

<b>Requesting Organization :</b>	Universal Network for Knowledge and Empowerment Agency				
<b>Allocation Type :</b>	1st Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
HEALTH		100.00			
		<b>100</b>			
<b>Project Title :</b>	Increase access to integrated essential emergency primary health care services to IDPs and Host Community in Ulang county				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-17/H/103157	<b>Fund Project Code :</b>	SSD-17/HSS10/SA1/H/NGO/5125		
<b>Cluster :</b>	Health	<b>Project Budget in US\$ :</b>	174,500.00		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/04/2017	<b>Planned End Date :</b>	30/09/2017		
<b>Actual Start Date:</b>	01/04/2017	<b>Actual End Date:</b>	30/09/2017		
<b>Project Summary :</b>	<p>The project will increase access to essential emergency primary health care services through an integrated service delivery package using static and outreach service delivery points focusing on treatment of the major causes of mortality among U5C (malaria, diarrhea, pneumonia), SAM with complications, basic emergency obstetric and neonatal care including the clinical management of SGBV, Intensify surveillance and support immunization of children against measles and other vaccine preventable diseases and integrated capacity building refreshers(WASH, Health and Nutrition) to prevent, detect and respond to epidemic prone disease outbreaks focusing on cholera/malaria /measles and other diseases of public health concern(TB/HIV AIDS) and wasting in order to reduce morbidity and mortalities among IDPS and host community in Ulang county. The project static sites include; Yomding PHCC,Makak PHCU,Riang PHCU,Kuich PHCU and Nyangore PHCU and the two out reach sites include; Barmach and Toaloare.</p> <p>The project aims to achieve:</p> <ul style="list-style-type: none"> <li>- 1130 curative consultations conducted in all health facilities</li> <li>- 24 children with severe acute malnutrition and medical complications managed at the health facility,</li> <li>- 5 Health facilities remain operational and provide curative and preventive services,</li> <li>- 150 skilled deliveries conducted in the community,</li> <li>- 1 health facilities provide basic emergency obstetric and neonatal care,</li> <li>-100 rape cases clinically managed in CMR centers,</li> <li>- 5 health facilities remain open and provide SGBV services,</li> <li>- 570 children 6-59 months received measles vaccination,</li> <li>- 570 children &lt; 1 year with 3 doses of pentavalent,</li> <li>- 1201 people reached with health education and promotion during outbreaks,</li> <li>- 2 epidemic prone disease alerts responded to within 48 hours,</li> <li>-48 health workers trained on the basic package of health and nutrition services and integrated response of WASH/Health and nutrition.</li> </ul>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	780	890	1,003	1,120	3,793
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	430	440	400	414	1,684
Pregnant and Lactating Women	0	150	0	0	150
People in Host Communities	350	300	252	260	1,162
Children under 5	0	0	351	446	797
<b>Indirect Beneficiaries :</b>					
400 (These are beneficiaries outside the catchment population but access services from the health facilities supported through this project approximately 10% of the total population)					

