

Requesting Organization :	Collegio Universitario Aspirante e Medici Missionari				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH					100.00
					100
Project Title :	Improving host and displaced population and other vulnerable groups' access to and utilization of quality essential and emergency health services in Mundri East County (Western Equatoria State)				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/H/INGO/829		
Cluster :		Project Budget in US\$:	276,978.21		
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>The project reflects the Health Cluster response strategy to the main emergency health related needs, to be implemented in the area of Mundri East County (Western Equatoria State), recognized as priority. In particular, the project will contribute to the following Health Cluster Objectives</p> <ul style="list-style-type: none"> -Improve access and scale-up responsiveness to essential and emergency health care, including addressing the major causes of mortality among U5 (malaria, diarrhea, Pneumonia), and emergency obstetrics and neonatal care services, including SGBV services <p>The project aims increasing access to and utilization of quality essential and emergency health services, including EmONC, through the reinforcement of the existing facilities and the provision of outreach frontline health services in Mundri East County (MEC). Service provision will be in line with the BPHS, inclusive of the HIV/AIDS package, integrated into the overall offer. The project will target both host and displaced population, with particular focus on the most vulnerable groups (women and children), facilitated by an age and gender sensitive approach informing the overall strategy and all the planned activities. The inclusion of SGBV management is a specific response to a type of conflict related consequences on women health and wellbeing, Mundri West and Mvolo community as well will benefit of the action, being their referral Hospital (Lui) located in Mundri East and included in the present intervention.</p> <ul style="list-style-type: none"> -Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable states <p>All the activities will contribute to the health system strengthening, functional to prompt detection of and response to health emergencies. Action's impact will be amplified through its integration into the County Health Plan, under CHD stewardship and under the constant monitoring of the local communities, whose involvement will be ensured. This will be facilitated being CUAMM County Leading Agency in Mundri East.</p> <p>Under both these two main objectives, the project will target severe acute malnutrition (SAM), as contributing to U5 morbidity and mortality and to people vulnerability towards epidemic prone diseases</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	10,380	16,550	10,198	8,247	45,375
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	10,198	8,247	18,445
Pregnant and Lactating Women	0	985	0	0	985
Trainers, Promoters, Caretakers, committee members, etc.	193	129	0	0	322
Indirect Beneficiaries :					

Host and Displaced Population of Greater Mundri: 79.947 Mundri East (59.947 Mid 2015 Population as per HNO, 20.000 IDPs as per IRNA report), 84.538 Mundri West (54.538 Mid 2015 Population as per HNO PLUS 30.000 IDPS as per IRNA report) and 60.571 Mvolo (Mid 2015 Population as per HNO)

The entire host and displaced population of Mundri East County will benefit of the improved availability and quality of PHC and emergency services and of a more effective system for preventing, identifying and managing outbreaks. The MEC host population (to be rounded to 60000 individuals) is expected to be divided as follow: 12600 U5, 10714 PW, 2400 deliveries.

Mundri West and Mvolo communities will benefit of the primary and emergency services provided in Lui Hospital, the referral facility for Greater Mundri Region

Catchment Population:

225.056 Inhabitants and IDPs of Greater Mundri

Link with allocation strategy :

Mundri East County is amongst the priority areas for the Health Cluster. The IRNA conducted in October 2015, after the worsening of the internal conflict between the Army and the local militia, has concluded the entire County population should be considered displaced and therefore highly vulnerable in terms of access to food and to basic services. The overcrowding of some communities and the consequent reduced availability of resources and compromised status of WASH facilities for each households are factors contributing to the spread of diseases. Further, the already limited health services network has been hampered, with some PHC facilities closed because of looting, staff escape and occupation by the conflicting parties. It is therefore priority to intervene to enhance health services access and utilization through the reactivation of all the existing HF's and the provision of outreach services and to put in place effective measures to tackle the risk of epidemics. This is in line with two of the main objectives guiding Health Cluster allocation strategy ("Improve access and scale-up responsiveness to essential and emergency health care, including addressing the major causes of mortality among U5 (malaria, diarrhea, Pneumonia), and emergency obstetrics and neonatal care services" and "Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable states") and will contribute to improve host and displaced communities conditions and to prevent further or revert current displacement.

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
ITALIAN COOPERATION	42,000.00
USAID/JHPIEGO (ISDP)	84,350.00
PRIVATE DONORS	28,000.00
	154,350.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

Mundri East County (MEC) is located in WES, with a population of about 60.000 people, mainly belonging to Moru tribe. The county health system counts 21 health facilities (HFs), of which 16 PHCUs, 4 PHCCs, and 1 Hospital (the last one serving also Mvolo and Mundri West counties).

Since the disruption of violence in May 2015, revamped and worsened in mid-September, Greater Mundri turned from one of the most peaceful area in South Sudan, into a priority one for massive humanitarian assistance, because of the consequences of the conflict between the Army and the self-defense local militia of youths called "Arrow Boys".

Over 20.000 IDPs have been estimated in MEC by an official IRNA that took place from 27th up to 30th of October. Although, recently, under the fear of a further worsening of the security situation, a consistent group of people (around 1500) have chosen Lui Hospital Compound as camp, IDPs are usually scattered, accommodated within and depending by the host communities and keeping moving according to where fights erupt. Considering these particular dynamics, the IRNA team affirmed that the entire County population should be considered displaced. Actually it should be noticed that both host and displaced population are experiencing the same situation of vulnerability, consisting in overcrowded spaces and related problems in terms of water and sanitation facilities and of proper accommodation, access to limited and overstretched resources. As stated in September 2015 Food Security and Nutrition Monitoring Report, IDPs presence represents a shock for household life and sustain and this is the situation MEC is experiencing. Insecurity impedes cultivation and local markets stock up, looting reduces the available supplies. September IPC highlights WES is presenting a concerning situation, due to the combination of the impact on agriculture of rains delay with the insecurity. MEC is likely to remain a "stressed" area, because of the instability. During the first assessment conducted by CHD on IDPs conditions, of the 549 U5 screened through MUAC measurement, 7% were identified as SAM cases and 13% as MAM, for a resulting proxy GAM rate of 20%, above the 15% emergency level of proxy GAM. Malnutrition is likely to contribute to people morbidity and therefore to the spread of communicable and epidemic prone diseases, besides being an important mortality cause. Currently, 6 out of 21 health facilities are not working due to insecurity and 4 are hardly reachable, leaving the area from Jambo up to Lui unserved. This makes the already weak County Health System completely inadequate to respond to the population health needs, which are increasing due to the pressure of IDPs on host communities. People are scared to move to reach the few remaining operational HFs, especially for preventive services, but this does not mean a reduced need of care. Comparing data of August and November on maternal and child health, U5 consultations and ANC1 halved, while DPT3 reduced to 1/3. These three key indicators alone highlight the speed of the crisis. At the same time, the mobile health team visiting the villages with higher IDPs concentration has conducted, during 7 exits, 827 consultations and vaccinated 353 children. During normal time similar number of consultation would have been achieved in 3 days, but by all the 20 HFs and this demonstrate the huge demand of assistance. The impact of the emergency has been amplified by the poor conditions of the existing health system, still highly depending on partners' contributions. Being a stable area, MEC was out of Humanitarian Agencies priorities; the County Health System has been only supported by ISDP, which budget has been drastically reduced in July 2015. CHD has remained without any kind of sustain and the few still available resources are not adequate to cope with the well-known human/material resources gaps and to try to minimize the effect of a HFs distribution which does not ensure Cou

