

# Project Proposal

|   |  |                          |                   |                            |              |              |  |
|---|--|--------------------------|-------------------|----------------------------|--------------|--------------|--|
| Organization  | UNIDO (Universal Intervention and Development Organization)  |                          |                   |                            |              |              |  |
| Project Title   | Improve quality of comprehensive emergency primary healthcare services and increase access through health facility, outreach and community based service provision.  |                          |                   |                            |              |              |  |
| Fund Code   | SSD-15/HSS10/SA2/H/NGO/549   |                          |                   |                            |              |              |  |
| Cluster   | <b>Primary cluster</b>   | <b>Sub cluster</b>       |                   |                            |              |              |  |
|   | HEALTH   | None                     |                   |                            |              |              |  |
| Project Allocation  | 2nd Round Standard Allocation  | Allocation Category Type |                   |                            |              |              |  |
| Project budget in US\$  | 250,472.03   | Planned project duration | 6 months          |                            |              |              |  |
| Planned Start Date  | 01/08/2015   | Planned End Date         | 31/01/2016        |                            |              |              |  |
| OPS Details   | OPS Code   | SSD-15/H/72929/R         | OPS Budget        |                            |              |              |  |
|   | OPS Project Ranking  |                          | OPS Gender Marker |                            |              |              |  |
| Project Summary   | <p>This project is meant to maintain and improve the essential PHC services putting into consideration the quality, accessibility and culturally acceptable mostly for the vulnerable groups like under5 boys &amp; girls, women of child bearing ages, elderly men &amp; women and disables of the host communities and the IDPs. The effects of the current crisis have exposed the community of Mayendit and Leer counties into continuous displacement and they have never gotten any opportunity to cultivate for the last 20months of the conflict. This by itself is an indicator of imminent hunger and therefore more rooms for under5 boys &amp; girls and PLW exposed to all types of malnutrition. And as their immunities continue to be low then diseases like malaria, AWD/ABD, ARI (pneumonia) will be everywhere. The pregnant women have limited access to ANC services and the FP utilization is below 5% as most of the population are &gt;5km radius from the health facilities which can be addressed by establishment of mobile clinics. The preventive measures like TT2, DPT and other childhood disease immunizations provision and accessibility is just below 15% or even not existing because the routine immunization activities have been broken down since December 2013 where the then existing cold chains either damaged or looted. Also the continuous influx of IDPs as result of fighting and the floods mainly during the rainy season contribute to the exposure of the vulnerable groups of people in the communities into hunger and inter-communal conflicts are expected to predispose the children and women to more dangers.</p> <p>This project proposal will maintain the existing emergency health sector safety net in Dabluai, Tutnyang, Bhor Thaker &amp; Pabuong Payams of Mayendit county and Bow, Luai, Guat and Nyandiar payams of Leer county by providing basic health packages and emergency referral services in the supported facilities and the communities based services. Through a focus on maternal and child health (MCH) especially basic obstetric &amp; neonatal care (BEmONC), integrated management of childhood illnesses (IMCI) and routine EPI, UNIDO intends to ensure the promotion of mother and child survival in its supported healthcare facilities and continues to provide services in line with the Basic Package of Health Services (BPHS). Special focus will be in place to boost the coverage for measles vaccination through enhanced outreach activities and regular cyclic vaccination campaigns. UNIDO has initiated the use of community health committees to intensify community education and social mobilization for the utilization of services. UNIDO plans to use community health committees/home health promoters to conduct health promotion activities on common illnesses, MCH, nutrition, healthcare seeking behaviour and information on available services in the HF's. UNIDO shall procure and distribute essential drugs, basic medical equipment, and laboratory supplies which are not in the MOH's supply chain. UNIDO shall continue to be in partnerships with UNFPA and UNICEF to ensure the timely preposition of essential RH kits and EPI commodities. And to ensure accurate laboratory and clinical management of diseases UNIDO shall continue to improve the diagnostic capacity of laboratory services at Mayendit PHCC &amp; Bow PHCC through training the health workers and prepositioning of laboratory reagents and equipment.</p> |                          |                   |                            |              |              |  |
| Direct beneficiaries  |  | <b>Men</b>               | <b>Women</b>      | <b>Boys</b>                | <b>Girls</b> | <b>Total</b> |  |
|   | Beneficiary Summary  | 34920                    | 39746             | 36940                      | 37426        | 149,032      |  |
|   | <b>Total beneficiaries include the following:</b>  |                          |                   |                            |              |              |  |
