreaks of diarrhoea and dysentery.
- Conditions related to unsatisfactory shelter and harsh winter conditions (acute respiratory and eye infections, common cold, and seasonal influenza). As TB is prevalent in Syria, camp situation may increase the transmission of TB (TBC: IOM provide TB program).
- MERS-CoV (Middle East Respiratory Syndrome Coronavirus) in the region.
- Conditions related to exposure to violence and the exile itself (ordinary human suffering, distressful psychological reactions, and psychiatric disorders).

³ WHO/<http://www.bbc.co.uk/news/health-22766084>

⁴ <http://www.iawg.net/resources/calculator.html>

Planned camp health services

The health system within the camp will be on a primary and second level care (camp hospital). IMC (International Medical Corps) has committed to provide basic health care/primary health care. IMC will set up a primary health care centre outside the hospital and two smaller health posts between the villages, covering the curative, preventive, reproductive and mental health on primary level with referrals to the camp hospital. As required, IMC will provide community based management of acute malnutrition. IMC plan to establish active community based surveillance in the camp and are interested in possible partnership in regard community based health activities. IOM (International Organisation for Migration) will do health check and vaccination of new arrivals of refugees.

Jordan Health Aid and IMC will be responsible for referral inside the camp. Referral to third level health care outside the camp will follow the existing principles and guidance for referral health care for refugees made by UNHCR Jordan. Handicap International will provide services for disabled refugees. Ministry of Health will be responsible for the coordination of health services in the camp.

The nature and scale of the public health risk will be largely determined by the evolution of the crisis, the number and demographic of target population.

Expected demographic (UNHCR 23.06.13) of camp population by age and gender:

Age	Male (47.8%)	Female (52.2%)
0 - 4	9.2%	9.3%
5 - 11	10.6%	10.2%
12 - 17	7.5%	7.3%
18 - 59	19.1%	23.4%
60 +	1.3%	1.9%

Planned activities

Clinical health services will be provided free of charge to refugees. First phase, a 60 beds hospital capacity will provide inpatient and outpatient referral and emergency health services for:

- Paediatrics
- Obstetrics/gynaecology
- General medicine
- General surgery (limited orthopaedic surgery)
- Radiology
- Laboratory services

In addition treatment of inpatients with chronic diseases in line with the national protocols and provision laboratory services for blood transfusion. Blood will be provided by the Jordan national blood bank.

Staff health

It is recommended that the staff health focal point be one delegated and specifically trained person in the expatriate medical team. The person will act as a focal point for staff health issues, risk management and coordination of medical evacuation of staff.

Human resources

Number of international delegates will fluctuate depending on the availability of qualified local staff. Estimation of required number is calculated from MSF refugee health⁵ reference. Consequently the ERU-Hospital with 60 beds has approximately 160 staff. This includes nurses, doctors, cleaners, drivers, technicians, guards, and admin. Personnel and translators. Jordanian Red Crescent has committed to support the hospital by providing JRCS medical staff from their hospital in Amman. An overview of staffing is provided in the proposed organisational charts.

Additional delegates

PSS/Violence prevention delegate

Violence prevention should be included at an early stage in the health service activities to ensure competent registration of victims of violence, surveillance, management of rape survivors and survivors of other interpersonal violence⁶. The PSS/violence prevention delegate will work in close cooperation with the hospital management team and other health partners in the camp. In addition the PSS would link its activities to ICRC RFL⁷ activities in the camp.

Delegate for beneficiary communication

Experience from large scale operations during the recent years shows the value of setting up systems for active two- way communication with the beneficiary and the host community. This expertise is available in the Movement and can provide valuable support to all service delivery partners and the camp management lead agency.

Security overview

The overall security situation in Jordan is stable at the moment, with the IFRC security status set at YELLOW - "Situation of heightened tension initiated"⁸. The main specific risk (aside from road traffic accident, which remain the most likely cause of an incident) result from political instability in the region that may lead to civil unrest. At the time of writing, movements were allowed in all proposed areas of operations covered by this report and no IFRC curfew was in place in Jordan. Should the situation deteriorate in the region, or civil unrest spread into Jordan, all IFRC staff, inclusive of the proposed ERU, may need to be evacuated. It is important to keep this in mind during the recommended ERU deployment. As the region is currently very volatile, it is not impossible that major shifts happen during the proposed deployment period that could result in a massive influx of weapon wounded (including chemical weapons). Accordingly, it is recommended to develop contingency plans for this potential massive influx. The current proposal calls for the deployment

5 http://refbooks.msf.org/msf_docs/en/refugee_health/rh.pdf

6 <http://www.unfpa.org/emergencies/manual/2.htm#Objectives>

7 Restoring family links.

8 With the exception of Za'atari camp, which is at ORANGE and requires special permission to access. The EJC is also at ORANGE.

of twice the standard pharmaceuticals as initial stock and room (and funds) to expand surgical capacity should the need arise.