<b>Catchment Population:</b>			
12600(These are the people living within 5 KM from the health facility,basically these are the IDPS and the host community)			
<b>Link with allocation strategy :</b>			
Provision of clinical consultations to children less than five years and adults, provision of antenatal care services and skilled deliveries, management of Severe acute malnutrition with medical complications, health education, hygiene promotion and IYCF messaging will protect the rights and uphold the dignity of the most vulnerable (SO2). Community based and facility based surveillance targeting cholera, malaria and measles; TB and HIV/AIDS, routine immunization and integrated refresher training for health staff (WASH, Health and Nutrition) will prevent, detect and respond to epidemic prone diseases and save lives and alleviate the suffering of those most in need of assistance and protection (SO1)			
<b>Sub-Grants to Implementing Partners :</b>			
<b>Partner Name</b>		<b>Partner Type</b>	<b>Budget in US\$</b>
<b>Other funding secured for the same project (to date) :</b>			
<b>Other Funding Source</b>		<b>Other Funding Amount</b>	
<b>Organization focal point :</b>			
<b>Name</b>	<b>Title</b>	<b>Email</b>	<b>Phone</b>
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<b>BACKGROUND</b>			
<b>1. Humanitarian context analysis</b>			
<p>The humanitarian situation in Ulang county deteriorated recently with the fighting that occurred in the neighboring Nasir county in January 2017 which sent waves of fear to Ulang county; some of the displaced people settled in Ulang county. An interagency report conducted on the 11 January 2017 indicated the presence of an estimated 12600 new internally displaced persons in Makak and Wanding. Makak in Ulang has the highest number of IDPs with an estimated 12,000. Another report by REACH (January, 2017) indicated the presence of an estimated 600 households of IDPS in Wanding. Most of the IDPs are women and children and are settled in the open and under trees. The weather conditions in Ulang County at the moment are a balance of cold and hot temperatures during the day and at night respectively. This makes the IDPS more susceptible to infections including Malaria and Pneumonia. Although two hand pumps were functional before the recent fighting, one has broken down due to increased pressure. Most of the IDPS drink directly from Sobat river. Inadequate sanitary facilities like latrines have increased open defecation among the IDPS. The current IDPs situation will increase the risk of diarrhoeal disease outbreak including cholera. The community is reported to have left behind most of their belongings including food and non food items, further increasing hunger and the risk of malnutrition among children under five years, pregnant and lactating women. According to the report, Makak PHCU currently record over 200 clinical consultations per day up from 50-60 clinical consultations before the displacement. This sudden increase in the patient load has increased the consumption of the limited medicines, nutrition supplies and medical.</p> <p>The most common infections being treated include; diarrhea, pneumonia, Malaria, eye infections, and skin diseases. Most of these diseases are related to poor hygiene and environmental practices brought about by the displacement and overcrowding. The current crises have worsened the already dire humanitarian situation in Ulang county. Since the 2013 crises, health, nutrition service delivery systems remained weak. Routine immunization has not being restored; most hand pumps unrepaired, cultivation has remained at its lowest level, floods and insecurity remained frequent. The recent displacement has only increased the vulnerability of an already strained community</p> <p>According to nutrition cluster SMART survey data base, Ulang has a GAM rate of 24.7%, a prevalence of SAM and MAM of 4.5 and 20.2% respectively. The current situation occurs cyclically, worsening the health of the people due to large number of IDPs compared to the available services offered by the present agencies especially Health. The health consequences due to insufficient water access, poor water quality and inadequate sanitation and hygiene practices continue to likewise increase vulnerability. Despite the acute needs, there are few humanitarian actors focusing on Ulang County.</p>			
<b>2. Needs assessment</b>			
<p>The humanitarian situation in Ulang county remains dire. Recent fighting in Neighboring Nasir county has displaced thousands. 12,500 IDPS have reportedly settled in Ulang county. No intervention has reached to these IDPs yet. Clinical consultations have risen, overwhelming the available health and nutrition services. Makak PHCU currently record over 200 clinical consultations per day up from 50-60 clinical consultations before the displacement. The GAM rates are very high above the WHO threshold for emergency. According to nutrition cluster SMART survey data base, Ulang has a GAM rate of 24.7%, a prevalence of SAM and MAM of 4.5 and 20.2% respectively. The current situation occurs cyclically, worsening the health of the people due to large number of IDPs compared to the available services offered by the present agencies especially Health. The health consequences due to insufficient water access, poor water quality and inadequate sanitation and hygiene practices continue to likewise increase vulnerability. Despite the acute needs, there are few humanitarian actors focusing on Ulang County.</p>			
<b>3. Description Of Beneficiaries</b>			
<p>The beneficiaries will be IDPs, returnees and host community in Nasir and Ulang county of Upper Nile state; it will be a gender sensitive project and will benefit men and women, boys and girls. Vulnerable communities will be given a special focus that is children under five years, women and the elderly people with disabilities. Total Beneficiaries = 7609; Women = 1750, Men = 1200, Girls = 2600 boys = 2059</p>			

#### **4. Grant Request Justification**

This funding is requested to support UNKEA's Emergency response initiative (ERI) by providing basic health care services to vulnerable IDPs and host communities in 5 fixed health facilities of Yomding PHCC, Makak PHCU and Riang PHCU, Kuich PHCU and Nyongore PHCU, Barmach and Talori outreach sites. This funding will sustain and prevent rapture in providing continued humanitarian health assistance to the vulnerable IDPs and host communities. Scaling up provision of basic clinical consultations and treatment of common ailments such as malaria, diarrhea and pneumonia will reduce morbidity and mortality. Scaling up immunization services, vitamin A supplementation, deworming, IPT, clinical management of SGBV survivors, provision of safe and clean deliveries will enhance maternal, neonatal and child health, Accelerating grass root level community awareness will contribute to reduction in spread of communicable diseases. UNKEA has viable working relationship with its government, NGOs and donor partners such as CHD, UNICEF and SMOH in supporting the health care system in Ulang County. Through partnership agreement with PSI and WHO, UNKEA is receiving a non-cost supply of ACTs and RDTs, and essential drugs for management of malaria and other communicable diseases.

#### **5. Complementarity**

The project will complement on the ongoing health and nutrition project so that a comprehensive package of health and nutrition services is provided to the community. It will also help restore emergency health services, filling the gap due to scale down in services by GOAL

