

Requesting Organization :	Universal Intervention and Development Organization			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		100.00		
		100		
Project Title :	Improve the quality and availability of comprehensive basic emergency primary healthcare services including Basic Emergency Obstetric & Neonatal Care at the facilities and community levels in Mayendit, Leer counties and Greater Nyal in Panyijiar county of Unity state			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/H/NGO/766	
Cluster :		Project Budget in US\$:	405,018.75	
Planned project duration :	6 months	Priority:		
Planned Start Date :	01/02/2016	Planned End Date :	31/07/2016	
Actual Start Date:	01/02/2016	Actual End Date:	31/07/2016	
Project Summary :	<p>"A. Provision of basic emergency health services in line with the BPHSS: Mayendit, Leer and Panyijiar counties are located in the southern part of Unity state where the conflict inflicted an enormous destruction on both the health care services and the general livelihood of the population. Population have continuously been displaced from their homes, humanitarian access has been impossible especially from May 2015 and hence exposed the most vulnerable people such as children, women and the elderly into uncountable sufferings from the lack of basic primary health care services. The three counties have total of 272,350 host communities (Source; NBS mid-September 2015 population projection) and 171,307 IDPs (Source; IOM, October 2015) where Panyijiar county hosted over 60% of the IDPs. The health facilities encountered a lot of destruction on the physical infrastructures and drugs, medical and laboratory equipments and furnitures were looted. Cattle raided and houses set ablaze, no/little harvest for the last two years of the conflicts and thus communities subjected to shocks as a result of missing their dear ones and the belongings. Up to September 2015 Leer county was estimated to have 67,000 IDPs (Source: IOM/DTM; Oct 2015) who were mostly in the highlands and swamps. Moreover, the movement of the population increased southwards from Mayendit, Koch and Leer to panyijiar county. And until October 2015 Greater Nyal in Panyijiar county was hosting over 35,000 IDPs and around 60 to 70 people crossing into Nyal using canoes on daily base. An inter-agency assessment conducted in Mayendit town in September 2015 reported proxy GAM rate at 23% and SAM rate at 6% for the 6-59months children while GAM rate at 21% for the Pregnant & Lactating Women. People were reported to be feeding on water lilies & other wild fruits and drink directly from river which will subsequently lead to a deteriorating health situation in the area by increasing the number of diarrheal cases and water borne diseases if there will be no humanitarian intervention. The whole building of the PHCC in Mayendit town was also in that same assessment reportedly been grounded. IPC reports in September 2015 indicated 30,000 populations are over the catastrophe phase in the southern Unity. GAM rate in the Bentiu POC is more than 30% and more likely to worsen in the origin counties mainly the Southern Unity. Morbidities and the constrained health & nutrition services delivery will in the other end worsen the humanitarian situation in the Southern part of Unity which is mainly comprised of the above mentioned counties plus Koch. The same IPC reports indicated that 355,000 of the population in Unity state will be at the crisis phase while 195,000 will be at the emergency phase from January to March 2016. There is also a great need to strengthen and improve the psycho-social supports and mental health services at the facilities and the communities' levels in addition to intensive focus on GBV issues and HIV/AIDs since much of the population was subjected to numerous atrocities which include rape, torture, killings and many others.</p> <p>B. STRATEGIC RESPONSE PLAN</p> <p>This project will maintain and improve the existing emergency PHC services by providing BPHSS and emergency referral services in the supported facilities and at the communities levels through focus on maternal and child health (MCH) especially BEmONC, usage of the IMCI and support the routine EPI. Special focus will be in place to boost the coverage for all the routine immunization activities through enhanced outreaches and regular cyclic vaccination campaigns (NID). UNIDO will also establish mobile clinics to reach the beneficiaries far from the facilities and those cut from the services by floods during rainy season. UNIDO will also take the services to the IDPs sites which do not have facilities. Support community participation through VHCs/BHCs to give feedbacks on the services delivery."</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total

23,700	28,300	6,600	6,400	65,000
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Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	18,960	22,640	5,280	5,120	52,000
Internally Displaced People	4,740	5,660	1,320	1,280	13,000
Children under 5	0	0	0	0	0
Pregnant and Lactating Women	0	2,600	0	0	2,600

Indirect Beneficiaries :

Catchment Population:

This project proposal is meant to support Duong PHCC, Nyadong PHCU, Majak PHCU and the mobile clinic activities to target the IDPs in Kertieth Payam and Mer Island in Greater Nyal of Panyijiar county. In Leer county the project will support Bow PHCC, Tharuopgandor PHCU, Guat PHCU, Lual PHCU and mobile activities to serve the population far from the existing facilities. In Mayendit county the project will complement the HPF funds to support Mayendit PHCC, Malkuer, Dablual, Jaguar, Thaker and Luom PHCUs.