Locations of the main refugee camps

General description of camp security

Azraq camp is situated at N 31° 54.585', E 036° 34.256', immediately to the South of a paved highway, 70 km from Amman (1 hour 15 minutes) and 30.4 km from Azraq town (20 minutes). It is also located 47 km south of the Syrian border (in a straight line through the desert, 90 km to the nearest border post along paved roads). Unlike in Za'atari, where the camp grew around the refugees and there is still no formal policing inside the camp⁹, Azraq is being designed with particular attention to security. As such, the layout includes Gendarmerie posts for perimeter protection, a police station with jurisdiction over the entire site as well as a police substation in every one of the planned six villages (except for village 1 - Base Camp). The hospital compound itself is located near one of the camp emergency exits and no less than 1km from any of the planned village, meaning that evacuation would be possible without having to cross any populated areas.

The camp outside perimeter, which a length of more than 25 km, will not be fenced (same as in Za'atari). Internal compounds, such as the base camp area and general warehousing area, will be fenced. It is essential that the entire perimeter of the hospital compound also be surrounded by a fixed perimeter fence. In addition, security guards will need to be present at all times, covering the main entrance, service entrance and patrolling inside the site. This could

⁹ The Gendarmerie controls the outside perimeter. At the time of writing, a contract had just been signed for the Jordanian Police to patrol inside the camp, at a cost of USD2.2m funded by the UN.

be achieved by hiring one of the many security companies in Jordan (such as G4S) and/or by providing employment to some of the refugees¹⁰.

With the exception of minimal staff to cover the night shift, it is recommended that no staff (including local and expatriate staff) reside in the camp. The delegates should be housed in one of the Azraq town reputable guest houses (such as Azraq Resthouse or Azraq Lodge); using IFRC vehicles to move to and from work. The transportation of local staff to and from Azraq camp should also be provided. Two mini buses are planned for this purpose.

Risk assessment

From an operational point of view, it is expected that the **most likely** risks include road traffic accidents, opportunistic theft as well as a fire breaking out in one of the tents¹¹. The **worst case** scenario, although unlikely, would be civil unrest breaking out in the camp and requiring a full evacuation.

Security management

It is recommended that the ERU team leader should have overall responsibility for the security of the hospital site and staff, while the IFRC head of Office in Amman retains responsibility over all IFRC staff in Jordan (as per current security regulations), inclusive of all ERU staff. A specific security plan will need to be drafted by the ERU Team Leader, including an evacuation plan.

Security costs

The overall cost of security infrastructure and services for the proposed deployment is CHF 110,500. Details are provided in the budget annex. This includes a perimeter fence, internal fences between hospital areas, as well as five guards on duty at any given time (requiring 15 guards on the payroll) and related communications equipment.

Conclusion

Notwithstanding the risks mentioned above, we anticipate no major obstacles to this proposed deployment from a security point of view, as long as the situation does not change in the coming weeks and the above recommendations are implemented.

Logistics

Importation of ERU-hospital

Hospital material can be imported by air to Amman through Queen Alia airport. Queen Alia has received large cargo planes like Boeing 747 and Antonov 124. Cargolux is flying Boeing 747 cargo planes from Luxembourg to Queen Alia regularly every Tuesday and Saturday.

Importing medicines in to Jordan is challenging. Importation is controlled by the Jordan Food and Drug Administration (JFDA) and by the Customs. Normally JFDA will test a sample of each medicine before the consignment is released from the customs.

¹⁰ The MSF paediatric hospital in Za'atari has experienced both options and recommends the empowerment of Syrian refugees.

¹¹ The proposed layout respects all fire breaks, thus limiting the likelihood that a fire breaks out.

List of documents required for the clearance:

1. Original Certificate of Analysis.
2. Original Certificate of Origin.
3. Packing List with batch numbers.
4. Invoice with the same batch numbers.
5. Summary of production and control protocol
6. Statement from the manufacturer that the product is in compliance with EMA guidelines for minimizing transmittance of BSE.
7. Certificate of Release with Original Stamp from the Central Drugs Laboratory.

IFRC has legal status in Jordan with tax exemption. According to IFRC Regional Representative/Head of delegation in Jordan ERU hospital should be consigned to the IFRC. IFRC office in Jordan already contacted the MoFa and is ready to submit the required letter when full packing list of the hospital consignment is available. In the response received from the MoFa the estimated time for the clearance was stated between 24 to 72 hours. Packing list will also be shared with JRCS as JRCS is willing to inform the high level officials in Jordan. Hospital medicines are required to be imported without laboratory testing or with minimal testing. The recommendation is to transport the full hospital with one flight under one set of customs documents. Moroccan and French military field hospitals brought the medicines into Jordan with their hospitals.

