

Requesting Organization :	Universal Network for Knowledge and Empowerment Agency				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	To increase access to integrated emergency primary health care services to IDPs, Returnees and Host Community in Nasir County.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-16/H/89631	Fund Project Code :	SSD-16/HSS10/SA2/H/NGO/3462		
Cluster :	Health	Project Budget in US\$:	255,669.99		
Planned project duration :	6 months	Priority:	2		
Planned Start Date :	01/09/2016	Planned End Date :	28/02/2017		
Actual Start Date:	01/09/2016	Actual End Date:	28/02/2017		
Project Summary :	<p>This project is expected to improve access, and scale-up responsiveness to, essential emergency health care services, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations in Nasir county and will commit 60% of the resources to this objective, prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations of the targeted county and will commit 40% of the resources to this objective.</p> <p>The project aims, to achieve,</p> <ul style="list-style-type: none"> - 14,000 curative consultations conducted in all health facilities - 140 injuries including gun shot wounds managed in the health facility, - 24 children with severe acute malnutrition and medical complications managed at the health facility, - 4 Health facilities remain operational and provide curative and preventive services, - 350 skilled deliveries conducted in the community, - 3 health facilities provide basic emergency obstetric and neonatal care, -100 rape cases clinically managed in CMR centers, - 3 health facilities remain open and provide SGBV services, - 8820 children 6-59 months received measles vaccination, - 1680 children < 1 year with 3 doses of pentavalent, - 3 health facilities with functional cold chain, - 12309 people reached with health education and promotion during outbreaks, - 6 community health events conducted, -7000 community members received health messages during community health events - 90% of epidemic prone disease alerts responded to within 48 hours, 				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	9,836	10,746	9,124	12,617	42,323
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,618	4,230	6,848
Internally Displaced People	5,200	6,115	3,720	3,300	18,335
People in Host Communities	4,636	4,281	2,786	5,087	16,790
Pregnant and Lactating Women	0	350	0	0	350
Indirect Beneficiaries :					
1000					
Catchment Population:					

Makak=4711

Link with allocation strategy :

This project intends to save lives and alleviate suffering of vulnerable communities of Nasir county through provision of essential emergency health care services, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonatal services and prevention, detection and response to epidemic prone disease outbreaks. To ensure communities are protected, capable and prepared to cope with significant threats.

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	+211 955 295 774
Tobijo Denis	Health and Nutrition Advisor	tdmssokiri@gmail.com	+211 921 230 704
Lock Simon Peter	Health Manager	locksimonpeter@gmail.com	+8821643343038
David Dak Deng	Finance Manager	daviddakdeng@gmail.com	+211 921 215 242

BACKGROUND

1. Humanitarian context analysis

Nasir County is an administrative area in Upper Nile State in South Sudan. It is located on the northern side of the Sobat River, about 30 kilometres from the Ethiopian Boarder. According to the national bureau of statistics (2008 census), the county has a population of 210,002 settled in the 9 payams of Jikmir, Kierwan, Keich-kuon, Dinkar, Kurengke, Maker, Mading, Wanding and Roam. The county is a host to many IDPS from Malakal and Jonglei states who moved in due to the crises and in search of water and pasture for their cattle during the dry season.

Nasir county is among the most hit areas with the 2013 national crises. This has led to Hundreds of thousands people being displaced; some moved to Ethiopia and most of them are within the forests in the County. A total of 15,086 households (HHs) with a total of 131,259 individual IDPs mostly women and children were assessed and registered, (IRNA Nasir County, January 2014). The IRNA was limited to two payams of Kuetrengke and Jikmir. Since then population movements continued in Nasir town and surrounding vilages / payams. After the second attack on Nasir town on May 2014; Mandeng and Kierwan (Gum) became the Payams hosting most of the IDPS. The humanitarian situation continued to deteriorate with hunger, diseases and gunshot injuries claiming the lives of women, men, boys and girls. From then, no other IRNA assessment has been conducted, making the situation silent with no humanitarian assistance and the IDP and community continue to bear the burden of the crises.

