**2. PROPOSAL DETAILS** (Attach supporting documents if necessary)

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| (1) Name of the project | Replacement of old Ultrasound and X-ray machine |
| (2) Project site | Governorate, City / Camp | Mafraq governorate, Zaatari camp |
| Targeted population | Zaatari camp ( 81,000 ) |
| Web map URL of the exact location |  |
| (3) Nature of the project (circle the suitable description) | Construction / Renovation / Installing Equipment ( Replacement / New )Other; (specify) |
| (4) Estimated cost for the project*(list the items you wish to be procured through the grant)* | Item | Qty | Price (JD) |
| Ultrasound  | 1 | 30,000 |
| X-ray machine  | 1 | 20,000 |
|  |  |  |
|  |  |  |
| External audit | 1 | 1,000 JD |
| TOTAL (*should not exceed grant amoun*t): | 51,000 |
| (5) Problem statement (Attach supporting documents ex. related statistics or reports) | 1. Actual and present needs in details supported by numbers

**Ultrasound:**The current ultrasound is installed in the gynecology department and it is very old; we have had it for 11 years. It is outdated and not giving accurate readings for women. It also does not turn on sometimes. It is out of order 3 days a week at least. Many women have to get transferred to hospitals outside the camp. The closest hospital is 45 minutes away and it is a private hospital. In Zaatari camp, according to UNHCR fact sheet for April 2018 (which we have attached with this application), the camp receives 80 births per week. Every day we receive around 50 women who need an ultrasound check. In 2022, 7,200 women were transferred to the nearby hospital because of the current equipment. These transfers are a burden to the refugees in Zaatari camp as they do not have the financial means to pay for hospital treatment. At our clinic, we offer the ultrasound check for $5, but at a nearby hospital it costs four times that amount, $20. Also, there are many cases of women being misdiagnosed due to inaccurate readings of the machine. Our doctors are not able to diagnose complications early enough thus worsening their symptoms and may lead to the development in life-threatening issues. **X-ray machine:**Our x-ray machine was purchased second-hand and has been in use for over 20 years. Much like the ultrasound, it is out of order many times during the week. It was donated by a hospital in Amman 11 years ago. It has become very costly have maintenance done. Every day we receive about 30 patients that need an x-ray, but the images the x-ray produces during the few times it’s in operation are very low quality. Thus, we had to transfer 2,889 patients to the nearby hospital. We offer the X-ray service for $5 same as Ultrasound, but at a nearby hospital it costs $20. In some cases, patients refuse to go to the hospital despite their symptoms and become seriously ill because transferring to another hospital would be a huge financial burden for patients.   |
| (b) Major cause of the problemThere is a need for medical services in the Zaatari refugee camp. With 81,000 people living below the poverty line and with limited resources, many people are not able to have access to proper medical care. Our doctors work around the clock to provide health care to refugees as best as they could, but it is difficult for doctors to keep up due to the poor condition of the clinic’s equipment. In the Zaatari refugee camp, birth rates are high despite family planning campaigns. Child marriage is also high thus contributing to the fact that we are in need of a new ultrasound. Furthermore, there are no hospitals in our district that have X-ray machines, which means our X-ray is the only one available to serve patients. If our Ultrasound and X-ray can operate better then we can attend to these patients more efficiently and effectively and these patients wouldn’t have to be transferred to other hospitals and not have to come multiple times a week to get a single image. |
| (6) The organization’s response to the problem  | 1. Ongoing activities by the organization

Our clinic is doing its best to help the refugees. Our clinic receives around 200 refugees a day and they pay little to nothing. We began our operations in 2012 and have since grown our reputation inside the camp. We have 12 doctors. 2 gynecologists, 2 general doctors, 1 dentist, 1 ophthalmologist, 2 pediatricians, 2 orthopedists, 1 pulmonologist, 1 nutritionist.They take shifts, 6 doctors are present a day and the next day is the shift for the remaining six. Our clinic is open from 8:00am to 7:00pm from Sunday to Thursday. We began noticing issues with our ultrasound 5 years ago. It started due to the heavy rain that poured in 2018 there was a leak in the ceiling and it dripped on the ultrasound. Since then, we have repaired it multiple times, but it still gets out of order. We began noticing issues with our x-ray machine 3 years ago. We have bought parts to fix it but it still gets out of order. In 2021 and 2022, the x-ray and ultrasound increasingly stopped operating.For both equipment we have continuous maintenance checks but they are being a burden on our clinic rather than help us work effectively. We applied for the GGP this time because, as noted above, we take very little money from our patients, and we could not afford to buy new equipment.  |
| (b) Number of the benefited people per year (for the past 5 years)