|   | Children under 5   | 0                        | 0                 | 0                          | 0            | 0            |  |
|   | Internally Displaced People  | 0                        | 0                 | 0                          | 0            | 0            |  |
|   | People in Host Communities   | 0                        | 0                 | 0                          | 0            | 0            |  |
| Pregnant and Lactating Women  | 0  | 0                        | 0                 | 0                          | 0            |              |  |
| Indirect Beneficiaries  | Catchment Population   |                          |                   |                            |              |              |  |
| Link with the Allocation Strategy   | This project proposal will ensure adequate and uninterrupted supply of drugs, medical and laboratory supplies & equipments through both direct and MOH supply chains and also undertake Emergency Obstetrics surgical interventions. It will also strengthen the emergency preparedness and respond to health related emergencies including the control of communicable diseases from spreading at the supported facilities in the affected community of Mayendit and Leer counties. It will also enhance the establishment of mobile clinics to reach areas which have no access to the existing facilities due to distances and flooding. It will also help to maintain environmental friendly activities because UNIDO plans to renovate the incinerators for safe disposal of the medical hazardous & non-hazardous wastes used in the supported facilities and to train the health and community based staffs on the system of safe disposal.   |                          |                   |                            |              |              |  |
| Sub-Grants to Implementing Partners   | Other funding Secured For the Same Project (to date)   |                          |                   |                            |              |              |  |
| Organization focal point contact details  | Name   | Title                    | Phone             | Email                      |              |              |  |
|   | Dr Duk Stephen   | Health manager           | +211955550669     | dukstephen@yahoo.com       |              |              |  |
|   | James Keah Ninrew  | Executive director       | +254722304348     | ed@unidosouthsudan.org     |              |              |  |
|   | Thomas Manyol  | Programs coordinator     | +211955060734     | riekthomasmanyol@gmail.com |              |              |  |
|   | Kennedy Recha  | Finance manager          | +254715768768     | wanyonyi41@gmail.com       |              |              |  |
| <b>BACKGROUND INFORMATION</b>   |  |                          |                   |                            |              |              |  |
| <b>1. Humanitarian context analysis.</b> Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented | <p>According to the National Bureau of Statics Mayendit and Leer counties have the population of over 140,000 combined. Moreover Unity State is one of the three mostly affected states by the current conflict in the country where health care services are almost 100% provided by humanitarian agencies. The state has the worse maternal and child mortality rate where even the preventable death from curable diseases happens on daily basis. Due to the challenges of poor accessibility caused by the insecurity and poor infrastructure the uptake for MCH services is at its lowest rate. Lack of well-trained clinical staffs has left a big gap since it's very difficult to hire qualified staffs to those areas, hence leaving the pregnant women even more vulnerable in accessing safe delivery at the health facilities and attend to antenatal care &amp; post natal service.</p> <p>Since December 2013 the communities have never had opportunities to cultivate and therefore the dependency on humanitarian aids 100%. As result women of child bearing ages and under 5 children are vulnerable to diseases like malaria, AWD/ABD, ARI due to low immunity since food is inadequate. Destruction and looting of health facilities put the IDPs and host communities at a more vulnerable state in health service provision especially the under5 boys &amp; girls and the elderly men and women. The disease outbreaks like measles outbreak is more likely in Mayendit and Leer counties due to continuous population movement and lack of routine EPI activities since cases are being reported from Rubkotni county which is just few kilo meters from the Southern part of the state. The routine EPI activities have been down since the previously existing cold chains are either damaged or looted.</p> <p>Finally, as the rainy season has already commenced, water borne diseases are likely to be health problem to the communities and also the accessibility to those limited health care services will be hampered since most areas are cut from the facilities by floods and rain waters.</p>  |                          |                   |                            |              |              |  |
| <b>2. Needs assessment.</b> Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was                    | <p>Mayendit &amp; Leer counties of Unity state are still high risk locations which require continual basic safety net services, emergency preparedness and response by humanitarian actors. Those mostly affected by this emergency situation are pregnant mothers who require antenatal &amp; post natal care services, children under 5 who are prone to all types of malnutrition and other co morbidity like pneumonia and diarrhea diseases as result of this current conflict which has left no room for even small scale</p>  |                          |                   |                            |              |              |  |

conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

cultivation for the communities. And also not to forget the elderly men and women. These counties have also hosted good number of IDPs from other affected areas around Bentiu and beyond. Currently due to the challenges of inaccessibility of which insecurity and poor roads are the major contributing factors, the uptake for MCH services is at its lowest rate. Though there has been significant change in the delivery rate by skilled birth attendant at the facilities to 44.4 in 2014 compared to 30.6 in 2013 for Mayendit county (source is DHIS reports), UNIDO targets 50% by the end of 2015. Also there is need to deploy well skilled health workers to the facilities who can do the work in order to arrive at the expected results of the targets. Some of the health facilities are more than 5 km away from the population residential areas making it harder for the vulnerable members of the communities to attend to health services. This has also been made worse by the continuous displacement of people from their homes especially in May 2015 until now. Hence, more facilities or mobile clinics activities are needed to address the acute needs of these communities. Routine EPI activities have been down since the eruption of this current crisis in the country and thus more possibility of childhood illness outbreak in the area.

**3. Description Of Beneficiaries**  
The beneficiaries include under5 boys and girls, children between 5 and 15yrs, women of child bearing ages, elderly men and women, disables, current & postwar trauma victims, local chiefs, teachers and other members of the host communities and IDPs.

**4. Grant Request Justification.**  
The proposed project activities will maintain the existing essential primary health care services in Mayendit and Leer counties by providing basic health packages and emergency referral services in the targeted 11 health facilities (Mayendit PHCC, Thaker, Kuok, Dablual, Tutnyang, Pabuong and Luom PHCUs of Mayendit county, Bow PHCC, Tharuopgandor, Guat and Lual PHCUs of Leer county). Through a focus on maternal and child health (MCH) especially Basic Emergency obstetric care, integrated management of childhood illnesses (IMCI) and routine and outreach EPI activities, UNIDO intends to ensure the promotion of mother and child survival in its supported HF's and outreach whilst continuing to provide services in line with the Basic Package of Health Services (BPHS). Special focus will be in place to boost the coverage for measles vaccination through enhanced outreach activities and regular cyclic vaccination campaigns. UNIDO has initiated the use of community health committees to intensify community education and social mobilization for the utilization of services at the community level. UNIDO plans to use community health committees to conduct health promotion activities on common illnesses, MCH, nutrition, hygiene & sanitation and healthcare seeking behavior in the health facilities on HIV/AIDS since one of the facilities (Mayendit PHCC) has a VCT. UNIDO shall procure and distribute essential drugs kits (including trauma kits), basic medical equipment and laboratory supplies through direct supply and the MoH's supply chain to the facility level. UNIDO shall maintain the partnerships with UNFPA and UNICEF to ensure the timely procurement and distribution of essential RH kits and EPI commodities, and ensure proper functioning of the cold chains installed in Mayendit PHCC and Kuok PHCU. UNIDO shall continue to improve the diagnostic capacity of laboratory services at Mayendit PHCC and Bow PHCC to ensure rapid and accurate diagnosis to support timely treatment of communicable diseases and reporting on the HMIS. UNIDO shall conduct in-services/refresher trainings to the facility staff and community-based health workers on safe motherhood, child health, community health, common morbidities, IDSR/HIS, and emergency surgical and obstetric interventions. UNIDO shall ensure IDSR reports are submitted weekly from all health facilities and send to SMOH and other partners.

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

**LOGICAL FRAMEWORK**

**Overall project objective**  
Increase access to and improve quality of comprehensive emergency and essential primary healthcare services through health facility, outreach and community-based service in Mayendit and Leer counties for the next six months (July to December 2015)

**Logical Framework details for HEALTH**

| Cluster objectives   | Strategic Response Plan (SRP) objectives  | Percentage of activities |
|--|---|--------------------------|
| 2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services | SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need | 100                      |

**Outcome 1**  
Increased access to integrated quality essential primary health care services in 2 PHCCs and 9 PHCUs to the IDPs, pastoralists, host communities and other vulnerable groups in Mayendit and Leer counties of Unity state

| Code              | Description  | Assumptions & Risks                          |
|-------------------|--|--|
| <b>Output 1.1</b> | Strengthening PHCCs and PHCUs to deliver quality primary health care services to pastoralists, host communities and other vulnerable groups. | Security stable.<br>Funds disbursed on time. |