2. Needs assessment

The Action aims to respond to the main health related needs, namely:

1) Poor access to health care and limited coverage of preventive services

Currently, 2 PHCCs and 4 PHCUs are closed, as they have been looted and their staff escaped. Those still working are overwhelmed by an increased demand of services, due to population increment and the specific problems related to their vulnerable status. Their stock of drugs is closed to finish and their infrastructural and material conditions, not possible to enhance under the ISDP and further affected by the general minor looting, are weak. Lui Hospital is the only providing emergency care (surgery, CEmONC); CUAMM health team is on ground, but local personnel are few and drugs/supplies not sufficient. To cope with the inadequate HFs distribution, the CHD had focus on ICCM and mobile health team but, following ISDP budget revision, Home Health Promoters activities have been stopped and outreaches postponed, leaving County remote areas uncovered and therefore more vulnerable to eventual outbreak.

2) Lack of preparedness/response mechanism

The CHD has been targeted by the fighting parties. The team is on ground, but they have lost what they had, it is unlikely they will receive the County transfer, they do not have any partners specifically supporting them; they are without means and technical assistance to carry on their leading and supervising role. This role is crucial now: outbreaks risk increases, emergencies augment and the capacities of capturing and solving them reduce, the events force continuous rearrangements of services provision strategy.

MEC population health vulnerability is due also to the limited number of humanitarian and development actors and to their poor coordination, which has impeded up to now a proper integrated response to those gaps in basic services provision which have a direct impact on the health status (as in WASH, Logistic, Food Security...). Particularly concerning, in the current situation, as described above, is the lack of an effective nutrition program and the consequent higher risk for people to be susceptible to infectious diseases because of inadequate food intake and not treated malnutrition.

3. Description Of Beneficiaries

Direct beneficiaries are those, belonging to host or displaced population, who are directly accessing the key services provided under the current action, as per stipulated target. There is direct benefit also for 103 HHPs, 56 community vaccinators, 128 health staff, 6 CHD members and Hospital Management Board, because of motivation, supervision and training activities included in the proposal. Indirect beneficiaries will be those permanently or temporarily living in Mundri East County, being 59.947 (NBS, 2015), plus 20.000 IDPs be added according to official figures provided by latest IRNA. The project will specifically target PW (5,6%) and U5 (21%) in both IDPs and host communities.

Indirect beneficiaries will be as well inhabitants and IDPs of Mundri West (84.538) and Mvolo (60.571), who have Lui Hospital as referral one

4. Grant Request Justification

MEC health system still depends on partners' contributions. CUAMM has been working in Mundri East County since 2009, supporting Lui Hospital, which belongs to Lui Diocese but it is run in deep cooperation with the SMOH, being the only Hospital in the area of Greater Mundri, providing both primary and secondary care (including emergency surgery and CEONC). Since March 2015, under the ISDP, CUAMM is the County Leading Agency, working closely with the CHD for the provision of PHC services through the support given to 20 HFs and outreaches and community based activities. Referral between primary and secondary level of care is ensured by the ambulance recently donated to the Hospital. In spite of MEC health system having the same gaps of other Counties, it has not been considered a priority for Humanitarian Agency and therefore limited resources have been allocated to the improvement of its basic services and of their responsiveness to the local needs. On top of that, in July 2015, ISDP has suffered of a consistent budget cut, which has implied a further reduction of the supported activities.

To limit the above described emergency negative impact on population health status and to respond to the peculiar needs of the displaced people, additional efforts and resources are required, but the ongoing funding mechanism are not in conditions to serve at this scope. To assist the high number of IDPs in the area, and at the same time to maintain adequate service for the host population, CUAMM is seeking CHF support. CUAMM will focus on the health needs of both IDPs and hosting population, following the Continuum of Care principles and therefore ensuring access to both primary and emergency care at different levels (from the Community to the Health Facilities, including Hospital), linked by an effective referral system.

CHF funds will contribute to restore the pre-crisis situation, reestablishing and enhancing the conditions to provide qualitative health services at county level. They will be considered as emergency additional support, to be integrated to the already existing resources, not sufficient to properly respond to the current humanitarian crisis. CHD and community involvement at each stage of project preparation and implementation and project integration into the wider CUAMM program for MEC will ensure longer term sustainability of the achieved results. CUAMM will ensure to avoid any overlapping on the use of funds, guaranteeing cost-efficiency. CHF funds will integrate USAID and Italian Cooperation grants currently managed by CUAMM, but expected to support only routine activities and not to respond to any emergency. CHF funds will be used to address the gaps related to the current humanitarian crises. They are particularly needed considering that the available resources are not enough to ensure normal services provision either; as above mentioned, the USAID funded ISDP program is facing a shortage of funds since July 2015, which has implied reducing the support given to the PHC sector, hence worsening the current situation.

CHF funds will be specifically used to scale-up responsiveness to essential emergency health care (with specific focus on reducing U5 morbidity and mortality and managing obstetric emergencies) and to strengthen surveillance systems to prevent, detect and respond to epidemic prone disease outbreak, meaning

- reopen looted/partially destroyed HFs, repairing infrastructures, replacing missing equipment,refilling drugs stocks, covering staff cost
- organize mobile clinics providing basic preventive and curative health services in the areas reporting higher IDPs concentration and not served by any HF

- reactivate the Home Health Promoters and Community Based Vaccinators network for ICCM, EPI, active surveillance

- support the CHD in constant supervision

CUAMM will ensure the presence of qualified clinical staff, for service delivery and on job training, ambulance maintenance, hospital running costs

5. Complementarity

CUAMM will ensure to avoid any overlapping on the use of funds, guaranteeing cost-efficiency. CHF funds will integrate USAID and Italian Cooperation grants currently managed by CUAMM, but expected to support only routine activities and not to respond to any emergency. CHF funds will be used to address the gaps related to the current humanitarian crises. They are particularly needed considering that the available resources are not enough to ensure normal services provision either; as above mentioned, the USAID funded ISDP program is facing a shortage of funds since July 2015, which has implied reducing the support given to the PHC sector, hence worsening the current situation.