Link with allocation strategy :

This project proposal will ensure adequate and uninterrupted supply of drugs, medical and laboratory reagents/supplies & equipments through both direct and other supply chains. It will also strengthen the emergency preparedness and respond to health related emergencies including the activities aiming at control of communicable diseases outbreak at the supported facilities in the affected communities of Mayendit, Leer and Panyijiar counties in Southern Unity. It will also enhance the establishment of the outreach activities through community mobilization and health promotion by doing health awareness sessions. It will also help to maintain environmental friendly activities because UNIDO plans to renovate the existing permanent 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 :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
James Keah Ninrew	Executive Director	ed@unidosouthsudan.org	0955008160
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BACKGROUND

1. Humanitarian context analysis

Mayendit, Leer and Panyijiar counties have been experiencing total disruption of the health care services delivery since May 2015 when the fighting intensified in the Southern Unity. A joint assessment was conducted by UNIDO and Christian Aid in August 2015 revealed the existent of 24,000 IDPs (which has increased to over 100,000 according to recently released Nutrition IPC reports) in addition to 59,753 host community in Greater Nyal of Panyijiar county. Beside, only 56% of the population in South Sudan have access to primary health care service (MOH facilities mapping 2010) and almost 5million people need health services. Huge number People drink directly from the river and defecate in open spaces hence, high susceptibility to diarrheal diseases.

In September 2015, UNIDO's nutrition and health teams conducted another assessment at Mer Island (stopping point for the IDPs from Leer & Mayendit counties/entry point to Greater Nyal). Random MUAC screening to less than 5years children conducted involved 8households among which 6households were IDPs and the results revealed 3 MAM cases which were later on referred to Nyal PHCC, 7MAM cases and 10 at risk. The total children screened were 30. And beside, the IPC reports in September 2015 revealed that 30,000 population in the Southern Unity are at the catastrophe phase.

The recently deployment of UNMISS team in Leer has at least opened a window for humanitarian interventions for all sectors in both Leer & Mayendit counties. Population have been living in highlands since May 2015 and with neither health nor nutrition services. And now with the peace agreement seemingly holding, huge number of IDPs may return to their home counties either from Bentiu POC or Juba one and health services demand will be very high. In November 2015 Samaritan Purse conducted KAP survey in Mayendit South and did MUAC screening for 1,250 U5 children. The proxy SAM (40)=3.20%, proxy MAM (229)=18.32% whereas proxy GAM (269)=21.52%. All these among others are clear indicators for a deteriorating health sector.

2. Needs assessment

Mayendit Leer & Panyijiar counties of Unity state continue to be high risk locations in term of diseases outbreak and deteriorating of health sector due to the continuous displacement of the communities by the conflict and it has always been very difficult for the humanitarian actors to access most of the locations in the Southern Unity. However, with relative calm in the area from the last quarter of 2015, there is great need for an intensive integrated health and nutrition activities. Generally 57% of the Health facilities are non-function in the three affected states and Southern Unity is very much affected in special way. IPC report released in September 2015 projected population of 355,000 to be under crisis phase (3) whereas population of 195,000 will be under the emergency phase (4) from January to March this year especially in Southern Unity. The continuous displacement from May 2015 exacerbated poor health outcomes due to lack of equitable and accessible preventive and curative health care services delivery. For instance the DHIS data for Mayendit county shows significant decrease from July to December 2015 compared to the period from January to June 2015 (ANC1 visit dropped to 9.2% from 27%, delivery at the facility by SBA dropped to 23.5% from 42.9 and curative consultation utilization rate for under5 dropped to 2.5% from 5.8). Moreover, most of the health facilities are damaged either partially or completely and the scaling up of the health care services delivery in the Southern Unity will require mobile clinic activities like what UNIDO has been doing since September 2015 specially in Greater Nyal of Panyijiar county and Southern Mayendit. Those mostly affected by this emergency situation are pregnant mothers who require antenatal & post-natal care services, children under 5 who are prone to all types of malnutrition and other co- morbidities like malaria, pneumonia and diarrheal diseases. Routine EPI activities have been down since the eruption of this current crisis in the country and thus more possibility of the preventable childhood illness outbreak in the area. And to address this UNIDO shall engage other partners like SMOH/MOH and UNICEF to re-install the cold chain system in the Southern Unity where the routine as well outreaches EPI activities shall be supported under this project proposal.