Recently, fighting has resumed in the county, and more people are displaced with reported deaths and injuries. No assessment has been done to ascertain the exact number of displaced people but it is estimated at its hundredths of thousand. The county has seen increased trends in communicable diseases including malaria, diarrhea, pneumonia and Kala-Azar. Additionally, in a recent SMART survey conducted in May 2016, the 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 compared to 0.43/10,000/day in 2014. It indicated that 75% of the under five mortality was due to infections mainly malaria, diarrhea and pneumonia. According to world health organization, an U5MR > 2/10,000/day is considered an emergency. Data from EWARS for mandeng and Jikmir for the month of January to march 2016 indicated malaria as the leading morbidity at 64%, followed by diarrhea at 25% and pneumonia at 8%.

The crises weakened the Cold chain system, with most of the cold chain equipment missing including solar panels batteries and inverters. Since January 2014 to date there has been no routine immunization services taking place in the entire county. The situation made the community to rely on Rapid Response Mission (RRM) for EPI services for children under five, six to fifteen years and women of childbearing age. The last Rapid Response Mission was conducted in May 2015 in Makak village, adjacent to Jikmir leaving unattended situation for most half of last year and continued to date.

Currently, UNKEA is the only humanitarian Organization providing healthcare services in the above mentioned health facilities in the whole of Nasir County. The limited number of functional health facilities serving a large population of people is further complicated by the lack of funding support for health since January 2016.

2. Needs assessment

The 2013 crises remains a humanitarian threat to the population of Nasir county. In 2014, an assessment conducted in the county registered 15,086 households (HHs) with a total of 131,259 individual IDPs mostly women and children. (IRNA Nasir County, January 2014). The IRNA was limited to two payams of Kuetrengke and Jikmir. Since then population movements continued in Nasir town and surrounding vilages / payams. After the second attack on Nasir town on May 2014; Mandeng and Kierwan (Gum) became the Payams hosting most of the IDPs. The humanitarian situation continued to deteriorate with hunger, diseases and gunshot injuries claiming the lives of women, men, boys and girls. From then, no other IRNA assessment has been conducted, making the situation silent with no humanitarian assistance and the IDP and community continue to bear the burden of the crises.

Recently, fighting has resumed in the county, and more people are displaced with reported deaths and injuries. No assessment has been done to ascertain the exact number of displaced people but it is estimated at its hundredths of thousand. The county has seen increased trends in communicable diseases including malaria, diarrhea, pneumonia and Kala-Azar. Additionally, in a recent SMART survey conducted in May 2016, the 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 compared to 0.43/10,000/day in 2014. It indicated that 75% of the under five mortality was due to infections mainly malaria, diarrhea and pneumonia. According to world health organization, an U5MR > 2/10,000/day is considered an emergency. Data from EWARS for mandeng and Jikmir for the month of January to march 2016 indicated malaria as the leading morbidity at 64%, followed by diarrhea at 25% and pneumonia at 8%.

Since January 2014 to date there has been no routine immunization services taking place in the entire county. The situation made the community to rely on Rapid Response Mission (RRM) for EPI services for children under five, six to fifteen years and women of childbearing age. The last Rapid Response Mission was conducted in May 2015 in Makak village, adjacent to Jikmir leaving unattended situation for most half of last year and continued to date.

Currently, UNKEA is the only humanitarian Organization providing healthcare services in the above mentioned health facilities in the whole of Nasir County. The limited number of functional health facilities serving a large population of people is further complicated by the lack of funding support for health since January 2016.

3. Description Of Beneficiaries

The beneficiaries will be IDPs, returnees and host community in Nasir county of Upper Nile state; it will be a gender sensitive project and will benefit men and women, boys and girls. Vulnerable communities will be given a special focus that is children under five years, women and the elderly people with disabilities. Total Beneficiaries = 44,423; Women = 13236, Men = 11,186, Girls = 10,749 boys = 9252

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, returnees and host communities in 4 fixed health facilities of Jikmir PHCC, Kiechkuon PHCC, Mandeng PHCU+, and Torpuot PHCU and 2 outreach sites of Torkech and Gaireang PHCUs. 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 that had lasted for the last 6 months due to lack of funding.

