OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Universal Intervention and Development Organization
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Improve the quality and availability of essential emergency primary healthcare services including Basic Emergency Obstetric & Neonatal Care (BEmONC) at the health facilities and scale up the mobile response in Mayendit, Leer and Panyijiar (Nyal) counties of the former Unity state
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-17/H/102919	**Fund Project Code :**	SSD-17/HSS10/SA1/H/NGO/5107
Cluster :	Health	**Project Budget in US$:**	245,000.03
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	01/03/2017	**Planned End Date :**	31/08/2017
Actual Start Date:	01/03/2017	**Actual End Date:**	31/08/2017

Project Summary :

This project is aimed to maintain the delivery of the emergency primary health care, treatment of SAM with complication and scale up of rapid response services in Mayendit, Leer and Payinjiar counties in former Unity state and to enhance access to life-saving health services at the IDPs and the host communities. These two counties apart from Payinjar county, are much devastated by the conflict for the last 3years in terms of lost to human lives, destruction and looting of the health infrastructures and the livelihood of the inhabitants also severely ruined. People have continuously been forced out from their homes and hence could not access the health care services at the facilities. The data on the HNO for 2017 released earlier in the year by UNOCHA estimated the number of IDPs in Unity to be at 463,736 Over 5million people in the country need humanitarian assistant in a situation where the proportion of clinicians per patients is estimated at only 1doctor per 65,000 patients. And based on the population projection data released by NBS in the Jan 2017, the population of these 3counties is at 282,124. The recently released IPC reports in Jan 2017 also indicated that 61% of population in Guit, Koch,Mayendit, Leer and Panyijiar are population in crisis(Leer, Mayendit declared famine affected counties) i.e. emergency and humanitarian catastrophe and GAM rate at 30%.
Our strategic response plan in the provision of these emergency primary health care services shall include the OPD curative consultation at 9 PHCUs(GUAT,GANDOR, BOW, PILIENY in LEER county) and (DABLUAL,LUOM,JAGUAR,KUOK ,PABUONG in MAYENDIT County) and 4PHCCs of 9(RUBKUAY PHCC in Mayendit county and THORNYOR & ADOK PHCCs in LEER County and DUONG PHCC in PAYINJAR County the 3counties combined with INTEGRATED HEALTH & NUTRITION SERVICES in line with the MOH BPHNS policy. UNIDO will also support mobile clinic and outbreak response(cholera, Measels) activities at the swamps/highlands inhabited by the IDPs and have no health facilities specially in Leer and IDPs in Nyal. We will maintain special focus on the provision of Basic Emergency Obstetric & Neonatal Care (BEmONC) services at the supported PHCCs through deployment of qualified clinicians and midwives, provision and distribution of essential emergency medical equipments and medicines and create community awareness in the utilization of the existing Family Planning services. We will support the health promotion activities through health education sessions and ensure the availability of the preventive measures specially the routine immunization (EPI) services at the facilities and the outreaches. We will also support the psychosocial and basic mental health services through updating the health workers on clinical management of sexual violence protocols to deliver the First aids such as protection and care for the survivors. HIV/AIDS prevention and treatment will also be supported through creating wider community awareness by information dissemination, provision of condoms and PMTCT and PEP at the supported health facilities and community levels.
And also with this project UNIDO will support the response to disease Outbreaks such as Cholera and Measles as we did in 2016 in Mayendit county, Leer highlands and Nyal. We will ensure that the hygiene promotion activities are conducted in collaboration with the WASH activities being implemented whether by UNIDO or other partners in those areas. We will deploy qualified clinical staffs who will continuously training the health workers on the treatment and identification of acute watery diarrhea cases and any abnormal trend will be reported on time.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
13,955	17,645	3,696	4,704	40,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	12,559	14,743	1,648	2,152	31,102
Internally Displaced People	1,396	1,638	2,048	2,552	7,634
Pregnant and Lactating Women	0	1,264	0	0	1,264
Other	0	0	0	0	0

Indirect Beneficiaries :

Catchment Population:

This project is complementing an on going project of HPF2 in the three counties of Leer (Adok, Guat, Bow and Piieny payams),Mayeendit (Bhor, Rubkuay, Dablual payams) and Payinjar(Kol,Nyal Payams) of Unity state where health and nutritional services are in most needed by the vulnerable communities in those particular counties where famine is declared by the government of south sudan and united nation in Feb 2017 based on the IPC report.

Link with allocation strategy :

Link with allocation: Despite the formation of the Transitional Government of National Unity between the peace partners in April 2016, sporadic fighting has still been continuing throughout most parts of the country. This has had significant impact on the economic situation (deteriorating on daily basis and the inflation is worsening) of the country and hence increased the scope of humanitarian needs. The revised HRP document illustrated that 1 in every 3people are constantly forced to flee their homes in the country, the number of the displaced population is at 2.5 million where 1.6 million are internally displaced and over 53% are estimated to be children. IPC reports released in Jan 2017 put GAM rate is at 30% in Unity which is almost double the global emergency threshold which is 15%. The sporadic fighting of November 2016in Leer and Feb 2017 in Mayendit has led to the displacement of the population again to the swamps/highlands. Health facilities as well the NGOs` compounds were looted and damaged and humanitarian actors were forced to evacuate their staffs in fear of threat to their lives from the armed militants and therefore the beneficiaries considered deprived of the much needed services. This project will therefore maintain the provision of the emergency primary health care services at the existing health facilities and scale up the rapid response through mobile outreaches and ensure the functionality of the facilities by doing some minor repairs, ensure equitable and timely access to the services through establishment of mobile centers at the IPDs sites where there are no facilities structures.