3. Description Of Beneficiaries

The beneficiaries will 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. Men=23700 Women=28300 Boys=6600 and Girls=6400 of which 30%, 35% and 35% for Mayendit, Leer and Panyijiar counties respectively.

4. Grant Request Justification

The proposed project activities will maintain the existing essential primary health care services in Mayendit county, Leer county and Greater Nyal of Panyijiar county by providing basic health packages and emergency referral services in the targeted 3PHCCs and 10PHCUs. 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 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 shall procure and distribute essential drugs kits (including trauma kits), basic medical equipment and laboratory reagents/supplies which are not in the existing 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 reestablishment of the routine EPI. UNIDO shall continue to improve the diagnostic capacity of laboratory services at the facilities to ensure rapid and accurate diagnosis to support timely treatment of the most common diseases and reporting on the HMIS. UNIDO shall conduct in-services/refresher training 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 weekly IDSR and Monthly DHIS reports as means of verifications.

5. Complementarity

UNIDO was granted fund from the CHF SA2_2015 which runs up to the end of January 2016 and as the lead IP for Mayendit county we also have funds from HPF of which we are intending to be complemented from this project proposal. UNIDO was also granted funds in the CHF Reserve Allocation_2015 to do the scale up in Nyal of which we have been supporting the mobile clinic activities in Kertieth Payam but no personnel costs involved and the project runs up to the end of February 2016. By this we are clearly declaring that there will be no any duplication in utilizing this fund and the previous ones in all the three counties.

LOGICAL FRAMEWORK

Overall project objective

"The main objectives of this project are:

- Enhance availability, accessibility and equity to meet the demands for the health services targeting highly vulnerable groups of people, boys & girls, men, women of child bearing ages and elderly men and women in Mayendit, Leer and Panyijiar counties of Unity state
- Strengthen existing systems to improve the accessibility to basic curative primary health care services, prevent, detect and respond to disease outbreaks and deliver the basic psycho-social support & mental health services and GBV and HIV/AIDs.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	70				
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	20				
CO3: Improve access to psychosocial support and mental health services for the vulnerable population, including those services related to the SGBV response		HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	10				
<p>Contribution to Cluster/Sector Objectives : Through this project proposal the below will be achieved in line with the cluster priorities</p> <ul style="list-style-type: none"> • Maintain the existing primary health care services by providing basic essential integrated health & nutrition packages and emergency referral services through deployment of minimal PHCU/PHCC staff with skills to ensure mothers and children are attended to through MCH guidelines • Strengthen the existing referral mechanism within primary health care network (community levels to PHCUs to PHCCs) or to secondary health facilities if at all exist, accessible and affordable. • Maintain emergency primary health care services through provision of basic medical equipment, drugs, basic lab equipment/reagents and other supplies • Strengthen the emergency preparedness including minor surgical interventions and UNIDO shall ensure that the support staffs are trained on emergency preparedness • Provision and prepositioning of essentials drugs, RH kits and vaccines • Support immunization through static, campaigns and outreach targeting children below 15years in the IDPs and the host communities • Promote HIV/AIDS awareness through dissemination of information, conduct counseling sessions, do volunteer testing, provide condoms, PMTCT and PEP • Respond to health related emergencies including controlling the spread of communicable diseases <p>- Conduct MAM and SAM screening activities at the facilities and outreaches and conduct education sessions on the breastfeeding practices</p>							
Outcome 1							
Increased access to integrated quality essential primary health care & nutrition services in the 3PHCCs and 10PHCUs to the IDPs, pastoralists, host communities and other vulnerable groups in the three counties.							
Output 1.1							
Description							
Strengthening the PHCCs and PHCUs to deliver quality primary health care services to pastoralists, host communities and other vulnerable groups.							
Assumptions & Risks							
Security remains stable in the area and funds disbursed on time							
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 the supported PHCCs							
Activity 1.1.3							
Provide maternal healthcare through routine ANC/PNC services, TT injection, provision of ITNs and IPT to prevent malaria, FP services, detect the complicated pregnancies for referral and conduct normal delivery and BEmONC by deploying quality health cadres at the facilities.							
Activity 1.1.4							
Provide psycho-social supports & the basic mental health services and SGBV.							
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 & sanitation promotion.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # Number of functional health facilities in conflict -affected and other vulnerable states					13
Means of Verification : Monthly DHIS, Weekly EWARS and UNIDO`s reports							
Indicator 1.1.2	HEALTH	Frontline # Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states		80			80
Means of Verification : DHIS monthly reports and UNIDO`s reports							