#### **LOGICAL FRAMEWORK**

##### **Overall project objective**

Increase access to essential primary health care services to reduce morbidity and mortalities due to malaria, cholera, measles and Severe acute malnutrition through strengthening surveillance and routine immunization, clinical consultations and treatment, health education and treatment of severe acute malnutrition with medical complications.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations		SO2: Protect the rights and uphold the dignity of the most vulnerable	60				
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	40				
<p><b>Contribution to Cluster/Sector Objectives :</b> Increasing access to clinical consultations, treatment and health education targeting cholera, Malaria and Measles for IDPS and host communities, men, women, boys and girls will contribute to inclusive health service delivery hence contributes to achieving cluster objective 2. Strengthening surveillance for Cholera, Malaria and measles, TB, HIV and AIDS and wasting due to famine and strengthening routine immunization targeting measles and TB will contribute to prevention, detection and response to epidemic prone diseases, thus supports cluster objective 1.</p>							
<b>Outcome 1</b>							
Increased accesses to essential health care services; Clinical consultations, diagnosis, treatment and health education and reduction in morbidity and mortalities due to cholera, malaria, measles, TB and HIV/AIDS							
<b>Output 1.1</b>							
<b>Description</b>							
Clinical consultations and treatment of common illnesses for women, men, boys and girls and treatment of <5 children with Severe acute malnutrition and medical complications increased (Target:1154)							
<b>Assumptions &amp; Risks</b>							
<ul style="list-style-type: none"> <li>• Security stability in the project area,</li> <li>• Uninterrupted funding and supply of relief items and drugs,</li> <li>• Continued acceptability and community support,</li> <li>• Commitment and support of partner to the project,</li> <li>• Continued accessibility to project sites,</li> </ul>							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	280	300	250	300	1,130
<b>Means of Verification :</b> Out patient and inpatient registers, IDSR reports and EWARs reports, Health cluster 5Ws, Health cluster RRM reports							
Indicator 1.1.2	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			9	15	24
<b>Means of Verification :</b> Inpatient reports (Under five), Monthly reports, IDSR reports and EWARs reports, Health cluster 5Ws, Health cluster RRM reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Conduct out patient consultations to <5 and >5 boys and girls, men and women in all targeted health facilities for common illnesses including cholera, malaria, measles, TB and HIV/AIDS							
<b>Activity 1.1.2</b>							
Conduct clinical management of children under 5 with severe acute malnutrition with medical complications in stabilization centers							
<b>Activity 1.1.3</b>							
Conduct screening for SAM with complications at the health facilities							
<b>Output 1.2</b>							
<b>Description</b>							
Reproductive health services including safe pregnancy and skilled delivery at all targeted health facilities increased/improved (Target:150 skilled deliveries, 1 BEMONC center)							
<b>Assumptions &amp; Risks</b>							
Uninterrupted funding, and supply of RH kits, Continued acceptability and community support, Road access and means of transport							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					150
<b>Means of Verification</b> : Delivery register,ANC register,Monthly reports, IDSR reports and EWARs reports,Health cluster 5Ws,Health cluster RRM reports							
Indicator 1.2.2	HEALTH	[Frontline services] Number of facilities providing BEmONC services					1
<b>Means of Verification</b> : Health cluster 5 Ws, GPS coordinates,MoH data base,pictures							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Routine medical checks during ANC (BP check, STI, VCT)							
<b>Activity 1.2.2</b>							
Daily Counseling of women and their sexual partners to accept FP services.							
<b>Activity 1.2.3</b>							
Condom promotion and supply.							
<b>Activity 1.2.4</b>							
Provision of oral FP methods,							
<b>Activity 1.2.5</b>							
Conduct skilled deliveries at the health facility							
<b>Activity 1.2.6</b>							
Routine medical checks and treatment during post natal visits (Mother and child)							
<b>Output 1.3</b>							
<b>Description</b>							
Clinical and psychosocial support to GBV Victims including clinical management of rape cases, trauma counseling, emergency contraception and post exposure prophylaxis against HIV/AIDS increased/improved (Target:100 CMR cases,5 SGBV centers)							
<b>Assumptions &amp; Risks</b>							
Rape cases reported timely, PEP kits received from pipe line partners							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	[Frontline services] Number of health facilities providing SGBV services					5
<b>Means of Verification</b> : Health cluster 5 Ws, GPS coordinates,MoH data base,pictures							
Indicator 1.3.2	HEALTH	Frontline # of rape cases clinically managed at CMR centers					100
<b>Means of Verification</b> : GBV register,Monthly reports, IDSR reports and EWARs reports,Health cluster 5Ws,Health cluster RRM reports							
<b>Activities</b>							
<b>Activity 1.3.1</b>							
Provide treatment to rape cases including trauma counseling,emergency contraception and PEPs against HIV/AIDS at CMR centers							
<b>Activity 1.3.2</b>							
Supply CMR centers with emergency contraceptives and PEP kits							
<b>Activity 1.3.3</b>							
Psychological first-aid activities, such as crisis intervention, peer support, and emotional support to bereaved;							
<b>Activity 1.3.4</b>							
Raising awareness about the negative health impacts of GBV, e.g., pre-gnancy-related complications; low birth weight; alcohol/drug use;							
<b>Output 1.4</b>							
<b>Description</b>							
Improved knowledge,attitudes and practices for a healthy life style through improved behavioral change communication (Health education during community health events, health facility visits and individual counseling sessions); Systematic communication with affected populations using relevant feedback and communication mechanisms improved(Target: 1201 Health education beneficiaries, 2 dialogue meetings)							
<b>Assumptions &amp; Risks</b>							