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
HPF	1,293,490.00
	1,293,490.00

Organization focal point :

Name	Title	Email	Phone
James Keah Ninrew	Executive director	ed@unidosouthsudan.org	0955008160
David Chany	Health Advisor	chanyadok@gmail.com	0955193919
Duk Stephen	Programs coordinator	programs@unidosouthsudan.org	0955550669

BACKGROUND

1. Humanitarian context analysis

. Humanitarian context analysis:
South Sudan has been experiencing continuous civil war and violence since its independent in 2011. These conflicts intensified in December 2013 and the people of South Sudan have continuously been displaced from their homes though the signing of the Peace Agreement on the Resolution of Conflicts in The Republic of South Sudan had brought some relative calm. Humanitarian situation continuously deteriorates since the civilians do not get opportunities to do their traditional cultivation to earn the living and people have been abusing others` lives in fight on the scarce resources such as livestocks. The economics of the country has been at its worse since the oil production which is the only backbone of the economics also affected by the conflict. The fighting that started on the 8th of July 2016 in Juba and later on echoed everywhere in the country has again worsen the humanitarian situation and significantly increased the needs not only in Upper Nile region but as well in Greater Bhar Al Gazal and Equatorial regions. The post July humanitarian information has captured the looting of the health facilities as well the NGOs` compounds in Koch, Mayendit and Leer. About 30,000 people were affected by the displacement in Thonyor of Leer county and from the 1st to mid of august 2016 around 1,000 people from Adok and Leer arrived in Panyijiar county. People are displaced to the swamps/highlands and are vulnerable to the water borne diseases due to poor hygiene and crowd living in small areas. The recent weekly reports from Nyal, Leer and Mayendit indicate high number of Acute Watery diarrhea cases, Acute Respiratory Infection cases and Malaria marks first. Moreover, the IPC reports released in Jan 2017 indicated that in Southern Unity 61% of the population are in crisis that let to the declaration of famine on Feb 2017.

2. Needs assessment

Mayendit –The needs assessment was conducted through the SMART survey conducted by UNIDO in January 2017 which showed a critical Global Acute Malnutrition (GAM) of 27.4 % . (21.3 – 34.5 95% C.I which is classified as above emergency level as per WHO standards. The prevalence of underweight 36.2 % (29.7 – 43.3 95% C.I.) was also classified as serious. In addition, the crude mortality rates found were classified as an emergency (out of control threshold) at 4.08 (3.12 – 5.33 95% C.I). Programmatic Data continues to show poor health and nutrition situation in Mayendit,Leer and Payinjar which is unavoidable with the interplay of recent insecurity, high prevalence of disease and food insecurity resulting In the morbidity of the children aged 6-59 months reported at 44.3% of the children being sick within the last 2 weeks of the survey .RRM conducted in Rubkuay in February showed Proxy GAM (4.7%) while the Proxy SAM(0.7%) .UNIDO has put a plan in place for speedy scale up of its services in the said location for optimal reach, pending a normalization in the security situation. FSNMS round 19 conducted in November /December 2016 depicts same level of gross need in Mayendit with MUAC Proxy SAM of 2.1 Panyijar ,Nyal – Panyijiar was classified as Emergency (IPC Phase 4) in January 2017, as the only data consistent with Famine was an unprecedented Mass MUAC proxy GAM prevalence of 37.7 percent, including a SAM prevalence of 11.8 percent, more than double the Famine threshold (IPC Phase 5 for Acute Malnutrition – Extremely Critical). High numbers of IDP's have been observed entering Panyijiar from Famine-affected counties to the immediate north, greatly increasing the number of severely vulnerable households in the area and likely contributing to Extremely Critical acute malnutrition levels. A SMART survey conducted by IRC in April 2016 in Panyijar County revealed emergency nutrition concerns, GAM was (93) 16.9% (13.3-21.2 95% CI) and SAM (25) 4.5% (2.5- 8.0 95% CI) . High morbidity for diarrhea and fever, poor health seeking behavior, and food insecurity were cited by the assessment as some of the aggravating factors contributing to high prevalence of malnutrition. It is anticipated that as the hunger gap approaches, food security will worsen towards the beginning of 2017, thereby compounding malnutrition along side the complications which need existing equipped health facilities to respond on the need on time. An RRM conducted in February 20th 2017 , showed Proxy GAM (18.4 %) and Proxy SAM (5.0%) with Proxy MAM (13.4 %) . MUAC <23.0 Pregnant Mothers was at 21.0 % .
UNIDO has capable technical staff employed and dedicated to ensure the needs of our target groups are met adequately working in line with the DO NO HARM principle in bridging the gaps.

3. Description Of Beneficiaries

The direct beneficiaries to this project shall include 13,955 men, 17,645 women, 3,696 boys and 4,704 girls in the 3counties combined both host communities and IDPs. This is complimentary to the HPF funded activities in Mayendit and Leer for Lot15 and Nyal for Lot17.

