

<b>Requesting Organization :</b>	Universal Network for Knowledge and Empowerment Agency				
<b>Allocation Type :</b>	2nd 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 Nasir 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/SA2/H/NGO/6467		
<b>Cluster :</b>	Health	<b>Project Budget in US\$ :</b>	300,000.00		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/08/2017	<b>Planned End Date :</b>	31/01/2018		
<b>Actual Start Date:</b>	01/08/2017	<b>Actual End Date:</b>	31/01/2018		
<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 Nasir county</p> <p>The project aims to achieve:</p> <ul style="list-style-type: none"> <li>- 3000 curative consultations conducted in all health facilities</li> <li>- 75 children with severe acute malnutrition and medical complications managed at the health facility,</li> <li>- 6 Health facilities remain operational and provide curative and preventive services,</li> <li>- 435 skilled deliveries conducted in the community,</li> <li>- 6 health facilities provide basic emergency obstetric and neonatal care,</li> <li>-150 rape cases clinically managed in CMR centers,</li> <li>- 6 health facilities remain open and provide SGBV services,</li> <li>- 2728 children 6-59 months received measles vaccination,</li> <li>- 434 children &lt; 1 year with 3 doses of pentavalent,</li> <li>- 3130 people reached with health education and promotion during outbreaks,</li> <li>- 4 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>
	7,000	7,500	4,000	4,500	23,000
<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	4,000	4,000	0	0	8,000
People in Host Communities	3,000	2,500	0	0	5,500
Pregnant and Lactating Women	0	1,000	0	0	1,000
Children under 5	0	0	4,000	4,500	8,500
<b>Indirect Beneficiaries :</b>					
3700 (10%) of the catchment population					
<b>Catchment Population:</b>					
37,000 (People living within 5 Km walking distance to a health facility)					
<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)

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Simon Bhan Chuol	Executive Director	unkea.southsudan@gmail.com	+211955295774
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David Dak Deng	Finance Manager	unkea.fina@gmail.com	0921215242

**BACKGROUND**

**1. Humanitarian context analysis**

The Protracted conflict in South Sudan has caused erosion of physical and social infrastructure and death and displacement of hundreds of thousands of people in Upper Nile and Jonglei states. Nasir County is among the most affected with recurrent attacks often causing more displacements, death and destruction of health infrastructure. The national financial crises have worsened the situation. According to the World Bank, over half (51%) of the 12.3 million South Sudanese live below the national consumption poverty line. This situation is worse in Nasir County where more people are displaced, livelihoods destroyed and more fighting being reported. Renewed fighting In Nasir County in January 2017 displaced an estimated 33,000 people according to IRNA report. The report indicated that, nearly 4,000 people were staying with host communities in Jikmir centre and Retguk village in Maker payam; more than 11,500 people were staying in and around Malual, including at the cattle camp; and a further 6,600 people were estimated to be staying in Bou village of Burbei stretching along the Giro river and a further 11,000 people were likely to be displaced within Nasir County

Since the July 2016 crises, health and nutrition service delivery systems remained weak in Nasir and. A SMART survey conducted in June 2016, indicated poor health and nutrition indicators. According to the report, global acute malnutrition (GAM) rate was above emergency threshold at 21.8%. The survey further reported high under five mortality rates of 2.57/10,000/day. It indicated that 75% of the under-five mortality was due to infections mainly malaria, diarrhea and pneumonia.

**2. Needs assessment**

Basic health care system is extremely weakened in Nasir county with severe shortages of health workers and functional facilities including the county health department. 10 of the 18 health facilities are functional including Jikmir PHCC, Mading PHCC, Keich-kuon PHCC, Kierwan PHCC, Mandeng PHCU, Kuetrengke PHCU, Torpuot PHCU, Dinkar PHCU, Roam PHCU and Maker. Nasir hospital remains closed due to the insecurity. A recent assessment to the county indicated severe shortages of medical supplies. The report indicated a high case load of more that 300 consultations per day. Kala-azar has also been reported in some parts of the county. Reports from EWARS suggest rising cases of AWD with 18 cases reported in Jikmir PHCC in the third week of July, three times the AWD case load in three weeks. The environmental conditions and the behavioral characteristics of the community in Nasir sets a potential for cholera outbreak as characterized by indiscriminate human excreta disposal, shortage of safe drinking water and seasonal floods. An Assessment conducted by UNKEA recently found out that, 84.9% of the people use open defecation as a method for excreta disposal, 49.2% people use water only for hand washing while 6.7% only use water and soap for hand washing; and only 16.2% caregiver's wash hands at critical times. Malaria is on the rise as the rainy season intensifies and no mosquito net distribution has been done in recent months making the potential for Malaria outbreak high. Health facility records in Nasir county indicate that, the number of clinical consultations has doubled in June/July 2017 with AWD and Malaria as the leading morbidities. Data from our nutrition information system indicate a sharp increase in the number of SAM admissions, suggesting rising malnutrition rates.