Indicator 1.1.3	HEALTH	# of OPD curative consultations for women, men, boys and girls. Women=8,000 Men=6,800 Boys=4,000 Girls=4,200						23,000
Means of Verification : Weekly IDSR, Monthly DHIS and UNIDO`s reports								
Indicator 1.1.4	HEALTH	# of STI cases treated						90
Means of Verification : Weekly IDSR, Monthly DHIS and UNIDO`s reports.								
Outcome 2								
Adequate and uninterrupted supply of the essential drugs, medical equipment, laboratory reagents/supplies which are not the existing supplies chain								
Output 2.1								
Description								
Facilities provided with adequate supplies of essential drugs, medical equipment and laboratory reagents/supplies								
Assumptions & Risks								
Security remains stable in the area and funds disbursed on time								
Activities								
Activity 2.1.1								
Procurement and distribution of essential drugs, medical & laboratory supplies, basic medical equipment to all supported health facilities.								
Activity 2.1.2								
Maintain the current memoranda of understandings with UNFPA and UNICEF for the preposition of RH and dignity kits & others.								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 2.1.1	HEALTH	Core Pipeline # of direct beneficiaries from emergency health supplies (IEHK / trauma kit / RH kit)	23,700	28,300	6,600	6,400	65,000	
Means of Verification : Security remains stable and funds disbursed on time								
Outcome 3								
Strengthen emergency preparedness and respond to health related emergencies including the control of communicable diseases outbreaks at the supported health facilities and the community levels								
Output 3.1								
Description								
Increase capacity of health facilities in communicable disease control, prevention and emergency response								
Assumptions & Risks								
Security remains stable and other stakeholders cooperate								
Activities								
Activity 3.1.1								
Capacity building of facility staffs and community members on integrated disease surveillance reporting (IDSR) and analysis and Neglected Tropical Diseases (NTD) such as Kala-azar.								
Activity 3.1.2								
Training of staffs, partners and other key stakeholders in emergency assessment and response on disease outbreaks and casualty incidents from conflicts related and other causes.								
Activity 3.1.3								
Close coordination & cooperation with CHDs in terms of information sharing and join weekly, monthly and quarterly supervision visits to the health facilities with the reports being sent to the SMOH and the clusters.								
Activity 3.1.4								
Continuous training of health promoters selected on gender base equality to ensure gender balance to undertake the EPI awareness activities and operate as volunteers on Community Case Management (CCM) 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.								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 3.1.1	HEALTH	Frontline # of epidemic prone disease alerts verified and responded to within 48 hours					80	