4. Grant Request Justification

UNIDO had successfully implemented the SSHF SA1$SA2_2016 which ended on the 31st of July $ 14/Jan 2017 respectively in Leer, Mayendit and Payinjiar counties. We managed to conduct more than 52,000 OPD curative consultations in 2PHCCs (Duong and Mayendit in Nyal & Mayendit respectively plus 11PHCUs in the 3counties combined and a mobile clinic response at Meer Island in Nyal and Leer islands of kok, Meer and touchria. Up to 107 deliveries out of the 413 deliveries were conducted by SBA and that's around 26%. Up to 1,552 ANC clients were given iron supplementation treatment and about 817 ANC clients were screened for syphilis. Up to 981 under5 children were screen of MUAC less than 115mm & and over 2,000 under5 children were screened of MUAC 125 mm and proper referral were made to our nutrition sector for further management at the same facilities The IPC report of Jan 2017 and the SMART survey result of Feb of this year indicated that in Leer ,Mayendit and Payinjar counties of former Unity state the SAM is 11.2,4.1,11.8 respectively and the continues insecurity has resulted to famine declaration in the area . With this grant request, UNIDO intends to maintain the provision of the emergency primary health care, treatment of SAM with complication services in the 2PHCCs and 12PHCUs scale up of mobile clinic clinics where there are IDPs in the 3counties. Through a focus on maternal and child health (MCH) especially Basic Emergency Obstetric & Neonatal care (BEmONC), integrated management of childhood& Neonatal illnesses (IMCNI) protocols and routine and outreaches EPI activities (Penta, polio, BCG, Polio & measles vaccination) as well the TT injection for the pregnant women, UNIDO intends to ensure the promotion of mother and child survival in its supported HFs and outreaches in line with the Basic Package of Health & Nutrition Services (BPHNS). UNIDO shall procure and distribute essential medicines, basic medical equipment and laboratory reagents/supplies which are not in the existing CAIPA supply chain and more importantly by using pull system. UNIDO shall maintain the partnerships with UNFPA and UNICEF to ensure the timely procurement and distribution of essential RH kits and reestablishment of the routine EPI services. UNIDO shall continue to improve the diagnostic capacity of laboratory services at the PHCCs to ensure timely and accurate diagnosis treatment of the most common diseases and properly document the data in the existing MOH HMIS reporting tools (registers, IDSR & DHIS) which will be used as means of verification. UNIDO shall conduct an integrated in-services/refresher training with Nutrition, WASH and protection sectors to the facilities` staff/health workers and community-based health workers to update their skills and knowledge.

5. Complementarity

UNIDO will complement previous existing nutrition interventions in Mayendit,Leer and Panyijar,counties implemented by well trained staff and CHWs. This project is a continuation of UNIDOs ongoingHealth program to host community & IDPs in Mayendit,Leer& Panyijar Counties and will help UNIDO continue responding to Health emergency needs throughout the remainder of 2017 . . Given the close link between malnutrition and other illnesses and infections, UNIDO will continue to integrate health programming with nutrition by participating in NIDs, FSL(Through Kitchen gardens formation),Education (Creating awareness in TLS's) and WASH(sanitation awareness sessions) activities to strengthen the response. Access to basic services for women of reproductive age , Men and under 5 children Boys and Girls remain inadequate, therefore UNIDO health department will continue with the close multi sectoral link as mentioned above to address these challenges . In Nyal ,we will continue to work hand in hand with the existing IPs to avoid duplication of activities and adhere to National primary health care/WHO guidelines to achieve maximum outcomes at the end of the project period .UNIDO being HPF 2 partners for lot 15 we will ensure we complement the Objectives set forth by HPF as well. UNIDO shall monitor the project supervised by the clinical officers & Lab tech/ Assistants on ground and theHealth Manager based in Juba. This will be technically supported by the Programme Monitoring & Evaluation Manager who will support field teams to establish a detailed monitoring plan which will be used to guide teams in collecting appropriate and timely data. Monitoring tools (indicator tracking template) will include the Departmental Questionnaires, CHF reporting tool, Health cluster tool, Programme Tally sheets, and Pictorial evidence especially during HF visits, we will also use FGDs with thenutrition Workers and the local Authority to collect views on how the project is impacting on their lives. The above mentioned tools will be used during the implementation cycle which will be part of the monitoring components throughout the life cycle of the program. The tools will allow routine health monitoring data to be collected and analyzed in one place and allow for easy disaggregation across time and geographic location. There will also be monthly joint supervisory visits together with the CHD using the QSC tool in order to see the HFs compliance as per the HSS pillars. The databases and additional monitoring tools such as supervisory checklists, staff appraisals, training reports and post-distribution monitoring reports will feed into an Indicator Performance Tracking Table (IPTT).The IPTT will allow the program to track progress towards results and indicators on a monthly basis throughout the project period. Internal monthly reports will provide information to management on the progress of activities and the impact they are having on the communities. Donor reports will also be submitted as per the time line. Activities will be continuously monitored by the project team and will be formally monitored on a routine basis by the Health and Nutrition Project Manager supported by the Monitoring and Evaluation Officer. UNIDO and its stakeholders and actors will entirely take up the role and responsibilities for collecting, recording, reporting, and using information as M&E is a collective duty. The local authorities in Monitoring and Evaluation is a participatory activity by both UNIDO ,the CHD staff and the SSRA . Security is given by the SSRA especially when doing HH visits .The reports are always shared with the CHD for ownership of the project

LOGICAL FRAMEWORK
Overall project objective
To scale up rapid response modalities to provide emergency lifesaving primary health care focusing on the causes of mortality among under 5 children (malaria, diarrhea, pneumonia),treatment of SAM with complication,basic emergency obstetric and neonatal care including the clinical management of sexual and gender based violent (SGVB).