CHF funds will be specifically used to scale-up responsiveness to essential emergency health care (with specific focus on reducing U5 morbidity and mortality and managing obstetric emergencies) and to strengthen surveillance systems to prevent, detect and respond to epidemic prone disease outbreak. This will specifically mean to

- reopen looted and partially destroyed HFs, repairing the infrastructures, replacing the missing equipment and refilling drugs stocks to provide essential lifesaving emergency health services;
- organize mobile clinics providing basic preventive and curative health services in the areas reporting higher IDPs concentration and not served by any HF

- reactivate the Home Health Promoters and Community Based Vaccinators network to provide ICCM, enhance EPI coverage and ensure active surveillance

- support the CHD in guaranteeing constant supervision of the provided services and continuous and timely data collection, analysis and report

CUAMM will ensure the presence on ground of qualified clinical staff, in charge of service delivery and of local personnel on job training. CUAMM will also assume Hospital and ambulance services running costs, but some additional resources will be required to guarantee adequate assistance to an increased number of patients in need of emergency care. More cases are likely to access recently activated services as those for SAM and SBV management, which are in need of some extra support.

CHF funds will complement CUAMM funds allocated to HFs staff salaries payment, to ensure continuity to service delivery

LOGICAL FRAMEWORK

Overall project objective

The project reflects Health Cluster objectives for the current CHF round, to be achieved in Mundri East County (WES)

1)Improve access to, and scale-up responsiveness of, essential and emergency health care, including emergency obstetric care services and SGBV management.

The project will increase quality essential/emergency health services access/utilization, including EmONC and surgery for host/displaced population, with focus on the most vulnerable (women/children), facilitated by age/gender sensitive approach informing strategy design and activities planning, implementation and monitoring. Women access to and utilization of adequate and acceptable services will be promoted, including the clinical management and referral of SGBV (in line with the 3rd cluster objective). U5 vulnerability to diseases will be tackle also through the integration of the nutrition component into the wider health sector response

2) Strengthen existing systems to prevent, detect, and respond to outbreaks. The health system will be strengthen, creating the conditions for prompt health emergencies detection/response, with the active support of local communities and other sector (as WASH). under CHD stewardship

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 : The project will increase quality essential/emergency health services access/utilization, including CEmONC, reinforcing existing facilities, providing outreach health services, ensuring referral. Service provision will be in line with BPHS, inclusive of HIV package for some HFs. The project will target host/displaced population, with focus on the most vulnerable (women/children), facilitated by age/gender sensitive approach informing strategy design and activities planning, implementation and monitoring. Women access to and utilization of adequate and acceptable services will be promoted, including the clinical management and referral of SGBV. U5 resistance to epidemic prone diseases will be promoted through an increased access to quality primary and emergency services and through their integration with the nutrition component. Screening of nutritional status of PLW/U5 will be ensured along the Continuum of Care, from ANC to deliveries, PNC, MCH visits. Prevention will be promoted during ANC and MCH visits (as entry points), targeting specifically PLW and child-takers. Coverage of treatment and/or referral for treatment will be enhanced. Besides the activities contributing to health and nutrition services access and therefore to face infectious diseases spread, the project will also address the health system strengthening, functional to prompt health emergencies detection/response. Communities' involvement will be ensured through community mobilization. Room will be given to IPC introduction and to WASH components integration. Action impact will be amplified through its integration into County Health Plan, under CHD stewardship and constant monitoring of the local communities.</p>		
Outcome 1		
Improved primary and emergency health care coverage and access for PLW and U5, including CEmONC and SGBV and SAM management, at county level		
Output 1.1		
Description		
<p>Regular provision of essential curative care, namely</p> <ul style="list-style-type: none"> -daily outpatient services in No. 16 PHCUs, No. 4 PHCCs and No. 1 Hospital -daily inpatient services in No. 4 PHCCs and No. 1 Hospital. <p>To serve at this scope, those facilities which have been looted or partially destroyed will be renovated and the missed equipment replaced. Drugs and consumables stocks will be refilled and additional materials and tools procured where what available would not meet the standards dictated by the Basic Package of Health Services. Constant presence, training and supervision of minimum health and support staff will be ensured</p>		
Assumptions & Risks		
<p>This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities. Difficulties might emerge due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constraints in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs. Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.</p>		
Activities		
Activity 1.1.1		
Procurement/transport/distribution of essential/emergency drugs, medical/non medical supplies, equipment as per BPHS		
Activity 1.1.2		
Payment, supervision and on job training of No. 52 health staff (nurses, CHWs, clinical officers)		
Activity 1.1.3		
Repair/improvement of damaged PHC HFs infrastructures, including waste management area and payment of 46 support staff for PHC HFs general maintenance and custody		
Indicators		

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # of functional health facilities in conflict -affected and other vulnerable states					21
Means of Verification : DHIS Supportive Supervision Reports							
Indicator 1.1.2	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	10,260	15,390	7,755	6,255	39,660
Means of Verification : Health Facilities Registers DHIS							
Output 1.2							
Description							
<p>Regular provision of essential preventive care, namely</p> <ul style="list-style-type: none"> -daily focused ANC, nutritional screening, health education in 16 PHCUs, 4 PHCCs and 1 Hospital -daily EPI at least in 1 hospital and 4 PHCCs, weekly in at least No. 8 PHCUs -PMTCT in 1 Hospital, ANC clients counseling and testing and referral for treatment in 4 PHCCs <p>Regular provision of essential preventive care beyond the catchment area of existing health facilities, through</p> <ul style="list-style-type: none"> -weekly outreaches plan, covering the whole county and focusing mainly on IDPs most concentrated areas providing EPI, ANC, nutritional screening and health education -56 community based vaccinators <p>Regular provision of Integrated Community Case Management through</p> <ul style="list-style-type: none"> -50 Home Health Promoters <p>To serve at this scope, HFs gaps in terms of specific materials and consumables will be covered and the staff dedicated to these particular services will be paid and continuously trained and supervised. The health and nutrition outreaches team and the community based</p>							
Assumptions & Risks							
<p>This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities. Difficulties might emerged due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constrains in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs.</p> <p>Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need</p>							
Activities							
Activity 1.2.1							
Procurement, transport and distribution of essential and emergency drugs, medical/non-medical supplies, equipment as per BPHS to ensure ANC/PNC, EPI, Nutrition Screening, Health Education							
Activity 1.2.2							
Payment, supervision, and on-the-job training of No. 20 staff (TBAs/MCHW/Community MW/EPI/Counselor)							
Activity 1.2.3							
In kind motivation to and constant supportive supervision of No. 56 Community based vaccinators and No. 50 HHPs to support the outreaches team and to conduct ICCM							
Activity 1.2.4							
Implementation of integrated outreaches plan (2 exits per week, 6 people plus locally based health staff and HHPs): per diem payment, vehicle and motorbikes costs coverage							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			693	567	1,260
Means of Verification : Health Facilities Registers DHIS							
Indicator 1.2.2	HEALTH	No. of PW tested for HIV during ANC visit					745
Means of Verification : Lui Hospital ANC register DHIS							
Output 1.3							
Description							