Uninterrupted funding,  
Stable security situation,  
Community ready to change

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.4.1	HEALTH	[Frontline services] Number of people reached by health education /promotion	469	363	203	166	1,201
<b>Means of Verification</b> : Attendance registers,Monthly reports, Health cluster 5Ws,Health cluster , RRM reports, Pictures							
Indicator 1.4.2	HEALTH	[Frontline services] Number of community dialogue meetings to provide feedback to affected populations established					2

**Means of Verification** : Attendance lists,photos,Monthly reports, Health cluster 5Ws

**Activities**

**Activity 1.4.1**

Conduct health education before and during outbreaks

**Activity 1.4.2**

Conduct community health events (Campaigns, Dramas, Demonstrations )

**Activity 1.4.3**

Conduct health education and distribute IEC materials during community health events

**Activity 1.4.4**

Conduct community dialogue meetings with affected populations to register complaints and provide feedback

**Activity 1.4.5**

Conduct meetings with affected population key persons to identify needs and work with them to agree on solutions

**Activity 1.4.6**

Strengthen the boma village health committee to be able to verify activities done and participate in project monitoring and evaluation

**Outcome 2**

Strengthened surveillance for Cholera, Malaria and measles,TB,HIV and AIDS and wasting due to famine, strengthened routine immunization targeting measles and TB and increased prevention, detection and response to epidemic prone diseases,

**Output 2.1**

**Description**

Increased surveillance of cholera, malaria, measles, TB and HIV/AIDS,improved outbreak reporting and notification (Target: 2 Epidemic prone outbreaks verified)

**Assumptions & Risks**

Communication and reporting tools available,  
Stable security

**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					2

**Means of Verification** : IDSR reports,,Monthly reports, Health cluster 5Ws,Health cluster RRM reports

**Activities**

**Activity 2.1.1**

Conduct routine health facility data collection and reporting (Weekly,Monthly and Quarterly reports) for Cholera, Malaria and measles,TB,HIV and AIDS and wasting due to famine and other communicable diseases

**Activity 2.1.2**

Carry out outbreak notification, investigation and response within 48 hours for Cholera, Malaria and measles,TB,HIV and AIDS and wasting due to famine

**Activity 2.1.3**

Provide biweekly progress updates to the Health cluster

**Output 2.2**

**Description**

Routine immunization; static and outreach for children <5,5-15 years, boys and girls in emergency situation coverage increased and quality improved(Target:1140)

**Assumptions & Risks**

Uninterrupted funding and supply of vaccines,

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			270	300	570
<b>Means of Verification</b> : EPI reports,Monthly reports, Health cluster 5Ws,Health cluster RRM reports, Pictures							
Indicator 2.2.2	HEALTH	[Frontline services] Number of children with 3 doses of pentavalent vaccine			270	300	570
<b>Means of Verification</b> : EPI reports,Monthly reports, Health cluster 5Ws,Health cluster RRM reports, Pictures							
Activities							
Activity 2.2.1							
Conduct Measles campaigns in IDPs, host communities and mobile communities							
Activity 2.2.2							
Daily routine immunization, six days a Week							
Activity 2.2.3							
Counsel referred under-five immunization defaulters and immunize,							
Activity 2.2.4							
Prepare and mobilize communities to attend Mass immunization on NIDs.							
Output 2.3							
Description							
Capacity of health workers strengthened on management of common diseases including integrated capacity building (Target:48)							
Assumptions & Risks							
Funding secured							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.3.1	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	10	14			24
<b>Means of Verification</b> : Training reports,Monthly reports, Health cluster 5Ws,Health cluster RRM reports, Pictures							
Indicator 2.3.2	HEALTH	Frontline # health workers trained on integrated Health, WASH and nutrition response					24
<b>Means of Verification</b> : Training reports,Monthly reports, Health cluster 5Ws,Health cluster RRM reports, Pictures							
Activities							
Activity 2.3.1							
Training of staff on disease surveillance and outbreak response							
Activity 2.3.2							
Training of health workers on integrated Health, WASH and nutrition response							
Activity 2.3.3							
Mobilize training materials and guidelines							
Activity 2.3.4							
Develop the terms of references for the training							
Activity 2.3.5							
Invite participants for the training and conduct the training							
<b>Additional Targets :</b>							

**M & R**

**Monitoring & Reporting plan**

Data for the project will be collected through IDSR reporting forms, EWARS,RRM reporting forms, Quantified supervisory checklists and health cluster SWs. Weekly reports will be submitted for IDSR, EWARS and RRM. Biweekly project updates will be submitted to the health cluster. Quarterly and end of project narrative reports will be submitted to SSHF. Internal reports are submitted weekly and monthly

**Monitoring,**

The logical framework will provide the guide to monitoring and reporting of the project to ensure programme outputs, activities and inputs are interlinked and well coordinated. This will be incorporated to UNKEAs Monitoring and reporting framework.