Means of Verification : EWARS or Weekly IDSR													
Outcome 4													
Strengthened EPI and vaccination campaign services that reach the vulnerable communities													
Output 4.1													
Description													
Ensure child health by application of preventive measures													
Assumptions & Risks													
Inter-tribal conflicts with the participation of the community in the delivery of health care services													
Activities													
Activity 4.1.1													
Maintain the current memoranda of understandings with MOH and UNICEF for the preposition of vaccines & cold chains													
Activity 4.1.2													
Provide child healthcare through routine immunizations, accelerated mass campaigns for measles and other childhood illness.													
Indicators													
			End cycle beneficiaries				End cycle						
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target						
Indicator 4.1.1	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			7,600	7,400	15,000						
Means of Verification : Monthly EPI DHIS and UNIDO's reports													
Indicator 4.1.2	HEALTH	# of children immunized against measles and polio in the conflicted affected and other vulnerable states. Boys=5200 Girls=4800					10,000						
Means of Verification : Monthly EPI DHIS and UNIDO's reports.													
Additional Targets :													
M & R													
Monitoring & Reporting plan													
UNIDO will continue to use the existing HMIS reporting tools such as weekly on line EWARS and IDSR and the monthly DHIS reporting systems as well the surveillance forms for the disease outbreak. UNIDO M & E department developed indicators tracking template which will also complement the other reporting systems. UNIDO will continuously preposition all types of registers books depending on their availability in the MOH. We will also continue to print the OPD cards, IPD cards, ANC cards, Child health cards and stock cards and be prepositioned to all the supported health facilities. We will also make sure that staffs are trained on how to use each of the aforementioned tools for the quality assurance, timely and proper reporting system and those reports shall be shared with the SMOH and the cluster. Routine monthly & 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. UNIDO's M & E department has also developed internal reporting tools for our internal reporting and accountability which always complement our quality assurance policy on the health care services delivery.													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
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	2016		X	X	X	X	X	X					
Activity 1.1.2: Provide laboratory services with improved diagnostic capacity in the supported PHCCs	2016		X	X	X	X	X	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, detect the complicated pregnancies for referral and conduct normal delivery and BEmONC by deploying quality health cadres at the facilities.	2016		X	X	X	X	X	X					
Activity 1.1.4: Provide psycho-social supports & the basic mental health services and SGBV.	2016		X	X	X	X	X	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 & sanitation promotion.	2016			X		X							
Activity 2.1.1: Procurement and distribution of essential drugs, medical & laboratory supplies, basic medical equipment to all supported health facilities.	2016			X									
Activity 2.1.2: Maintain the current memoranda of understandings with UNFPA and UNICEF for the preposition of RH and dignity kits & others.	2016		X	X	X	X	X	X					
Activity 3.1.1: Capacity building of facility staffs and community members on integrated disease surveillance reporting (IDSR) and analysis and Neglected Tropical Diseases (NTD) such as Kala-azar.	2016		X	X	X	X	X	X					

Activity 3.1.2: Training of staffs, partners and other key stakeholders in emergency assessment and response on disease outbreaks and casualty incidents from conflicts related and other causes.	2016			X		X													
Activity 3.1.3: Close coordination & cooperation with CHDs in terms of information sharing and join weekly, monthly and quarterly supervision visits to the health facilities with the reports being sent to the SMOH and the clusters.	2016		X	X	X	X	X	X											
Activity 3.1.4: Continuous training of health promoters selected on gender base equality to ensure gender balance to undertake the EPI awareness activities and operate as volunteers on Community Case Management (CCM) 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.	2016		X	X	X	X	X	X											
Activity 4.1.1: Maintain the current memoranda of understandings with MOH and UNICEF for the preposition of vaccines & cold chains	2016		X	X	X	X	X	X											
Activity 4.1.2: Provide child healthcare through routine immunizations, accelerated mass campaigns for measles and other childhood illness.	2016		X	X	X	X	X	X											

OTHER INFO

Accountability to Affected Populations

UNIDO will continue to conduct health awareness campaigns sessions in the nearby Schools and Churches on the safe utilization of the health care services with respect to the local cultures and norms. We shall also continue to support the communities through existing local community organizations/teams and other various group associations to disseminate the health messages by using the IEC materials and by using the appropriate channels. We shall also ensure the existence of environmental friendly measures by correct disposal of plastic bags, grading of wastes like hazardous and non-hazardous medical wastes and sharps disposables in separate containers and ensure the availability of permanent incinerators and dustbins in the health facilities which will be supported under this project proposal. We will also ensure the routine check on the expiry dates of the drugs at the stores and responsibly deal with the findings accordingly. We will make sure that the communities have access to the health care services and utilize the services provided with dignity.

Implementation Plan

This project will directly be implemented by UNIDO personnel and under direct supervision from the management. Monitoring and Evaluation on the project implementation progress will always be conducted to measure the successes and shortcomings per indicators therein and to guarantee the quality of the services being delivered to the community and the effectiveness and efficiency of the services delivery performance. Monthly/interim management reports in line with project targets, the state of financial resources and summary of expenditures shall always be compiled and analyzed. 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/interim periods. Various tools like observatory, 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 successes. 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

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

This project will ensure the utilization of the health services by women, girls, boys and men equally without hindrances. Equal representation of women and men must be ensured in Village Health Committees (VHCs)/health promoters` compositions which are selected for each supported facility so that they can adequately plan for the facilities in their respective areas and give feedback on the services delivery in order to meet the needs for all. Men and women shall be trained on their roles and duties in the uptake of RH services and the family planning practices so that they convey the same messages to the wider community/population