Adequate and constant response to Major Direct Obstetric Complications through
 -CEmONC in 1 Hospital
 -BEmONC and referral in at least 2 PHCCs
 -proper management of uncomplicated delivery and prompt identification and referral of complications in 16 PHCUs and remaining 2 PHCCs

This will be ensured procuring the necessary supplies and equipment, also advocating for RH kits donations, out of guaranteeing the qualified staff. An ambulance based referral system will cover the whole county, transferring patients from PHCUs to PHCCs and up to the Hospital, according to the situation.
 The properly equipped and staffed HFs, connected through an effective referral system, will become safe environments for women to give births and to receive the adequate level of care for their specific conditions, reducing their morbidity and mortality; women awareness on safe motherhood and delivery will be promoted and facility based deliveries encouraged

Assumptions & Risks

This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities. Difficulties might emerge due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constraints in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs.
 Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.

Activities

Activity 1.3.1

Advocacy to UNFPA to access RH Emergency kits and procurement, transport, distribution of essential/emergency drugs, medical/non-medical supplies, equipment to ensure 24/7 CEmOC/BEmOC provision in No. 1 hospital and at least NO. 2 PHCCs

Activity 1.3.2

Payment/supervision/training of No. 10 Lab and Maternity Staff (in both PHCCs and H)

Activity 1.3.3

Constant presence of qualified medical/midwifery staff in Lui Hospital ensuring CEmONC provision and staff on-the-job training (2 Surgeon, 1 Anesthetist, 1 Senior MV)

Activity 1.3.4

Reinforcement of referral system: Lui Hospital Ambulance costs coverage and procurement of Motorbikes for the 4 PHCCs

Activity 1.3.5

Presence of qualified midwifery staff within the CHD to ensure PHC staff and HHPs performance quality for what concerns maternal health and prompt identification of women difficulties in accessing services

Activity 1.3.6

In kind motivation to and constant supportive supervision of 53 HHPs focused on safe motherhood promotion and recruitment of 2 TBAs joining HFs team to facilitate service acceptability

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	Frontline # Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states		240			240

Means of Verification : Health Facilities registers
 DHIS

Indicator 1.3.2	HEALTH	Frontline # Number of facilities providing BEmONC services					3
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Means of Verification : Supportive Supervision Report
 DHIS

Output 1.4

Description

Surgical Capacity in 1 Hospital

This action is aimed to ensure an adequate constant response to surgical emergency in Lui Hospital, which is the only health facility able to perform surgical emergency. The catchment area includes also Mvolo e Mundri West Counties, being the only hospital in Greater Mundri. Qualified staff will be ensured to run the OT, which will be properly equipped and supplies will be procured, at the same time advocating for surgical emergency kits to WHO.

Assumptions & Risks

This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities. Difficulties might emerge due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constraints in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs. Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.

Activities

Activity 1.4.1

Advocacy to WHO to access IEHK / trauma kits and procurement/transport/distribution essential/emergency drugs, medical/non-medical supplies, equipment for No. 1 Hospital performing emergency surgery

Activity 1.4.2

Constant presence of qualified staff ensuring service provision and OT personnel on job training

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.4.1	HEALTH	Frontline # of key facilities able to perform general surgery excluding Caesarean Sections					1

Means of Verification : Supportive Supervision Report
DHIS

Output 1.5

Description

Nutrition services integrated into the health package provided at HFs level and through outreaches, as below
-1 SC at Lui Hospital
-1 OTP at Lui Hospital
-Nutritional Screening and referral performed in 4 PHCCs, 16 PHCUs and during outreaches

Health and Nutrition integration will be functional to properly respond to emergencies situations and to optimize efficiency and cost-effectiveness. Supplies will be procured and proper advocacy will be realized to access /UNICEF's pipelines. Staff will be hired and trained to deliver nutritional services according to national and international standards. The focus will be on SAM management, in case of need advocacy will be done to WFP to introduce also MAM component

Assumptions & Risks

This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities

Difficulties might emerge due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constraints in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs.

Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.

Food is a sensitive good. Mismanagement might create security threats to the staff in emergency situations. Lack of humanitarian access might endanger the project implementation. Mitigation measures will be taken into consideration such as proper storage and security of food stores and security escort during food distribution if required.

Activities

Activity 1.5.1

PHCUs/PHCCs/H staff training on identification/treatment/referral of MAM and SAM cases

Activity 1.5.2

Advocacy to UNICEF for supplies

Activity 1.5.3

Procurement of equipment/tools/supplies for OTP/SC

Activity 1.5.4

Recruitment of staff for SC/OTP/TSFP

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.5.1	HEALTH	Frontline # of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			17	13	30

Means of Verification : Lui Hospital SC Admission Register
DHIS

Outcome 2

County health system enabled to prevent, detect and respond to disease outbreaks through effective infectious diseases prevention and active surveillance

Output 2.1

Description

Adequate surveillance system establishment for a prompt response of potential disease outbreaks, consisting in
-capacitated CHD team in planning prevention and emergency preparedness and response measures and monitoring County situation
-improved HMIS and EWARN system at HFs and community level

Assumptions & Risks

This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities. Difficulties might emerge due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constraints in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs. Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.

Activities

Activity 2.1.1

Technical assistance to CHD in EPR by No. 1 expert (data collection and analysis, report timely preparation and submission)

Activity 2.1.2

Introduction of community based surveillance system through existing HHPs (pictorial forms) and strengthening of HFs reporting capacities (records, communication means)

Activity 2.1.3

Integration of active surveillance to the monthly and quarterly supportive supervision to HFs conducted by CHD team

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	(Frontline services): proportion of epidemic prone disease alerts verified and responded to within 48 hours					1

Means of Verification : DHIS

Output 2.2

Description

Adequate infectious diseases prevention measures put in place and consisting in
-regularly implemented routine immunization activities at HFs and Community level (as per what described under Output 1.2) and boosting vaccination initiatives
-regular implementation of integrated community case management (as per what described under Output 1.2)
-effective integration of nutrition activities into the health service package (as per what described under Output 1.5)
-specific protection equipment provision and proper utilization in 21 HFs
-coordination with WASH sector

Assumptions & Risks

This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities. Difficulties might emerged due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constrains in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs. Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.