The clinical officers directly monitor project activities at the health facility; they ensure that all curative and preventive functions are done as per the project work plan. These include clinical consultations, laboratory diagnoses and treatment of common diseases, skilled deliveries, and referral of complicated cases to the next level of care, health education, data collection and reporting. They will develop micro plans for their weekly, monthly, and quarterly activities. The clinical officer who is the health facility in-charge will ensure that duty rosters are prepared and displayed, and maintains a daily staff roster.

The health manager will conduct regular supervisory visits to the health facility; he will check for consistency in the use of treatment guidelines and protocols, ensure data is collected using the standard data collection tools and performs data quality audits. He will check for stock outs, staffing gaps, reporting gaps (Data collection tools and guidelines) and financial gaps and will report accordingly.

The health advisor will conduct quarterly monitoring visits and will participate in the quarterly programme supervision together with the CHD. He will look for consistency in the use of treatment protocol and guidelines, staffing, reports and monitor actions taken by the health manager in regards to the project implementation and results.

The executive director will conduct biannual supportive supervision visits to all project sites. He will monitor the performance of all project inputs, activities and outputs. He will provide overall support and feedback to the project management team.

**Reporting,**

Data will be collected using the national data collection and reporting tools. These include; outpatient registers, inpatient registers, pharmaceutical registers, maternal and child health registers and nutrition registers. This data will be summarized using the weekly and monthly IDSR reporting tools and will be entered into EWARS (Jikmir and Mandeng) and the rest to DHIS.

The clinical officer is responsible for reporting at the health facility, he will ensure data is collected and reported in a timely manner (Weekly, monthly). He will share his reports with the health manager who will consolidate all reports per reporting site and shares it with the health advisor and monitoring and evaluation manager. The health advisor and the Monitoring and evaluation Manager will check the reports for consistency, and completeness and will share the reports with the health cluster. In addition, UNKEA will provide biweekly programme updates to the health cluster

**Monitoring and reporting on accountability to affected population,**

An indicator for accountability to affected population is included in the logical framework. The boma health committee will participate in monitoring the project activities through the joint quantified supervisory visits which will be conducted twice during the project period. Community dialogue meetings will be conducted on quarterly basis during which complaints from the community are taken and feedback provided on the progress of the project. Attendance lists and minutes of the meeting will be taken to report on accountability to affected population.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct out patient consultations to <5 and >5 boys and girls,men and women in all targeted health facilities for common illnesses including cholera,malaria,measles,TB and HIV?AIDS	2017				X	X	X	X	X	X			
Activity 1.1.2: Conduct clinical management of children under 5 with severe acute malnutrition with medical complications in stabilization centers	2017				X	X	X	X	X	X			
Activity 1.1.3: Conduct screening for SAM with complications at the health facilities	2017				X	X	X	X	X	X			
Activity 1.2.1: Routine medical checks during ANC (BP check, STI, VCT)	2017				X	X	X	X	X	X			
Activity 1.2.2: Daily Counseling of women and their sexual partners to accept FP services.	2017				X	X	X	X	X	X			
Activity 1.2.3: Condom promotion and supply.	2017				X	X	X	X	X	X			
Activity 1.2.4: Provision of oral FP methods,	2017				X	X	X	X	X	X			
Activity 1.2.5: Conduct skilled deliveries at the health facility	2017				X	X	X	X	X	X			
Activity 1.2.6: Routine medical checks and treatment during post natal visits (Mother and child)	2017				X	X	X	X	X	X			
Activity 1.3.1: Provide treatment to rape cases including trauma counseling,emergency contraception and PEPs against HIV/AIDS at CMR centers	2017				X	X	X	X	X	X			
Activity 1.3.2: Supply CMR centers with emergency contraceptives and PEP kits	2017				X	X	X	X	X	X			
Activity 1.3.3: Psychological first-aid activities, such as crisis intervention, peer support, and emotional support to bereaved;	2017				X	X	X	X	X	X			
Activity 1.3.4: Raising awareness about the negative health impacts of GBV, e.g., pre-gnancy-related complications; low birth weight; alcohol/drug use;	2017				X	X	X	X	X	X			
Activity 1.4.1: Conduct health education before and during outbreaks	2017				X	X	X	X	X	X			
Activity 1.4.2: Conduct community health events (Campaigns, Dramas, Demonstrations )	2017				X	X	X	X	X	X			



