

<b>Requesting Organization :</b>	United Networks for Health		
<b>Allocation Type :</b>	1st Round Standard Allocation		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
HEALTH		100.00	
		<b>100</b>	
<b>Project Title :</b>	Provision of Emergency and Essential Healthcare Services for Most Vulnerable Populations of Twic County of Warrap State who are affected by increased violence and food insecurity.		
<b>Allocation Type Category :</b>	Frontline services		
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-22/HSS10/SA1/H/NGO/23091
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	300,000.00
<b>Planned project duration :</b>	12 Months	<b>Priority:</b>	
<b>Planned Start Date :</b>	01/09/2022	<b>Planned End Date :</b>	31/08/2023
<b>Actual Start Date:</b>	01/10/2022	<b>Actual End Date:</b>	30/09/2023
<b>Project Summary :</b>	<p>UNH is a dual mandated organization that provides development and emergency response, has implemented emergency health projects in 5 of the 10 states &amp; 2 administrivia areas (Abyei &amp; Pibor), has local presence in Twic. Developed this project to response to health needs of people of Twic who are affected by increased violence and severe food insecurity, following consultative meetings with the State Ministry of Health, County Health Department, affected persons including elderly &amp; People with Disability (PwD) and review of interagency needs assessment reports.</p> <p>Twic is prone to subnational violence leading to insecurity, displacement, inaccessibility, humanitarian crisis. Health needs of people of Twic are enormous, complicated with contracted economy, increased conflicts, severe food insecurity, threat of disease outbreaks, stockouts of essential medicines, limited health facility functionality as Health Pooled Fund (HPF) now supports 18 health facilities from previous 25.</p> <p>Twic county has about 20,466 Internal Displaced Persons (IDPs) mainly from Abyei following the subnational violence which started on February 10, 2022 in Abyei between youths of Abyei &amp; Twic, by July the number of IDPs has increased to 25,266 (July County Relief and Rehabilitation Commission report).</p> <p>UNH proposed to response through provision of emergency &amp; essential health services to contribute to the reduction of preventable morbidity and mortality resulting from effects of acute food insecurity and associated risk of infectious &amp; epidemic-prone diseases. Will deploy 2 mobile team, 1 in Akoc and 1 in Wunrok and strengthen 1 Primary Health Care Unit in Wunrok to provide Basic emergency obstetric and new-born care (BEmONC). While Universal Network for Knowledge &amp; Empowerment Agency will response in Aweng, Pannyok and Ajak- Kuac and International Organization for Migration in Turalei Payams hence all 6 Payams will be supported. UNH will coordinate with emergency and regular health partners. Will closely with the existing Boma Health Team to strengthen health and referral linkage between the community and the health facilities. Will provide a wider range of services:</p> <ul style="list-style-type: none"> <li>• Outpatient consultation for common conditions</li> <li>• Provide BEmONC services</li> <li>• Conduct mobile outreaches</li> <li>• Provide support to the Sexual Gender Based Violence survivors</li> <li>• Provide community-based level 2 &amp; 3 (non-specialized) Mental Health &amp; Psychosocial support to PwD, including referrals for specialized services.</li> <li>• Conduct preventive/reactive vaccination campaigns for vaccine preventable diseases, like cholera, measles during outbreaks or when indicated in large-scale displacement</li> <li>• Support COVID-19 vaccination</li> <li>• Support referral of cholera samples for confirmatory testing/further analysis</li> <li>• Conduct alert/outbreak verification, investigation, &amp; response</li> <li>• Identify &amp; manage SAM children with medical complications.</li> <li>• Conduct quarterly supportive supervision</li> <li>• Conduct meetings with humanitarian, development &amp; peace partners.</li> <li>• Support the Surveillance System for Attacks</li> <li>• Submit timely, accurate &amp; complete reports through EWARS, IDSR and 5Ws.</li> <li>• Coordinate the health response with Health Clusters, Ministry of Health, CHD, partners including UN agencies, NGOs to enhance synergies.</li> </ul> <p>Proposed activities in line with allocation, health cluster &amp; HRP strategies. UNH needs 300,000.00USD to implement the project from September 15, 2022 to September 14, 2023. Will reach 31,350 beneficiaries; 12,435 IDPs (men 2,860; women 2,985; boys 3,357 &amp; girls 3,233); host communities 18,915 (men 4,350, women 4,540, boys 5,107 &amp; girls 4,918). PwD will be reached through mobile clinics and about 1,568 (Men 361, women 376, boys 423, girls 408).</p> <p>UNH will work with other health partners, WASH, FSL and Protection partners to ensure synergies and value for money, will engage the CHD and development health partner HealthNet TPO to take over at the end of the project to ensure sustainability.</p>		

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
7,210	7,525	8,464	8,151	31,350

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	2,860	2,985	3,357	3,233	12,435
Host Communities	4,350	4,540	5,107	4,918	18,915

**Indirect Beneficiaries :**

We have estimated that about 188,100 people will indirectly benefit from health care services provided under this proposed project. The indirect beneficiary number is obtained from the average household size of 6 people per household in South Sudan based on the 31,350 direct beneficiaries targeted. Furthermore, those who may benefit from health promotion, awareness, information education materials are considered under this category. Provision of emergency health services will reduce the cost of health care in the households, indirectly increasing incomes available to households and the household capacity to access other basic needs; sound health conditions of target beneficiaries will improve household labor capacity and labor productivity of direct beneficiaries trickling down benefits to other family members in form of an increase in household resources. Furthermore, a healthy household population will enjoy an environment free from psychosocial distress and mental health reducing risk of domestic violence among the affected people.

**Catchment Population:****Link with allocation strategy :**

Under this response, UNH is proposing to provide emergency and lifesaving essential health care services for the vulnerable population in Twic County who are affected by increased violence and severe food insecurity. The response will focus on major causes of morbidity and mortality and enhancing equitable access to life-saving essential quality health care services including maternal, child and adolescent health, sexual and reproductive health, treatment common illnesses, disability, MHPSS and GBV health services to crisis affected populations and enhancing resilience and promoting humanitarian-development linkages to strengthen health system recovery and coping mechanisms.

The fixed and mobile facilities will provide life-saving essential quality health care services including maternal, child and adolescent health, sexual and reproductive health, treatment common illnesses, disability, MHPSS and GBV health services to crisis affected populations which is Health cluster objective 1 and will contribute to HRP objectives 1 and 2.

Provision of services focusing on epidemic prone diseases will contribute to the reduction of excess morbidity and mortality by timely detection and coordinated response to epidemic prone diseases, which is Health cluster objective 2 contributing to HRP objectives 1. Activities on community meetings conducted with humanitarian, development and peace partners and supportive supervision to health facilities will contribute to improving resilience and promoting humanitarian-development linkages to strengthen health system recovery and coping mechanisms which is Health Cluster objective 3 and HRP objective 3.

The UNH health response will enhance the scaleup response covering critical gaps in health sector maximizing the impact of ongoing CERF response in Twic. The response through national partners will enhance localization.

**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
Dr Taban Martin Vitale	Executive Director	unh.executivedirector@gmail.com	+211 929 934 043
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**BACKGROUND****1. Humanitarian context analysis****2. Needs assessment**

UNH proposed to response to health needs of people in Twic who are affected by increased violence and severe food insecurity. February 2022 Humanitarian Needs Overview/Health Cluster, estimated 70,893 people in Twic need humanitarian health services in 2022, number might have increased due to increased violence/severe food insecurity.

Inhabitants of Twic are mainly pastoralists, prone to conflicts from cattle raiding, revenge attack, land dispute leading to insecurity,

displacement, inaccessibility, humanitarian crisis.

Health needs of people of Twic are enormous, complicated with contracted economy, conflicts, inaccessibility, lack of water quality control, Infection Prevention Control measures, food insecurity, flood, COVID-19 pandemic, threat of disease outbreaks, limited health facility functionality, stockouts of essential medicines.

Violence in Abyei started on February 10, 2022 between youths of Abyei and Twic, displaced about 20,466 people to Twic (Feb2022 IRNA), number has increased to 25,266 due to sporadic incidents of violence in May/June (July 2022 County Relief and Rehabilitation Commission report). Internal Displaced Persons (IDPs) are settled in 12 sites, some are integrated into host communities.

Health Pooled Fund (HPF) now supports 18 health facilities (HFs), 7 Primary Health Care Units (PHCUs) have been dropped creating more gaps, County Health Department (CHD) has no capacity to fully manage the HFs, 10 HFs are non-functional due to lack of partners. MSF-S provides mobile services to IDPs in Wunrok, Aweng/Turalei while Action Against Hunger in Aja-Kuac/Turalei. No emergency response for IDPs in Pannyok/Akoc which host over 4,300 IDPs. The IDPs have limited access to Basic emergency obstetric and new-born care (BEmONC) as emergency response is through mobile clinics.

April 2022 IPC (Integrated Food Security Phase Classification) puts Twic in IPC4 for period February-March & projected in IPC4 from April to July 2022. Main drivers for severe food insecurity: subnational violence, displacement, contracted economy, flooding.

Health infrastructure in Twic dilapidated, limited support from MoH leaving CHD incapacitated financially to support healthcare, low level of human resources for health due to low pay, unattractive for qualified medical professionals. CHD receives medicines from national MoH-push system, most of important essential drugs not available, incidences of stockout is not uncommon. Health Management Information System of MoH exists at the county, reporting has been persistently below 80% (56% for week 24). Integrated Disease Surveillance and Response for quarter 2, 2022, malaria was top cause of morbidity 63%, Acute Respiratory Infection (ARI) 25% & Acute Watery Diarrhoea (AWD) 9%. Routine immunization services not available in most of the IDPs sites. The health department at the county is headed by county health director, leadership/governance system in place with limited capacity in terms of human resources/finances.