The ERU hospital should have medicines and medical consumables for a minimum of four months consumption. During the first four months local procurement of medicines and medical consumables needs to get up and running to serve the hospital for the rest of the duration of the hospital activity. JRCS hospital in Amman is buying medicines and medical items regularly and they have a list of all the suppliers.

Logistics in Jordan

When hospital is imported the infrastructure (tents, generators, water tank, pipes etc.) will be transported to the hospital site. The rest of the load will be stored temporarily in Amman in a temperature controlled warehouse. This warehouse space will be rented from the 3PL¹² as the current JRCS and ICRC warehouse capacity is fully utilised. Contact details for 3PLs recommended by ICRC are available. Duration that this 3PL warehouse is needed depends on time that the goods will be held by the customs.

Access from Amman to the Azraq camp is excellent with two roads, which are both usable for heavy trucking. Road transportation services are easily available in Amman. ICRC has heavy fleet in country and these trucks are available to transport the hospital equipment to the hospital site.

Warehouse tent (240 m²) is needed and can be erected into the general warehousing area of Azraq Camp which is located 1 km from the hospital site. Support team with Procurement and MedLog capacity is needed for Amman this team will execute the local procurement with JRCS.

Fleet

The fleet estimate is based on the following transportation needs:

- between hospital and staff accommodation in Azraq city
- between hospital and Amman
- within Azraq city
- within Amman by the support team

¹² Third-party logistics service provider.

Recommended vehicle fleet:

- 2 x minibus 15 seats (e.g. Toyota Hiace)
- 1 x saloon car for Amman support team (e.g. Toyota Corolla)
- 4 x pick-up/4x4 vehicle (e.g. Nissan pickup double cab, Toyota Prado, Toyota RAV4)
- 2 x ambulance (e.g. Toyota Hiace)

As the majority of travelling will be on asphalt roads there is no need for heavy duty 4x4 type of vehicles such as Land Cruisers. According to the Jordan regulations only pickups can be with diesel engine; all the rest of the vehicles must be equipped with a petrol engine.

Vehicles can be sent by the deploying National Society with the hospital equipment and/or rented from the IFRC VRP¹³. Following vehicles are currently available (situation as of 23rd June) for VRP from the IFRC Global Fleet Base in Dubai and can be deployed to Jordan:

- 2 x Toyota RAV4 (2.0 l petrol engine)
- 3 x Nissan Navara Pickup double cab (2.5 l diesel engine)
- 6 x Toyota Corolla (1.8 l petrol engine)

Delivery time for ambulances from Dubai is approximately six weeks.

Fleet assets for the camp/hospital

- 1 x multipurpose small tractor
- 1 x 4x4 forklift
- 1 x ATV with the trailer
- 2 x generator

¹³ Vehicle Rental Programme

Opportunities and challenges

A 1-2 year hospital project in Camp Azraq gives an exceptional opportunity for repositioning the Red Cross Movement as a leading provider of health in emergencies.

It gives an opportunity for engaging, re-engaging, training and re-training health-ERU roster delegates.

It gives an opportunity for operational research and sharing best practices in the wider humanitarian community.

The duration of this project will give valuable experiences of the consortium model and an opportunity to readjust and fine-tune it for future deployments in slow-onset crises.

Being present in the field with a health facility gives a close connection to operational coordination in the wider refugee context and opens for more accurate planning of possible follow-up health interventions.

Our original tented setup gives us the comparative advantage of being able to move the hospital; should it become necessary due to unforeseeable events in the regional context.

The situation is volatile and difficult to predict and the risk for unexpected development is higher than in a rapid-onset disaster with the panorama more or less cut out right from the start.

Limitations for importation of pharmaceuticals to Jordan will require extraordinary efforts from the team and Jordanian Red Crescent.

Recommendations

The recommendations of this report are based on a multisectorial field assessment and an open dialogue with numerous stakeholders. The assessment has verified the humanitarian need and the support of the Jordanian Red Crescent towards this deployment.

The four hospital-ERU National Societies (Canada, Finland, Germany and Norway) should base this deployment on a matrix-managed consortium approach together with Jordanian Red Crescent and the International Federation.

The deployment should aim to offer minimum medical services on July 15th and scale up the staffing of the hospital in line with camp growth, up to the budgeted maximum capacity.

The consortium should seek multilateral funding for the project and ensure full funding of the initial 13 months, with a projection of 26 months of activity in total.

Instead of a rotating model of responsibility between National Societies, it is recommended that the consortium is fully integrated from the beginning of the project, to ensure maximal impact on resource mobilization through joint and synchronized communications and public relations actions.

Jordanian Red Crescent should be an equal member of the consortium.