**3. Description Of Beneficiaries**

The beneficiaries will be IDPs and host community in Nasir County; 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 = 23000; Women = 7500, Men =7000, Girls = 4500, boys = 4000

**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 Jikmir Mandeng PHCU+, Torpuot PHCU, Mading, Kierwan PHCC and Maker and 2 outreach sites of Torkech and Maker in Nasir county. This funding will sustain and prevent rapture in providing continued humanitarian health assistance to the vulnerable IDPs, returnees 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. With 15 years existence in Nasir County, UNKEA has a strong community's support and acceptability making its programmes cost effective and sustainable through working with community volunteers. 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 Nasir 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 lack of funding

#### LOGICAL FRAMEWORK

##### Overall project objective

Increase access to essential primary health care services to reduce morbidity and mortalities due to malaria, cholera and Severe acute malnutrition through strengthening surveillance and emergency vaccinations 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	30
Improve access to psychosocial support and mental health services for vulnerable people	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	10

**Contribution to Cluster/Sector Objectives :** Increasing access to clinical consultations, treatment and health education targeting cholera and Malaria 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 and Malaria and emergency vaccination targeting cholera will contribute to prevention, detection and response to epidemic prone diseases, thus supports cluster objective 1.

#### Outcome 1

Increased accesses to essential health care services; Clinical consultations, diagnosis, treatment and health education and reduction in morbidity and mortality due to cholera and malaria

#### Output 1.1

##### Description

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

##### Assumptions & Risks

- Security stability in the project area,
- Uninterrupted funding and supply of relief items and drugs,
- Continued acceptability and community support,
- Commitment and support of partner to the project,
- Continued accessibility to project sites,

#### Indicators

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	3,000	3,214	2,500	2,000	10,714

**Means of Verification :** 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			120	200	320
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**Means of Verification :** Inpatient reports (Under five), Monthly reports, IDSR reports and EWARs reports, Health cluster 5Ws, Health cluster RRM reports

Indicator 1.1.3	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	100	200	120	100	520
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**Means of Verification :** Cholera treatment registers

Indicator 1.1.4	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations						6
<b>Means of Verification</b> : Health cluster 5Ws								
<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 and malaria								
<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>Activity 1.1.4</b>								
Mobilizing local resources for and setting up of CTCs/CTUs/ORPs								
<b>Activity 1.1.5</b>								
Cholera/AWD case Management at the CTC/CTU/ORPs								
<b>Output 1.2</b>								
<b>Description</b>								
Reproductive health services including safe pregnancy and skilled delivery at all targeted health facilities increased/improved								
<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>								
			<b>End cycle beneficiaries</b>				<b>End cycle</b>	
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>	
Indicator 1.2.1	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					920	
<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					6	
<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>								
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								
<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					6
<b>Means of Verification</b> : Health cluster 5 Ws, GPS coordinates, MoH data base, pictures							
Indicator 1.3.2	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	10	17			27
<b>Means of Verification</b> : GBV register, Monthly reports, IDSR reports and EWARs reports, Health cluster 5Ws, Health cluster RRM reports							
Indicator 1.3.3	HEALTH	[Frontline services] Number of rape cases treated at the health facility (CMR)					70
<b>Means of Verification</b> : GBV register							
<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-pregnancy-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							
<b>Assumptions &amp; Risks</b>							
Uninterrupted funding, Stable security situation, Community ready to change							
<b>Indicators</b>							
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	3,000	2,500	1,800	1,700	9,000
<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
<b>Means of Verification</b> : Attendance lists, photos, Monthly reports, Health cluster 5Ws							
<b>Activities</b>							
<b>Activity 1.4.1</b>							
Conduct health education targeting AWD/Cholera							
<b>Activity 1.4.2</b>							
Conduct community health events (Campaigns, Dramas, Demonstrations ) targeting cholera							
<b>Activity 1.4.3</b>							
Conduct health education and distribute IEC materials for cholera prevention							
<b>Activity 1.4.4</b>							
Conduct community dialogue meetings with affected populations to register complaints and provide feedback							
<b>Activity 1.4.5</b>							
Conduct meetings with affected population key persons to identify needs and work with them to agree on solutions							
<b>Activity 1.4.6</b>							
Strengthen the boma village health committee to be able to verify activities done and participate in project monitoring and evaluation							
<b>Outcome 2</b>							
Strengthened surveillance for Cholera and Malaria; strengthened emergency vaccinations targeting cholera and increased prevention, detection and response to epidemic prone diseases,							
<b>Output 2.1</b>							
<b>Description</b>							