**Indicators**

| Code            | Cluster | Indicator   | End Cycle Beneficiaries |       |      |       | End-Cycle Target |
|-----------------|---------|---|-------------------------|-------|------|-------|------------------|
|                 |         |   | Men                     | Women | Boys | Girls |                  |
| Indicator 1.1.1 | HEALTH  | [Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states | 13000                   | 15000 | 9000 | 9000  | 46000            |
|                 |         | <b>Means of Verification:</b> UNIDO, cluster and QSC reports  |                         |       |      |       |                  |
| Indicator 1.1.2 | HEALTH  | [Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states    | 14000                   | 14000 |      |       | 28000            |
|                 |         | <b>Means of Verification:</b> UNIDO, cluster and DHIS reports   |                         |       |      |       |                  |
| Indicator 1.1.3 | HEALTH  | [Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states    |                         |       | 9000 | 9000  | 18000            |
|                 |         | <b>Means of Verification:</b> UNIDO, cluster and DHIS reports   |                         |       |      |       |                  |

**Activities**

|                |   |
|----------------|---|
| Activity 1.1.1 | Provide consultations and basic treatments of common illnesses at OPDs and IPDs, including the use of IMCI protocols for girls and boys   |
| Activity 1.1.2 | Provide laboratory services with improved diagnostic capacity in Mayendit and Bow PHCCs in Mayendit and Leer counties respectively  |
| Activity 1.1.3 | Provide maternal healthcare through routine ANC/PNC services, TT injection, provision of ITNs and IPT to prevent malaria, FP services and detect the complicated pregnancies by deploying qualify health cadres                                       |
| Activity 1.1.4 | Provide child healthcare services through routine immunizations at the facilities and outreach, accelerated mass campaigns for measles and other childhood illness  |
| Activity 1.1.5 | Strengthen community health committees and conduct targeted health awareness education on HIV/AIDS, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation promotion. |
| Activity 1.1.6 | Conduct the on job/in-services/refresher trainings for facilities' staffs and community based health workers on MCH, community health, common morbidities, basic emergency surgical & obstetric interventions and HMIS                                |

**Outcome 2**  
Adequate and uninterrupted supply of drugs, medical & laboratory supplies and medical equipment not in the MOH supplies pipeline

| Code              | Description   | Assumptions & Risks                          |
|-------------------|---|--|
| <b>Output 2.1</b> | Ensure adequate and uninterrupted supply of drugs, medical & laboratory supplies and medical equipment not in the MOH supplies pipeline | Security stable.<br>Funds disbursed on time. |

**Indicators**

| Code | Cluster | Indicator | End Cycle Beneficiaries |       |      |       | End-Cycle Target |
|------|---------|-----------|-------------------------|-------|------|-------|------------------|
|      |         |           | Men                     | Women | Boys | Girls |                  |

|                               |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
|-------------------------------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|
| Indicator 2.1.1               | HEALTH | # of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 46000 |
| <b>Means of Verification:</b> |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |

**Activities**

|                |  |
|----------------|--|
| Activity 2.1.1 | Procurement and distribution of essential drugs, medical & laboratory supplies, basic medical equipment to all supported health facilities |
|----------------|--|

**Outcome 3** Ensure child health by application of preventive measures

| Code              | Description  | Assumptions & Risks  |
|-------------------|--|--|
| <b>Output 3.1</b> | Strengthened EPI and vaccination campaign services that reach the vulnerable communities | Inter-tribal conflicts with the participation of the community in the delivery of health care services |

**Indicators**

| Code                          | Cluster | Indicator  | End Cycle Beneficiaries |       |       |       | End-Cycle Target |
|-------------------------------|---------|--|-------------------------|-------|-------|-------|------------------|
|                               |         |  | Men                     | Women | Boys  | Girls |                  |
| Indicator 3.1.1               | HEALTH  | [Frontline services] # of children under 5 who have received measles vaccinations in emergency or returnee situation |                         |       | 10000 | 10000 | 20000            |
| <b>Means of Verification:</b> |         | DHIS and EPI reports   |                         |       |       |       |                  |

**Activities**

|                |  |
|----------------|--|
| Activity 3.1.1 | Maintain the current memoranda of understandings with MOH and UNICEF for the preposition of vaccines & cold chains |
|----------------|--|

**Outcome 4** Ensure deployment of qualified health workers at the facilities to address the disease control and identify complicated cases for early referral

| Code              | Description   | Assumptions & Risks   |
|-------------------|---|---|
| <b>Output 4.1</b> | Increase capacity of health facilities in communicable disease control, prevention and emergency response | Other stakeholders cooperate and support the project. Diseases surveillance reports |