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve access to essential health care for conflict-affected and vulnerable populations.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	70
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	20
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	10

Contribution to Cluster/Sector Objectives : This project will contribute to the cluster objective through implementation of the following:
-Support existing static health facilities and restore non-functional/damaged health facilities and scale up the mobile outreaches to deliver the basic package of primary health care services including HIV/AIDS, TB services, SGBV and MHPSS by targeting host communities and displaced population in the conflict- affected counties and -Strengthen timely data collection and data reporting to improve disease surveillance, early detection of out breaks for a proper response.
- Foster inter-cluster collaboration with WASH, Protection, Nutrition and FSL clusters through integrated services delivery approach targeting SGVB, Malnutrition ,water and vector borne diseases across counties.
-Complement development health partners across counties to reinforce routine health service delivery by combining the static and mobile approaches to deliver services in the highlands inhabited by IDPs.

Outcome 1

scale up rapid response modalities to provide emergency lifesaving primary health care and nutrition services to the vulnerable communities both in host and IDPs .

Output 1.1

Description

strengthen the PHCCs, PHCUs and mobile clinic response to ensure equitable and timely access to the emergency healthcare services

Assumptions & Risks

security stable and timely desbursement of funds

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	9,480	14,220	3,000	3,300	30,000
Means of Verification : DHIS ,facilities registers,and UNIDO reports							
Indicator 1.1.2	HEALTH	[Frontline services] Number of facilities providing BEmONC services					3
Means of Verification : DHIS,facilities and UNIDO report							
Indicator 1.1.3	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					50
Means of Verification : DHIS,facility and UNIDO report							

Activities

Activity 1.1.1

provide curative OPD consultations and basic treatments of SAM & common illnesses and admission of severe cases at the IPD and the proper use of IMCNI protocols for boys and girls

Activity 1.1.2

provide laboratory services with improved capacity in the supported PHCCs .

Activity 1.1.3

provide maternal health care services through BEmONC by conducting ANC , deliveries PNC,FP services and maintain the current MOU with UNFPA to provides RH kits

Activity 1.1.4

Conduct mobile clinic response at the IDPs sites which have no existing facilities

Outcome 2

strengthen routine and outreaches EPI services and NIDS compaign for polio.

Output 2.1

Description

Ensure child health through application of preventive measures

Assumptions & Risks

security stable and timely disbursement of funds

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			2,000	2,200	4,200
Means of Verification : DHIS ,facilities registers and UNIDO report							
Indicator 2.1.2	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in conflict states					3
Means of Verification : DHIS, and UNIDO reoprt							

Activities

Activity 2.1.1

Conduct routine and outreaches EPI services for the common preventable childhood illneses and also provide TT injection to ANC clients

Outcome 3

Adecuate and uninterrupted supply of essential emergency medicines , medical equipment laboratory reagents/supplies which are not in the CAIPA supply chain

Output 3.1

Description

facilities provided with adequate supplies of essential emergency supplies

Assumptions & Risks

security stable and timely disbursement of funds

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 3.1.1	HEALTH	Number of health facilities supplied with drugs and other medical supplies through pull system					13
Means of Verification : UNIDO`s reports							
Indicator 3.1.2	HEALTH	[Frontline services] Total number of U5 deaths recorded within the facility			0	0	0
Means of Verification : Facilities records and UNIDO`s reports							

Activities

Activity 3.1.1

procurement and distribution of essential emergency medicines, medical & laboratory supplies , basic medical equipment to all supported health facilities

Activity 3.1.2

Print of child health , ANC,OPD and IPD cards to ensure quality assurance in the services delivery

Outcome 4

strengthen emergency preparedness and response to health related emergencies including the control of prone epidemic disease outbreak at the supported health facilities and the community level

Output 4.1

Description

increase capacity of health facilities and community levels in communicable disease control , prevention and emergency response and equal utilization of the available health services

Assumptions & Risks

community leaders and other stakeholders coorprate

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 4.1.1	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					13
Means of Verification :							
Indicator 4.1.2	HEALTH	[Frontline services] Number of health facilities providing SGBV services					3
Means of Verification : DHIS and UNIDO report							

Activities
Activity 4.1.1
strengthen community mobilization/awareness on the health promotion. prevention of the common morbidities including disease outbreak control through conduction of health education sessions
Activity 4.1.2
updating health workers on clinical management of sexual violent/SGBV protocols (MCR), psychosocial & first aid counselling and caring for the survivors
Activity 4.1.3
Conduct on-job/refresher training to CHWs on the treatment of malaria, AWD and ARI and also on MUAC screening for the malnourished children
Activity 4.1.4
Conduct monthly health aware sessions at the health facilities
Additional Targets :