With reduced facilities under HPF, services including immunization, Reproductive Health, clinical management of rape, Mental Health and Psychosocial Support, services for People with Disability, BEmONC affected. Coupled with increased IDPs, severe food insecurity, limited WASH facilities, morbidity/mortality due to vaccine preventable disease/epidemic prone diseases like malaria, ARI, AWD will increase among the children, pregnant & lactating women, and elderly. Limited access to BEmONC for IDPs increasing maternal/neonatal mortality. Poor maternal nutrition is associated with adverse pregnancy & birth outcomes, food insecurity, violence, erratic population displacement & inadequate public health services increase the risk of disease outbreaks among undernourished population, are the major cause of excess morbidity/mortality

Obtained baseline data from IRNA & epidemiological data from ongoing health response, shows more women/girls affected and are most vulnerable.

### **3. Description Of Beneficiaries**

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

HealthNet TPO is the regular health partner under HPF providing healthcare services in Twic through 1 county hospital, 9 PHCCs and 8 PHCUs making 18 facilities supported. 7 PHCUs have been dropped by HPF increasing the healthcare delivery service gaps in Twic. MSF and ACF are responding to the health needs of IDPs through mobile clinics with available funding going through December 2022. The health needs of the IDPs and host communities are enormous complicated by increased violence and severe food insecurity.

UNH is proposing to response to the health needs of the people affected by increased violence and severe food insecurity in Twic through provision Emergency and Essential Healthcare Services through 1 PHCU and 2 mobile clinics which will contribute to the reduction of preventable morbidity and mortality resulting from the effects of acute food insecurity and the associated risk of infectious and epidemic-prone diseases. The fixed and mobile clinics will provide primary health care services including maternal, child, and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, mental health, and psychosocial support, in addition to gender-based violence-related health services through static and mobile clinics. The fixed facility will be strengthened to provide complementary Basic emergency new-born and obstetric Care (BEmONC) services. We will also provide community-based level 2 and level 3 (non-specialized) Mental Health Psychosocial Support to persons living with disabilities (PLWD's), including referrals for specialized services, support preventive or reactive vaccination campaigns for vaccine preventable diseases such as cholera and measles during outbreaks or when indicated in large-scale displacement, support referral of cholera samples for confirmatory testing and further analysis and conducting alert/outbreak verification, investigation, and response. Will procure additional equipment to backstop those from core pipeline agencies and CHD. UNH will support the CHD to ensure timely and complete submission of IDSR/EWARS to improve the reporting performance for the county.

UNH will strengthen 1 PHCU and 1 mobile clinic Wunrok Payams hosting about 10,416 IDPs, the PHCU will serve as referral centre and providing BEmONC services. Will deploy 1 mobile team to Akoc Payam to serve the IDPs and vulnerable host communities where no emergency response has been instituted. Will enhance community health through existing Boma Health Team ensuring referral of cases from the community to the facility.

People with Disability will be mapped and reach through mobile services, at the static facility, they will be given priority, will make provision for ramp to enhance access and their family members will help in sign interpretation, they will be assessed and those with special needs will be referred for specialized services offered by International Organization for Migration, International Committee of the Red Cross (ICRC) and Humanity Inclusion. Will organize community sensitization day for them to provide integrated health messages and support them with basic items like soaps

UNH will work closely with regular and peace partners and conducting community meetings to identify their needs and enhance peace in fragile context promoting Humanitarian-Development-Peace nexus.

The interventions will overall contribute to the Humanitarian Response Plan collective outcome of reducing the number of people in IPC 4 by 20% and IPC 5 to zero by 2023 (lean season May – July), and the three health cluster strategic objectives of (1) Improving equitable access to life-saving essential quality health care services, (2) reducing excess morbidity and mortality by timely detection and coordinated response to epidemic-prone diseases; and (3) enhancing resilience and promoting humanitarian-development linkages to strengthen health system recovery and coping mechanisms.

### **5. Complementarity**

## **LOGICAL FRAMEWORK**

### **Overall project objective**

The main objective of this project is to contribute to the reduction of preventable morbidity and mortality resulting from the effects of increased violence and acute food insecurity and the associated risk of infectious and epidemic-prone diseases.

The specific objectives to be achieved under this health project are:

- Improve equitable access to life-saving essential quality health care services including maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, Mental Health and Psychosocial Support (MHPSS) and Gender Based Violence (GBV) health services to crisis affected populations.
- Reduce excess morbidity and mortality by timely detection and coordinated response to epidemic prone diseases.
- Enhance resilience and promote humanitarian-development linkages to strengthen health system recovery and coping mechanisms.

To achieve the above objectives, UNH will deploy 2 mobile teams (1 in Akoc and 1 in Wunrok Payam) and strengthen 1 existing fixed facility (PHCU) in Wunrok to provide essential primary health care services including Basic Emergency Obstetrics and Neonatal Care (BEmONC) in the hard-to-reach areas hosting significant number of Internal Displaced Persons (IDPs). And will enhance community health through working with the existing Boma Health Team under Boma Health Initiative and working closely with regular and peace partners and engaging the community to promote peace in fragile context (Humanitarian-Development-Peace nexus). This will enhance access and utilization of emergency primary health care services including crosscutting services and improve response to epidemic prone diseases including COVID-19.

## HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Enhance resilience and promote humanitarian-development linkages to strengthen health system recovery and coping mechanisms	SO3: Vulnerable people withstand and recover from shocks, have their resilience to shocks and stresses built, and seek solutions that respect their rights	10
Reduce excess morbidity and mortality by the timely detection and coordinated response to epidemic-prone diseases	SO1: Vulnerable people have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs	30
Improving equitable access to life-saving essential quality health care services, including maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, mental health and psychosocial support (MHPSS) and GBV-related health services to crisis-affected people	SO1: Vulnerable people have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs	50
Improving equitable access to life-saving essential quality health care services, including maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, mental health and psychosocial support (MHPSS) and GBV-related health services to crisis-affected people	SO2: Vulnerable people experience reduced protection threats and have access to safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action	10

**Contribution to Cluster/Sector Objectives :** This project is designed after consultative meetings with State MoH of Warrap, Twic County Health Department (CHD), County authorities and the affected population including the minority- elderly and People with Disability (PwD). The indicators and activities under this project are linked to the 2022 HRP and health cluster package under this standard allocation.

UNH is proposing to provide emergency and lifesaving essential health care services for the vulnerable population in Twic County who are affected by increased violence and severe food insecurity. The response will be through 2 mobile teams and 1 PHCU targeting the Internal Displaced Persons (IDPs) and vulnerable host communities in hard-to-reach areas.

The fixed and mobile facilities will provide life-saving essential quality health care services including maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, Mental Health and Psychosocial Support (MHPSS) and Gender Based Violence (GBV) health services to crisis affected populations which is Health cluster objective 1 and will contribute to Humanitarian Response Plan (HRP) objectives 1 and 2.

Provision of services focusing on epidemic prone diseases will contribute to the reduction of excess morbidity and mortality by timely detection and coordinated response to epidemic prone diseases, which is Health cluster objective 2 contributing to HRP objectives 1.

Activities on community meetings conducted with humanitarian, development and peace partners and supportive supervision to health facilities will contribute to improving resilience and promoting humanitarian-development linkages to strengthen health system recovery and coping mechanisms which is Health Cluster objective 3 and HRP objective 3.

### Outcome 1

Access and utilization of quality lifesaving essential health care services enhanced, morbidity and mortality due to epidemic prone diseases reduced and quality of life improved for 31,350 vulnerable people in Twic who are in acute humanitarian needs due to increased violence and food insecurity.

### Output 1.1

#### Description

Mobile units and static health facilities established/strengthened, furnished with medical equipment/supplies, pharmaceuticals and human resources, maintained and providing quality lifesaving essential health care services for 31,350 people in Twic who are affected by increased violence and food insecurity.

### Assumptions & Risks

#### Assumptions

- Security situation in Twic remains stable to ensure establishment of mobile units and strengthening of the fixed facilities and enabling access to the affected populations.
- Availability of pharmaceutical/medical supplies/medical equipment from the core pipeline agencies.
- Logistic cluster able to transport supplies from Juba or Wau hub to areas of response in Twic to ensure effective response without interruption.
- UNHAS regular flights remain operational.
- Capacity of national public laboratory to test for COVID-19 and provides test results within 24 hours remains adequate to enhance appropriate response.
- Regular telephone services remain functional in areas of response in Twic