Activity 1.4.3: Conduct health education and distribute IEC materials during community health events	2017				X	X	X	X	X	X				
Activity 1.4.4: Conduct community dialogue meetings with affected populations to register complaints and provide feedback	2017					X				X				
Activity 1.4.5: Conduct meetings with affected population key persons to identify needs and work with them to agree on solutions	2017					X				X				
Activity 1.4.6: Strengthen the boma village health committee to be able to verify activities done and participate in project monitoring and evaluation	2017				X	X	X	X	X	X				
Activity 2.1.1: Conduct routine health facility data collection and reporting (Weekly,Monthly and Quarterly reports) for Cholera, Malaria and measles,TB,HIV and AIDS and wasting due to famine and other communicable diseases	2017				X	X	X	X	X	X				
Activity 2.1.2: Carry out outbreak notification, investigation and response within 48 hours for Cholera, Malaria and measles,TB,HIV and AIDS and wasting due to famine	2017				X	X	X	X	X	X				
Activity 2.1.3: Provide biweekly progress updates to the Health cluster	2017				X	X	X	X	X	X				
Activity 2.2.1: Conduct Measles campaigns in IDPs, host communities and mobile communities	2017				X	X	X	X	X	X				
Activity 2.2.2: Daily routine immunization, six days a Week	2017				X	X	X	X	X	X				
Activity 2.2.3: Counsel referred under-five immunization defaulters and immunize,	2017				X	X	X	X	X	X				
Activity 2.2.4: Prepare and mobilize communities to attend Mass immunization on NIDs.	2017				X	X	X	X	X	X				
Activity 2.3.1: Training of staff on disease surveillance and outbreak response	2017					X								
Activity 2.3.2: Training of health workers on integrated Health, WASH and nutrition response	2017					X								
Activity 2.3.3: Mobilize training materials and guidelines	2017					X								
Activity 2.3.4: Develop the terms of references for the training	2017					X								
Activity 2.3.5: Invite participants for the training and conduct the training	2017					X								

#### OTHER INFO

##### Accountability to Affected Populations

The beneficiaries are mainly children under five,boys and girls and pregnant and lactating women who are IDPs and the Host community.These are the most vulnerable groups in the society,and in situations of crises like the current crises,they suffer most,the community was consulted in the project design and they will be fully involved in the project implementation. The project will ensure women,boys and girls are treated with dignity,it will take into consideration the fundamental human rights.UNKEA has a good record of confidentiality,all information/data collected from the community will be treated with confidentiality,and data collection will include an informed consent.UNKEA has a good record of impartiality,this project will benefit all communities in the targeted area,and will ensure all people are treated equally regardless of their affiliations. UNKEA will collaborate with other agencies such as PACT Sudan,to ensure peace building projects are implemented along side this project.

##### Implementation Plan

Provision of basic package of health and nutrition services will be done in at all 6 health facilities. UNKEA will include a mixture of innovative approach using community outreach events during which health education on prevention and control of communicable disease such as malaria, HIV/AIDS, TB, Kala azar, diarrhea is given, children under five immunized, dewormed and given vitamin A supplementation. Building strong referral system where patients are identified and referred from community to health facilities and among health facilities will be enhanced. UNKEA will continue to maintain its speed motor boat to support referral of pregnant women and under five. On the job competence based trainings tailored to the needs of communities will be undertaken together with regular supervisory visits using the QSC of the MoH. Effective health information and management system will be enhanced to ensure that data is used for informing decision making in the course of implementing the project. UNKEA will ensure that data is effectively captured, analyzed, disseminated and utilized by all stakeholders ( government, donors and partners) at all stages of the project implementation. Community involvement through recruitment and training of community leaders and community health educators ( HHPs, TBAs and CHWs) on prevention and control of SGBV, communicable diseases such as malaria, HIV/AIDS, Malnutrition, promotion of LLTNs, hand washing, use of latrines, protection of water source will be used to enact health promotion and protection in the communities. Collaboration and coordination will be a key in implementing the project. UNKEA will initiate and promote dialogue and collaboration with it partners such as line ministries of health, NGOs, the communities and local authorities.

##### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
WHO	Supplies/Capacity Building/advocacy (PHCC Kits,RDTs etc)
PSI	Supplies(ACTs,RDTs,Mosquito nets)
UNFPA	Supplies(RH kits,Condoms)
UNAIDS	Supplies/Advocacy(HIV kits)

##### Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

The current crisis has increased the vulnerability of Men, Women, Boys and girls almost equally. Demand for health therefore cuts through all gender

**Protection Mainstreaming**

The treatment centers will not be located near Armed settlements,the environment will be kept clean,latrines will be labeled Female and Male,the beneficiaries will be treated with dignity and impartially.Informed consent will be required in any data collection and all information gathered will be treated with confidentiality.

**Country Specific Information**

**Safety and Security**

Ulang County has been calm for most half of the year, however, recent fighting has displaced people and increased insecurity. UNKEA has a security plan in place, which guides staff on safety and security in their movements while conducting humanitarian work. The staff will be provided with identity cards which they are advised to carry when ever they go out for work. In situations of high insecurity, staffs may be evacuated to the nearest place for safety.