Protection Mainstreaming

Southern Unity counties are among the mostly affected counties in Unity state by the current conflicts. Women and girls are vulnerable to all sorts of violence being sexual or physical one. A report released by UNMISS and UN Human Rights Department on the 21st of January 2016 indicated that women and girls were subjected to abduction and rape on very large scale and these activities included enslavement, gang-rape, torture and force abortion. The report illustrated about 194 incidents of conflict related abuses which involved 280 victims including approximately 70 minors. UN Protection Cluster in South Sudan reportedly identified 1,300 women and girls raped between April and September 2015 in Southern Unity alone. 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. In line with the indicators aforementioned, UNIDO plans to deploy skilled clinical health workers to carry out Clinical Management of Rape (CMR) and other activities like PEP for HIV/AIDS. Staffs will also be trained on mental health and psychosocial supports first aids and we shall make sure that the services are being rendered in respect to DO NO HARM theory and every community member shall receive the health care services with dignity. In July this year UNIDO sent 5 health workers to a five days workshop on Mental Health and Psychosocial Supports first aids sponsored by IOM here in Juba and these staffs were afterwards tasked to do the same to the facilities' staffs. 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 relevant kits. Consultative meetings will regularly be conducted monthly/quarterly with the local authorities and community leaders on how to protect the vulnerable groups of people (women and girls) in their respective communities so that many ambassadors are sent out into the communities with protection messages on human dignity.

Country Specific Information

Safety and Security

The two years old or so conflict has affected the general situation in the whole country and particularly the the Greater Upper Nile regions. It has not been easily to guarantee the safety of both the beneficiaries and the services providers alike. However, the situation has relatively returned to normalcy since the last quarter of 2015 specially in Southern Unity and humanitarian actors including UNIDO have gained access to the populated areas in and around the Southern Unity counties. And UNIDO having been a long time humanitarian actor in Mayendit and Leer counties will have added advantage because of the cemented partnership relation with the community and local authorities and is well conversant with the communities' needs and in the other hand the mitigation measures to ensure the safety of the host community and UNIDO staff (both relocatable and non-relocatable) as well. With all the unpredictable risks therein, UNIDO staff are dedicated to serve the community as usual. We also have an advantage of being National NGO and has good number of non-relocatable staffs on ground in the three counties who usually move with the communities even to the hidings. UNIDO has a policy that ensures Staff security is Prioritized at any given time and our field operation areas are equipped with Thurayas (since there are no other simple and reliable networks in the whole Southern Unity for communication to keep the management informed in case of new security development for timely response to the situation. Evacuations are planned on need basis specially for the relocatable staffs/experts through our logistics department in coordination with other partners in the area and the UN. Staff contracts signed and witnessed by the Management also bind the staff right to Safety. The same procedure will continue to be put in place throughout the implementation period of this project proposal as we also plan to scale up our activities and ensure the provision of basic essential and emergency primary health care services to the Vulnerable IDPs and Host Communities in Mayendit, Leer and Panyijiar counties.

Access

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health Manager 50%	D	1	4,000.00	6	50%	12,000.00
	<i>Health Manager will have 50% LoE for the project implementation the Gross is 4000usd *50%*6months</i>						
1.2	Clinical Officers 100%	D	4	2,040.00	6	100%	48,960.00
	<i>Clinical Officers will have 100% LoE for the project implementation the Gross is 2500usd *100%*3*6months</i>						
1.3	Nurses 100%	D	3	1,500.00	6	100%	27,000.00
	<i>Nurses will have 100% LoE for the project implementation the Gross is 1500usd *100%*3*6months</i>						
1.4	Midwives 100%	D	3	1,500.00	6	100%	27,000.00
	<i>Midwives will have 100% LoE for the project implementation the Gross is 1500usd *100%*3*6months</i>						
1.5	Laboratory Technician 100%	D	3	1,200.00	6	100%	21,600.00
	<i>Laboratory Technician will have 100% LoE for the project implementation the Gross is 1500usd *100%*3*6months</i>						
1.6	Executive Director 10%	S	1	7,818.00	6	10%	4,690.80
	<i>The Executive Director is responsible for accountability of fund and project implementation with the stakeholders the LoE is 10% (10%*7818*6months)</i>						
1.7	Program Coordinator 10%	S	1	5,600.00	6	10%	3,360.00