M & R

Monitoring & Reporting plan

UNIDO will continue to use the existing MOH HMIS reporting tools such as weekly on line EWARS, IDSR and the monthly DHIS reporting systems as well the surveillance forms for the disease outbreak. We shall also develop internal indicators tracking template which will complement the other reporting systems. UNIDO will continuously preposition all types of registers books depending on their availability in the MOH or availability of resources to print them. We will also continue to print the OPD cards, IPD cards, ANC cards, Child health cards and stock monitoring cards and be prepositioned to all the supported health facilities. We will also make sure that staffs are trained on how to use each of the aforementioned tools for the quality assurance, timely and proper reporting system and those reports shall be shared with the SMOH/MOH and the cluster on time. Routine monthly & quarterly supervisions to the facilities and field locations respectively shall be conducted in collaboration with the CHDs using QSC to monitor the efficiency and quality of services delivery to the communities. The reports on the findings and recommendations from those supervision visits including the feedback from the beneficiaries shall be used to redirect the strategic plans of the project implementation.
UNIDO will also be updating the HC every fortnight on the progress in the activities implementation throughout the implementation period of this project.UNIDO management in Juba will make sure monitoring and evaluation department is equipped with technical personnel and reporting tools to monitor the on going activities in the field location on weekly and Monthly basis through IDSR ,DHIS OPD REGISTERS ANC REGISTRERS timely reporting to the MOH/cluster and the respective donor. UNIDO will be accountable to the affected communities, in making sure the services delivery is in place as stipulated in the concept note and the proposal, all the targets are to be achieved. UNIDO will conduct monhtly meeting with the community leaders to evaluate the implementation of the project and the feedback from the community and in case of any challenge that may arise will be immediately addressed and amicable solution is put in place for the smoothness of the project implementation.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: provide curative OPD consultations and basic treatments of SAM & common illnesses and admission of severe cases at the IPD and the proper use of IMCNI protocols for boys and girls	2017			X	X	X	X	X	X				
Activity 1.1.2: provide laboratory services with improved capacity in the supported PHCCs .	2017			X	X	X	X	X	X				
Activity 1.1.3: provide maternal health care services through BEmONC by conducting ANC , deliveries PNC,FP services and maintain the current MOU with UNFPA to provides RH kits	2017			X	X	X	X	X	X				
Activity 1.1.4: Conduct mobile clinic response at the IDPs sites which have no existing facilities	2017			X	X	X	X	X	X				
Activity 2.1.1: Conduct routine and outreaches EPI services for the common preventable childhood illneses and also provide TT injection to ANC clients	2017			X	X	X	X	X	X				
Activity 3.1.1: procurement and distribution of essential emergency medicines, medical & laboratory supplies , basic medical equipment to all supported health facilities	2017				X	X							
Activity 3.1.2: Print of child health , ANC,OPD and IPD cards to ensure quality assurance in the services delivery	2017				X	X							
Activity 4.1.1: strengthen community mobilization/awareness on the health promotion. prevention of the common morbidities including disease outbreak control through conduction of health education sessions	2017				X		X						
Activity 4.1.2: updating health workers on clinical management of sexual violent/SGBV protocols (MCR), psychosocial & first aid counselling and caring for the survivors	2017				X		X						
Activity 4.1.3: Conduct on-job/refresher training to CHWs on the treatment of malaria, AWD and ARI and also on MUAC screening for the malnourished children	2017				X	X	X	X	X				

OTHER INFO

Accountability to Affected Populations

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

Implementation Plan

This project will directly be implemented by UNIDO personnel and under direct supervision from the management in the head office in Juba as well the sub-offices at the counties` levels. Monitoring and Evaluation on the project implementation progress will always be conducted monthly by the field supervisors and quarterly by the project manager to measure the successes and shortcomings per indicators therein and to guarantee the quality, efficiency and effectiveness of the services being delivered to the community. Monthly and interim progress management reports in line with project targets, the state of financial resources and summary of expenditures shall always be compiled and analyzed. The project manager and finance manager will ensure that all necessary reports are prepared, complied and submitted on time at the end of each quarter/interim progress periods. Various tools like observatory, review documents, key informants techniques will be used to capture and document the project performance. Project stakeholders and beneficiaries feedback will play a vital role in assessing the extent of the successes. This will also help in structuring the project implementation course in order to maximize the delivery of the planned project activities in their respective time frames.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

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

Protection Mainstreaming

As part of the Greater Upper Nile Region, Unity state has been very much devastated by the current conflicts for the last 30months or so. Moreover, the Southern area of the state suffered the most. Women and girls are always vulnerable to all sorts of violence both sexual and physical. A report released by UNMISS and UN Human Rights Department on the 21st of January 2016 indicated that women and girls were subjected to abduction and rape on very large scale and these activities included enslavement, gang-rape, torture and force abortion. The report illustrated about 194 incidents of conflict related abuses which involved 280 victims including approximately 70 minors. UN Protection Cluster in South Sudan reportedly identified 1,300 women and girls raped between April and September 2015 in Sothern Unity alone. The poverty and insecurity predispose women and girls into more vulnerable status where they are easily exploited by armed militants and surrender in the name of protection. In line with the indicators aforementioned, UNIDO plans to deploy skilled clinical health workers to carry out counselling, Clinical Management of Rape (CMR), care for the victims and other activities like PEP & PMTCT for HIV/AIDS. Staffs will also be trained on mental health and psychosocial supports first aids and we shall make sure that the services are being rendered in respect to DO NO HARM theory and every community member shall receive the health care services with dignity. Health awareness activities on HIV/AIDS and other Sexually Transmitted infections prevention will be conducted at the facilities and at the neighboring schools and Churches. UNIDO shall also maintain the current MOU with UNFPA to preposition the relevant RH kits. Consultative meetings will regularly be conducted monthly/quarterly with the local authorities and community leaders on how to protect the vulnerable groups of people (women and girls) in their respective communities so that many ambassadors are sent out into the communities with protection messages on human safety and dignity.