Activities

Activity 2.2.1

Payment of CHD technical support team for proper organization, implementation and monitoring of EPI, outreaches and Community Based Activities

Activity 2.2.2

Organization of EPI boosting activities through mobile clinics, support to WHO campaigns

Activity 2.2.3

Training of at least one representative per HF on CD prevention and treatment

Activity 2.2.4

Awareness campaign on CD prevention, including EPI importance and hygiene and sanitation basic principles, through HHPs and community based vaccinators

Activity 2.2.5

Organization of regular County Health and Nutrition Coordination meetings, to be attended by all sectors concerned with diseases prevention

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			1,733	1,412	3,145

Means of Verification : Health Facilities and Mobile Team registers
DHIS

Outcome 3

Ensured access to proper SGBV management to both host and displaced population

Output 3.1

Description

SGBV cases are properly managed at 1 Hospital or referred to those facilities having more advanced and comprehensive services on this matter

Assumptions & Risks

This result will be achieved thanks to the full cooperation with the County Health Department which has participated to the project design and will collaborate in ensuring the resources to be allocated to cover the actual gaps. CUAMM has been working in the area since long time and it is already based on ground, with a logistic and administrative setting enabling the implementation of the project (including procurement and distribution of goods and facilities renovation) and its integration into a wider intervention, guaranteeing achieved results sustainability. The definition and continuous update of the workplan, jointly with the CHD, will facilitate the implementation process. Other required enabling conditions are the availability in the Country of the needed supplies, staff willingness and effective possibility of working in quite hard conditions (and therefore a limited staff turnover), possibilities of moving and realizing the planned activities. Crucial to create and maintain contacts with other partners dealing with SGBV issues and with proper and wider (including psychological and social support) expertise.

Difficulties might emerged due to the worsening of the current conflict situation, which might lead to increased needs to address with limited resources but also to constrains in humanitarian access, insecurity and consequent impossibility to keep operating on ground, increased operational costs.

Full cooperation with local authorities and support by UNMISS to organize convoys and to get updated information on the situation will be used as coping strategy mechanisms, as well as prepositioning of supplies and eventual reprioritization of activities. CUAMM has its own security plan to be applied in case of need.

Activities

Activity 3.1.1

Presence of qualified staff for proper assistance and on-the-job training in health facilities to identify, manage and treat SGBV cases

Activity 3.1.2

Liaising with other institutions for specific assistance on SGBV management and comprehensive care (including psychological and social support)

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	Frontline # of health facilities providing SGBV services					1

Means of Verification : Supportive Supervision Report
DHIS

Additional Targets :

M & R

Monitoring & Reporting plan

CUAMM shall ensure continuous monitoring of project activities by:

- **EFFECTIVE REPORTING SYSTEM:** (i) compilation of daily/weekly/monthly health facility registers, (ii) compilation of outreach reports, (iii) compilation of monthly and quarterly reports for concerned CHD (DHIS reporting tools), (iv) compilation of quarterly progress report for donors, (v) monthly and quarterly reports to HQ project department. With regard to data collection and analysis, utilization of DHIS shall ensure integration of project data within the MoH reporting system.

- **QUALIFIED TECHNICAL ASSISTANCE:** CUAMM will employ technical human resources skilled in Health and emergency related program management and supervision, responsible for assisting local health staff at both facility and outreach level. They will be based in main project location and will ensure daily supervision of the quality of the services provided and consistency of data collected.

- **M&E OFFICER:** CUAMM Country Manager, based in SS Head Office (Juba), will be responsible of periodic visits in the project areas, to check about indicators, targets and performances, to be analyzed together with HQ project department to monitor project development

- **EXTERNAL MONITORING:** implementing partners will share periodical information and data on the project implementation with Health Cluster focal persons both at WES and federal level, to compare views and get additional inputs and comments.

EFFECTIVE FINANCIAL MONITORING SYSTEM: (i) CUAMM daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of HQ administrative department. Lakes State field administrator, based in Yirol, will be in charge of the present project management, with the support of the CM and of HQ Administrative Department; II) Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; III) compilation of financial report is elaborated by CUAMM CM with the support of the field administrator and subsequently approved by HQ administrative department

Workplan

Activitydescription	Year	1 2 3 4 5 6 7 8 9 10 11 12												
		1	2	3	4	5	6	7	8	9	10	11	12	
Activity 1.1.1: Procurement/transport/distribution of essential/emergency drugs, medical/non medical supplies, equipment as per BPHS	2016	X	X	X	X	X	X							
Activity 1.1.2: Payment, supervision and on job training of No. 52 health staff (nurses, CHWs, clinical officers)	2016	X	X	X	X	X	X							
Activity 1.1.3: Repair/improvement of damaged PHC HF's infrastructures, including waste management area and payment of 46 support staff for PHC HF's general maintenance and custody	2016	X	X	X	X	X	X							
Activity 1.2.1: Procurement, transport and distribution of essential and emergency drugs, medical/non-medical supplies, equipment as per BPHS to ensure ANC/PNC, EPI, Nutrition Screening, Health Education	2016	X	X	X	X	X	X							
Activity 1.2.2: Payment, supervision, and on-the-job training of No. 20 staff (TBAs/MCHW/Community MW/EPI/Counselor)	2016	X	X	X	X	X	X							
Activity 1.2.3: In kind motivation to and constant supportive supervision of No. 56 Community based vaccinators and No. 50 HHPs to support the outreaches team and to conduct ICCM	2016	X	X	X	X	X	X							
Activity 1.2.4: Implementation of integrated outreaches plan (2 exits per week, 6 people plus locally based health staff and HHPs): per diem payment, vehicle and motorbikes costs coverage	2016	X	X	X	X	X	X							
Activity 1.3.1: Advocacy to UNFPA to access RH Emergency kits and procurement, transport, distribution of essential/emergency drugs, medical/non-medical supplies, equipment to ensure 24/7 CEmOC/BEmOC provision in No. 1 hospital and at least NO. 2 PHCCs	2016	X	X	X	X	X	X							
Activity 1.3.2: Payment/supervision/training of No. 10 Lab and Maternity Staff (in both PHCCs and H)	2016	X	X	X	X	X	X							
Activity 1.3.3: Constant presence of qualified medical/midwifery staff in Lui Hospital ensuring CEmONC provision and staff on-the-job training (2 Surgeon, 1 Anesthetist, 1 Senior MW)	2016	X	X	X	X	X	X							
Activity 1.3.4: Reinforcement of referral system: Lui Hospital Ambulance costs coverage and procurement of Motorbikes for the 4 PHCCs	2016	X	X	X	X	X	X							
Activity 1.3.5: Presence of qualified midwifery staff within the CHD to ensure PHC staff and HHPs performance quality for what concerns maternal health and prompt identification of women difficulties in accessing services	2016	X	X	X	X	X	X							
Activity 1.3.6: In kind motivation to and constant supportive supervision of 53 HHPs focused on safe motherhood promotion and recruitment of 2 TBAs joining HF's team to facilitate service acceptability	2016	X	X	X	X	X	X							