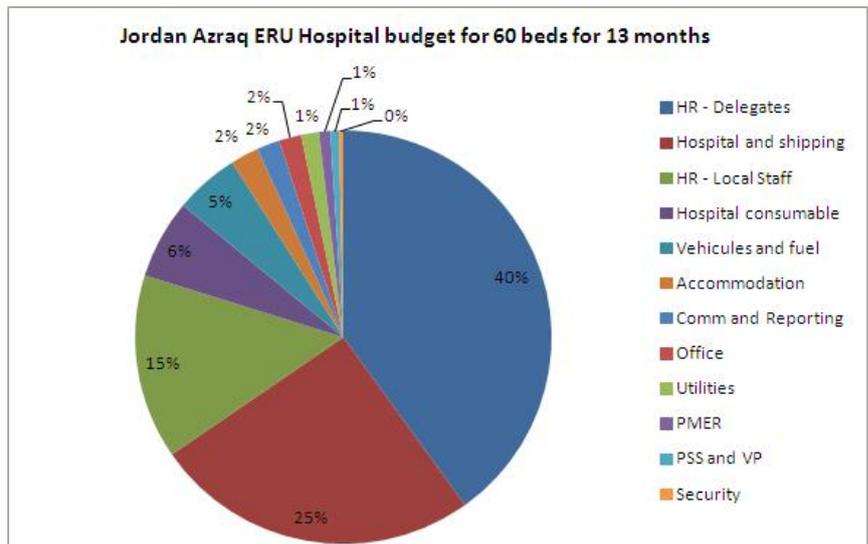
It is recommended to further explore the areas of engagement for the Federation Secretariat in the consortium. Certain functions (communications/public relations, human resources coordination) may be considered to be best managed as multilateral responsibilities.

It is recommended that the Consortium partners seek to contract a consortium coordinator (a senior team member equalling a team leader or a programme manager) through an open selection process among candidates.

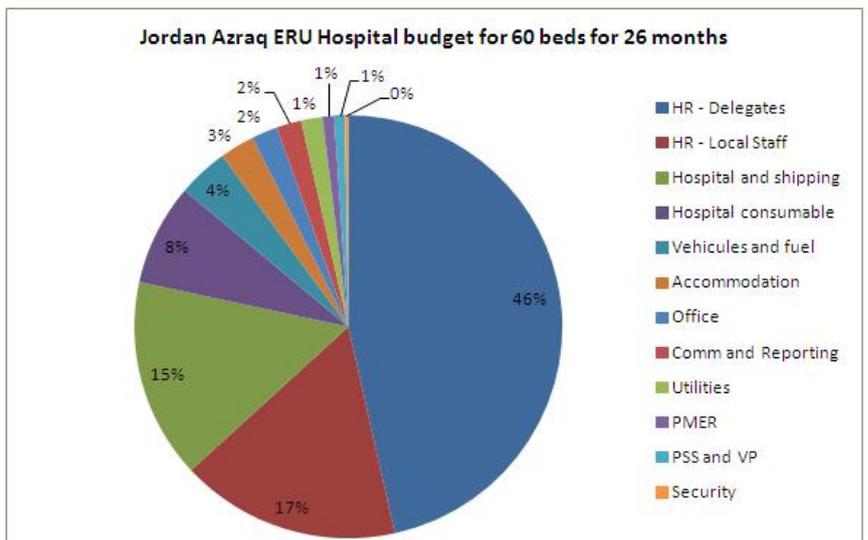
Budget

- Phase 1 budget – 13 months, 60-bed hospital
- Phase 2 budget – 26 months, 60-bed hospital

Row Labels	Sum of Total CHF
HR - Delegates	CHF 3,874,000
Hospital and shipping	CHF 2,451,418
HR - Local Staff	CHF 1,395,725
Hospital consumable	CHF 597,000
Vehicules and fuel	CHF 485,900
Accommodation	CHF 212,000
Comm and Reporting	CHF 171,750
Office	CHF 168,200
Utilities	CHF 131,998
PMER	CHF 85,000
PSS and VP	CHF 65,000
Security	CHF 32,500
Grand Total	CHF 9,670,491



Row Labels	Sum of Total CHF
HR - Delegates	CHF 7,488,000
HR - Local Staff	CHF 2,687,250
Hospital and shipping	CHF 2,451,418
Hospital consumable	CHF 1,245,500
Vehicules and fuel	CHF 618,500
Accommodation	CHF 424,000
Office	CHF 316,400
Comm and Reporting	CHF 305,000
Utilities	CHF 258,996
PMER	CHF 140,000
PSS and VP	CHF 130,000
Security	CHF 43,000
Grand Total	CHF 16,108,064