**Access**

This project will be implemented during dry and rainy seasons.Coverage during the dry season is enhanced and propositioning of medical supplies will be done.Security clearance using the available national security guidelines will be sought to early to ensure the people in need can access services in time.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Excutive Director	s	1	5,500.00	6	15.00	4,950.00
	<i>Overall leadership ,8hours a day,medical allowance ,national security fund,transport allowance are included in the salary structure</i>						
1.2	Health advisor	s	1	3,500.00	6	50.00	10,500.00
	<i>provide technical support to project,8 hours a day,medical allowance,social security fund,transport allowance are all included in salary structure</i>						
1.3	Health Manager	D	1	2,457.00	6	100.00	14,742.00
	<i>Project management and implementation support ,8 hours a day ,medical allowance ,social security fund and transport allowance are all included in salary structure</i>						
1.4	PHCC supervisor	D	1	1,200.00	6	100.00	7,200.00
	<i>supervision of health facilities activities and collecting report from various facilities,8 hours a day ,medical allowance,social security fund ,transport allowance are included in salary structure</i>						
1.5	Reproductive Health officer	D	1	1,200.00	6	100.00	7,200.00
	<i>technical support to reproductive health within facilities on gynecology ,8 hours a day,transport allowance, medical allowance, social in security fund are all are included in salary structure</i>						
1.6	Clinical Officers	D	1	800.00	6	100.00	4,800.00
	<i>Technical and supervisory role within facility,8 hours or more in case of inpatient and emergency in PHCC,medical allowance,social security fund, transport allowance are all included in salary structure</i>						
1.7	Nurses	D	1	550.00	6	100.00	3,300.00
	<i>provide nursing care and counseling,8 hours or more in case of emergency,medical allowance,transport allowance are all are included in salary structure</i>						
1.8	Midwives	D	1	550.00	6	100.00	3,300.00
	<i>Conduct deliveries and provide support to PLW, 8 hours a day or more in case of emergency,medical allowance ,transport allowance are all included in salary structure</i>						
1.9	Community health worker	D	10	200.00	6	100.00	12,000.00
	<i>Diagnosis and treatment ,8 hours a day,medical and transport allowance are all included in salary structure</i>						
1.10	Finance Manager	s	1	3,500.00	6	16.00	3,360.00

	<i>Financial management guide of the project,8 hours a day, medical allowance, social security fund,transport allowance are all included in salary structure</i>						
1.11	Human Resource Manager	s	1	3,500.00	6	15.00	3,150.00
	<i>Human resource support ,8 hours a a day , medical allowance, social security fund,transport allowance are all included in salary structure</i>						
1.12	Senior finance officer	s	1	1,500.00	6	13.00	1,170.00
	<i>Financial management ,medical and transport allowance are included in salary structure</i>						
1.13	Logistics officer	s	1	1,500.00	6	15.00	1,350.00
	<i>logistical support ,8 hours a day ,medical allowance,social security fund, transport allowance are all included in salary structure</i>						
1.14	Logistics assistant	s	1	1,200.00	6	15.00	1,080.00
	<i>field logistical support, 8 hours a day ,medical and transport allowance are included in salary structure</i>						
1.15	IT officer	s	1	1,200.00	6	15.00	1,080.00
	<i>Office computers maintenance</i>						
1.16	Office Secretary	s	1	1,200.00	6	15.00	1,080.00
	<i>General Secretarial services,8 hours a day,medical allowance, social security fund,transport allowance are all included in salary structure</i>						
1.17	Security Guards	D	6	100.00	6	100.00	3,600.00
	<i>Guarding offices and facilities, 8 hours a day, medical and transport are all included in salary structure</i>						
1.18	Cleaners	D	6	100.00	6	100.00	3,600.00
	<i>cleaning facilities and offices ,8 hours a day, medical and transport are included in salary structure</i>						
1.19	Community Mobilizers	D	1	150.00	6	100.00	900.00
	<i>Mobilizing the community for health utilization,8 hours a day,medical and transport allowance are included in salary structure</i>						
1.20	Pharmacist	D	1	400.00	6	100.00	2,400.00
	<i>dispensing of drugs to patients and reporting drugs consumption,8 hours a day ,medical and transport allowance are all included in salary structure</i>						
1.21	Lab Assistants	D	1	350.00	6	100.00	2,100.00
	<i>Laboratory Diagnosis, 8 hours a day, medical and transport allowance are all included in salary structure</i>						
1.22	EPI Supervisor	D	1	200.00	6	100.00	1,200.00
	<i>responsible for Immunization services within facilities,8 hours a day ,medical and transport allowance are included in salary structure</i>						
1.23	Maternal and Child Health Worker	D	5	200.00	6	100.00	6,000.00
	<i>Reproductive health support ,delivery , 8 hours a day, medical and transport allowance are included in salary structure</i>						
1.24	Vaccinators	D	2	150.00	6	100.00	1,800.00
	<i>Static and routine EPI</i>						
	<b>Section Total</b>						<b>101,862.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Medical Supplies	D	0	0.00	0	0.00	0.00
	<i>Drugs (In-kind from MOH, WHO,UNICEF,IMA and PSI)</i>						
2.2	Transport of medical supplies, medical equipments	D	2	9,000.00	1	100.00	18,000.00
	<i>Central store to health facilities</i>						
2.3	Soap and Laundry	D	4	200.00	6	100.00	4,800.00