#### Risks and mitigation measures

- Insecurity: The security situation in Abyei remains unpredictable and can easily spill to Twic since the conflict is between youths of Abyei and youths of Twic. Furthermore, incidences of intercommunal violence, cattle raiding and revenge attack remains common which normally interferes with service delivery and resulting into destruction of infrastructure, access impediment and loss of lives. UNH has security management plan in place and will work closely with UNOCHA, UNDSS, UNISFA, County authority and leaders of the affected population to enhance access and provision of emergency health care services. Most of the project staffs will be recruited from Twic who can continue living and providing services in their locality unlike foreigners who would be more affected in case of conflicts.
- Communications challenge: Regular telephone services in some hard-to-reach areas of Twic is not reliable hindering coordination and communication. This will be mitigated through provision of satellite phones.
- Fluctuating United States Dollar rate; this leads to high cost of commodities and services, unpredictable price changes of basic commodities and supplies due to inflation. To mitigate this, we will ensure that all the project supplies will be procured in USD to cushion against inflation of the local currency.
- Lack of banking services in Twic hence payments are done in cash. Carrying cash from Juba to Twic may pose great risks. To mitigate this risk, UNH will procure most of the supplies from Juba and transport them to Twic, only salaries for local staffs and operations money will be sent in cash after obtaining clearance from Relief and Rehabilitation Commission (RRC) to ensure easy passage at the Juba International Airport and through prequalified vendors with framework agreements to avoid procurement pitfalls.
- COVID-19; the risk of transporting of COVID-19 to Twic is high as people move in and out without testing which will have negative impact on the project implementation since the county has limited capacity to manage severe cases. We will ensure that all our facility staffs are trained on disease surveillance and outbreak response including COVID-19 and provided with PPEs and handwashing facilities.
- Flooding; Twic is prone to flooding causing population displacement, destruction and posing access challenge. We will do early prepositioning of supplies during dry season and in case of displacement we will reach the affected population through mobile service.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of people benefiting from emergency and basic Life-saving health services	7,210	7,524	8,465	8,151	31,350
<b>Means of Verification</b> : MoH HMIS tools (OPD under 5 and above 5 morbidity registers, ANC registers, EPI registers and Birth Delivery registers at UNH supported facilities/clinics)							
Indicator 1.1.2	HEALTH	Number of Mobile teams deployed					2
<b>Means of Verification</b> : • IDSR/EWARs bulletin • Project Monthly reports • HSF (Health service functionality) report							
Indicator 1.1.3	HEALTH	Number of facilities providing BEmONC services					1
<b>Means of Verification</b> : • IDSR/EWARs bulletin • Project Monthly reports • HSF (Health service functionality) report							
Indicator 1.1.4	HEALTH	Number of pregnant women receiving ANC services		627			627
<b>Means of Verification</b> : • ANC registers at UNH supported facilities/clinics							
Indicator 1.1.5	HEALTH	Number of normal deliveries attended by skilled birth attendants					180
<b>Means of Verification</b> : • MoH delivery registers at UNH supported facilities/clinics where all deliveries conducted by UNH health workers are registered.							
Indicator 1.1.6	HEALTH	Number of children receiving measles vaccinations			1,367	1,313	2,680
<b>Means of Verification</b> : • EPI Registers at UNH supported facilities/clinics where details of children are entered after receiving measles vaccine.							
Indicator 1.1.7	HEALTH	Number of uncomplicated malaria cases treated with ACT	3,966	4,030	3,904	3,761	15,661
<b>Means of Verification</b> : • Morbidity Registers at UNH supported facilities (PHCUs and Mobile Units) where all patients consulted and provided with ACT are registered							
Indicator 1.1.8	HEALTH	Number of uncomplicated respiratory infection (Pneumonia) treated	2,163	2,351	2,129	2,051	8,694
<b>Means of Verification</b> : • Morbidity Registers at UNH supported facilities (PHCUs and Mobile Units) where all patients consulted and treated for RTIs with Amoxicillin are registered.							
Indicator 1.1.9	HEALTH	Number of uncomplicated diarrhoea cases treated with ORS and Zinc	721	672	710	684	2,787
<b>Means of Verification</b> : • Morbidity Registers at UNH supported facilities (PHCUs and Mobile Units) where all patients consulted and treated for diarrhoeal cases with ORS and Zinc are registered.							



<b>Activities</b>
<b>Activity 1.1.1</b>
<b>Standard Activity : Deployment of health mobile teams in priority locations</b>
Constitute 2 mobile teams, 1 in Akoc Payam and 1 in Wunrok Payam, each mobile clinic will have 1 clinical officer, 1 nurse, 1 Community Health Worker (CHW), 1 Maternal Child Health Worker (MCHW), 1 vaccinator, 1 drug dispenser and 1 data clerk. The mobile clinic will be conducting mobile outreaches to the priority locations providing OPD consultation to the population affected by increased violence and food insecurity. The team will provide OPD consultation from Monday to Friday from 8:30am to 4:30pm however the team will be available to response to any emergency after the official working hours/days. In summary each mobile clinic will provide 22 days' OPD consultations in a month hence in one year will be 264 then for the 2 mobile clinics will be 528 total OPD consultation.
<b>Activity 1.1.2</b>
<b>Standard Activity : Provision of essential Health Care to vulnerable populations</b>
Strengthen 1 existing Primary Health care unit (PHCU) in Wuronk through installation of solar power system, provision of human resource for health (1 clinical officer, 1 midwife, 1 nurse, 1 CHW, 1 vaccinator, 1 drug dispenser and 1 data clerk), medical equipment and supplies to provide Basic Emergency Obstetrics and Neonatal Care (BEmONC) services; family planning, antenatal care, obstetric care, post-natal care and control of STI/HIV/AIDS. Will work with the existing Boma Health Team to enhance community sensitization to increase the uptake of safe motherhood services offered at the fixed facility.
<b>Activity 1.1.3</b>
<b>Standard Activity : Provision of essential Health Care to vulnerable populations</b>
Mobile team to conduct community awareness to increase the uptake of Antenatal Care (ANC) service and to provide ANC services during mobile services conducted in the target priority areas and refer high risk pregnant women to BEmONC centers timely to enhance good maternal and neonatal outcome/care. In the mobile clinic, the Community Health Workers (CHW) and Maternal Child Health Worker (MCHW) will be responsible for conducting health promotion/education under the supervision of the nurse. The nurse will prepare the health education topics for the week and the CHW/MCHW will follow the schedules and conduct awareness session at the clinic before start of outpatient consultation from Monday to Friday. The CHW/MCHW will work closely with existing Boma Health Team to conduct community awareness session at Boma level once a month targeting women of reproductive of age group, men and the community leaders to enhance uptake of reproductive health services. Men are targeted because they play a vital role on reproductive health choice for their women in their local context.
<b>Activity 1.1.4</b>
<b>Standard Activity : Vaccinations against measles and vaccine preventable diseases</b>
<ul style="list-style-type: none"> <li>• Conduct community mobilization and awareness to create demand for EPI services. Routine awareness will be conducted at the fixed and mobile clinics by the CHW/MCHW, a topic on importance of immunization will be integrated into routine health education/promotion conducted at the facility. Then monthly community mobilization will be conducted at Boma level by the CHW/MCHW targeting women/care givers to uptake of immunization services.</li> <li>• Provide routine immunization services at the static facility and during outreaches.</li> <li>• Support and participate in preventive or reactive vaccination campaigns for vaccine preventable diseases such as cholera and measles during outbreaks or when indicated in large-scale displacement.</li> <li>• Support the COVID-19 vaccination, the national COVID-19 vaccination campaign is planned for November 2022 and March 2023 hence UNH will support the Ministry of Health in areas of human resource (vaccinators) and using the available cold chain system at the facility to support the campaign.</li> </ul>
<b>Activity 1.1.5</b>
<b>Standard Activity : Conduct out-patient consultation at health facilities</b>
Conducting out-patient consultations for common conditions such as Malaria, Acute Respiratory Infections and Acute Watery Diarrhea, using mobile and static health facilities. The clinical officer at each facility will be responsible for conducting OPD consultation, he/she will be supported by the nurse. Treatment to common conditions will be provided based on Ministry of Health (MoH) treatment guideline/manual.
<b>Output 1.2</b>
<b>Description</b>
26 health workers (23 UNH staffs and 3 from CHD) trained and supported and have increased capacity for disease surveillance, early detection and response to epidemic prone disease outbreaks including COVID-19 among 31,350 people targeted to benefit from this project who are affected by increased violence and severe food insecurity.
<b>Assumptions &amp; Risks</b>

#### Assumptions

- Available human resources from the locality.
- Security situation in Twic remains stable to ensure training of the health workers.
- Availability of personal protective equipment, pharmaceutical, medical supplies/ equipment from the core pipeline agencies to enable the team response to outbreaks.
- Logistic cluster able to transport supplies from Juba or Wau hub to areas of response in Twic to ensure effective response without interruption.
- UNHAS regular flights remain operational
- Capacity of national public laboratory to test for COVID-19 and provides test results within 24 hours remains adequate to enhance appropriate response.
- Regular telephone services remain functional in areas of response in Twic to enhance communication and response.

#### Risks and mitigation measures

- Insecurity: Twic is prone to intercommunal violence, cattle raiding and revenge attack which may interfere with the timeframe set for the training and response to any diseases outbreak. UNH has security management plan in place and will work closely with UNOCHA, UNISFA, UNDSS, County authority and leaders of the affected population to access and provision of emergency health services. Most of the project staffs will be recruited from Twic who can continue living and providing services in their locality unlike foreigners who would be more affected in case of conflicts.
- Communications challenge: Regular telephone services in some hard-to-reach areas of Twic is not reliable hindering coordination, communication and response to disease outbreaks. This will be mitigated through provision of satellite phones.
- Fluctuating United States Dollar rate; this leads to high cost of commodities and services, unpredictable price changes of basic commodities and supplies due to inflation. To mitigate this, we will ensure that all the project supplies will be procured in USD to cushion against inflation of the local currency.
- Lack of banking services in Twic hence payments are done in cash. Carrying cash from Juba to Twic may pose great risks. To mitigate this risk, UNH will procure the training materials and other supplies from Juba and transport them to Twic, only salaries for local staffs and operations money will be sent in cash after obtaining clearance from Relief and Rehabilitation Commission (RRC) to ensure easy passage at the Juba International Airport and through prequalified vendors with framework agreements to avoid procurement pitfalls.
- COVID-19; the risk of transporting of COVID-19 to Pibor is high as people move in and out without testing which will have negative impact on the project implementation since the county has limited capacity to manage severe cases. We will ensure that all our facility staffs are trained on disease surveillance and outbreak response including COVID-19 and provided with PPEs and handwashing facilities.
- Flooding; Twic is prone to flooding causing population displacement, destruction and posing access challenge. Training will be planned and conducted centrally and will do early prepositioning of supplies during dry season and in case of displacement we will reach the affected population through mobile service.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Number of people reached by health education and promotion	12,257	12,791	8,155	7,835	41,038

**Means of Verification** : • Health Education Register at UNH facilities (fixed and mobile) where date when health education conducted will be recorded and as well the number of people reached with health education. This is supported by photographs.

Indicator 1.2.2	HEALTH	Number of health workers trained on disease surveillance and outbreak response	16	10	0	0	26
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**Means of Verification** : • Training report with training photographs and signed attendance sheet.