Increased surveillance of cholera and malaria,improved outbreak reporting and notification							
<b>Assumptions &amp; Risks</b>							
Communication and reporting tools available, Stable security							
<b>Indicators</b>							
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					80
<b>Means of Verification</b> : IDSR reports,,Monthly reports, Health cluster 5Ws,Health cluster RRM reports							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Conduct routine health facility data collection and reporting (Weekly,Monthly and Quarterly reports) for Cholera and Malaria and other communicable diseases							
<b>Activity 2.1.2</b>							
Carry out outbreak notification, investigation and response within 48 hours for Cholera and Malaria							
<b>Activity 2.1.3</b>							
Provide biweekly progress updates to the Health cluster							
<b>Output 2.2</b>							
<b>Description</b>							
Emergency vaccinations for children <5,5-15 years, boys and girls in emergency situation coverage increased and quality improved							
<b>Assumptions &amp; Risks</b>							
Uninterrupted funding and supply of vaccines,							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in priority locations					1
<b>Means of Verification</b> : Health cluster 5 Ws							
Indicator 2.2.2	HEALTH	[Frontline services] Number of people vaccinated with oral cholera vaccines in priority locations	500	500	200	100	1,300
<b>Means of Verification</b> : EPI register							
<b>Activities</b>							
<b>Activity 2.2.1</b>							
Prepare and mobilize communities for cholera oral vaccinations.							
<b>Activity 2.2.2</b>							
Conduct cholera oral vaccination in Nasir conty							
<b>Output 2.3</b>							
<b>Description</b>							
Capacity of health workers strengthened on management of common diseases including integrated capacity building							
<b>Assumptions &amp; Risks</b>							
Funding secured							
<b>Indicators</b>							
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	12	13			25
<b>Means of Verification</b> : Training reports, Health cluster 5 Ws							
Indicator 2.3.2	HEALTH	(Frontline services) # of health workers trained on integrated Health, WASH and nutrition response					27
<b>Means of Verification</b> : Training reports,Monthly reports, Health cluster 5Ws,Health cluster RRM reports, Pictures							
Indicator 2.3.3	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	10	17			27
<b>Means of Verification</b> : Training reports							

<b>Activities</b>
<b>Activity 2.3.1</b>
Training of staff on disease surveillance and outbreak response and cholera case management
<b>Activity 2.3.2</b>
Training of health workers on integrated Health, WASH and nutrition response
<b>Activity 2.3.3</b>
Develop the terms of references for the training
<b>Activity 2.3.4</b>
Invite participants for the training and conduct the training

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

**Data collection Tools**  
 Data for the project will be collected through IDSR reporting forms, EWARS,RRM reporting forms, Quantified supervisory checklists and health cluster 5Ws. Weekly reports will be submitted for IDSR, EWARS and RRM. Biweekly project updates will 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 and malaria	2017									X	X	X	X	X
	2018	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
	2018	X												
Activity 1.1.3: Conduct screening for SAM with complications at the health facilities	2017									X	X	X	X	X
	2018	X												