LOGICAL FRAMEWORK

Overall project objective

To improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services and prevent, detect and respond to epidemic prone disease outbreaks in Nasir county.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity			60		
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity			40		
Contribution to Cluster/Sector Objectives : To improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services, the project will provide both curative and preventive health care services to the people in need, which is in line with cluster objective 1 (CO1). To prevent, detect and respond to epidemic prone disease outbreaks, the project will ensure improved surveillance of communicable diseases and train health staff on communicable disease response and reporting, health education will be provided to the community before and within disease outbreaks which is in line with cluster objective 2 (CO2).							
Outcome 1							
Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia) by providing treatment and management of the most common ailments including injuries and children < 5 with severe acute malnutrition with medical complications							
Output 1.1							
Description							
Clinical consultations undertaken, minor injuries managed and children < 5 with severe acute malnutrition with medical complications treated							
Assumptions & Risks							
<ul style="list-style-type: none"> • 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, 							
Activities							
Activity 1.1.1							
Conduct out patient consultations to <5 and >5 boys and girls,men and women in all targeted health facilities							
Activity 1.1.2							
Carry out treatment of minor injuries including gunshot wounds at the health facility							
Activity 1.1.3							
Conduct clinical management of children under 5 with severe acute malnutrition with medical complications in stabilization centers							
Activity 1.1.4							
Supply Health facilities with drugs and other medical supplies to provide curative services							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	3,360	3,640	3,360	3,640	14,000
Means of Verification : Out patient registers							
Indicator 1.1.2	HEALTH	Frontline # of injuries in the community due to conflict managed at the health facility					140
Means of Verification : Outpatient and inpatient registers							
Indicator 1.1.3	HEALTH	Frontline # of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			10	14	24
Means of Verification : Inpatient nutrition registers							
Indicator 1.1.4	HEALTH	Frontline # Number of functional health facilities in conflict -affected and other vulnerable states					4
Means of Verification : Health cluster 5W,Monthly reports							
Outcome 2							
Improve access to reproductive health services including safe pregnancy and skilled delivery at all targeted health facilities							
Output 2.1							
Description							

Health facilities supplied with RH kits,skilled deliveries conducted, birth complications detected and referred to the next level of care							
Assumptions & Risks							
Uninterrupted funding, and supply of RH kits, Continued acceptability and community support, Road access and means of transport							
Activities							
Activity 2.1.1							
Conduct skilled deliveries at the health facility							
Activity 2.1.2							
Supply Health facilities with RH kits to support safe deliveries							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Frontline # Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states		350			350
Means of Verification : Delivery registers							
Indicator 2.1.2	HEALTH	Frontline # Number of facilities providing BEmONC services					3
Means of Verification : Health cluster 5 W							
Outcome 3							
Improve access to Clinical and psychosocial support to rape cases including clinical management of rape cases, trauma counseling, emergency contraception and post exposure prophylaxis against HIV/AIDS							
Output 3.1							
Description							
Rape cases received early and timely treatment including trauma counseling,emergency contraception and PEPs.							
Assumptions & Risks							
Rape cases reported timely, PEP kits received from pipe line partners							
Activities							
Activity 3.1.1							
Provide treatment to rape cases including trauma counseling,emergency contraception and PEPs at CMR centers							
Activity 3.1.2							
Supply CMR centers with CMR with emergency contraceptives and PEP kits							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	Frontline # of rape cases clinically managed at CMR centers					100
Means of Verification : CMR registers							
Indicator 3.1.2	HEALTH	Frontline # of health facilities providing SGBV services					3
Means of Verification : Health cluster 5 Ws							
Outcome 4							
Restore cold chain functionality and improve routine immunization; static and outreach for children <5,5-15 years, boys and girls in emergency situation							
Output 4.1							
Description							
Children <5,5-15 years, boys and girls fully immunized in emergency situation							
Assumptions & Risks							
Uninterrupted funding and supply of vaccines, Cold chain equipment repaired or new fridges installed							
Activities							
Activity 4.1.1							
Conduct Measles campaigns in IDPs, host communities and mobile communities							