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| --- | --- | --- | --- |
| Year | Number of beneficiaries for the whole clinic | For x ray | For ultrasound |
| 2018 | 48,502 | 7,587 | 12,539 |
| 2019 | 33,500 | 3,704 | 6,910 |
| 2020 | 55,400 | 14,080 | 13,063 |
| 2021 | 49,358 | 5,000 | 6,979 |
| 2022 | 48,000 | 4,320 | 3,339 |

In 2019, we had to temporarily close the clinic for a few months due to building repairments, that is why our number of beneficiaries is lower compared to other years. In 2020, the clinic received a surge of patients due to the COVID 19 outbreak that needed x-ray images of their lungs and that overworked our x-ray machine which at the time had already began showing signs of malfunctioning. For the years 2021 and 2022, the number of equipment beneficiaries decreased sharply due to increased equipment failure. If the Equipment had worked properly the number of beneficiates would have been as follows:

|  |  |  |
| --- | --- | --- |
| year | For x-ray | For ultrasound |
| 2021 | 8,504 | 14,001 |
| 2022 | 7,208 | 12,016 |

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| (7) Objectives and outline of the project  | Replacing the Ultrasound and x-ray machine will allow our doctors to see more patients during the day, transfer less, and give more accurate diagnosis. Same day diagnosis can save, time, money as well as the energy of our doctors. Many health complications can be avoided if doctors are able to diagnose patients earlier and immediately begin with treatment. This also alleviates the financial burden of transportation for the clinic and the hospital free for the patient. This also alleviates the capacity burden of nearby hospitals.  |
| (8) People to be benefited from the project(Attach supporting documents ex. related statistics or reports) | (a) Estimated number (with the explanation on how the number was calculated) |
| Direct | For Ultrasound:12,016(per year)For x-ray: 7,208(per year) | Explanation This is the number of beneficiaries of 2022 if the ultrasound worked normally and we didn’t have to transfer women. Explanation: This is the number of beneficiaries of 2022 if the x-ray worked normally and we didn’t have to transfer patients. |
| Indirect | For Ultrasound:24,032 (per year)For X-ray: 14,416(per year) | ExplanationIt is the number of beneficiaries x 2 to include their spouses. ExplanationIt is the number of beneficiaries x 2 to include their spouses. |
| 1. Criteria of the organization and social background of the people

The beneficiaries of the ultrasound and X-ray machine are Syrian refugees living in Zaatari camp. Zaatari camp is home to 81,000 refugees. These are people who live below the poverty line and struggle to have access to the most basic of human necessities. We are a clinic whose goal is to try to alleviate the suffering of these refugees by allowing them access to health care which is the most important and most basic human need.  |
| (9) Expected effects and outcome of the project | We believe that once we replace the ultrasound and x-ray machine we will be able to give accurate diagnoses and help treat people better. Our current equipment is very outdated and doesn’t give clear images. We wouldn’t have to redo x-ray images for patients as we don’t want to expose them to higher radiation levels. Regarding the ultrasound, we can have more probes and allow 4D imaging thus helping women identify even the most basic information such as gender of the baby better which we struggle to do at the moment. Pregnant women wouldn’t have to be transferred to hospitals and take up other hospital beds. Our clinic will also be able to save on maintenance cost which could help us continue to provide free services to refugees. |
| (10) Sustainability of the project(management of the project in an appropriate & sustainable manner) |  To ensure the sustainability of both equipment, we will ensure constant 3 month maintenance check-ups. We will train our staff how to properly use and clean these equipment. We will fix building water leakage and provide covers for the equipment if such a leakage ever happens. We will also use the equipment every day to its full capacity and not keep it shut off for long periods of time. We will also appoint a technician with a certificate in using equipment to perform regular check-ups. |
| (11) Other existing organizations working in the same field with the proposed project, and future plans | Name of the organization | Services provided (in detail)  |
| (Public) | None in the camp  |
| (Private) | None in the camp  |
| (UN / NGO) | District X: A clinic operated by UN XXXXDistrict X: A clinic operated by INGO |
| (a) Describe reasons why the people need this project other than existing one. Our clinic has been in operation since 2012, when the Zaatari refugee camp was first established. We are the only clinic in this district that provides gynecological services and the only one that owns an X-ray. If we are no longer able to see patients, current patients will have to go to other districts. |