Activity 1.1.4: Mobilizing local resources for and setting up of CTCs/CTUs/ORPs	2017							X	X				
	2018												
Activity 1.1.5: Cholera/AWD case Management at the CTC/CTU/ORPs	2017							X	X	X	X	X	
	2018	X											
Activity 1.2.1: Routine medical checks during ANC (BP check, STI, VCT)	2017							X	X	X	X	X	
	2018	X											
Activity 1.2.2: Daily Counseling of women and their sexual partners to accept FP services	2017							X	X	X	X	X	
	2018	X											
Activity 1.2.3: Condom promotion and supply.	2017							X	X	X	X	X	
	2018	X											
Activity 1.2.4: Provision of oral FP methods	2017							X	X	X	X	X	
	2018	X											
Activity 1.2.5: Skilled deliveries at the health facility	2017							X	X	X	X	X	
	2018	X											
Activity 1.2.6: Routine medical checks and treatment during post natal visits (Mother and child)	2017							X	X	X	X	X	
	2018	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	
	2018	X											
Activity 1.3.2: Supply CMR centers with emergency contraceptives and PEP kits	2017								X				X
	2018												
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	
	2018	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	
	2018	X											
Activity 1.4.1: Conduct health education targeting AWD/Cholera	2017							X	X	X	X	X	
	2018	X											
Activity 1.4.2: Conduct community health events (Campaigns, Dramas, Demonstrations ) targeting cholera	2017								X			X	
	2018												
Activity 1.4.3: Conduct health education and distribute IEC materials for cholera prevention	2017							X	X	X	X	X	
	2018	X											
Activity 1.4.4: Conduct community dialogue meetings with affected populations to register complaints and provide feedback	2017								X				X
	2018												
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
	2018												
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
	2018												
Activity 2.1.1: Conduct routine health facility data collection and reporting (Weekly,Monthly and Quarterly reports) for Cholera and Malaria and other communicable diseases	2017							X	X	X	X	X	
	2018	X											
Activity 2.1.2: Carry out outbreak notification, investigation and response within 48 hours for Cholera and Malaria	2017							X	X	X	X	X	
	2018	X											



Activity 2.1.3: Provide biweekly progress updates to the Health cluster	2017								X	X	X	X	X
	2018	X											
Activity 2.2.1: Prepare and mobilize communities for cholera oral vaccinations.	2017								X	X	X	X	X
	2018	X											
Activity 2.2.2: Conduct cholera oral vaccination in Nasir conty	2017								X	X			
	2018												
Activity 2.3.1: Training of staff on disease surveillance and outbreak response and cholera case management	2017								X				
	2018												
Activity 2.3.2: Training of health workers on integrated Health, WASH and nutrition response	2017								X				
	2018												
Activity 2.3.3: Develop the terms of references for the training	2017								X				
	2018												
Activity 2.3.4: Invite participants for the training and conduct the training	2017								X				
	2018												

#### 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 5 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 and provide fuel to support the CHD ambulance for 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 its 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)
IMA	Supplies/Advocacy(HIV kits)/Capacity building & Kala-azar drugs
PSI	Supplies(ACTs, RDTs, Mosquito nets)

##### Environment Marker Of The Project

##### Gender Marker Of The Project

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

##### Justify Chosen Gender Marker Code

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**

Nasir 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**

UNKEA is accessible through the dry season to all project sites. However during the rainy season, access is only by air or boat. Most of the health facilities are located along the Sobaat rive Just as are settlements. The current project has planned to balance the movement plan between river, land and air to ensure timely supply of drugs and supportive supervision.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Excutive Director	S	1	5,500.00	6	20.00	6,600.00
	<i>Overall leadership and advise Grade K, works 8 hours a day, medical allowance, national social security fund, transport allowance are all 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 the project Grade J, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure</i>						
1.3	Health Manager	D	1	2,457.00	6	100.00	14,742.00
	<i>Project management and support Grade I, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.4	Clinical Officers	D	2	850.00	6	100.00	10,200.00
	<i>Technical and supervisory role Grade G, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.5	Reproductive Health Officer, Health Officer	D	2	1,400.00	6	100.00	16,800.00
	<i>Technical support to the reproductive health clinic, heads the RH department, Grade G, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.6	Registered Nurse	D	2	550.00	6	100.00	6,600.00
	<i>Provide nursing care and counseling to patients, Grade F, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.7	Registered Midwives	D	2	550.00	6	100.00	6,600.00
	<i>Conduct deliveries and provide support to PLW, Grade F, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.8	Pharmacist	D	2	450.00	6	100.00	5,400.00
	<i>Responsible for the pharmacy, Grade E, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.9	Labaratory Assistant	D	2	400.00	6	100.00	4,800.00
	<i>Laboratory diagnosis, Grade E, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.10	Community Health Worker	D	10	300.00	6	100.00	18,000.00
	<i>Diagnosis and treatment, Grade C, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.11	Maternal and Child Health Worker	D	5	300.00	6	100.00	9,000.00
	<i>Reproductive health support to the health facilities, Grade C, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.12	EPI Supervisor	D	2	300.00	6	100.00	3,600.00