Activity 1.4.1: Advocacy to WHO to access IEHK / trauma kits and procurement/transport/distribution essential/emergency drugs, medical/non-medical supplies, equipment for No. 1 Hospital performing emergency surgery	2016	X	X	X	X	X	X												
Activity 1.4.2: Constant presence of qualified staff ensuring service provision and OT personnel on job training	2016	X	X	X	X	X	X												
Activity 1.5.1: PHCUs/PHCCs/H staff training on identification/treatment/referral of MAM and SAM cases	2016		X																
Activity 1.5.2: Advocacy to UNICEF for supplies	2016	X	X	X	X	X	X												
Activity 1.5.3: Procurement of equipment/tools/supplies for OTP/SC	2016	X																	
Activity 1.5.4: Recruitment of staff for SC/OTP/TSFP	2016	X	X																
Activity 2.1.1: Technical assistance to CHD in EPR by No. 1 expert (data collection and analysis, report timely preparation and submission)	2016	X	X	X	X	X	X												
Activity 2.1.2: Introduction of community based surveillance system through existing HHPs (pictorial forms) and strengthening of HFs reporting capacities (records, communication means)	2016	X	X	X	X	X	X												
Activity 2.1.3: Integration of active surveillance to the monthly and quarterly supportive supervision to HFs conducted by CHD team	2016	X	X	X	X	X	X												
Activity 2.2.1: Payment of CHD technical support team for proper organization, implementation and monitoring of EPI, outreaches and Community Based Activities	2016	X	X	X	X	X	X												
Activity 2.2.2: Organization of EPI boosting activities through mobile clinics, support to WHO campaigns	2016	X	X	X	X	X	X												
Activity 2.2.3: Training of at least one representative per HF on CD prevention and treatment	2016		X																
Activity 2.2.4: Awareness campaign on CD prevention, including EPI importance and hygiene and sanitation basic principles, through HHPs and community based vaccinators	2016	X	X	X	X	X	X												
Activity 2.2.5: Organization of regular County Health and Nutrition Coordination meetings, to be attended by all sectors concerned with diseases prevention	2016			X															
Activity 3.1.1: Presence of qualified staff for proper assistance and on-the-job training in health facilities to identify, manage and treat SBGV cases	2016	X	X	X	X	X	X												
Activity 3.1.2: Liaising with other institutions for specific assistance on SGBV management and comprehensive care (including psychological and social support)	2016	X	X	X	X	X	X												

OTHER INFO

Accountability to Affected Populations

CUAMM has always designed its projects in close cooperation with the CHD and local authorities, in order to ensure accountability, transparency and inclusion of the different stakeholders. At boma level, Village Health Committees are in place with the aim to guarantee a two-way communication mechanism of information dissemination, community involvement and reciprocal feedback exchange. Thank you to this system, it is always possible to evaluate beneficiaries' appreciation on project implementation and needs assessments are easily realized and continuously updated. Being CUAMM staff on ground, based in the same premises CHD team is, constant communication flow and open discussion on each aspect of project planning, implementation, readjustment are ensured, as described in the implementation plan. Regular supervisions, outreaches, HHPs involvement constitute permanent and open channels of communication with the community. Community representatives will be part of the county coordination meetings, when project results will be presented and discussed and they will be in conditions to express their concerns, appreciations, un met expectations

Implementation Plan

The project has been designed in closer cooperation with the CHD and local authorities, to integrate the already on going actions in support to the County Health System to ensure proper response to the needs assessed on ground and related to a specific emergency . The project is informed by the Continuum of Care principles CUAMM adopted as backbones of its strategy and it has been designed with an actor oriented approach, given precise leading role to local actors. The stewardship attributed to the CHD ensures project integration into a wider intervention and therefore long term sustainability to the achieved results. The project design has been based on the data normally collected through the MoH official channels and to those collected in the specific situation of emergency by recognized institutions (as OCHA and other UN agencies) and by CUAMM and CHD themselves Before starting the implementation phase, a kick-off meeting will be held with the CHD and all the county stakeholders to revise the submitted work plan and to proceed with eventually needed adjustments. In order to ensure proper coordination within all these actors, adherence to the activity plan and capacity of prompt project adjustments (when required), always in agreement with the local policies, the project implementation will be oriented by regular coordination meetings. The main aim is to link the CHD with all level of the County and its various actors and stakeholder, creating room for sharing information, discuss challenges and related solutions, providing feedback, in order to promote reciprocal accountability, putting the CHD in conditions of maintaining effective and active control and ownership on what is going on in the County and ensure it is getting all the elements to elaborate a strategy respondent to the real needs. This kind of mechanism is clearly functional to a smooth project implementation. CUAMM foresees the collocation in MEC of a PH expert as County Activities Coordinator and Technical Advisor of the County Medical Officer, as main strategy to strength and develop the CHD. He will provide a comprehensive support ensuring critical identification of the existing gaps and build the capacities to effectively plan and monitor health intervention, with the aim of ensuring uniform quality service delivery in the entire County and effective response to the emergency. CUAMM Country Manager from Juba will support in maintaining the institutional relationship, while CUAMM HQ will help in monitoring project development, from both an administrative/financial and technical perspective.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

1-The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

The Action will

-ensure equal opportunity of accessing health services to both men and women, in particular creating the conditions for HFs providing on constant bases RH services;

-facilitate women accessing health care through outreaches in the most remote areas, as they are usually penalized by HFs distance because of their home care duties and of some traditional rules;

-enhance RH, including the response to be given to the Major Direct Obstetric Complications.

Particular attention to crises direct impact on women health status will be given ensuring SGBV management and referral. Women will contribute to project implementation through the participation of female health staff and female health profile at community level as TBAs.