	<i>The program Coordinator is responsible for program coordination will have the LoE 10% (10%*5600*6months)</i>						
1.8	Finance Manager 10%	S	1	7,396.00	6	10%	4,437.60
	<i>The Finance Manager is responsible for Financial Reporting and budgetary control will have 10% LoE (10%*7396*6months)</i>						
1.9	M & E Manager 10%	S	1	5,500.00	6	10%	3,300.00
	<i>M&E Manager is responsible for preparing Monitoring and Evaluation report to the stakeholders will have 10% LoE (10%*5500*6months)</i>						
1.10	Logistics and Procurement Officer 10%	S	1	4,000.00	6	10%	2,400.00
	<i>Logistics and Procurement Manager is responsible for project supplies procurement and logistical support will have LoE 10% (10%*4000*6months)</i>						
1.11	Human Resources Officer 10%	S	1	2,000.00	6	10%	1,200.00
	<i>Human Resources Officer is responsible for handling personnel and the LoE is 10% (10%*2000*6months)</i>						
1.12	Finance Officer 10%	S	1	3,000.00	6	10%	1,800.00
	<i>Finance Officer is responsible for preparing field financial reports of he project the staff LoE is 10% (10%*3000*6months)</i>						
1.13	Logistics and Procurement Officer 10%	S	1	3,000.00	6	10%	1,800.00
	<i>Logistics and procurement officer will have 10%LoE (15%*3000*6months)</i>						
1.14	Driver 10%	S	1	900.00	6	10%	540.00
	<i>Driver will have 10% LoE (10%*900*6months)</i>						
1.15	Medical Insurance cover 10%	S	1	16,008.00	1	50%	8,004.00
	<i>The total staff cost is 92216.8*10% for the whole project period</i>						
1.16	NSIF 17% Employers Contribution	S	1	27,215.00	1	50%	13,607.50
	<i>The total staff cost is 92216.8*17% for the whole project period</i>						
1.17	Health Supervisor for Leer and Panyijar counties 100%	D	1	3,000.00	6	100%	18,000.00
	<i>Health Supervisor for leer and Panyijar will have 100% LoE for the project implementation 100%*3000*6months</i>						
1.18	7 MCHWs 100%	D	7	400.00	6	100%	16,800.00
	<i>1 each for the seven PHCUs</i>						
1.19	7 CHWs 100%	D	7	400.00	6	100%	16,800.00
	<i>1 each for the seven PHCUs</i>						
1.20	7 Vaccinators 100%	D	7	100.00	6	100%	4,200.00
	<i>1 each for the seven PHCUs</i>						
1.21	7 Dispenser 100%	D	7	250.00	6	100%	10,500.00
	<i>1 each for the seven PHCUs</i>						
1.22	7 TBA 100%	D	7	200.00	6	100%	8,400.00
	<i>1 each for the seven PHCUs</i>						
1.23	7 Cards register 100%	D	7	200.00	6	100%	8,400.00
	<i>1 each for the seven PHCUs</i>						
1.24	10 Cleaners 100%	D	10	150.00	6	100%	9,000.00

	1 each for the seven PHCUs and 1 each for the three PHCCs						
1.25	14 Guards 100%	D	14	150.00	6	100%	12,600.00
	2 each for the seven PHCUs						
	Section Total						286,399.90
Supplies, Commodities, Materials							
2.1	Air charter from Juba to Project location	D	2	6,800.00	1	100%	13,600.00
	2 charters to carry Medical equipment, reagents and drugs from Juba to the Project sites @ 6800usd per rotation						
2.2	Prepositioning of medical supplies to the project sites	D	4	1,500.00	1	100%	6,000.00
	Costs for preposition of drugs from Airstrip to the Health Facilities @ 1500usd per each rotations						
2.3	Monitoring and Evaluation costs	D	1	1,500.00	1	100%	1,500.00
	Lumpsum costs for the monitoring and evaluation two times						
2.4	Conduct curative mobile clinic activities to the IDPs and host communities far from the existing health facilities.	D	13	500.00	1	100%	6,500.00
	This activity is to enhance the equitable accessibility to the primary health care services.						
2.5	Training of the facilities` staffs and community members on integrated disease surveillance reporting (IDSR) and analysis and Neglected Tropical Diseases (NTD) such as Kala-azar.	D	65	10.00	3	100%	1,950.00
	65 pp X 10usd for 3days (Lunch, water etc)						
2.6	Conduct community awareness sessions on the STI (HIV/AIDS) prevention, MCH, nutrition messages, hygiene & sanitation promotion	D	24	25.00	5	100%	3,000.00
	24 pp X 25usd for 5days (Lunch, breakfast, transport refund, hall hire, water etc)						
2.7	In-services trainings to CHWs, HHPs, MCHWs, TBAs and vaccinators on common illnesses in the area.	D	30	25.00	2	100%	1,500.00
	30 pp X 25usd for 2days (Lunch, breakfast, transport refund, hall hire, water etc)						
2.8	Provide child healthcare through routine immunizations, accelerated mass campaigns for measles and other childhood illness.	D	6	1,000.00	1	100%	6,000.00
	Monthly mass campaign @ 1000usd (snack, water, public address etc)						
2.9	Printing of OPD, ANC and Child health cards	D	8000	0.50	1	100%	4,000.00
	These will enable the provision of quality health care services to the beneficiaries						
2.10	Printing of IEC materials	D	160	25.00	1	100%	4,000.00
	Printing of IEC materials with key information for the Health workers						
2.11	Purchase of Essential Drugs not in Core pipeline	D	1	25,000.00	1	100%	25,000.00
	Drugs to be purchased indicated on the attachment						
2.12	Laboratory Reagents	D	1	5,000.00	1	100%	5,000.00
	Purchase of Lab reagents not in the core pipeline						
	Section Total						78,050.00
Equipment							
3.1	Medical equipment	D	1	5,000.00	1	100%	5,000.00
	Equipment to be procured indicated on the attachment						
3.2	Essential furnitures for the health facilities	D	1	4,500.00	1	100%	4,500.00
	These are plastic chairs, plastic tables, plastic stools, buckets.....etc which will help in the routine operations at the facilities.						
	Section Total						9,500.00