Activity 4.1.2							
Conduct routine immunization at static and outreach sites							
Activity 4.1.3							
Carry out repair and/or installation of new cold chain system with support from UNICEF and MoH							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 4.1.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			3,720	5,100	8,820
Means of Verification : EPI register							
Indicator 4.1.2	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			700	980	1,680
Means of Verification : EPI register							
Indicator 4.1.3	HEALTH	Frontline # of facilities with functioning Cold chain in conflict states					3
Means of Verification : Health cluster 5 W							
Outcome 5							
Improve 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).							
Output 5.1							
Description							
Community received health education messages and adopts healthy living and health seeking behavior							
Assumptions & Risks							
Uninterrupted funding, Stable security situation, Community ready to change							
Activities							
Activity 5.1.1							
Conduct health education before and during outbreaks							
Activity 5.1.2							
Conduct community health events (Campaigns, Dramas, Demonstrations)							
Activity 5.1.3							
Conduct health education and distribute IEC materials during community health events							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 5.1.1	HEALTH	Frontline # of people reached by health education and promotion before and during outbreaks	4,726	5,121	1,182	1,280	12,309
Means of Verification : Attendance lists							
Indicator 5.1.2	HEALTH	Frontline # of community health events conducted for behavioral change communication					6
Means of Verification : Attendance lists							
Indicator 5.1.3	HEALTH	Frontline # of community members received health messages during community health events					7,000
Means of Verification :							
Outcome 6							
Strengthen integrated disease surveillance and response and project monitoring and evaluation							
Output 6.1							
Description							
Routine health facility data collected and reported, out break investigation, notification and response within 48 hours done;Programme monitoring and evaluation done							
Assumptions & Risks							
Activities							

Activity 6.1.1
Conduct routine health facility data collection and reporting (Weekly,Monthly and Quarterly reports)
Activity 6.1.2
Carry out outbreak notification, investigation and response within 48 hours
Activity 6.1.3
Provide biweekly progress updates to the Health cluster
Activity 6.1.4
Prepare and submit Monthly Reports (Health Cluster 5 ws) to the health cluster
Activity 6.1.5
Prepare and submit Final Narrative report to Health cluster and OCHA
Activity 6.1.6
Conduct Final Project evaluation survey

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 6.1.1	HEALTH	(Frontline services): proportion of epidemic prone disease alerts verified and responded to within 48 hours					90

Means of Verification : IDSR reports

Additional Targets :

M & R

Monitoring & Reporting plan

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 attendance register.

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. UNKEA will do an internal data analysis and provide immediate feedback to the health facilities for action while feedback from the health cluster will be shared during supervision visits.

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	2016										X	X	X	X
	2017	X	X											
Activity 1.1.2: Carry out treatment of minor injuries including gunshot wounds at the health facility	2016										X	X	X	X
	2017	X	X											

Activity 1.1.3: Conduct clinical management of children under 5 with severe acute malnutrition with medical complications in stabilization centers	2016																	X	X	X	X	
	2017	X	X																			
Activity 1.1.4: Supply Health facilities with drugs and other medical supplies to provide curative services	2016																		X			X
	2017																					
Activity 2.1.1: Conduct skilled deliveries at the health facility	2016																		X	X	X	X
	2017	X	X																			
Activity 2.1.2: Supply Health facilities with RH kits to support safe deliveries	2016																		X			X
	2017																					
Activity 3.1.1: Provide treatment to rape cases including trauma counseling, emergency contraception and PEPs at CMR centers	2016																		X	X	X	X
	2017	X	X																			
Activity 3.1.2: Supply CMR centers with CMR with emergency contraceptives and PEP kits	2016																		X			X
	2017																					
Activity 4.1.1: Conduct Measles campaigns in IDPs, host communities and mobile communities	2016																					X
	2017	X																				
Activity 4.1.2: Conduct routine immunization at static and outreach sites	2016																		X	X	X	X
	2017	X	X																			
Activity 4.1.3: Carry out repair and/or installation of new cold chain system with support from UNICEF and MoH	2016																			X		
	2017																					
Activity 5.1.1: Conduct health education before and during outbreaks	2016																		X	X	X	X
	2017	X	X																			
Activity 5.1.2: Conduct community health events (Campaigns, Dramas, Demonstrations)	2016																		X	X	X	X
	2017	X	X																			
Activity 5.1.3: Conduct health education and distribute IEC materials during community health events	2016																		X	X	X	X
	2017	X	X																			
Activity 6.1.1: Conduct routine health facility data collection and reporting (Weekly, Monthly and Quarterly reports)	2016																		X	X	X	X
	2017	X	X																			
Activity 6.1.2: Carry out outbreak notification, investigation and response within 48 hours	2016																		X	X	X	X
	2017	X	X																			
Activity 6.1.3: Provide biweekly progress updates to the Health cluster	2016																		X	X	X	X
	2017	X	X																			
Activity 6.1.4: Prepare and submit Monthly Reports (Health Cluster 5 ws) to the health cluster	2016																		X	X	X	X
	2017	X	X																			
Activity 6.1.5: Prepare and submit Final Narrative report to Health cluster and OCHA	2016																					
	2017		X																			
Activity 6.1.6: Conduct Final Project evaluation survey	2016																					
	2017	X	X																			