Key positions in CHD and Hospital Management Board are currently occupied by Women, whose point of view has been and will be kept in high consideration to ensure the planned strategy to be gender sensitive

Protection Mainstreaming

The project is design to support IDPs and host communities in the current humanitarian crisis in Mundri East County, with a specific focus on vulnerable groups such as PLW and U5. Beneficiaries dignity promotion is direct consequence of a project aiming to ensure their access to quality services addressing their basic health needs (or the consequences of the conflict as SGBV) in adequate and acceptable way. The involvement of community based profiles and of the local authorities ensures services responsiveness to the real needs and expectations and implies CUAMM transparency and accountability commitment. The attempt of bringing services as close as possible to the people is functional to put them in conditions to use what they need limiting the risks connected to the movements in such unstable environment. A protection map will be defined through the feedback collected at VHTs levels so that identifying vulnerable groups and situations that might endanger the goals of the interventions. A risk analysis is being developed highlighting potential risks and mitigations measures might be used to avoid risks taking place. These measures are being assessed in terms of costs and budgeted so that guaranteeing the availability of funds in case of any risk will turn into a real situation CUAMM will have to face. Within the project's evaluation tools will be used to assess the impact of the project, a specific section will be dedicated to check protection measures' impact. Thanks to these activities, CUAMM will ensure protection to be mainstreamed throughout the project.

Country Specific Information**Safety and Security**

The current security situation in Mundri East County is volatile. For this reason, safety and security conditions for the NGO staff and beneficiaries are continuously assessed. A Security Meeting with local authorities is organized on weekly bases; during this meetings CUAMM reiterates the objective of its presence being local people health and wellbeing promotion and the minimum security requirements to be in conditions to carry on its humanitarian intervention, without putting at risk its local and international team. While for the beneficiaries the principle of do-not-harm has been ensured mainstreaming the protection component, staff security is guaranteed through the implementation of the NGO safety plan and related specific agreements on evacuation implementation .. Protocols have been signed in order to guarantee that no weapon is allowed within health facilities and NGO cars.. Constant contacts with UNMISS, OCHA and other UN agencies ensure regular updating of the security situation at both Country and State level.

Access

Currently, humanitarian access to the area is guaranteed through humanitarian convoys escorted by UNMISS. CUAMM has already benefited of this opportunity to ensure timely delivery of supplies. Within the county, CUAMM has access to almost all the areas thanks to the closer cooperation with the CHD and local authorities, which are always part of the teams implementing activities. Once the situation in terms of security is worsening, alert will be given by local authorities so that timely rescheduling activities is done.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Project Manager	D	0	4,000.00	0	100%	0.00
	<i>Person in charge of overall project implementation oversight and of the institutional relations to be maintained with donors and local authorities. He/She will ensure proper integration between the different programs CUAMM is running in the area. Health Sciences background. Salary in line with CUAMM salary scale and inclusive of insurance and taxes. Half of teh costs covered by CUAMM, funds already secured</i>						
1.2	Surgeon	D	2	4,000.00	6	50%	24,000.00
	<i>In Charge of OT and Maternity Ward to ensure both emergency surgery and CEmONC package. Two to cover 24/7 the mentioned departments. Salary in line with CUAMM salary scale and inclusive of insurance and taxes. Half of the costs covered by CUAMM, funds already secured</i>						
1.3	Senior Midwife	D	0	2,000.00	0	100%	0.00
	<i>Cooperating with the surgeon in ensuring 24/7 availability of proper CEmONC. Salary in line with CUAMM salary scale and inclusive of insurance and taxes.costs covered by CUAMM, funds already secured</i>						
1.4	Anesthesia Technician	D	0	1,000.00	0	100%	0.00

	<i>Cooperating with the surgeon in ensuring 24/7 availability of proper CEmONC and surgical assistance. Salary in line with CUAMM salary scale and inclusive of insurance and taxes. costs covered by CUAMM, funds already secured</i>						
1.5	Project Assistant	D	1	2,600.00	6	100%	15,600.00
	<i>Supporting the PM in ensuring proper follow up of project activities from an administrative and logistic perspective. Salary in line with CUAMM salary scale and inclusive of insurance and taxes.</i>						
1.6	CHD staff: M&E officer, RH officer, EPI officer, HF supervisor Officer, Community officer	D	5	975.00	6	67%	19,597.50
	<i>Technical members of CHD team, not yet included in the SMOH payroll and therefore contracted by CUAMM and appointed to ensure CHD being in conditions to play its leading role. Salary in line with the Harmonized salary scale defined by the MoH and inclusive of taxes and social insurance. Two months covered by ISDP, funds already secured</i>						
1.7	PH expert-CHD TA	D	0	4,000.00	0	100%	0.00
	<i>Person in charge of supporting the CHD in planning, organizing, implementing and monitoring all the activities concerned with emergency response and with its integration into the wider County Health System Health Sciences background. Salary in line with CUAMM salary scale and inclusive of insurance and taxes. Costs already covered by other secured funds</i>						
1.8	Community Based vaccinators	D	56	54.00	6	50%	9,072.00
	<i>56 volunteers already identified and used to support County mobile team in ensuring adequate EPI coverage. They do not receive a salary but living expenses refund (perdiem) for each day of work (usually 2 per week)</i>						
1.9	Home Health Promoters	D	103	27.00	6	66%	11,012.76
	<i>103 volunteers already identified and used to implement awareness and ICCM activities. They do not receive a salary but monthly bonus in the form of in kind benefit</i>						
1.10	Traditional Birth Attendants	D	2	184.00	6	100%	2,208.00
	<i>To be recruited to make RH services more acceptable for the PW and to contribute to raise their awareness on safe motherhood and delivery. Salary in line with teh harmonized salary scale dictated by the MoH and inclusive of taxes and social insurance</i>						
1.11	PHCU /PHCC (20) staff (105)	D	1	33,300.00	6	50%	99,900.00
	<i>105 staff currently employed by CUAMM to serve in MEC PHC facilities as health and support personnel. Salaries (express as cumulative monthly lumpsum) in line with teh harmonized salary scale dictated by the MoH and inclusive of taxes and social insurance. Two months covered by ISDP, funds already secured</i>						
1.12	Perdiem for CHD supervision team	D	7	42.00	6	66%	1,164.24
	<i>25 ssp per 5 days per 7 people (CHD team members and driver) every month as living costs refund when visiting the health facilities to conduct supportive supervision</i>						
1.13	Perdiem for mobile health/nutrition team	D	1	2,034.00	6	66%	8,054.64
	<i>125 ssp per 2 days per week per 6 people (mobile health team members and driver) as living costs refund when conducting outreaches. Here expressed as monthly lumpsum</i>						
	Section Total						
							190,609.14
Supplies, Commodities, Materials							
2.1	Emergency drugs provision for PHCUs/PHCCs	D	1	20,000.00	1	50%	10,000.00
	<i>Lumpsum considered adequate to integrate existing/coming from MOH or other donors stock, as per previous experience. Drugs will be purchased by providers already known as reliable, especially in terms of products' quality. drugs will be chosen in line with National Policies and International protocols and standards</i>						
2.2	Emergency drugs provision for Lui Hospital	D	1	8,000.00	1	50%	4,000.00
	<i>Lumpsum considered adequate to integrate existing/coming from MOH or other donors stock, as per previous experience. Drugs will be purchased by providers already known as reliable, especially in terms of products' quality. drugs will be chosen in line with National Policies and International protocols and standards</i>						
2.3	Cleaning Materials for HFs	D	1	5,000.00	1	50%	2,500.00
	<i>Lumpsum considered adequate to integrate existing stock and to ensure proper hygien conditions in all the HFs, as per previous experience</i>						
2.4	Records and stationery for HFs	D	1	5,000.00	1	50%	2,500.00
	<i>Lumpsum considered adequate, as per previous experience, to integrate existing stock and to ensure all the facilities to be in conditions to perform their functions in terms of data collection and reporting. Records will be printed, following the national models. Stationery kit will include all the basic items required.</i>						
	Section Total						
							19,000.00
Equipment							
3.1	Equipment for looted HFs (6)	D	1	18,000.00	1	50%	9,000.00