Phase 1 budget – 13 months, 60-bed hospital

Description	Quantity	Unit	Cur	Unit Price CHF	Times	Times description	Total CHF
HR - IFRC Amman office - Ops Manager	1	person	CHF	12,000.00	13	month	156,000.00
HR - IFRC Amman office - Health Coordinator	1	person	CHF	12,000.00	13	month	156,000.00
HR - Team leader - delegate	1	person	CHF	10,000.00	13	month	130,000.00
HR - Grant manager	1	person	CHF	10,000.00	13	month	130,000.00
HR - Procurement del. (Head of Amman ERU det.)	1	person	CHF	12,000.00	13	month	156,000.00
HR - Logs assistant (Amman detachment)	1	person	CHF	700.00	13	month	9,100.00
HR - Driver (Amman detachment)	2	person	CHF	400.00	13	month	10,400.00
HR - Admin - delegate (in hospital)	1	person	CHF	10,000.00	13	month	130,000.00
HR - Finance delegate (in hospital)	1	person	CHF	10,000.00	13	month	130,000.00
HR - HR delegate (in hospital)	1	person	CHF	10,000.00	13	month	130,000.00
HR - SMO / MedCo (Amman then Azraq)	1	person	CHF	12,000.00	13	months	156,000.00
HR - PSS and VP delegate	1	person	CHF	10,000.00	13	month	130,000.00
HR - PSS and VP local staff/volunteers TBC	10	person	CHF	400.00	13	month	52,000.00
HR - Comms/Public Affairs/Media (3 months)	1	person	CHF	10,000.00	3	month	30,000.00
HR - Ben comms delegate (3 months only)	1	person	CHF	10,000.00	3	month	30,000.00
HR - Ben comms local staff (month 2 onward)	1	person	CHF	500.00	12	month	6,000.00
HR - Admin and tech local staff (incl stores)	12	person	CHF	400.00	13	month	62,400.00
HR - Tech - Delegate - Setup	8	person	CHF	10,000.00	1	month	80,000.00
HR - Volunteers - Setup (per diem)	25	person	CHF	10.00	30	days	7,500.00
HR - Tech - Running steady state	3	person	CHF	10,000.00	12	month	360,000.00
HR - RN - Head nurse delegate (day)	1	person	CHF	10,000.00	13	month	130,000.00
HR - RN - Various posn - delegate (average)	5	person	CHF	10,000.00	13	month	650,000.00
HR - RN - local staff (3 shifts)	29	person	CHF	525.00	13	month	197,925.00
HR - Midwife - delegate	1	person	CHF	10,000.00	13	month	130,000.00
HR - Midwife - local staff	4	person	CHF	700.00	13	month	36,400.00
HR - GP - Medical doctors - delegate various, incl surg.	5	person	CHF	10,000.00	13	month	650,000.00
HR - GP - Medical Doctors - local various, incl surg.	5	person	CHF	3,500.00	13	month	227,500.00
HR - Paramedics (for ambulances)	4	person	CHF	700.00	13	month	36,400.00
HR - Lab tech - delegate	1	person	CHF	10,000.00	13	month	130,000.00
HR - Lab tech - local staff	2	person	CHF	700.00	13	month	18,200.00
HR - X-ray tech - delegate	1	person	CHF	10,000.00	13	month	130,000.00
HR - X-ray tech - local staff	2	person	CHF	700.00	13	month	18,200.00
HR - med log delegate	1	person	CHF	10,000.00	13	month	130,000.00
HR - med log local staff	2	person	CHF	700.00	13	month	18,200.00
HR - Pharmacy delegate (2 months only)	1	person	CHF	10,000.00	2	month	20,000.00
HR - Pharmacy (local staff)	1	person	CHF	1,500.00	13	month	19,500.00
HR - Cooks - local staff	6	person	CHF	300.00	13	month	23,400.00
HR - Cleaners and laundry	16	person	CHF	300.00	13	month	62,400.00
HR - Drivers	10	person	CHF	400.00	13	month	52,000.00
HR - Translators	10	person	CHF	525.00	13	month	68,250.00
HR - Staff accommodation Azraq (monthly)	21	person	CHF	500.00	13	month	134,000.00
HR - Staff accommodation Amman (monthly)	4	person	CHF	1,500.00	13	month	78,000.00
HR - Food (monthly for all staff)	121	person	CHF	150.00	13	month	235,950.00
HR - Transportation allowance (local staff, monthly)	100	person	CHF	100.00	13	month	130,000.00
HR - Security - Guards (or security contract)	20	person	CHF	400.00	13	month	104,000.00
Security - Training	15	person	CHF	500.00			7,500.00