Country Specific Information

Safety and Security

Throughout the conflict period, humanitarian actors have been targeted actions from the armed militants in the country. It has therefore not been easy to guarantee the safety of both the beneficiaries and the services providers alike. Many lives were lost, properties looted and many humanitarian actors were sexually and physically assault. The situation relatively returned to normalcy since the formation of Transitional Government of National Unity (TGoNU) in April 2016 especially in Southern Unity and humanitarian actors including UNIDO gained comfortable access to the populated areas in and around the Southern Unity counties. And UNIDO having been a long time humanitarian actor in Mayendit and Leer counties usually has an added advantage because of the cemented partnership relation with the community and local authorities and is well conversant with the communities` needs and in the other hand the mitigation measures to ensure the safety of the host community and UNIDO staff (both relocatable and non-relocatable) as well. But with the starting of the conflict again in Juba in July 2016, the security situation began to deteriorate in North Mayendit, Koch and Leer. People displaced, humanitarian actors evacuated their staffs and properties again looted. However, with all the unpredictable risks therein, UNIDO staffs are dedicated to serve the community as usual. We also have an advantage of being National NGO and have good number of non-relocatable staffs (CHD staffs) on ground in the three counties who usually move with the communities even to the hidings. Prioritization of the staffs` safety is enshrined in the entire UNIDO`s policy. Our field operation areas are equipped with satellite phones (Thuraya) for daily contact with the head office in Juba. Evacuations are planned on need basis especially for the relocatable staffs/expertise/international through our logistics department in coordination with other partners in the area including UN bodies. This same procedure will continue to be put in place throughout the implementation period of this project to ensure the provision of basic essential emergency primary health care services to the Vulnerable IDPs and host communities across our areas of operation.

Access

BUDGET							
Code	**Budget Line Description**	**D / S**	**Quantity**	**Unit cost**	**Duration Recurrance**	**% charged to CHF**	**Total Cost**
Staff and Other Personnel Costs							
1.1	Health Project Manager 20% LoE	D	1	4,500.00	6	20.00	5,400.00
	*Health Manager will have 20% LoE for the Project implementation the Gross is 4000 usd*50%*6months*						
1.2	Health Advisor30% LoE	D	1	4,000.00	6	30.00	7,200.00
	*Health Advisor will have 30% LoE for the Project implementation the Gross is 4000 usd *6 onths*						
1.3	Clinic Officers 100% LoE	D	3	2,135.00	6	100.00	38,430.00
	*Clinical Officers will have 100% LoE for the project implementation the Gross is 2500usd *4*6months. Non of them budget in HPF2*						
1.4	Nurses 100% LoE	D	2	1,500.00	6	100.00	18,000.00
	*Nurse will have 100% LoE for the project implementation the Gross 1500 usd*3*6months. Non of them budget in HPF2*						
1.5	Midwife 100% LoE	D	2	1,500.00	6	100.00	18,000.00
	*Mid wives will have 100% LoE for the project implementation the Gross is 1500 usd*3*6 months. Non of them budget in HPF2*						
1.6	Laboratory Technician 100% LoE	D	3	1,500.00	6	100.00	27,000.00
	*Laboratory Technicians will have 100% LoE for the project implementation the Gross 1500usd*3*6 months. Non of them budget in HPF2*						
1.7	CHWs 100% LoE	D	7	350.00	6	100.00	14,700.00
	*CHWs will have 100% LoE for the project implementation the Gross 350usd*7*6 months. These will be added to the PHCCs to enhance efficient services delivery at the health facilities since HPFs reduced the number of the health workers per facility due to shortage of funds*						
1.8	Executive Director 10%	S	1	8,900.00	6	10.00	5,340.00
	*The Executive Director is responsible for the accountability of fund and project implementation with the stakeholders the LoE is 10%(10*8900*6 months)*						
1.9	Program Coordinator 10%	S	1	6,000.00	6	10.00	3,600.00
	*The Program Coordinator is responsible for program coordination will will have the LoE 10%(10%*6000*6 months)*						
1.10	Finance Director 10%	S	1	7,400.00	6	10.00	4,440.00
	*The Finance Director is responsible for financial reporting and budgetary control will have 10% (10%*7400*6 months)*						
1.11	M & E Manager 10%	S	1	5,500.00	6	10.00	3,300.00
	*The M&E Manager is responsible for the preparing monitoring and Evaluation report to the stakeholders will have 10%(10*5500*6 months)*						
1.12	Logistics and Procurement Manager 10%	S	1	4,000.00	6	10.00	2,400.00
	*Logistic and Procurement Manger is responsible for the project supplies procurement and Logistical support will have 10% LoE (10%*4000*6 months)*						
1.13	Fianance Manager 10%	S	1	4,000.00	6	10.00	2,400.00
	*The Finance Director is responsible for financial reporting and budgetary control will have 10% (10%*4000*6 months)*						