**Indicators**

| Code                          | Cluster | Indicator   | End Cycle Beneficiaries |       |      |       | End-Cycle Target |
|-------------------------------|---------|---|-------------------------|-------|------|-------|------------------|
|                               |         |   | Men                     | Women | Boys | Girls |                  |
| Indicator 4.1.1               | HEALTH  | [Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours |                         |       |      |       | 85               |
| <b>Means of Verification:</b> |         | Other stakeholders cooperate and support the project  |                         |       |      |       |                  |

**Activities**

|                |   |
|----------------|---|
| Activity 4.1.1 | Capacity building of facility staffs and community members on integrated disease surveillance reporting (IDSR) and analysis and Neglected Tropical Diseases such as Kala azar   |
| Activity 4.1.2 | Training of staffs, partners and other key stakeholders in emergency assessment and response for disease outbreaks and casualty incidents from conflicts related and other causes   |
| Activity 4.1.3 | Close coordination & cooperation with CHDs in terms of information sharing and join weekly, monthly and quarterly supervision visits to the health facilities using QSC with the reports being sent to the SMOH and the cluster   |
| Activity 4.1.4 | Continuous training of health promoters selected on gender base manner to ensure gender balance to undertake the EPI activities and operate as volunteers on Community Case Management of Fever, Diarrhea and Malaria. They shall be provided with Oral Rehydration Salts, ACT and Cotrimoxazole drug kits to undertake home based care services to patients under the supervision of the CHWs. |

**WORK PLAN**

Project workplan for activities defined in the Logical framework

| Activity Description (Month)   | Year | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Activity 1.1.1 Provide consultations and basic treatments of common illnesses at OPDs and IPDs, including the use of IMCI protocols for girls and boys   | 2015 |     |     |     |     |     |     |     | X   | X   | X   | X   | X   |
|  | 2016 | X   |     |     |     |     |     |     |     |     |     |     |     |
| Activity 1.1.2 Provide laboratory services with improved diagnostic capacity in Mayendit and Bow PHCCs in Mayendit and Leer counties respectively  | 2015 |     |     |     |     |     |     |     | X   | X   | X   | X   | X   |
|  | 2016 | X   |     |     |     |     |     |     |     |     |     |     |     |
| Activity 1.1.3 Provide maternal healthcare through routine ANC/PNC services, TT injection, provision of ITNs and IPT to prevent malaria, FP services and detect the complicated pregnancies by deploying qualify health cadres                                       | 2015 |     |     |     |     |     |     |     | X   | X   | X   | X   | X   |
|  | 2016 | X   |     |     |     |     |     |     |     |     |     |     |     |
| Activity 1.1.4 Provide child healthcare services through routine immunizations at the facilities and outreach, accelerated mass campaigns for measles and other childhood illness  | 2015 |     |     |     |     |     |     |     | X   | X   | X   | X   | X   |
|  | 2016 | X   |     |     |     |     |     |     |     |     |     |     |     |
| Activity 1.1.5 Strengthen community health committees and conduct targeted health awareness education on HIV/AIDS, MCH, nutrition, and healthcare seeking behavior, information on available services in the health facilities and hygiene and sanitation promotion. | 2015 |     |     |     |     |     |     |     |     | X   |     | X   |     |
|  | 2016 |     |     |     |     |     |     |     |     |     |     |     |     |
| Activity 1.1.6 Conduct the on job/inservices/refresher trainings for facilities' staffs and community based health workers on MCH, community health, common morbidities, basic emergency surgical & obstetric interventions and HMIS                                 | 2015 |     |     |     |     |     |     |     | X   | X   | X   | X   | X   |
|  | 2016 | X   |     |     |     |     |     |     |     |     |     |     |     |
| Activity 2.1.1 Procurement and distribution of essential drugs, medical & laboratory supplies, basic medical equipment to all supported health facilities  | 2015 |     |     |     |     |     |     |     | X   |     | X   |     | X   |
|  | 2016 | X   |     |     |     |     |     |     |     |     |     |     |     |
| Activity 3.1.1 Maintain the current memoranda of understandings with MOH   | 2015 |     |     |     |     |     |     |     | X   | X   | X   | X   | X   |