Security - Eqpt. - Guard kits with radios	15	kit	CHF	400.00			6,000.00
Security - Eqpt. - Fire suppression kits	12	kit	CHF	250.00			3,000.00
Security - Infra. - Perimeter fence	600	meter	CHF	15.00			9,000.00
Security - Infra. - Internal fences	400	meter	CHF	10.00			4,000.00
Security - Zone visit	1	lumpsum	CHF	3,000.00			3,000.00
Services - JRCS office rent (monthly)	1	lumpsum	CHF	3,000.00	13	month	39,000.00
Services - Fuel - vehicles (monthly)	2,250	liter	CHF	0.80	13	month	23,400.00
Services - Fuel - Backup generator (monthly)	2,000	liter	CHF	0.80	13	month	20,800.00
Services - Water hookup	1	lumpsum	CHF	5,000.00			5,000.00
Services - Water (Sphere standard)	135,000	liter	CHF	0.02	13	month	34,398.00
Services - Electricity hookup	1	lumpsum	CHF	25,000.00			25,000.00
Services - Electricity (monthly)	1	lumpsum	CHF	5,000.00	13	month	65,000.00
Services - Electricity - Backup gen. maint.	1	lumpsum	CHF	200.00	13	month	2,600.00
Services - Transport (in-country transport - setup)	1	lumpsum	CHF	7,000.00			7,000.00
Services - Warehouse rental during setup	1	lumpsum	CHF	10,000.00			10,000.00
Services - Banking and financial charges (monthly)	1	lumpsum	CHF	400.00	13	month	5,200.00
Hospital - Hospital unit (Referral customised)	1	unit	CHF	1,889,418.00			1,889,418.00
Hospital - Shipping of the unit	1	shipping loac	CHF	395,000.00			395,000.00
Hospital - Startup fund	1	lumpsum	CHF	20,000.00			20,000.00
Hospital - Meds - Monthly	1	lumpsum	CHF	12,000.00	9	month	108,000.00
Hospital - Replenishment material - Monthly	1	lumpsum	CHF	20,000.00	9	month	180,000.00
Hospital - New technology	1	lumpsum	CHF	50,000.00			50,000.00
Hospital - Food	50	item	CHF	150.00	13	month	97,500.00
PSS and VP - Operating budget	1	lumpsum	CHF	5,000.00	13	month	65,000.00
Running cost - Hospital (contingency)	1	lumpsum	CHF	5,000.00	13	month	65,000.00
Running costs - Amman office (monthly)	1	lumpsum	CHF	3,000.00	13	month	39,000.00
Infra - Containers for specific areas	8	unit	CHF	15,000.00			120,000.00
Eqpt - Personal protective equipment	100	item	CHF	25.00			2,500.00
Eqpt - Admin and cleaningsupplies (monthly)	1	lumpsum	CHF	3,000.00	13	month	39,000.00
Eqpt - Environ. -friendly tech. (incl solar pannel)	1	lumpsum	CHF	150,000.00			150,000.00
Fleet - Training	1	training	CHF	4,000.00			4,000.00
Fleet - Ambulances VRP - Purchase	2	item	CHF	55,000.00			110,000.00
Fleet - Pick-up - Purchase or rent	4	item	CHF	35,000.00			140,000.00
Fleet - Minibus - VRP	2	item	CHF	760.00	13	month	19,760.00
Fleet - Saloon car - VRP (one for Amman det)	1	item	CHF	780.00	13	month	10,140.00
Fleet - ATV with trailer - Purchase	1	item	CHF	8,800.00			8,800.00
Fleet - Multi-purpose small tractor - purchase	1	item	CHF	35,000.00			35,000.00
Fleet - Fork lift - purchase	1	item	CHF	45,500.00			45,500.00
Fleet - Shipping	1	shipping loac	CHF	10,000.00			10,000.00
Fleet - Maintenance	10	lumpsum	CHF	150.00	13	month	19,500.00
Comms - Ben comms and comm. engage op budget	1	lumpsum	CHF	7,500.00	13	month	97,500.00
Comms - PA visits	5	trip	CHF	5,000.00			25,000.00
Comms - IT - Internet	1	lumpsum	CHF	1,000.00	13	month	13,000.00
Comms - BGAN and SatPhone for emergencies	1	lumpsum	CHF	5,000.00			5,000.00
Comms - OT - Mobile phones	1	lumpsum	CHF	1,750.00	13	month	22,750.00
Comms - Computers for admin	5	item	CHF	700.00			3,500.00
Comms - OT - VHF (except guards)	25	item	CHF	200.00			5,000.00
PMER - Monitoring visits	5	trip	CHF	5,000.00			25,000.00
PMER - Reviews	2	item	CHF	30,000.00			60,000.00
Travel - Regional (per month)	1	trip	CHF	3,000.00	13	month	39,000.00
Grand Total							9,670,491.00