1.14	Human Resources Officer 10%	S	1	2,500.00	6	10.00	1,500.00
	*Human Resource Officer is responsels will have 10% LoE (10%*2500*6 months)*						
	Section Total						**151,710.00**
Supplies, Commodities, Materials							
2.1	Printing of referral forms and Child health OPD, ANC IPD Cards	D	2000	1.50	1	100.00	3,000.00
	Printing of the OTP Child Health ANC and IPD Cards cost 1.5usd per cards and a target of 30000cards						
2.2	Purchase of Laboartory reagent and equipments.	D	1	5,000.00	1	100.00	5,000.00
	Lumpsum amount of 5000usd to purchase lab reagent and equipment						
2.3	Provide child healthcare through routine EPI at the health facilities & monthly outreaches, accelerated mass campaigns for measles & Polio during the NIDs.	D	1	1,000.00	6	100.00	6,000.00
	Transport cost for the vaccine lumpsum at 1000usd per months						
2.4	Conduct community awareness sessions & health education on the cause & prevention of STI including HIV/AIDS, key messages on maternal & child health including exclusive breastfeeding, best nutrition practices, communicable & non-communicable diseases, early healthcare seeking behavior and sanitation &hygiene promotion.	D	1	500.00	6	100.00	3,000.00
	monthly awareness creation on health education lumpsum at 5000usd per month						
2.5	Conduct the on job/refresher trainings to the health workers on the common morbidities in the area such as malaria, AWD/ABD and ARTI	D	20	30.00	4	100.00	2,400.00
	10usd for water and soda, 10usd for stationeries, 20usd for meal, 10usd for hall hire and other expenses to be incured						
2.6	Printing of the IEC Materials	D	50	5.00	1	100.00	250.00
	5usd for printing and fixing the IEC material for 50pcs						
2.7	Purchase of essential drugs not in the core pipeline	D	1	7,500.00	1	100.00	7,500.00
	Lumpsum amount of 7500usd to procure essental drug not in the core pipeline						
2.8	Scaling up rapid mobile respond through establishing mobile response team	D	1	10,000.00	1	100.00	10,000.00
	this include incentive for mobile team and the team will comprised of nurse, Co, lab tech and CHWs who will deployed to the highlands where there no static facilities. They will also be on standby to respond to Cholera and/or measles outbreak at time						
2.9	Preposition the HMIS reporting tools including registers and IDSR reporting forms and print the IEC materials & the OPD, IPD, Child health, ANC and the stocks cards.	D	1	1,000.00	2	100.00	2,000.00
	the cost include canoes hires and causal workers hires lumpsum at 10000usd						
2.10	Charter flight to preposition health supplies from Juba to the project location	D	1	6,750.00	2	100.00	13,500.00
	2 tonnes for 2 rotation 6750 per rotation						
2.11	T-Shirt	D	300	10.00	1	100.00	3,000.00
	10usd per T-shirt for 300pcs						
	Section Total						**55,650.00**
Contractual Services							
4.1	Minor repairs of the health facilities	D	4	1,000.00	1	100.00	4,000.00
	Section Total						**4,000.00**
Travel							
5.1	UNHAS Flight to transport project staffs	D	6	275.00	2	100.00	3,300.00
	6 return flights per person @ 275usd each						

5.2	Staff perdiem for the referral	D	5	100.00	6	100.00	3,000.00
	5 staff with a perdiem of 100usd per month for 6 months						
5.3	M&E Travels for supportive project suppervision	D	2	500.00	1	100.00	1,000.00
	2 Staff Project manager and M & E visits @ 500usd each for supportive supervision						
5.4	Travels Visa and Alien registration	D	4	100.00	2	100.00	800.00
	4 staff visas per quarter @ 100usd each						
5.5	International flight for the staff leave and R&R	D	5	400.00	2	100.00	4,000.00
	5 person for international flights per quarter @ 400usd each						
	Section Total						**12,100.00**
General Operating and Other Direct Costs							
7.1	Car fuel 5%	S	1	600.00	6	5.00	180.00
	5% of 600usd per month for 6 months						
7.2	Car Maintenance 4.73%	S	1	900.00	6	4.73	255.42
	4.73% of 900usd per month for 6 months						
7.3	Car Insurance 5%	S	5	500.00	1	5.00	125.00
	5% of 500usd per month for 6 months						
7.4	Generator fuel 5%	S	1	600.00	6	5.00	180.00
	5% of 600usd per month for 6 months						
7.5	Generator Maintenance 5%	S	1	500.00	6	5.00	150.00
	5% of 500usd per month for 6 months						
7.6	Branding 5%	S	1	250.00	6	5.00	75.00
	5% of 250usd per month for 6 months						
7.7	Stationeries5%	S	1	2,500.00	6	5.00	750.00
	5% of 2500usd per month for 6 months						
7.8	Mobile Airtime 5%	S	1	600.00	6	5.00	180.00
	5% of 600usd per month for 6 months						
7.9	Thuraya Airtime 5%	S	1	900.00	6	5.00	270.00
	5% of 900usd per month for 6 months						
7.10	Visibilities 5%	S	1	2,500.00	6	5.00	750.00
	5% of 2500usd per month for 6 months						
7.11	Bank Charges 5%	S	1	600.00	6	5.00	180.00
	5% of 600usd per month for 6 months						
7.12	Office utilities 5%	S	1	360.00	6	5.00	108.00
	5% of 360usd per month for 6 months						
7.13	Internet Subscription 5%	S	1	600.00	6	5.00	180.00
	5% of 600usd per month for 6 months						