	<i>Responsible for immunization services,Grade D,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.13	Community Mobiliser	D	2	150.00	6	100.00	1,800.00
	<i>Social mobilization and awareness,Grade B,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.14	Data Clerks,Diispensers	D	10	150.00	6	100.00	9,000.00
	<i>Recording,Grade B,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.15	Vaccinators	D	4	200.00	6	100.00	4,800.00
	<i>2 per PHCC and 1 per PHCU Social mobilization and vaccination,Grade B,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.16	Guards,Cleaners	D	7	200.00	6	100.00	8,400.00
	<i>2 per PHCC and 1 per PHCUs takes care of the health facility security,Grade A,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure,facility,Grade A,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.17	Field Manager,IT and Administrative officer	S	3	1,200.00	6	40.00	8,640.00
	<i>Office computer maintenance for IT, general field management for field manager and Administrator deal with administrative programs</i>						
1.18	Store Keeper	D	2	200.00	6	100.00	2,400.00
	<i>Responsible for the medical store,prepares orders and supply records</i>						
1.19	Human Resources Manager	S	1	3,500.00	6	30.00	6,300.00
	<i>Human resource support,Grade J,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.20	Finance Manager	S	1	3,500.00	6	30.00	6,300.00
	<i>Financial management Grade I,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.21	M and E manager	S	1	2,457.00	6	30.00	4,422.60
	<i>Monitoring and evaluation of the activities and carry out operational research,Grade J,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.22	Accountant, Logistic Officer	S	2	1,200.00	6	30.00	4,320.00
	<i>Management of accounts,Grade H,works 8 hours a day,medical allowance,national social security fund,transport allowance are all included in the salary structure.</i>						
1.23	Office Secretary	S	1	1,200.00	6	30.00	2,160.00
	<i>General secretarial services,8hours a day,medical allowance,social security fund,transport allowance and include salaries structure</i>						
1.24	Drivers	S	4	700.00	6	25.00	4,200.00
	<i>Field car, field motor boat and Juba car for activities facilitation</i>						
1.25	Logistics Manager	S	1	2,457.00	6	25.00	3,685.50
	<i>logistical support,8 hours a day,medical allowance,transport allowance and are included in salary structure</i>						
	<b>Section Total</b>						<b>179,270.10</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Medical Supplies	D	0	0.00	0	100.00	0.00
	<i>Drugs (In-kind from MOH, WHO,UNICEF,IMA and PSI)</i>						
2.2	Medical Equipment Supplies	D	1	5,000.00	1	100.00	5,000.00
	<i>Stethoscopes,BP machine,Thermometers, lab reagents etc</i>						

2.3	Staff clinical coats and gubbuota	D	1	4,000.00	1	100.00	4,000.00
	<i>Personal protective devices</i>						
2.4	Transport of medical supplies, medical equipments	D	2	2,000.00	1	100.00	4,000.00
	<i>Central store to health facilities</i>						
2.5	Loading and offloading	D	2	1,000.00	1	100.00	2,000.00
	<i>Central store and health facility store</i>						
2.6	Storage and handling	D	2	1,000.00	1	100.00	2,000.00
	<i>Drugs and medical supplies are stored t the central store and at the health facility stores</i>						
2.7	Soap and Laundry	D	5	800.00	6	100.00	24,000.00
	<i>Ward cleanliness and maintenance</i>						
2.8	Facilities maintainance	D	2	3,500.00	1	100.00	7,000.00
	<i>Renovation of health facilities both PHCC/PHCUs</i>						
2.9	Delivery coach, beds/sheets/mattresses	D	2	3,000.00	1	100.00	6,000.00
	<i>Hospital ward equipement</i>						
2.10	Setting up CTC/CTU in Jikmir and Mandeng, Mading and Maker, Torkech and Torpuot	D	6	1,000.00	1	100.00	6,000.00
	<i>Buying local materials and soap for setting up a temporary structure for 4ORPs and creating an extra space for 2 CTCs at Jikmir and Mandeng PHCCs at 500 USD each</i>						
	<b>Section Total</b>						<b>60,000.00</b>
<b>3. Equipment</b>							
3.1	Computer	D	2	1,000.00	1	100.00	2,000.00
	<i>Reporting by Health manager, health advisor and reproductive health officer</i>						
3.2	Thuraya phone	D	2	1,000.00	1	100.00	2,000.00
	<i>Communication with field sites without access to local telephone network</i>						
3.3	3 in 1 Printer machine	D	1	800.00	1	100.00	800.00
	<i>Printing reports</i>						
3.4	Motor Cycle ( Honda)	D	1	4,403.73	1	100.00	4,403.73
	<i>for monitoring of the health activities in facilities site</i>						
3.5	Procurement of printing papers	D	1	100.00	6	100.00	600.00
	<i>Printing reporting tools and report summaries @ 20USD per rim for 5 rims a month for 6 months</i>						
3.6	Printer cartridge	D	1	100.00	6	100.00	600.00
	<i>Printing reporting tools and report summaries @ 25 USD per rim for 4 cartridges a month for 6 months making a total of 100 USD per Month</i>						
	<b>Section Total</b>						<b>10,403.73</b>
<b>4. Contractual Services</b>							
4.1	Refreshing Training Staffs	D	2	2,500.00	2	100.00	10,000.00
	<i>Training on Basic Packages of HealthServices</i>						
4.2	Community Dialogue Meetings	D	2	150.00	1	100.00	300.00
	<i>Community dialogue Meetings for 50 people (chiefs, community members) to discuss progress and provide feedback; Listen to complaints from the community regarding service provision Soda and Lunch budgeted at USD 3 per person making a total of 150 USD per meeting*2 Meetings=300</i>						