|  |      |   |  |  |  |  |  |  |  |  |   |   |   |   |   |  |  |  |   |
|--|------|---|--|--|--|--|--|--|--|--|---|---|---|---|---|--|--|--|---|
| and UNICEF for the preposition of vaccines & cold chains   | 2016 | X |  |  |  |  |  |  |  |  |   |   |   |   |   |  |  |  |   |
| Activity 4.1.1 Capacity building of facility staffs and community members on integrated disease surveillance reporting (IDSR) and analysis and Neglected Tropical Diseases such as Kala azar   | 2015 |   |  |  |  |  |  |  |  |  | X |   |   |   |   |  |  |  | X |
|  | 2016 |   |  |  |  |  |  |  |  |  |   |   |   |   |   |  |  |  |   |
| Activity 4.1.2 Training of staffs, partners and other key stakeholders in emergency assessment and response for disease outbreaks and casualty incidents from conflicts related and other causes   | 2015 |   |  |  |  |  |  |  |  |  | X |   |   |   |   |  |  |  | X |
|  | 2016 |   |  |  |  |  |  |  |  |  |   |   |   |   |   |  |  |  |   |
| Activity 4.1.3 Close coordination & cooperation with CHDs in terms of information sharing and join weekly, monthly and quarterly supervision visits to the health facilities using QSC with the reports being sent to the SMOH and the cluster   | 2015 |   |  |  |  |  |  |  |  |  | X | X | X | X | X |  |  |  |   |
|  | 2016 | X |  |  |  |  |  |  |  |  |   |   |   |   |   |  |  |  |   |
| Activity 4.1.4 Continuous training of health promoters selected on gender base manner to ensure gender balance to undertake the EPI activities and operate as volunteers on Community Case Management of Fever, Diarrhea and Malaria. They shall be provided with Oral Rehydration Salts, ACT and Cotrimoxazole drug kits to undertake home based care services to patients under the supervision of the CHWs. | 2015 |   |  |  |  |  |  |  |  |  | X | X | X | X | X |  |  |  |   |
|  | 2016 | X |  |  |  |  |  |  |  |  |   |   |   |   |   |  |  |  |   |

#### M & R DETAILS

|   |   |
|---|---|
| <p><b>Monitoring &amp; Reporting Plan:</b><br/>Describe how you will monitor the implementation of each activity.<br/>Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .</p> | <p>UNIDO will use the existing HMIS, IDSR and DHIS reporting systems on weekly and monthly basis respectively as well the surveillance forms for the disease outbreak. UNIDO M &amp; E department developed indicators tracking template which will also complement the other reporting systems. UNIDO will continuously preposition the registers books from MOH, OPD &amp; IPD cards, ANC and Child health cards and stock cards to the facilities. We will also make sure that staffs are trained on how to use each of the aforementioned tools for proper reporting system and those reports shall be shared with the SMOH and the cluster. Routine monthly &amp; quarterly supervisions to the facilities shall be conducted in collaboration with the CHDs using QSC to monitor the efficiency and quality of services delivery to the communities</p> |
|---|---|