Note: This budget does not include additional HQ-based NS staff, support services or NS administrative fees that may be required to enable this operation.

Phase 2 budget – 26 months, 60-bed hospital

Description	Quantity	Unit	Cur	Unit Price CHF	Times	Times description	Total CHF
HR - IFRC Amman office - Ops Manager	1	person	CHF	12,000.00	26	month	312,000.00
HR - IFRC Amman office - Health Coordinator	1	person	CHF	12,000.00	26	month	312,000.00
HR - Team leader - delegate	1	person	CHF	10,000.00	26	month	260,000.00
HR - Grant manager	1	person	CHF	10,000.00	13	month	130,000.00
HR - Procurement del. (Head of Amman ERU det.)	1	person	CHF	12,000.00	26	month	312,000.00
HR - Logs assistant (Amann detachment)	1	person	CHF	700.00	26	month	18,200.00
HR - Driver (Amman detachment)	2	person	CHF	400.00	26	month	20,800.00
HR - Admin - delegate (in hospital)	1	person	CHF	10,000.00	26	month	260,000.00
HR - Finance delegate (in hospital)	1	person	CHF	10,000.00	26	month	260,000.00
HR - HR delegate (in hospital)	1	person	CHF	10,000.00	26	month	260,000.00
HR - SMO / MedCo (Amman then Azraq)	1	person	CHF	12,000.00	26	months	312,000.00
HR - PSS and VP delegate	1	person	CHF	10,000.00	26	month	260,000.00
HR - PSS and VP local staff/volunteers TBC	5	person	CHF	400.00	26	month	52,000.00
HR - Comms/Public Affairs/Media (3 months)	1	person	CHF	10,000.00	3	month	30,000.00
HR - Ben comms delegate (3 months only)	1	person	CHF	10,000.00	3	month	30,000.00
HR - Ben comms local staff (month 2 onward)	1	person	CHF	500.00	23	month	11,500.00
HR - Admin and tech local staff	12	person	CHF	400.00	26	month	124,800.00
HR - Tech - Delegate - Setup	8	person	CHF	10,000.00	1	month	80,000.00
HR - Volunteers - Setup (per diem)	25	person	CHF	10.00	30	days	7,500.00
HR - Tech - Running steady state	3	person	CHF	10,000.00	25	month	750,000.00
HR - RN - Head nurse delegate (day)	1	person	CHF	10,000.00	26	month	260,000.00
HR - RN - Various positions - delegate	5	person	CHF	10,000.00	26	month	1,300,000.00
HR - RN - local staff (3 shifts)	29	person	CHF	525.00	26	month	395,850.00
HR - Midwife - delegate	1	person	CHF	10,000.00	26	month	260,000.00
HR - Midwife - local staff	4	person	CHF	700.00	26	month	72,800.00
HR - GP - Medical doctors - delegate various	5	person	CHF	10,000.00	26	month	1,300,000.00
HR - GP - Medical Doctors - local various	5	person	CHF	3,500.00	26	month	455,000.00
HR - Lab tech - delegate	1	person	CHF	700.00	26	month	260,000.00
HR - Lab tech - delegate	1	person	CHF	10,000.00	26	month	260,000.00
HR - Lab tech - local staff	2	person	CHF	700.00	26	month	36,400.00
HR - X-ray tech - delegate	1	person	CHF	10,000.00	26	month	260,000.00
HR - X-ray tech - local staff	2	person	CHF	700.00	26	month	36,400.00
HR - Cooks - local staff	6	person	CHF	300.00	26	month	46,800.00
HR - med log local staff	1	person	CHF	700.00	26	month	18,200.00
HR - Pharmacy delegate (2 months only)	1	person	CHF	10,000.00	2	month	20,000.00
HR - Pharmacy (local staff)	1	person	CHF	1,500.00	26	month	39,000.00
HR - Cooks - local staff	6	person	CHF	300.00	26	month	46,800.00
HR - Cleaners and laundry	16	person	CHF	300.00	26	month	124,800.00
HR - Drivers (one for Amman)	10	person	CHF	400.00	26	month	104,000.00
HR - Translators	10	person	CHF	525.00	26	month	136,500.00
HR - Staff accommodation Azraq (monthly)	21	person	CHF	500.00	26	month	268,000.00
HR - Staff accommodation Amman (monthly)	4	person	CHF	1,500.00	26	month	156,000.00
HR - Food (monthly for all staff)	121	person	CHF	150.00	26	month	471,900.00
HR - Transportation allowance (local staff, monthly)	100	person	CHF	100.00	26	month	260,000.00
HR - Security - Guards (or security contract)	20	person	CHF	400.00	26	month	208,000.00
Security - Training	30	person	CHF	500.00			15,000.00