OTHER INFO

Accountability to Affected Populations

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

Implementation Plan

Provision of basic package of health and nutrition services will be done in at all 6 health facilities. UNKEA will include a mixture of innovative approach using community outreach events during which health education on prevention and control of communicable disease such as malaria, HIV/AIDS, TB, Kala azar, diarrhea is given, children under five immunized, dewormed and given vitamin A supplementation. Building strong referral system where patients are identified and referred from community to health facilities and among health facilities will be enhanced. UNKEA will continue to maintain its speed motor boat 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
IMA	Capacity building, DHIS/Supplies
PSI	Supplies (ACTs, RDTs, Mosquito nets)
WHO	Supplies/Capacity Building/advocacy (PHCC Kits, RDTs etc)
UNFPA	Supplies (RH kits, Condoms)
UNAIDS	Supplies/Advocacy (HIV kits)

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 will expand its coverage through out reach programmes in order to reach the hard to reach. It will conduct outreaches to reach the furthest places in Gairiang and Torkech. All people in need will be granted access to the health services

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Excutive Director	S	1	5,850.00	6	20.00	7,020.00

	<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. 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. 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	3,510.00	6	50.00	10,530.00	
	<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	90.00	13,267.80	
	<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	4	995.00	6	90.00	21,492.00	
	<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	D	1	1,053.00	6	90.00	5,686.20	
	<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	4	645.00	6	90.00	13,932.00	
	<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	4	645.00	6	90.00	13,932.00	
	<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	4	325.00	6	60.00	4,680.00	
	<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	4	496.00	6	70.00	8,332.80	
	<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	12	263.00	6	70.00	13,255.20	
	<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	12	263.00	6	70.00	13,255.20	
	<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	263.00	6	70.00	2,209.20	
	<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	6	176.00	6	70.00	4,435.20	
	<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	D	6	176.00	6	70.00	4,435.20	
	<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	10	140.00	6	70.00	5,880.00	
	<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	D	10	146.00	6	70.00	6,132.00	
	<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</i>							
1.17	Cleaners	D	10	117.00	6	70.00	4,914.00	

	<i>2 per PHCC and 1 per PHCU overall cleanliness of the health facility, Grade A, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.18	Store Keeper	D	4	158.00	6	70.00	2,654.40
	<i>Responsible for the medical store, prepares orders and supply records</i>						
1.19	Human Resources Manager	S	1	3,510.00	6	25.00	5,265.00
	<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	3,510.00	6	20.00	4,212.00
	<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	2,340.00	6	20.00	2,808.00
	<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	S	1	1,170.00	6	20.00	1,404.00
	<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	Logistics Officer	S	1	1,170.00	6	20.00	1,404.00
	<i>Logistical support, Grade H, works 8 hours a day, medical allowance, national social security fund, transport allowance are all included in the salary structure.</i>						
1.24	Drivers	S	4	468.00	6	25.00	2,808.00
	<i>Field car, field motor boat and Juba car for activities facilitation</i>						
	Section Total						173,944.20
Supplies, Commodities, Materials							
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	3,400.00	1	100.00	3,400.00
	<i>Personal protective devices</i>						
2.4	Transport of medical supplies, medical equipments	D	2	1,400.00	1	100.00	2,800.00
	<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	4	200.00	6	100.00	4,800.00
	<i>Ward cleanliness and maintenance</i>						
2.8	Facilities maintenanat	D	4	3,750.00	1	100.00	15,000.00
	<i>Renovation of health facilities both PHCC/PHCUs</i>						
2.9	health Facilities equipments (Delivery coach, beds/sheets/mattresses	D	4	500.00	1	100.00	2,000.00
	<i>beds/sheets, mattress, delivery coach, chair & tables etc</i>						
	Section Total						37,000.00