	<i>Lumpsum calculated on the base of a first assessment of the situation left on ground after the disorders and on CUAMM experience of basic equipment market. Beds, delivery and examination coaches, drip stands, ward screens, office furniture, dressing sets, ambu, sphignomanometers are among the items to be replaced. The final list will be compiled by the PM and P assistant at the beginning of the implementation to start as soon as possible the procurement process. CUAMM has already a database of the most reliable providers in South Sudan and outside</i>						
3.2	Equipment f for the PHCCs (2) to be upgraded to BEmONC level	D	1	6,000.00	1	50%	3,000.00
	<i>Lumpsum calculated on the base of CUAMM experience in equipping HF's chosen to be BEmONC. The final list will be compiled by the PM and Passistant at the beginning of the implementation to start as soon as possible the procurement process. CUAMM has already a database of the most reliable providers in South Sudan and outside</i>						
3.3	Equipment for Lui Hospital-CEmONC and SAM and SGBV services	D	1	4,000.00	1	50%	2,000.00
	<i>Lumpsum calculated on the base of CUAMM experiece in equipping Hospitals to perform the mentioned services. The final list will be compiled by the PM and Passistant at the beginning of the implementation to start as soon as possible the procurement process. CUAMM has already a database of the most reliable providers in South Sudan and outside</i>						
3.4	Equipment for outreaches	D	1	1,000.00	1	50%	500.00
	<i>Lumpsum adequate to procure folding table and chairs, a tent, some torches, raincoats and gumboots...to facilitate mobile team work</i>						
3.5	Solar System for PHCCs (2)	D	2	7,500.00	1	50%	7,500.00
	<i>Local market price for a system supposed to ensure permanent light to a building of the size of a standard PHCC. 24/7 power is one of the requirement for a BEmONC to provide quality service and therefore the procurement of this equipment is due. The existing ones have been looted</i>						
3.6	Communication means: HF's mobile phone for referral and surveillance	D	20	100.00	1	15%	300.00
	<i>Market price for a normal mobile phone. Each facility will be given one to use for calling the ambulance and to alert the CHD in case of any emergency or unclear situation</i>						
3.7	Motorbikes for referral and outreaches	D	4	1,000.00	1	50%	2,000.00
	<i>Market price for basic MB. All the PHCCs will have one, to support the ambulance service in case of referral from hard to reach area and to strenghten the outreaches services</i>						
	Section Total						24,300.00
Contractual Services							
4.1	PHCUs and PHCC eemergency maintenance	D	1	20,000.00	1	50%	10,000.00
	<i>The looted HF's are in need of basic maintenance interventions, which the proposed lumpsum should be adequate to cover. It has been calculated taking into account CUAMM previous experience and the current building materials market</i>						
4.2	Items transport	D	2	6,500.00	1	50%	6,500.00
	<i>Market price for renting a truck to be used to transport from Juba to Lui/kediba all the materials purchased with the current project and eventual materials received by the MoH and other partners as in kind contribution. One truck will be rented each quarter</i>						
	Section Total						16,500.00
Travel							
5.1	Accomodation in Juba/Yambio for work mission	D	3	50.00	6	100%	900.00
	<i>Expected one visit per month of a representative of project staff to Juba, to meet with the CM and eventually with the cluster and other concerned agency. the price is the one CUAMM negotiated with a reference Hotel</i>						
	Section Total						900.00
General Operating and Other Direct Costs							
7.1	County Health and Nutrition Coordination Meetings	D	1	500.00	2	100%	1,000.00
	<i>Lumpsum based on previous expenditure rate for the same activities and to be used for renting the hall, refunding the transport and the lunch costs to the participants, to buy some stationery</i>						
7.2	Fuel and maintenance for County MBs	D	1	750.00	1	50%	375.00
	<i>Lumpsum based on previous expenditure rate for the same activities, to be integrated by other funds</i>						
7.3	Airtime for HF's and CHD team	D	1	200.00	6	50%	600.00
	<i>Lumpsum based on previous expenditure rate for the same activities</i>						
7.4	CHD internet fee	D	1	500.00	6	66%	1,980.00

	<i>Cost as per local provider. CHD needs continuous internet connection to guarantee timely data submission and to be in contact with other authorities and partners</i>						
7.5	Lui and Kediba Coordination Office running costs (furniture, utilities, ordinary maintenance, security service)	D	1	500.00	6	77%	2,310.00
	<i>Lumpsum to be used to cover some of field offices costs (furniture, utilities, ordinary maintenance, security service) , integrating what already committed by CUAMM</i>						
7.6	bank Charges	S	1	214.00	6	100%	1,284.00
	<i>Lumpsum based on the usual charges requested by the Bank CUAMM is working with</i>						
7.7	Outbreak rapid response mechanism and surveillance system training:	D	0	5,000.00	0	100%	0.00
	<i>Training on Infectious Diseases identification, diagnosis, prevention and treatment and on their management to avoid their spread as outbreak. 1 staff per 20 HFs in Kediba, 10 staff from Lui H, 4 days, 1 trainers from CHD. The Training will be held in Lui Hospital School of Midwifery. The costs include the accomodation for the staff coming from outside, the lunch and transport refund, the didactic materials. The costs will be covered by CUAMM, which is raising funds for it</i>						
	Section Total						7,549.00
SubTotal			224.00				258,858.14
Direct							257,574.14
Support							1,284.00
PSC Cost							
PSC Cost Percent							7%
PSC Amount							18,120.07
Total Cost							276,978.21
Grand Total CHF Cost							
276,978.21							
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Western Equatoria -> Mundri East	100						
Documents							
Category Name		Document Description					
Project Supporting Documents		list of equipment for CUAMM CHF1 MEC.xlsx					
Project Supporting Documents		list of supplies for CUAMM CHF1 MEC.xlsx					