Indicator 1.2.3	HEALTH	Number of epidemic prone disease alerts verified and responded to within 48 hours					90
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**Means of Verification** : Percentage of the alert investigated within 48 hours, target is 90%.

MoV: EWARS

#### Activities

##### Activity 1.2.1

##### Standard Activity : Health Promotion/risk communication

- Conduct routine health education at the facility and during outreaches before start of OPD consultation. The Community Health Workers (CHW) and Maternal Child Health Worker (MCHW) will be responsible for conducting health promotion and education under the supervision of the nurses and midwife. The nurse/midwife will prepare the health education topics for the week and the CHW/MCHW will follow the schedules.
- Will support in orienting community/Religious/Youth/women leaders during community meetings on key health behaviours including COVID-19.
- In case of mass awareness during reactive vaccination campaigns, UNH team will support the campaign and will participate in community mobilization and awareness creation.

##### Activity 1.2.2

##### Standard Activity : Training health workers on infection prevention and control (IPC)

- UNH health team with support from county health department (CHD) and World Health Organization (WHO) field office will conduct 4 days refresher training for 26 health care workers on disease surveillance and outbreak response/management using Ministry of Health (MoH) guideline and training manuals.

##### Activity 1.2.3

##### Standard Activity : Carry our disease Surveillance /EWARN

- Conducting alert/outbreak verification, investigation, and response.
- Supporting referral of cholera samples for confirmatory testing and further analysis.

## Outcome 2

Enhanced equitable access to crosscutting services such as Sexual Gender Based Violence (SGBV), Mental Health and Psychosocial Support (MHPSS) services and People with Disability among the vulnerable population of 31,350 of Twic who are affected by increased violence and food insecurity.

### Output 2.1

#### Description

71 Sexual Gender Based Violence (SGBV) survivors received CMR services and 640 people received community-based level 2 and level 3 (non-specialized) MHPSS services in Twic during the project implementation period.

#### Assumptions & Risks

##### Assumptions

- Security situation in Twic remains stable to ensure provision of SGBV and Mental Health services at fixed facilities and mobile clinics, people with disability will be reached through mobile services.
- Availability of pharmaceutical/medical supplies/medical equipment including rape kits from the core pipeline agencies.
- Logistic cluster able to transport supplies from Juba or Wau hub to areas of response in Twic to ensure effective response without interruption.
- UNHAS regular flights remain operational.
- Regular telephone services remain functional in areas of response in Twic to enhance communication.

##### Risks and mitigation measures

- Insecurity: The security situation in Abyei remains unpredictable and can easily spill to Twic since the conflict is between youths of Abyei and youths of Twic. Furthermore, incidences of intercommunal violence, cattle raiding and revenge attack remains common which normally interferes with service delivery and resulting into destruction of infrastructure, access impediment and loss of lives. UNH has security management plan in place and will work closely with UNOCHA, UNDSS, UNISFA, County authority and leaders of the affected population to enhance access and provision of emergency health care services. Most of the project staffs will be recruited from Twic who can continue living and providing services in their locality unlike foreigners who would be more affected in case of conflicts.
- Communications challenge: Regular telephone services in some hard-to-reach areas of Twic is not reliable hindering coordination and communication. This will be mitigated through provision of satellite phones.
- Fluctuating United States Dollar rate; this leads to high cost of commodities and services, unpredictable price changes of basic commodities and supplies due to inflation. To mitigate this, we will ensure that all the project supplies will be procured in USD to cushion against inflation of the local currency.
- Lack of banking services in Twic hence payments are done in cash. Carrying cash from Juba to Twic may pose great risks. To mitigate this risk, UNH will procure most of the supplies from Juba and transport them to Twic, only salaries for local staffs and operations money will be sent in cash after obtaining clearance from Relief and Rehabilitation Commission (RRC) to ensure easy passage at the Juba International Airport and through prequalified vendors with framework agreements to avoid procurement pitfalls.
- COVID-19: the risk of transporting of COVID-19 to Twic is high as people move in and out without testing which will have negative impact on the project implementation since the county has limited capacity to manage severe cases. We will ensure that all our facility staffs are trained on disease surveillance and outbreak response including COVID-19 and provided with PPEs and handwashing facilities.
- Flooding; Twic is prone to flooding causing population displacement, destruction and posing access challenge. We will do early prepositioning of supplies during dry season and in case of displacement we will reach the affected population through mobile service.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Number of sexual violence survivors who received CMR services	0	63	0	8	71

**Means of Verification** : MoH morbidity registers at UNH supported facilities/clinics

Indicator 2.1.2	HEALTH	Number of mentally ill persons receiving MHPSS services	144	164	169	163	640
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**Means of Verification** : MoH morbidity registers at UNH supported facilities/clinics

#### Activities

##### Activity 2.1.1

##### Standard Activity : Provision of essential Health Care to vulnerable populations

Conduct awareness on Sexual and Gender Based Violence (SGBV) during routine health education provided at the health facilities and during community meetings and strengthen referral pathways between the community/protection actors and health facilities to ensure that survivors have increased access to the health facilities to enhance services for SGBV, while at the health facilities will provide services including wound care for injuries sustained during the violence, treatment for Sexual Treatment Infections (STIs), emergency contraceptives to avoid unplanned pregnancy and psychosocial support.

##### Activity 2.1.2

##### Standard Activity : Provision of essential Health Care to vulnerable populations

Provide community-based level 2 and level 3 (non-specialized) MHPSS to persons living with disabilities (PLWD's), including referrals for specialized services. With community leaders will map the PwD and organize focus group discussion to identify their needs, identify the existing organization for persons with disability and form additional committees comprising of PwD, providing them with basic items like soaps, provision of counselling services at community level, conducting quarterly meetings with them. Will identify their needs and those requiring specialized services will be referred to International Committee of the Red Cross (ICRC) and International Organization for Migration (IOM) who have presence in Twic for more specialized services. UNH will establish a referral link with ICRC and IOM and follow up all the referrals to have feedbacks.

#### Additional Targets :



## M & R

### Monitoring & Reporting plan

UNH has a robust M&E system in line with MoH and WHO, uses MOH HMIS tools for data collection and reporting. The tools are standardized, collect all the indicators proposed under this project, will be positioned in all facilities (mobile/fixed), when filled up will be kept at CHD, are the means of verification of the data reported under this project. Data will be collected daily at the facilities/mobile clinics, compile by the M&E Assistant and share with CHD on weekly basis, at the CHD all reports are checked, proofread and corrected as necessary. These reports are then entered into the DHIS2 and send to State MoH then to national based on MoH policy. UNH will support the CHD to ensure timely and complete entry of IDSR data for fixed facilities and reports data from mobile clinics through EWARS weekly and copy of the report given to CHDs. In case of any outbreaks, data will be collected and reported daily through EWARS/IDSR. All the indicators under the project have baseline data derived from the epidemiological report.

UNH will submit report through EWARS platform weekly and 5Ws monthly with the health cluster. Interim and final narrative and financial reports will be shared through GMS.

- Indicators on EPI monitor through MOH EPI registers, evaluated through vaccination cards, reported monthly through DHIS2/5Ws.
- Indicators on OPD consultations collected through OPD morbidity registers, reported monthly through DHIS2/5Ws.
- Case fatality for common epidemic prone diseases (malaria, ARI, AWD) collected through OPD morbidity registers, reported weekly through EWARS.
- Data on common causes of morbidity and mortality, collected through MoH HMIS OPD morbidity registers, monitored and reported through EWARS weekly and proportion of alerts generated are investigated/verified within 48 hours
- Number of pregnant women attending ANC visits collected through ANC registers and reported monthly through DHIS2/5Ws.
- Number of deliveries conducted by skilled birth attendants collected through MoH Delivery Registers (Birth log) and reported monthly through DHIS2/5Ws.
- Number SGBV survivors receiving CMR services collected using MoH OPD morbidity registers and reported monthly through 5Ws.
- Number of mentally ill persons receiving MHPSS services will be collected daily using MoH Outpatient morbidity registers and reported monthly through DHIS2/5Ws.
- Number people reached by health education and promotion messages disaggregated by sex, age and disability are reported monthly through 5Ws.
- Number of functional health facilities supported through quarterly supportive supervision are monitored through supervision reports and reports shared quarterly through 5Ws/DHIS2.
- Number PwD receiving health services collected through Health Cluster Disability Tracking Matrix, reported monthly.
- Feedbacks from the affected beneficiaries collected through dedicated phone line, suggestion boxes, through monthly community/feedback meetings, feedbacks will be analyzed and reported monthly through 5Ws.
- Health Service Functionality (HSF) data will be provided quarterly.
- Provide project briefs to cluster quarterly/contribute to health cluster bulletin.

Staffs will be refreshed on MoH HMIS tools, Quantified Supervisory Checklist of the MoH will be used, DQA conducted quarterly.

Indicator tracking; will have a distinct Detailed Implementation Plan (DIP), Indicator Performance Tracking Table (IPTT). The DIPs/IPTT will be closely tracked on monthly basis. Each facility will have targets set for key indicators, will be tracked on monthly basis, data visualization (charts, graphs) will be posted on the walls of the clinics and our office. Monthly analysis conducted, underperforming facilities investigated, weakness addressed to improve program performance.

Will convene, conduct quarterly program progress review meetings, feedbacks provided and shared, recommendations will help to improve our strategies in service delivery.

### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Constitute 2 mobile teams, 1 in Akoc Payam and 1 in Wunrok Payam, each mobile clinic will have 1 clinical officer, 1 nurse, 1 Community Health Worker (CHW), 1 Maternal Child Health Worker (MCHW), 1 vaccinator, 1 drug dispenser and 1 data clerk. The mobile clinic will be conducting mobile outreaches to the priority locations providing OPD consultation to the population affected by increased violence and food insecurity. The team will provide OPD consultation from Monday to Friday from 8:30am to 4:30pm however the team will be available to response to any emergency after the official working hours/days. In summary each mobile clinic will provide 22 days' OPD consultations in a month hence in one year will be 264 then for the 2 mobile clinics will be 528 total OPD consultation.	2022										X	X	X
	2023	X	X	X	X	X	X	X	X	X			
Activity 1.1.2: Strengthen 1 existing Primary Health care unit (PHCU) in Wurong through installation of solar power system, provision of human resource for health (1 clinical officer, 1 midwife, 1 nurse, 1 CHW, 1 vaccinator, 1 drug dispenser and 1 data clerk), medical equipment and supplies to provide Basic Emergency Obstetrics and Neonatal Care (BEmONC) services; family planning, antenatal care, obstetric care, post-natal care and control of STI/HIV/AIDS. Will work with the existing Boma Health Team to enhance community sensitization to increase the uptake of safe motherhood services offered at the fixed facility.	2022										X	X	X
	2023	X	X	X	X	X	X	X	X	X			

Activity 1.1.3: Mobile team to conduct community awareness to increase the uptake of Antenatal Care (ANC) service and to provide ANC services during mobile services conducted in the target priority areas and refer high risk pregnant women to BEmONC centers timely to enhance good maternal and neonatal outcome/care. In the mobile clinic, the Community Health Workers (CHW) and Maternal Child Health Worker (MCHW) will be responsible for conducting health promotion/education under the supervision of the nurse. The nurse will prepare the health education topics for the week and the CHW/MCHW will follow the schedules and conduct awareness session at the clinic before start of outpatient consultation from Monday to Friday. The CHW/MCHW will work closely with existing Boma Health Team to conduct community awareness session at Boma level once a month targeting women of reproductive of age group, men and the community leaders to enhance uptake of reproductive health services. Men are targeted because they play a vital role on reproductive health choice for their women in their local context.	2023	X	X	X	X	X	X	X	X	X			
	2022										X	X	X
Activity 1.1.4: • Conduct community mobilization and awareness to create demand for EPI services. Routine awareness will be conducted at the fixed and mobile clinics by the CHW/MCHW, a topic on importance of immunization will be integrated into routine health education/promotion conducted at the facility. Then monthly community mobilization will be conducted at Boma level by the CHW/MCHW targeting women/care givers to uptake of immunization services. • Provide routine immunization services at the static facility and during outreaches. • Support and participate in preventive or reactive vaccination campaigns for vaccine preventable diseases such as cholera and measles during outbreaks or when indicated in large-scale displacement. • Support the COVID-19 vaccination, the national COVID-19 vaccination campaign is planned for November 2022 and March 2023 hence UNH will support the Ministry of Health in areas of human resource (vaccinators) and using the available cold chain system at the facility to support the campaign.	2022										X	X	X
	2023	X	X	X	X	X	X	X	X	X			
Activity 1.1.5: Conducting out-patient consultations for common conditions such as Malaria, Acute Respiratory Infections and Acute Watery Diarrhea, using mobile and static health facilities. The clinical officer at each facility will be responsible for conducting OPD consultation, he/she will be supported by the nurse. Treatment to common conditions will be provided based on Ministry of Health (MoH) treatment guideline/manual.	2022										X	X	X
	2023	X	X	X	X	X	X	X	X	X			
Activity 1.2.1: • Conduct routine health education at the facility and during outreaches before start of OPD consultation. The Community Health Workers (CHW) and Maternal Child Health Worker (MCHW) will be responsible for conducting health promotion and education under the supervision of the nurses and midwife. The nurse/midwife will prepare the health education topics for the week and the CHW/MCHW will follow the schedules. • Will support in orienting community/Religious/Youth/women leaders during community meetings on key health behaviours including COVID-19. • In case of mass awareness during reactive vaccination campaigns, UNH team will support the campaign and will participate in community mobilization and awareness creation.	2023	X	X	X	X	X	X	X	X	X			
	2022										X	X	X
Activity 1.2.2: • UNH health team with support from county health department (CHD) and World Health Organization (WHO) field office will conduct 4 days refresher training for 26 health care workers on disease surveillance and outbreak response/management using Ministry of Health (MoH) guideline and training manuals.	2023												
	2022										X	X	
Activity 1.2.3: • Conducting alert/outbreak verification, investigation, and response. • Supporting referral of cholera samples for confirmatory testing and further analysis.	2023	X	X	X	X	X	X	X	X	X			
	2022										X	X	X
Activity 2.1.1: Conduct awareness on Sexual and Gender Based Violence (SGBV) during routine health education provided at the health facilities and during community meetings and strengthen referral pathways between the community/protection actors and health facilities to ensure that survivors have increased access to the health facilities to enhance services for SGBV, while at the health facilities will provide services including wound care for injuries sustained during the violence, treatment for Sexual Treatment Infections (STIs), emergency contraceptives to avoid unplanned pregnancy and psychosocial support.	2023	X	X	X	X	X	X	X	X	X			
	2022										X	X	X
Activity 2.1.2: Provide community-based level 2 and level 3 (non-specialized) MHPSS to persons living with disabilities (PLWD's), including referrals for specialized services. With community leaders will map the PwD and organize focus group discussion to identify their needs, identify the existing organization for persons with disability and form additional committees comprising of PwD, providing them with basic items like soaps, provision of counselling services at community level, conducting quarterly meetings with them. Will identify their needs and those requiring specialized services will be referred to International Committee of the Red Cross (ICRC) and International Organization for Migration (IOM) who have presence in Twic for more specialized services. UNH will establish a referral link with ICRC and IOM and follow up all the referrals to have feedbacks.	2023	X	X	X	X	X	X	X	X	X			
	2022										X	X	X

## OTHER INFO

### Accountability to Affected Populations

The humanitarian needs to be addressed and the proposed activities were identified through joint inter-agency assessments (IRNA) including the Famine Early Warning Systems Network (FEWS-NET) assessment, the Integrated Food Security Phase Classification (IPC) 2022, and the Inter-Cluster Coordination Working Group (ICCG) prioritization of needs where the UNH through health cluster actively participated. The needs are an aggregation of data collected from County Health Departments, community and opinion leaders, and affected communities through key informants' interviews, focused group discussions, and observations. The assessments include the state ICCG assessment, the IRNA conducted in Twic in February 2022. UNH further conducted quick number of consultative meetings with leaders and affected people of Twic from 22 to 25 of July following this call of proposal under SSHF standard allocation. The assessments provided the basis for the engagement of affected people including men, women, boys, girls, and other marginalized groups, elderly and Persons with Disability, and became the basis upon which this project is designed. Feedbacks from county authority and affected people incorporated into this final version hence they have been involved in the designing of this project.

UNH will launch the project in Twic where State MOH, CHD, local authorities at Payam/Boma levels, community/religious/youths' leaders, affected populations & all stakeholders will be actively involved, project documents will be shared and meeting will be conducted with community leaders and affected populations, they will be informed about the project. They will actively participate in the implementation phase, joint monitoring and evaluation, monthly/quarterly review/feedback meetings will be conducted where affected persons give feedback on the quality of the service delivery. Most of the project staffs will be recruited from the affected population, empowering them through refresher/on job training. Participants from CHD will be invited for refresher training to build their capacity.

Also, UNH will work with health structures at all levels to ensure participatory implementation. Monitoring of the project will be conducted jointly with the affected people. The BHI, RRTs, and the CHDs will participate in joint monitoring field visits, community meetings, and project reflections where feedback will be provided.

UNH will strengthen the existing and form additional local management and community committee, capacitate them to monitor the project. We have accountability and feedback mechanism in place, will ensure the system is robust, confidential and safe. Will raise awareness and inform the beneficiaries including persons with disability to know their rights and entitlements. Will install suggestion boxes in all operation areas and provide email address and dedicated feedback hotline allowing for anonymous feedback, while the illiterate and people with disability can provide feedback through their community/youth/religious leaders, chiefs and county relief and rehabilitation commissions, also during monthly/quarterly feedback meetings. Such feedback is monitored by our M&E focal points, feedback received will be analyzed and use to improve our strategies on service delivery and other cross-cutting issues.

UNH has a code of conduct, all staffs have been oriented on the it and humanitarian principle of "Do No Harm", copies given to them, all have signed it. New recruits will be oriented on this code of conduct, will be refreshed quarterly, will instill our core values to all staffs so that they provide holistic care to the beneficiaries while respecting the community system, principle of Do No Harm and Global humanitarian principles. The beneficiaries will be encouraged to provide feedback on the behaviors of our staffs, feedback will be analyzed and respond to it accordingly.

### Implementation Plan

### Coordination with other Organizations in project area

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

### Gender Marker Of The Project

4- Likely to contribute to gender equality, including across age groups

### Justify Chosen Gender Marker Code

### Protection Mainstreaming

UNH's strategy is to provide holistic care aimed at directly supporting gender equality and inclusion in all its work by promoting gender justice and fostering an inclusive society. We are dedicated to child rights, equality for girls; gender and inclusion is therefore mainstreamed across all sectors including safeguarding for GBV and child protection.

Following the consultative meetings, the different needs of boys/girls/men/women & minority groups- elderly and People with Disability (PWD) have been identified and will be addressed by specific activities. The project will identify the different protection risks of the community and develop mitigation measures which in turn will inform our decision making and strategic operations. UNH staffs adhere to its code of conduct, humanitarian principle of Do No Harm, new recruits will be trained on UNH code of conduct, PSEA, GBV and Child Protection before deployment and while on the job.

Project will be launched, will instill our core values and global humanitarian principles of "Do No Harm" to the community through community engagement/meetings. Community /religious/youth leaders will be engaged to provide key humanitarian messages to the community. Will create awareness on GBV and child protection through our routine health education. The awareness creation through routine health education couple with community engagement will empower/capacitate the affected population to claim their rights and entitlements. Beneficiaries, the specific needs or vulnerabilities (such as the PLW and people with disabilities or other impairments/barriers) will be prioritized and supported. UNH will also put measures in place to ensure that caregivers and people with disability who are not able to access static services are reached through mobile services. Further needs of PwD will be identified and referred for specialized services to partners like ICRC, IOM and Humanity Inclusion. UNH staffs will be trained on how to identify caregivers, children with protection concerns and GBV survivors and how to refer them to protection/GBV actors. Beneficiaries will be oriented on how to use available resources provided, how to prevent/avoid protection and GBV risks and how to link those with protection/GBV service needs to existing actors. UNH staffs will adhere to confidentiality and privacy policies during provision of health services.