7.14	Juba Office rent 5%	S	1	4,000.00	6	5.00	1,200.00
	5% of 4000usd per month for 6 months						
7.15	Field Office rent 5%	S	1	3,600.00	6	5.00	1,080.00
	5% of 3600usd per month for 6 months						
7.16	Field Office maintenance 5%	S	1	2,000.00	6	5.00	600.00
	5% of 2000usd per month for 6 months						
	Section Total						**6,263.42**
SubTotal			2,449.00				**229,723.42**
Direct							200,480.00
Support							29,243.42
PSC Cost							
PSC Cost Percent							6.65
PSC Amount							15,276.61
Total Cost							**245,000.03**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Leer	40	4,000	5,000	3,000	3,000	15,000	Activity 1.1.1 : provide curative OPD consultations and basic treatments of SAM & common illnesses and admission of severe cases at the IPD and the proper use of IMCNI protocols for boys and girls Activity 1.1.2 : provide laboratory services with improved capacity in the supported PHCCs . Activity 1.1.3 : provide maternal health care services through BEmONC by conducting ANC , deliveries PNC,FP services and maintain the current MOU with UNFPA to provides RH kits Activity 1.1.4 : Conduct mobile clinic response at the IDPs sites which have no existing facilities Activity 2.1.1 : Conduct routine and outreaches EPI services for the common preventable childhood illneses and also provide TT injection to ANC clients Activity 3.1.1 : procurement and distribution of essential emergency medicines, medical & laboratory supplies , basic medical equipment to all supported health facilities Activity 3.1.2 : Print of child health , ANC,OPD and IPD cards to ensure quality assurance in the services delivery Activity 4.1.1 : strengthen community mobilization/awareness on the health promotion. prevention of the common morbidities including disease outbreak control through conduction of health education sessions Activity 4.1.2 : updating health workers on clinical management of sexual violent/SGBV protocols (MCR), psychosocial & first aid counselling and caring for the survivors Activity 4.1.3 : Conduct on-job/refresher training to CHWs on the treatment of malaria, AWD and ARI and also on MUAC screening for the malnourished children

Unity -> Mayendit	40	4,000	5,000	3,000	3,000	15,000	Activity 1.1.1 : provide curative OPD consultations and basic treatments of SAM & common illnesses and admission of severe cases at the IPD and the proper use of IMCNI protocols for boys and girls Activity 1.1.2 : provide laboratory services with improved capacity in the supported PHCCs . Activity 1.1.3 : provide maternal health care services through BEmONC by conducting ANC , deliveries PNC,FP services and maintain the current MOU with UNFPA to provides RH kits Activity 1.1.4 : Conduct mobile clinic response at the IDPs sites which have no existing facilities Activity 2.1.1 : Conduct routine and outreaches EPI services for the common preventable childhood illneses and also provide TT injection to ANC clients Activity 3.1.1 : procurement and distribution of essential emergency medicines, medical & laboratory supplies , basic medical equipment to all supported health facilities Activity 3.1.2 : Print of child health , ANC,OPD and IPD cards to ensure quality assurance in the services delivery Activity 4.1.1 : strengthen community mobilization/awareness on the health promotion. prevention of the common morbidities including disease outbreak control through conduction of health education sessions Activity 4.1.2 : updating health workers on clinical management of sexual violent/SGBV protocols (MCR), psychosocial & first aid counselling and caring for the survivors Activity 4.1.3 : Conduct on-job/refresher training to CHWs on the treatment of malaria, AWD and ARI and also on MUAC screening for the malnourished children
Unity -> Panyijiar	20	3,000	4,000	1,400	1,600	10,000	Activity 1.1.1 : provide curative OPD consultations and basic treatments of SAM & common illnesses and admission of severe cases at the IPD and the proper use of IMCNI protocols for boys and girls Activity 1.1.2 : provide laboratory services with improved capacity in the supported PHCCs . Activity 1.1.3 : provide maternal health care services through BEmONC by conducting ANC , deliveries PNC,FP services and maintain the current MOU with UNFPA to provides RH kits Activity 2.1.1 : Conduct routine and outreaches EPI services for the common preventable childhood illneses and also provide TT injection to ANC clients Activity 3.1.1 : procurement and distribution of essential emergency medicines, medical & laboratory supplies , basic medical equipment to all supported health facilities Activity 3.1.2 : Print of child health , ANC,OPD and IPD cards to ensure quality assurance in the services delivery Activity 4.1.1 : strengthen community mobilization/awareness on the health promotion. prevention of the common morbidities including disease outbreak control through conduction of health education sessions Activity 4.1.2 : updating health workers on clinical management of sexual violent/SGBV protocols (MCR), psychosocial & first aid counselling and caring for the survivors Activity 4.1.3 : Conduct on-job/refresher training to CHWs on the treatment of malaria, AWD and ARI and also on MUAC screening for the malnourished children

Documents

Category Name	Document Description
Budget Documents	UNIDO-PR-H-t.xlsx
Budget Documents	UNIDO-PR-H-Drugs-G.xls