	<i>Ward cleanliness and maintenance</i>						
2.4	Loading and offloading	D	2	200.0 0	1	100.00	400.00
	<i>Central store and health facility store</i>						
2.5	Storage and handling	D	1	200.0 0	6	100.00	1,200.00
	<i>Drugs and medical supplies are stored t the central store and at the health facility stores</i>						
2.6	Community outreach activities (Community health events,supportive supervision,community dialogue meetings with the community)s	D	1	2,000 .00	6	100.00	12,000.00
	<i>Health promotion and accountability to affected communities</i>						
	<b>Section Total</b>						<b>36,400.00</b>
<b>Contractual Services</b>							
4.1	Training technical health workers	D	1	4,263 .31	1	100.00	4,263.31
	<i>Refreshment training on Basic Packages of Health Services and Emergency respond</i>						
	<b>Section Total</b>						<b>4,263.31</b>
<b>Travel</b>							
5.1	Health Adviser travel from Juba to field /DSA	S	1	600.0 0	6	50.00	1,800.00
	<i>Technical support (UNHAS) 2 Flights</i>						
5.2	Health Manager for training in Juba field/DSA	D	1	600.0 0	6	100.00	3,600.00
	<i>Field support supervision (Local transport)</i>						
5.3	Facilities supervision on monthly basis from field office	D	1	200.0 0	6	100.00	1,200.00
	<i>visiting of health facilities site by the Manager on weekly, monthly basis</i>						
5.4	Finance travel for payment	D	1	600.0 0	6	20.00	720.00
	<i>Payment of staffs</i>						
5.5	M \$ E Field visit	D	1	600.0 0	2	20.00	240.00
	<i>monitoring of activities</i>						
5.6	Executive Director visit	D	1	600.0 0	2	20.00	240.00
	<i>overal visit</i>						
	<b>Section Total</b>						<b>7,800.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Internet	S	1	900.0 0	6	50.00	2,700.00
	<i>Field</i>						
7.2	Fuel and boat maintenance	D	1	1,000 .00	6	50.00	3,000.00
7.3	Internet service in Juba office	D	1	1,924 .00	6	20.00	2,308.80
	<i>for easy reporting to donors</i>						
7.4	Printing papers and pens and other Office rent in Juba	D	1	2,500 .00	6	10.00	1,500.00
	<i>coordination and reporting</i>						
7.5	Office stationeries	D	1	800.0 0	1	50.00	400.00
	<i>printing and others</i>						

7.6	Transfer charge by UNDP to UNKEA Account	D	1	175.0 0	2	100.00	350.00
	<i>wiring of fund from donor account to partner account</i>						
7.7	Monthly transaction charges	D	1	100.0 0	6	100.00	600.00
	<i>transaction on daily basis for project activities</i>						
7.8	Health Staff compound maintainance Ulang	D	1	150.0 0	2	100.00	300.00
	<i>Health staff accommodation in Ulang</i>						
7.9	Thuraya phone	D	2	800.0 0	1	100.00	1,600.00
	<i>Communication with field sites without access to local telephone network</i>						
	<b>Section Total</b>						<b>12,758.80</b>
<b>SubTotal</b>			75.00				<b>163,084.11</b>
Direct							130,864.11
Support							32,220.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							11,415.89
<b>Total Cost</b>							<b>174,500.00</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Ulang	100	780	890	1,003	1,120	3,793	<p>Activity 1.1.1 : Conduct out patient consultations to &lt;5 and &gt;5 boys and girls,men and women in all targeted health facilities for common illnesses including cholera,malaria,measles,TB and HIV? AIDS</p> <p>Activity 1.1.2 : Conduct clinical management of children under 5 with severe acute malnutrition with medical complications in stabilization centers</p> <p>Activity 1.1.3 : Conduct screening for SAM with complications at the health facilities</p> <p>Activity 1.2.1 : Routine medical checks during ANC (BP check, STI, VCT)</p> <p>Activity 1.2.2 : Daily Counseling of women and their sexual partners to accept FP services.</p> <p>Activity 1.2.3 : Condom promotion and supply.</p> <p>Activity 1.2.4 : Provision of oral FP methods,</p> <p>Activity 1.2.5 : Conduct skilled deliveries at the health facility</p> <p>Activity 1.2.6 : Routine medical checks and treatment during post natal visits (Mother and child)</p> <p>Activity 1.3.1 : Provide treatment to rape cases including trauma counseling,emergency contraception and PEPs against HIV/AIDS at CMR centers</p> <p>Activity 1.3.2 : Supply CMR centers with emergency contraceptives and PEP kits</p> <p>Activity 1.3.3 : Psychological first-aid activities, such as crisis intervention, peer support, and emotional support to bereaved;</p> <p>Activity 1.3.4 : Raising awareness about the negative health impacts of GBV, e.g., pre-gnancy-related complications; low birth weight; alcohol/drug use;</p> <p>Activity 1.4.1 : Conduct health education before and during outbreaks</p> <p>Activity 1.4.2 : Conduct community health events (Campaigns, Dramas, Demonstrations )</p> <p>Activity 1.4.3 : Conduct health education and distribute IEC materials during community health events</p>

**Documents**

Category Name	Document Description