4.3	Community outreach	D	2	200.00	6	100.00	2,400.00
	<i>Daily allowance for social mobilizers during outreach activities at 10 USD per person per visit for 20 Social Mobilizers for 1 outreach visit per site for two sites (Maker and Torkeh) per month for six months visits=200*6=2400</i>						
	<b>Section Total</b>						<b>12,700.00</b>
<b>5. Travel</b>							
5.1	Health Adviser travel from Juba to field /DSA	S	1	400.00	2	100.00	800.00
	<i>Technical support (UNHAS) 2 Flights</i>						
5.2	Health Manager for training in Juba field/DSA	D	1	400.00	3	100.00	1,200.00
	<i>Field support supervision (Local transport)</i>						
5.3	Facilities supervision on monthly basis from field office	D	4	200.00	6	100.00	4,800.00
	<i>visiting of health facilities site by the Manager on weekly, monthly basis</i>						
	<b>Section Total</b>						<b>6,800.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	Internet	D	1	4,000.00	1	100.00	4,000.00
	<i>Field and Juba communications</i>						
7.2	Fuel and boat maintenance	D	1	500.00	6	100.00	3,000.00
	<i>Field activities transportation of drugs and referral of patients</i>						
7.3	Field office maintenance and repairs (fence, tukuls & office)	S	1	2,000.00	1	100.00	2,000.00
	<i>Field compound for staffs</i>						
7.4	Transfer charge by UNDP to UNKEA Account	D	2	200.00	1	100.00	400.00
	<i>wiring of fund from donor account to partner account</i>						
7.5	Monthly transaction charges	D	1	300.00	6	100.00	1,800.00
	<i>transaction on daily basis for project activities and salary transfer</i>						
	<b>Section Total</b>						<b>11,200.00</b>
<b>SubTotal</b>			120.00				<b>280,373.83</b>
Direct							220,445.73
Support							59,928.10
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							19,626.17
<b>Total Cost</b>							<b>300,000.00</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 -> Luakpiny/Nasir	100	7,000	7,500	4,000	4,500	23,000	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 and malaria Activity 1.1.2 : Conduct clinical management of children under 5 with severe acute malnutrition with medical complications in stabilization centers Activity 1.1.3 : Conduct screening for SAM with complications at the health facilities Activity 1.2.1 : Routine medical checks during ANC (BP check, STI, VCT) Activity 1.2.2 : Daily Counseling of women and their sexual partners to accept FP services Activity 1.2.3 : Condom promotion and supply. Activity 1.2.4 : Provision of oral FP methods Activity 1.2.5 : Skilled deliveries at the health facility Activity 1.2.6 : Routine medical checks and treatment during post natal visits (Mother and child) Activity 1.3.1 : Provide treatment to rape cases including trauma counseling,emergency contraception and PEPs against HIV/AIDS at CMR centers Activity 1.3.2 : Supply CMR centers with emergency contraceptives and PEP kits Activity 1.3.3 : Psychological first-aid activities, such as crisis intervention, peer support, and emotional support to bereaved; 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; Activity 1.4.1 : Conduct health education targeting AWD/Cholera Activity 1.4.2 : Conduct community health events (Campaigns, Dramas, Demonstrations ) targeting cholera Activity 1.4.3 : Conduct health education and distribute IEC materials for cholera prevention

**Documents**

Category Name	Document Description