UNH will further conduct a child protection and SGBV risk assessment using an internal risk assessment tool which outlines the possible protection risks in implementing the activity and mitigation measures. This will be done jointly with the beneficiaries. A 'Do no Harm' approach will be adopted throughout the project cycle in order to ensure the safety and dignity of beneficiaries. UNH will engage the local authorities in the designated locations to ensure that our activities are context appropriate. The project will address protection threats faced by beneficiaries by age, gender and diversity. For instance, child marriage among adolescent girls will be addressed through awareness sessions with adolescent youth (both married and unmarried), local authorities and caregivers. Gender inequality will be addressed through engaging men/boys in awareness sessions in order to encourage positive masculinity and discourage negative masculinity. Women will be encouraged to take an active role in decision making processes. Child neglect and violence will also be addressed through mass awareness campaigns.

This project will provide basic lifesaving health services to the most vulnerable population without discrimination. Will give equal opportunities for men/women in recruitment, do encourage more female participation.

Will work with the protection actors to capacitate our staffs on GBV, strengthen referral system to ensure referral of GBV survivors to facilities where applicable. PwD will be served through mobile services and ensuring that they are protected

#### Country Specific Information

#### Safety and Security

#### Access

UNH has strong networks in Warrap State with an active field office. UNH has implemented similar emergency health project in Tonj North in response to flood, conflict and food insecurity, and just concluded another emergency health response in Abyei Administrative Area in response to subnational violence that started in February 2022. Most of the IDPs in Twic are from Abyei. All the UNH responses in Tonj North and Abyei have been coordinated through Kuajok. Following the IDPs from Abyei to Twic, UNH has already setup field operation in Twic and familiar with local context and have all the support from State to county level as well as the community/affected population. UNH is implementing health project in Jonglei/Pibor and Upper Nile with similar context of Twic. We have interacted with partners working in Twic during coordination meetings which will enhance coordination and collaboration on the ground. Under this project, we will use the existing networks in Kuajok and Twic to gain access to project locations in Twic and to respond to health needs of the people who are affected by increased violence and severe food insecurity.

Based on UNH local presence, deeply rooted and enjoys significant goodwill from local authorities and communities, and experience in implementing health projects in fragile context, UNH has scalable capacity on the ground that allows for easy start-up and rapid implementation of the proposed activities without hindrance.

UNH will use UNHAS flights to transport staffs and supplies from Juba to Wau/Kuajok and then from Wau/Kuajok to Twic will be by road as the area is accessible by road. From Twic headquarter UNH will use road to move to the area's pf responses (Payama and Bomas). Will preposition project supplies early during dry season to mitigate access challenge which may arise during heavy rainfall.

Accessibility is always limited during rainy season and intercommunal violence so UNH monitors the situation on daily bases through UNH field office in Kuajok and Twic. Over 80% of the staffs under this project will be recruited from the locality depending on the availability of qualified staffs, this will ensure ownership of the project and trust building. The local staffs know the areas and will ensure accessibility even during rainy season

#### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Remuneration for 3 Clinical Officers.	D	3	800.00	12	100.00	28,800.00
	<p><i>The clinical officers will oversee clinical services offered at the fixed facility and mobile units. Will provide medical consultations, outpatient's management based on MOH guidelines and protocols. He/she will be responsible for data management at the fixed and mobile facility, analysis and reporting to field office. Training of lower-level health staffs. Budgeted for 3 clinical officers, all will be based in the areas of response; 1 for PHCU in Wunrok, 1 for mobile clinic in Wunrok and 1 for mobile clinic in Akoc. All will be project staffs and 100% time allocated for this project. Budgeted a Gross salary of 800USD per month per person (this includes NSI- 17% and 8% deduction, personal income tax and net salary only, no other benefits); 100% charged to SSHF.</i></p> <p><i>Then the basic salary per person per month is at 684 USD then NSI: 8%*684=55USD then 17%*684USD=116USD then the total gross per person per month is basic salary of 684USD+116USD= 800 USD then the total for 3 persons for 12 months will be 3 person*800USD*12months*100%= 28,800 USD. (100% charged to SSHF).</i></p>						

1.2	Remuneration for 3 Nurses	D	3	702.0 0	12	100.00	25,272.00
	<p>The nurses will provide comprehensive nursing care, working closely with the midwives to conduct deliveries, will support the clinical officers in medical consultation and training of community health workers. Budgeted for 3 nurses, all will be based in the areas of response-; 1 for PHCU in Wunrok, 1 for mobile clinic in Wunrok and 1 for mobile clinic in Akoc. All will be project staffs and 100% time allocated for this project. Budgeted a Gross salary of 702USD per month per person (this includes NSI- 17% and 8% deduction, personal income tax and net salary only, no other benefits); 100% charged to SSHF.</p> <p>Then the basic salary per person per month is at 600 USD then NSI: <math>8\% \times 600 = 48\text{USD}</math> then <math>17\% \times 600\text{USD} = 102\text{USD}</math> then the total gross per person per month is basic salary of <math>600\text{USD} + 102\text{USD} = 702\text{USD}</math> then the total for 3 persons for 12 months will be <math>3 \text{ person} \times 702\text{USD} \times 12\text{months} \times 100\% = 25,272 \text{ USD}</math>. (100% charged to SSHF).</p>						
1.3	Remuneration for 1 Midwife	D	1	702.0 0	12	100.00	8,424.00
	<p>This will be a UNH staff, will be recruited under UNH contract and will provide services under this project. The midwife, will provide ANC, PNC, Family Planning services and conduct deliveries at the health facility and communities, generally will provide BEmONC services and enhance referral of mothers to County Hospital for CEmONC services. Budgeted for 1 midwife, will be based in the areas of response- 1 for PHCU in Wunrok. Will be project staffs and 100% time allocated for this project. Budgeted a Gross salary of 702USD per month per person (this includes NSI- 17% and 8% deduction, personal income tax and net salary only, no other benefits); 100% charged to SSHF.</p> <p>Then the basic salary per person per month is at 600 USD then NSI: <math>8\% \times 600 = 48\text{USD}</math> then <math>17\% \times 600\text{USD} = 102\text{USD}</math> then the total gross per person per month is basic salary of <math>600\text{USD} + 102\text{USD} = 702\text{USD}</math> then the total for 1 person for 12 months will be <math>1 \text{ person} \times 702\text{USD} \times 12\text{months} \times 100\% = 8,424 \text{ USD}</math>. (100% charged to SSHF).</p> <p>Not budgeted for the mobile units because mobile response can be supported by Maternal Child Health Workers not midwives.</p>						
1.4	Remuneration for 1 Field Project Coordinator	D	1	1,000 .00	12	100.00	12,000.00
	<p>The project coordinator will be based in Twic with frequent travels to the sites of fixed and mobile facilities. Will coordinate with CHD, WHO field office, State MoH, partners and UNH Juba office. Will receive and distribute medical supplies and other essential project items to the fixed and mobile facilities. Will represent UNH at the county level coordination meetings, provide general oversight to this project, budgeted for 1 Health Project coordinator with 100% time allocated for this project. Budgeted a Gross salary of 1,000 USD per month (this includes NSI- 17% and 8% deduction, personal income tax and net salary only, no other benefits); 100% charged to SSHF.</p> <p>Then the basic salary per person per month is at 855 USD then NSI: <math>8\% \times 855\text{USD} = 68\text{USD}</math> then <math>17\% \times 855\text{USD} = 145\text{USD}</math> then the total gross per person per month is basic salary of <math>855\text{USD} + 145\text{USD} = 1,000\text{USD}</math> then the total for 1 person for 12 months will be <math>1 \text{ person} \times 1,000\text{USD} \times 12\text{months} \times 100\% = 12,000 \text{ USD}</math>. (100% charged to SSHF).</p>						
1.5	Remuneration for 1 M&E Assistant	D	1	702.0 0	12	100.00	8,424.00
	<p>This will be based in Twic field office responsible for collecting data from the PHCU and 2 mobile clinics, compiling and sharing with CHD and Juba office for submission to Health Cluster and WHO through EWARS. Will serve as security focal person and supporting the coordinator in coordination. 100% time allocated for this project. Budgeted a Gross salary of 702 USD per month (this includes NSI- 17% and 8% deduction, personal income tax and net salary only, no other benefits); 100% charged to SSHF.</p> <p>Then the basic salary per person per month is at 600 USD then NSI: <math>8\% \times 600 = 48\text{USD}</math> then <math>17\% \times 600\text{USD} = 102\text{USD}</math> then the total gross per person per month is basic salary of <math>600\text{USD} + 102\text{USD} = 702\text{USD}</math> then the total for 1 person for 12 months will be <math>1 \text{ person} \times 702\text{USD} \times 12\text{months} \times 100\% = 8,424 \text{ USD}</math>. (100% charged to SSHF).</p>						
1.6	Remuneration for 1 Program Officer	D	1	1,000 .00	12	20.00	2,400.00
	<p>The program officer is Juba based and will provide oversight to the management and implementation of this project. Will support in supportive supervision and coordinating the response with health authorities at national and state level. 20% of his salaries charged to SSHF. This includes NSI- 17% and 8% deduction, personal income tax and net salary only, no other benefits.</p> <p>Total gross at 1,000 USD then 20% charged to SSHF will be <math>1,000\text{USD} \times 20\% = 200\text{USD}</math> per month. Then the basic salary per person per month is at 171 USD then NSI: <math>8\% \times 171 = 14\text{USD}</math> then <math>17\% \times 171\text{USD} = 29\text{USD}</math> then the total gross charged to SSHF per person per month is basic salary of <math>171\text{USD} + 29\text{USD} = 200\text{USD}</math> then the total for 1 person for 12 months will be <math>1 \text{ person} \times 1,000\text{USD} \times 12\text{months} \times 20\% = 2,400 \text{ USD}</math>. This is the amount charged to SSHF.</p>						
1.7	Remuneration for 1 Finance Officer	D	1	1,000 .00	12	20.00	2,400.00
	<p>This is Juba based staff who will handle all the finances related to this project, budgeted at 1,000 USD per month (this includes NSI- 17% and 8% deduction, personal income tax and net salary only, no other benefits); 20% of her time charged to SSHF.</p> <p>Total gross at 1,000 USD then 20% charged to SSHF will be <math>1,000\text{USD} \times 20\% = 200\text{USD}</math> per month. Then Basic salary per person per month is at 171 USD then NSI: <math>8\% \times 171 = 14\text{USD}</math> then <math>17\% \times 171\text{USD} = 29\text{USD}</math> then the total gross charged to SSHF per person per month is basic salary of <math>171\text{USD} + 29\text{USD} = 200\text{USD}</math> then the total for 1 person for 12 months will be <math>1 \text{ person} \times 1,000\text{USD} \times 12\text{months} \times 20\% = 2,400 \text{ USD}</math>. This is the amount charged to SSHF.</p>						
1.8	Remuneration for Executive Director	D	1	2,000 .00	12	11.00	2,640.00
	<p>The Executive Director will work as director of programs and will support this emergency health project working closely with the program manager and the field-based project officers. Will help in coordinating with Donors, partners, additional resources mobilization for this project and programming to ensure quality program performance; 11% of his monthly remunerations charged to SSHF. This includes NSI- 17% and 8% deduction, personal income tax and net salary only, no other benefits.</p> <p>Total gross at 2,000 USD then 11% charged to SSHF will be <math>2,000\text{USD} \times 11\% = 220\text{USD}</math> per month. Then the basic salary per person per month is at 188USD then NSI: <math>8\% \times 188 = 15\text{USD}</math> then <math>17\% \times 188\text{USD} = 32\text{USD}</math> then the total gross charged to SSHF per person per month is basic salary of <math>188\text{USD} + 32\text{USD} = 220\text{USD}</math> then the total for 1 person for 12 months will be <math>1 \text{ person} \times 2,000\text{USD} \times 12\text{months} \times 11\% = 2,640 \text{ USD}</math>. This is the amount charged to SSHF.</p>						
1.9	Laboratory Assistant	D	1	220.0 0	12	100.00	2,640.00