Equipment							
3.1	Computer	D	1	900.00	1	100.00	900.00
	<i>Reporting by Health manager, health advisor and reproductive health officer</i>						
3.2	Thuraya phone	D	1	1,000.00	1	100.00	1,000.00
	<i>Communication with field sites without access to local telephone network</i>						
3.3	3 in 1 Printer machine	D	1	749.56	1	100.00	749.56
	<i>Printing reports</i>						
3.4	Motor Cycle (Honda)	D	1	4,750.07	1	100.00	4,750.07
	<i>for monitoring of the health activities in facilities site</i>						
	Section Total						7,399.63
Contractual Services							
4.1	Consultancy	D	1	8,000.00	1	100.00	8,000.00
	<i>End of project evaluation</i>						
	Section Total						8,000.00
Travel							
5.1	Health Adviser travel from Juba to field /DSA	S	1	700.00	2	50.00	700.00
	<i>Technical support (UNHAS) 2 Flights</i>						
5.2	Health Manager for training in Juba field/DSA	D	1	310.00	2	100.00	620.00
	<i>Field support supervision (Local transport)</i>						
5.3	Facilities supervision on monthly basis from field office	D	1	140.00	6	100.00	840.00
	<i>visiting of health facilities site by the Manager on weekly, monthly basis</i>						
	Section Total						2,160.00
Transfers and Grants to Counterparts							
6.1	Transfer charge by UNDP to UNKEA Account	D	2	275.00	1	100.00	550.00
	<i>wiring of fund from donor account to partner account</i>						
6.2	Monthly transaction charges	D	1	65.00	6	100.00	390.00
	<i>transaction on daily basis for project activities</i>						
	Section Total						940.00
General Operating and Other Direct Costs							
7.1	Internet	S	1	958.00	6	21.00	1,207.08
	<i>Field</i>						
7.2	Purchase of boat engine	D	1	4,971.48	1	100.00	4,971.48
	<i>Purchase of boat engine for the field activities</i>						
7.3	Fuel and boat maintenance	D	1	376.00	6	100.00	2,256.00
	<i>Field activities transportation of drugs and referral of patients</i>						
7.4	Field office maintenance and repairs (fence, tukuls & office)	S	1	2,879.80	1	37.00	1,065.53

	Field compound for staffs				
	Section Total				9,500.09
SubTotal		140.00			238,943.92
Direct					200,520.31
Support					38,423.61
PSC Cost					
PSC Cost Percent					7.00
PSC Amount					16,726.07
Total Cost					255,669.99
Grand Total CHF Cost					255,669.99

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	9,836	10,746	9,124	12,617	42,323	Activity 1.1.1 : Conduct out patient consultations to <5 and >5 boys and girls,men and women in all targeted health facilities Activity 1.1.2 : Carry out treatment of minor injuries including gunshot wounds at the health facility Activity 1.1.3 : Conduct clinical management of children under 5 with severe acute malnutrition with medical complications in stabilization centers Activity 1.1.4 : Supply Health facilities with drugs and other medical supplies to provide curative services Activity 2.1.1 : Conduct skilled deliveries at the health facility Activity 2.1.2 : Supply Health facilities with RH kits to support safe deliveries Activity 3.1.1 : Provide treatment to rape cases including trauma counseling,emergency contraception and PEPs at CMR centers Activity 3.1.2 : Supply CMR centers with CMR with emergency contraceptives and PEP kits Activity 4.1.1 : Conduct Measles campaigns in IDPs, host communities and mobile communities Activity 4.1.2 : Conduct routine immunization at static and outreach sites Activity 4.1.3 : Carry out repair and/or installation of new cold chain system with support from UNICEF and MoH Activity 5.1.1 : Conduct health education before and during outbreaks Activity 5.1.2 : Conduct community health events (Campaigns, Dramas, Demonstrations) Activity 5.1.3 : Conduct health education and distribute IEC materials during community health events Activity 6.1.1 : Conduct routine health facility data collection and reporting (Weekly,Monthly and Quarterly reports) Activity 6.1.2 : Carry out outbreak notification, investigation and response within 48 hours

Documents

Category Name	Document Description