#### OTHER INFORMATION

|  |  |
|--|--|
| Accountability to Affected Populations   | UNIDO will establish awareness and community support team through various group associations and disseminate the existing messages and materials using appropriate channels. We shall also ensure the existence of environmental friendly measures by correct disposal of plastic bags, grading of wastes like hazardous & non-hazardous medical wastes and sharps disposables in separate containers and ensure the availability of incinerators and dustbins in all the 16 health facilities which will be supported under this project proposal.  |
| Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what. | This project will directly be implemented by UNIDO personnel. Monitoring & Evaluation of the project progress will be central to the success of the project and shall be carried out to ensure the quality, effectiveness and efficiency of the services delivery performance. Monthly management reports in line with project targets, the state of financial resources and summary of expenditures shall be compiled. These will result to quarterly programmatic and financial reports detailing progress made in accordance with the project activities implementation requirements. The project manager and finance manager will ensure that all necessary reports are prepared, compiled and submitted on time at the end of each quarter. Various tools like observation, review documents, key informants techniques will be used to capture and document the project performance. Project stakeholders and beneficiaries feedback will play a vital role in assessing the extent of the success. This will also help in structuring the project implementation course in order to maximize the delivery of the planned project activities in their respective time frames.  |
| Coordination with other Organizations in project area  |  |
| Environmental Marker Code  | A+: Neutral Impact on environment with mitigation or enhancement   |
| Gender Marker Code   | 2a-The project is designed to contribute significantly to gender equality  |
| Justify Chosen Gender Marker Code  | UNIDO plans that women, men, boys and girls utilize the health services equally without due hindrances. This will be achieved by ensuring that women and men are represented equally in the Village/Facility Health committees. The committee members are selected for each supported facility to plan adequately for their respective health facilities for the aim of catering for all. Secondly men and women shall be trained on their roles to the use of reproductive health services so that they convey the same message to the wider community  |
| Protection Mainstreaming   | Mayendit and Leer counties are among the worse affected counties in Unity state by the current conflicts. Women and girls are vulnerable to all sorts of violence being sexual or physical one. About 97 rape cases reported to our staffs in Mayendit county only in the months of May & June 2015 and a lot more also reported in Leer. The poverty and insecurity predispose women and girls into more vulnerable status where they are easily exploited by armed militants and surrender in the name of protection. UNIDO plans to deploy skilled health workers to carry out clinical management of rape and other activities like PEP for HIV/AIDS. Staffs will also be trained on mental health and psychosocial supports exercise. In July this year UNIDO sent 5health workers to five days workshop on mental health & psychosocial supports first aids sponsored by IOM here in Juba.Health awareness activities on HIV/AIDS and other Sexually Transmitted infections prevention will be conducted at the facilities and at the neighboring schools and churches. UNIDO shall also maintain the current MOU with UNFPA to preposition the necessary kits. Consultative meetings will regularly be conducted monthly with the local authorities and community leaders on how to protect the vulnerable groups of people in their respective communities so that many ambassadors are sent out into the communities with protection messages on human dignity. |
| Safety and Security  | UNITY state is one of the 3 conflict affected states in South Sudan with sporadic attacks by the waring parties.The beneficiaries here in have recently experienced dire humanitarian need for assistance across board.UNIDO having been operational in Mayendit and Leer for the longest time now understands and is well conversant with the communities` needs and measures to take to ensure the safety of the host community and UNIDO staff as well.Though not easy ,UNIDO staff are dedicated to serve the community and as we speak ,the grass root staff i.e Community health workers, laboratory assistants, pharmacy assistants/dispensers, community midwives/nurses, vaccinators and others are on ground serving the community even in the absence of relocatable staff.UNIDO has a policy that ensures Staff security is Prioritized at any given time.Evacuations are planned on need basis specially for international staffs/experts by UNIDO through the logistics department in coordination with other partners in the Areas of Operation and the Logs Cluster.Staff contracts signed and witnessed by the Management bind the staff right to Safety.The same procedure will continue to be put in place as we seek to scale up and ensure the provision of basic essential emergency primary health care services to the Vulnerable IDPs and Host Communities in Mayendit and Leer Counties.   |
| Access   |  |

#### BUDGET

##### 1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

| Code | Budget Line Description   | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to CHF / ERF | Total Cost | 2015      |           | 2016 | Quarterly Total |
|------|---|-------|---------------|-----------|----------|------------------------------|------------|-----------|-----------|------|-----------------|
|      |   |       |               |           |          |                              |            | Q3        | Q4        | Q1   |                 |
| 1.1  | Health Project Manager  | D     | 1             | 4600      | 6        | 60.00%                       | 16,560.00  | 8,280.00  | 8,280.00  | 0.00 | 16,560.00       |
|      | Will be responsible for the supervision of the project implementation. Limit of effort (LoE) to the project will be 100% and other 60% will be from other project. The monthly rate payment will be 4,600 X 6months |       |               |           |          |                              |            |           |           |      |                 |
| 1.2  | Medical Doctor  | D     | 1             | 2800      | 6        | 100.00%                      | 16,800.00  | 8,400.00  | 8,400.00  | 0.00 | 16,800.00       |
|      | Will be responsible for supervising the project activities in the field. LoE to the project will be 100% and the monthly rate payment will be 2,800 i.e 2,800 X 6months   |       |               |           |          |                              |            |           |           |      |                 |
| 1.3  | Clinical Officers   | D     | 3             | 1700      | 6        | 100.00%                      | 30,600.00  | 15,300.00 | 15,300.00 | 0.00 | 30,600.00       |
|      | They will be in charge of the clinic and LoE to the project will be 100% i.e 1700 X 6 X 6. The project will have 6 clinical officers for facilities and mobile clinics activities.                                  |       |               |           |          |                              |            |           |           |      |                 |
| 1.4  | Nurses  | D     | 3             | 1300      | 6        | 100.00%                      | 23,400.00  | 11,700.00 | 11,700.00 | 0.00 | 23,400.00       |
|      | Their LoE to the project will be 100% i.e 1300 X 3 X 6. The project will have 3 nurses for the facilities and mobile clinics activities.  |       |               |           |          |                              |            |           |           |      |                 |



|                      |  |   |   |    |    |         |          |          |          |      |          |
|----------------------|--|---|---|----|----|---------|----------|----------|----------|------|----------|
|                      | Ground Travel per diems within project areas | D | 4 | 25 | 30 | 100.00% | 3,000.00 | 1,500.00 | 1,500.00 | 0.00 | 3,000.00 |
| <b>Section Total</b> |  |   |   |    |    |         | 6,600.00 | 3,300.00 | 3,300.00 | 0.00 | 6,600.00 |