	<p>The laboratory assistant will be responsible for samples collection from patients and conducting laboratory examination for diagnosis at the fixed facility. Budgeted for 1 laboratory assistant for PHCU in Wunrok, will be recruited as casual workers and paid \$10 per day and on average may work for 22 days per month hence will get <math>10 \times 22 \text{ days} = 220 \text{ USD}</math> per month, not subjected to deduction. Then total for 12 months will be <math>1 \text{ person} \times 220 \text{ USD} \times 12 \text{ months} \times 100\% = 2,640 \text{ USD}</math>: (100% charged to SSHF).</p>						
1.10	Community Health Workers	D	3	220.00	12	100.00	7,920.00
	<p>The Community Health Workers will support the nurses and midwives in providing nursing and midwifery services including screening for COVID-19, children under 5 and Pregnant and Lactating Women for sign of acute malnutrition, conducting triage, social mobilization, health promotion/education. Budgeted for 3; 1 for PHCU in Wunrok, 1 for mobile clinic in Wunrok and 1 for mobile clinic in Akoc; all will be recruited as casual workers and each will be paid \$10 per day and on average may work for 22 days per month hence will get <math>10 \times 22 \text{ days} = 220 \text{ USD}</math> per month per person, not subjected to deduction. Then total for 12 months will be <math>3 \text{ person} \times 220 \text{ USD} \times 12 \text{ months} \times 100\% = 7,920 \text{ USD}</math>: (100% charged to SSHF).</p>						
1.11	Maternal Child Health Workers	D	2	220.00	12	100.00	5,280.00
	<p>The Maternal Child Health will mainly conduct social mobilization and community sensitization on reproductive health with more focus on institutional deliveries, importance of exclusive breastfeeding, provide ANC and PNC, support community birth deliveries and refer mothers from the community and mobile unit to the nearest BeMONC centres. Budgeted for 2; 1 for mobile clinic in Wunrok and 1 for mobile clinic in Akoc; all will be recruited as casual workers and paid \$10 per day and on average may work for 22 days per month hence will get <math>10 \times 22 \text{ days} = 220 \text{ USD}</math> per month per person, not subjected to deduction. Then total for 12 months will be <math>2 \text{ person} \times 220 \text{ USD} \times 12 \text{ months} \times 100\% = 5,280 \text{ USD}</math>: (100% charged to SSHF). Not budgeted for the PHCU because the midwife will be the one providing MNCH services at the PHCU.</p>						
1.12	Vaccinators	D	3	220.00	12	100.00	7,920.00
	<p>The vaccinators will conduct social mobilization to create demand for immunization, will provide routine EPI services at the facilities and community, responsible for management of vaccines and cold chain system including ordering and reporting on EPI services, will also participate in any reactive/mass vaccination during outbreaks. Budgeted for 3; 1 for PHCU in Wunrok, 1 for mobile clinic in Wunrok and 1 for mobile clinic in Akoc; all will be recruited as casual workers and each will be paid \$10 per day and on average may work for 22 days per month hence will get <math>10 \times 22 \text{ days} = 220 \text{ USD}</math> per month per person, not subjected to deduction. Then total for 12 months will be <math>3 \text{ person} \times 220 \text{ USD} \times 12 \text{ months} \times 100\% = 7,920 \text{ USD}</math>: (100% charged to SSHF).</p>						
1.13	Drug Dispensers	D	3	220.00	12	100.00	7,920.00
	<p>The dispensers will be responsible for dispensing drugs to the patients after prescriptions by the clinicians. Will provide health education to the patients on how to correctly take the medicines, side effects and when to return. Will monitor the stock level using stock cards, also serve as store focal person. Budgeted for 3; 1 for PHCU in Wunrok, 1 for mobile clinic in Wunrok and 1 for mobile clinic in Akoc; all will be recruited as casual workers and each will be paid \$10 per day and on average may work for 22 days per month hence will get <math>10 \times 22 \text{ days} = 220 \text{ USD}</math> per month per person, not subjected to deduction. Then total for 12 months will be <math>3 \text{ person} \times 220 \text{ USD} \times 12 \text{ months} \times 100\% = 7,920 \text{ USD}</math>: (100% charged to SSHF).</p>						
1.14	Data Clerks	D	3	220.00	12	100.00	7,920.00
	<p>The data clerks will support with registration of patients on arrival at the fixed and mobile facilities and help in ensuring social distancing at the clinic. Will also support with translation where needed. Budgeted for 3; 1 for PHCU in Wunrok, 1 for mobile clinic in Wunrok and 1 for mobile clinic in Akoc; all will be recruited as casual workers and each will be paid \$10 per day and on average may work for 22 days per month hence will get <math>10 \times 22 \text{ days} = 220 \text{ USD}</math> per month per person, not subjected to deduction. Then total for 12 months will be <math>3 \text{ person} \times 220 \text{ USD} \times 12 \text{ months} \times 100\% = 7,920 \text{ USD}</math>: (100% charged to SSHF).</p>						
<b>Section Total</b>							<b>129,960.00</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Stationeries for the health facilities in Twic	D	1	1,763.00	1	100.00	1,763.00
	<p>The stationeries will be for the 3 facilities; 1 PHCU in Wunrok, 1 mobile clinic in Wunrok and 1 mobile clinic in Akoc. MoH consultation and admission forms are not available so will be using ream of papers for consultation at the fixed facilities and during mobile services. Some will be used for conducting continuous medical education, filing activity and patient's information and as registers at mobile and fixed sites. Budgeted at \$1,763 for entire project period of 12 months. Details refer to BOQ under the tab named BL 2.1; 100% charged to SSHF.</p>						
2.2	Rain coats and gumboots for the field-based staff	D	1	2,275.00	1	100.00	2,275.00
	<p>Twic is always flooded during rainy season and people move on foot through water during rainy season, to protect the teams from injuries all will need gumboots and raincoats to enable them response and continue to provide emergency lifesaving health services during the rainy season, each staff will receive one pair of gumboots and a rain coat. Budgeted at \$2,275 and will be procured once from Juba and transported to Twic. Details refer to BOQ under the tab named BL 2.2; 100% charged to SSHF.</p>						
2.3	Tents for the mobile team	D	16	160.00	1	100.00	2,560.00
	<p>The mobile team will need mobile tents for outreaches/mobile services where they will camp and provide emergency lifesaving health services. Budgeted for small size tents together with sleeping bag with a capacity of one person. All will be procured in Juba; budgeted for 16 pieces of mobile tents and each at \$160 hence total cost <math>16 \text{ pieces} \times 160 \text{ USD} \times 100\% = 2,560 \text{ USD}</math>; Details refer to BOQ under the tab named BL 2.3; 100% charged to SSHF.</p>						
2.4	Medical Gowns	D	20	50.00	1	100.00	1,000.00
	<p>The medical gowns enable easy identification of the front-line health workers. Will be procured from Juba, budgeted for 20 pieces and each at \$50 hence <math>20 \text{ pieces} \times 50 \text{ USD} \times 100\% = 1,000 \text{ USD}</math>. Details refer to BOQ under the tab named BL 2.4; 100% charged to SSHF.</p>						