Contractual Services							
4.1	Minor repair on the health facilities in Mayendit county	S	1	2,500.00	1	100%	2,500.00
	<i>Repairs on the Doors and Windows and walls for the Health facilities (4facilities).</i>						
4.2	Minor repair on the health facilities in Leer	S	1	2,500.00	1	100%	2,500.00
	<i>Repairs on the Doors and Windows and walls for the Health facilities (4facilities).</i>						
	Section Total						5,000.00
Travel							
5.1	Staff per diem for referrals	D	16	35.00	2	100%	1,120.00
	<i>Field Staff per Diem for undertaking referrals to the county Hospitals</i>						
5.2	Flight on UNHAS for supervision and supportive visits	D	12	400.00	1	100%	4,800.00
	<i>12 return flights each @ 400 usd for the Project Staff undertaking supervision and project monitoring</i>						
	Section Total						5,920.00
General Operating and Other Direct Costs							
7.1	Vehicle fuel	S	1500	1.10	6	20%	1,980.00
	<i>Procurement of 1500liters of fuel for Juba Cordi nation and Field @ 1.1 usd 20% charged to the project</i>						
7.2	Office Rent Juba Office	S	1	2,000.00	6	10%	1,200.00
	<i>Office rent for Juba office @ 200usd per month 10% charged to the project</i>						
7.3	Stationeries	S	1	2,000.00	6	10%	1,200.00
	<i>Assorted Stationery items for reporting in the Field and Juba 10% charged to the project</i>						
7.4	Thuraya airtime	S	1	200.00	6	50%	600.00
	<i>Purchase of Thuraya Airtime for coordinating to Three field Locations 50% charged to the project</i>						
7.5	Vehicle repairs and maintenance	S	1	1,500.00	6	10%	900.00
	<i>Purchase of Vehicle Tyres and service of oils and parts 10% charged to the project</i>						
7.6	computers and accessories	D	3	700.00	1	100%	2,100.00
	<i>Purchase of Three Laptops @ 700 usd for Field reporting</i>						
7.7	Cameras	D	2	300.00	1	100%	600.00
	<i>Purchase of Two Cameras for Field reporting @ 300usd each</i>						
7.8	Thuraya Phone	D	3	1,300.00	1	100%	3,900.00
	<i>Purchase of three Thuraya Phones for the Three field Locations - reporting and cordination</i>						
	Section Total						12,480.00
SubTotal				9,943.00			397,349.90
Direct							341,330.00
Support							56,019.90
PSC Cost							
PSC Cost Percent							2%
PSC Amount							7,668.85
Total Cost							405,018.75
Grand Total CHF Cost							405,018.75

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Leer	35						
Unity -> Mayendit	30						
Unity -> Panyijiar	35						

Documents

Category Name	Document Description
Budget Documents	UNIDO-PR-H-Drugs-1.xls
Budget Documents	UNIDO-PR-H-FURN-2.xls
Budget Documents	3.xls
Budget Documents	UNIDO-PR-H-MED-EQ-4.xls