**6 Transfers and Grants to Counterparts** (please list transfers and sub-grants to project implementing partners)

| Code                 | Budget Line Description | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to CHF / ERF | Total Cost | 2015 |    | 2016 | Quarterly Total |
|----------------------|-------------------------|-------|---------------|-----------|----------|------------------------------|------------|------|----|------|-----------------|
|                      |                         |       |               |           |          |                              |            | Q3   | Q4 | Q1   |                 |
| <b>Section Total</b> |                         |       |               |           |          |                              | 0.00       | 0    | 0  | 0    | 0.00            |

**7 General Operating and Other Direct Costs** (please include general operating expenses and other direct costs for project implementation)

| Code                 | Budget Line Description                              | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to CHF / ERF | Total Cost | 2015      |           | 2016 | Quarterly Total |
|----------------------|--|-------|---------------|-----------|----------|------------------------------|------------|-----------|-----------|------|-----------------|
|                      |  |       |               |           |          |                              |            | Q3        | Q4        | Q1   |                 |
| 7.1                  | Car Fuel for Mayendit and Rubkuay                    | D     | 2             | 2000      | 6        | 50.00%                       | 12,000.00  | 6,000.00  | 6,000.00  | 0.00 | 12,000.00       |
| 7.2                  | Car Repairs and Maintenance for Mayendit and Rubkuay | D     | 2             | 500       | 6        | 50.00%                       | 3,000.00   | 1,500.00  | 1,500.00  | 0.00 | 3,000.00        |
| 7.3                  | Internet Subscription for Mayendit and Rubkuay       | D     | 2             | 600       | 6        | 50.00%                       | 3,600.00   | 1,800.00  | 1,800.00  | 0.00 | 3,600.00        |
| 7.4                  | Thuraya Phone Airtime Mayendit ad Rubkuay            | D     | 3             | 200       | 6        | 50.00%                       | 1,800.00   | 900.00    | 900.00    | 0.00 | 1,800.00        |
| 7.5                  | Office Rent ( Leer Office )                          | D     | 1             | 3000      | 6        | 60.00%                       | 10,800.00  | 5,400.00  | 5,400.00  | 0.00 | 10,800.00       |
| 7.6                  | Stationeries for Mayendit and Rubkuay                | D     | 1             | 2000      | 1        | 50.00%                       | 1,000.00   | 500.00    | 500.00    | 0.00 | 1,000.00        |
| 7.7                  | Electricity - Field Offices for Mayendit and Rubkuay | D     | 2             | 1000      | 6        | 50.00%                       | 6,000.00   | 3,000.00  | 3,000.00  | 0.00 | 6,000.00        |
| <b>Section Total</b> |  |       |               |           |          |                              | 38,200.00  | 19,100.00 | 19,100.00 | 0.00 | 38,200.00       |

**Sub Total Direct Cost** 233,097.20

**Indirect Programme Support Cost PSC rate** (insert percentage, not to exceed 7 per cent) 6.39%

**Audit Cost** (For NGO, in percent) 1%

**PSC Amount** 14,894.91

|   |             |          |             |              |
|---|-------------|----------|-------------|--------------|
| Quarterly Budget Details for PSC Amount | <b>2015</b> |          | <b>2016</b> | <b>Total</b> |
|   | Q3          | Q4       | Q1          |              |
|   | 7,447.46    | 7,447.46 | 0.00        | 14,894.91    |

**Total Fund Project Cost** 247,992.11

| <b>Project Locations</b> |  |                 |       |     |      |       |          |
|--------------------------|--|-----------------|-------|-----|------|-------|----------|
| Location                 | Estimated percentage of budget for each location | Beneficiary Men | Women | Boy | Girl | Total | Activity |
| Unity -> Leer            | 54   |                 |       |     |      | 0     |          |
| Unity -> Mayendit        | 46   |                 |       |     |      | 0     |          |

**Project Locations** (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

**DOCUMENTS**