Security - Eqpt. - Guard kits with radios	15	kit	CHF	400.00			6,000.00
Security - Eqpt. - Fire suppression kits	12	kit	CHF	250.00			3,000.00
Security - Infra. - Perimeter fence	600	meter	CHF	15.00			9,000.00
Security - Infra. - Internal fences	400	meter	CHF	10.00			4,000.00
Security - Zone visit	2	lumpsum	CHF	3,000.00			6,000.00
Services - JRCS office rent (monthly)	1	lumpsum	CHF	3,000.00	26	month	78,000.00
Services - Fuel - vehicles (monthly)	2,250	liter	CHF	0.80	26	month	46,800.00
Services - Fuel - Backup generator (monthly)	2,000	liter	CHF	0.80	26	month	41,600.00
Services - Water hookup	1	lumpsum	CHF	5,000.00			5,000.00
Services - Water (Sphere standard)	135,000	liter	CHF	0.02	26	month	68,796.00
Services - Electricity hookup	1	lumpsum	CHF	25,000.00			50,000.00
Services - Electricity (monthly)	1	lumpsum	CHF	5,000.00	26	month	130,000.00
Services - Electricity - Backup gen. maint.	1	lumpsum	CHF	200.00	26	month	5,200.00
Services - Transport (in-country transport - setup)	1	lumpsum	CHF	7,000.00			7,000.00
Services - Warehouse rental during setup	1	lumpsum	CHF	10,000.00			10,000.00
Services - Banking and financial charges (monthly)	1	lumpsum	CHF	400.00	26	month	10,400.00
Hospital - Hospital unit (Referral customised)	1	unit	CHF	1,889,418.00			1,889,418.00
Hospital - Shipping of the unit	1	shipping load	CHF	395,000.00			395,000.00
Hospital - Startup fund	1	lumpsum	CHF	20,000.00			20,000.00
Hospital - Meds - Monthly	1	lumpsum	CHF	12,000.00	20	month	240,000.00
Hospital - Replenishment material - Monthly	1	lumpsum	CHF	20,000.00	22	month	440,000.00
Hospital - New technology	1	lumpsum	CHF	50,000.00			50,000.00
Hospital - Food	50	item	CHF	150.00	26	month	195,000.00
PSS and VP - Operating budget	1	lumpsum	CHF	5,000.00	26	month	130,000.00
Running cost - Hospital (contingency)	1	lumpsum	CHF	5,000.00	26	month	130,000.00
Running costs - Amman office (monthly)	1	lumpsum	CHF	3,000.00	26	month	78,000.00
Infra - Containers for specific areas	16	unit	CHF	15,000.00			240,000.00
Eqpt - Personal protective equipment	100	item	CHF	25.00			2,500.00
Eqpt - Admin and cleaningsupplies (monthly)	1	lumpsum	CHF	3,000.00	26	month	78,000.00
Eqpt - Environ. -friendly tech. (incl solar pannel)	1	lumpsum	CHF	150,000.00			150,000.00
Fleet - Training	1	training	CHF	4,000.00			4,000.00
Fleet - Ambulances VRP - Purchase	2	item	CHF	55,000.00	1		110,000.00
Fleet - Pick-up - Purchase or rent	4	item	CHF	35,000.00			140,000.00
Fleet - Minibus - VRP	2	item	CHF	760.00	26	month	39,520.00
Fleet - Saloon car - VRP	1	item	CHF	780.00	26	month	20,280.00
Fleet - ATV with trailer - Purchase	1	item	CHF	8,800.00			8,800.00
Fleet - Multi-purpose small tractor - purchase	1	item	CHF	35,000.00			35,000.00
Fleet - Fork lift - purchase	1	item	CHF	45,500.00			45,500.00
Fleet - Shipping	1	shipping load	CHF	10,000.00			10,000.00
Fleet - Maintenance	10	lumpsum	CHF	150.00	26	month	39,000.00
Comms - Ben comms and comm. enqage op budget	1	lumpsum	CHF	7,500.00	26	month	195,000.00
Comms - PA visits	5	trip	CHF	5,000.00			25,000.00
Comms - IT - Internet	1	lumpsum	CHF	1,000.00	26	month	26,000.00
Comms - BGAN and SatPhone for emergencies	1	lumpsum	CHF	5,000.00			5,000.00
Comms - OT - Mobile phones	1	lumpsum	CHF	1,750.00	26	month	45,500.00
Comms - Computers for admin	5	item	CHF	700.00			3,500.00
Comms - OT - VHF (except guards)	25	item	CHF	200.00			5,000.00
PMER - Monitoring visits	10	trip	CHF	5,000.00			50,000.00
PMER - Reviews	3	item	CHF	30,000.00			90,000.00
Travel - Regional (per month)	1	trip	CHF	3,000.00	26	month	78,000.00
Grand Total							16,108,064.00

Note: This budget does not include additional HQ-based NS staff, support services or NS administrative fees that may be required to enable this operation.

Hospital organisational structure