2.5	Hand Sanitizers, a bottle of 1 litre (SARAYA)	D	100	15.00	1	100.00	1,500.00
	<i>The hand sanitizers enhance infection prevention and control at the facility and during outreaches as one of the recommended preventive measures against COVID-19 by MoH and WHO. Each sanitizer is a bottle of one litre and is SARAYA type. Each bottle is budgeted at 15 USD and will procure 100 bottles from Juba and transport them to Twic. They will be used by the health workers at the fixed facilities and outreaches. At the fixed facilities, the use will be limited for health workers and support staffs while during mobile services, beneficiaries undergoing medical consultations will be allowed to sanitized since hand washing facilities may be limited in most of the hard-to-reach areas. The quantity budgeted is for entire project period of 12 months and price based on market price in Juba. Total cost is 100pieces*15USD*100%=1,500 USD, Details refer to BOQ under the tab named BL 2.5; 100% charged to SSHF</i>						
2.6	Install handwashing facilities	D	6	100.00	1	100.00	600.00
	<i>We will procure and install buckets of 50 litres, 1 for handwashing and 1 for safe drinking water at each facility, in total will be 6. The handwashing facilities will enhance infection prevention and control at the facility as one of the recommended preventive measures against infectious diseases including COVID-19 by MoH and WHO. Total cost is 6 pieces *100USD*100%= 600 USD, details refer to BOQ under the tab named BL 2.6; 100% charged to SSHF</i>						
2.7	Printing of IEC materials on COVID	D	1	1,250.00	1	100.00	1,250.00
	<i>Printing of banners of size (2mx1m) and posters of size (05mx1m) to be placed at health facilities and public places with key messages on COVID-19. Budgeted at 1,250 USD, details refer to BOQ under the tab named BL 2.7; 100% charged to SSHF.</i>						
2.8	Project supplies	D	1	6,640.00	1	100.00	6,640.00
	<i>These are essential project supplies which will be procured in Juba and transported to Twic at the start of the project. The quantity for each item is based on the number of facilities (1 PHCU and 2 mobile Units) supported under this project. The price for each item is based on the market price in Juba. Delivery beds are available in Juba. They will be secured within the first one week of the project and transported to the project sites within first two weeks of the project to serve the purpose. The ward screens are used when conducting medical examinations especially for women to ensure privacy. Total cost for the project supplies is 6,640 USD; details refer to the attached BOQ under tab named BL. 2.8. 100% charged to SSHF.</i>						
2.9	Solar system for 1 fixed facility	D	1	7,530.70	1	100.00	7,530.70
	<i>Install solar system in the PHCU in Wunrok to enhance deliveries at night, costed at 7,530.70 USD; details refer to the attached BOQ under tab named BL. 2.9. 100% charged to SSHF. These are linked to the implementation of the activities: (Activity 1.1.2)</i>						
2.10	charter of flight to Twic including handlings	D	1	4,800.00	2	100.00	9,600.00
	<i>Logistic cluster will support the transporting of WHO kits from Juba to Kuajok hub however most of the medical supplies, equipment, pharmaceutical and other assorted items needed for the setup of the health facilities and running of the fixed and mobile units will be procured in Juba and will be transported with the chartered flight to enhance response immediately following signing of the grant agreement. Considering the volume and weight of the medical equipment and other supplies to be transported, budgeted for 2 trips with commercial flight of capacity 1.5MT at \$4,800 including handlings. Then the total cost is 2trips*4,800USD*100%= 9,600 USD; 100% charged to SSHF. Details refer to the attached BOQ under BL. 2.10.</i>						
2.11	Community Meetings	D	200	10.00	1	100.00	2,000.00
	<i>Conducting community meetings with humanitarian, development and peace partners, each meeting having 20 people and each will receive \$10 for refreshment, budgeted for 10 meetings and the total cost will be 200persons*10USD*100%= 2,000 USD. Details refer to the attached BOQ under BL. 2.11. 100% charged to SSHF.</i>						
2.12	Conduct refresher training and orientation of 26 health care workers on disease surveillance, outbreak response/management and IPC	D	1	4,040.00	1	100.00	4,040.00
	<i>26 health workers will receive 4 days training on disease surveillance and outbreak response (IDSR/EWARS including COVID-19) and infection prevention and control to enable them strengthen surveillance system and prevent, detect and timely response to outbreaks including COVID-19; and strengthening infection prevention control at the facilities and during outreaches. Budgeted at 4,040 USD, detail budget breakdown refers to the BOQ under tab named BL 2.12. 100% charged to SSHF. This is linked to the implementation of the Activity 1.2.2)</i>						
2.13	Visibility (Printing of T-shirts)	S	50	15.00	1	80.00	600.00
	<i>Printing of T-shirts to enhance visibility at the response sites and also enhance easy identification as humanitarian in those hard-to-reach areas of Twic where humanitarians are always at risk; budgeted for 50-shirts, each at 15; total cost: 50 T-shirts*\$15*80%= 600 USD; 80% charged to SSHF.</i>  <i>Under the visibility, we are only going to print T-Shirts and the 50 T-Shirts will be distributed to all the UNH project staffs in Twic and some of UNH team in Juba especially program and operation team who will be travelling to the project sites for monitoring and supportive supervision. It will have the logo of UNH, MoH and SSHF. In summary 45 T-shirts will be distributed to UNH team and 5 T-Shirts to CHD staffs since we work closely with CHD. In short, the beneficiaries of the T-Shirts are the UNH project staffs and the CHD team.</i>						
	Section Total						41,358.70
3. Equipment							
3.1	Procure 1 new Thuraya phone (XT Lite Satellite phone).	D	1	1,100.00	1	100.00	1,100.00

	Procure 1 Thuraya Phone (model XT Lite Satellite phone). Regular telephone network service in some parts of Twic is unreliable making communication very difficult with the field team which carries high risk in fragile context, an area prone to violence and information sharing is very key to mitigate security threats. Will use satellite phones for coordination/communication including sending weekly EWARS/IDSR reports. Under this response, we are requesting for 1 satellite phone for Twic field office and UNH will provide 1 additional for the health facility. Thuraya procured previously are currently being used in Pibor. One Thuraya including the simcards budgeted at 1,100 USD hence 1 Thuraya*1,100USD*100%= 1,100 USD; 100% charged to SSHF, will be procured in Juba.						
3.2	Procure 1 new Laptop for Twic field office	D	1	1,000.00	1	100.00	1,000.00
	Procure 1 new laptop (i5; 7th Gen and Window 10) for Twic field office to enable computerized data collection and reporting, budgeted at \$1,300 hence 1 Laptop *1,000USD*100%= 1,000 USD (100% charged to SSHF). This is a new field office not previously supported under SSHF through UNH.						
	<b>Section Total</b>						<b>2,100.00</b>
<b>4. Contractual Services</b>							
4.1	Car Hire for Mobile Services and logistics	D	2	250.00	96	100.00	48,000.00
	Hire of four-wheel Land cruiser hardtop to facilitate movement of mobile team, distribution of medical supplies from CHD to the PHCU and 2 mobile clinics. The mobile team have to conduct outreach activities to reach more vulnerable people in remote villages. We will get a contractor to provide two cars serving the 2 Payams targeted for response (Wunrok and Akoc). Twic has become very expensive and hiring a car per day goes for \$250, so budgeted for 8 days per month per vehicle; total cost is 48,800 USD; detail budget breakdown refers to the BOQ under tab named BL 4.1. 100% charged to SSHF.						
4.2	Car Hire for referrals	D	1	250.00	12	100.00	3,000.00
	To facilitate the transportation of critical ill patients from the community to PHCC or county hospital. Budgeted for 1 referral per month at rate of 250 USD hence 1day*\$250*12months*100%= 3,000 USD; 100% charged to SSHF.						
4.3	Incentives for 4 Cleaners	D	3	100.00	12	100.00	3,600.00
	The cleaners will perform cleaning of the facility (fixed and mobile), ensuring that the hand washing equipment has water and soap to ensure infection prevention control. Will contract 3 cleaners; 1 for PHCU in Wunrok, 1 for mobile clinic in Wunrok and 1 for mobile clinic in Akoc; all will be paid incentive of \$100/month, not subjected to deduction; total cost 3persons*100USD*12months*100%= 3,600 USD; 100% charged to SSHF.						
4.4	Incentives for 4 Security Guards	D	4	100.00	12	100.00	4,800.00
	They ensure safety of the health facilities, project supplies/assets and the staffs, Will contract 4; 2 for PHCU in Wunrok, 1 for mobile clinic in Wunrok and 1 for mobile clinic in Akoc; all will be paid incentive of \$100/month, not subjected to deduction; total cost 4persons*100USD*12months*100%= 4,800 USD; 100% charged to SSHF.						
4.5	Make a temporary room at the PHCU for BEmONC	D	1	4,995.13	1	100.00	4,995.13
	The PHCU in Wunrok is a semipermanent structure made with local materials with no space for conducting deliveries. Will construct a temporary room with local materials to enhance BEmONC services with more focus to having a space for conducting deliveries. Budgeted at 4995.13 USD, details refer to the BOQ under tab named BL 4.5. 100% charged to SSHF.						
	<b>Section Total</b>						<b>64,395.13</b>
<b>5. Travel</b>							
5.1	M&E visits	D	1	4,160.00	1	100.00	4,160.00
	Juba based Health technical team to visit the project sites and support the field project coordinator in setting up the response in Twic at the start of the response and support in launching the project. After setting up the response in Twic, M&E visit will be conducted quarterly by Juba based health program team to support and mentor the field-based staffs and monitor/evaluate the program performance of the project. In total 4 visits to Twic during the project circle. (UNHAS flights 2 ways = 550 USD then 4 round trips will be 4*550*100%= 2,200 USD. Each trip will be for 7 days and UNH per diem rate is \$70 per day hence per diem for 4 trips for 1 person is =1*4*7*70*100%=1,960. Then the total cost is 2,200+1,960= 4,160; 100% charged to SSHF. Details refer to the BOQ under tab named BL 5.1.						
5.2	Local travels for health care professional (COs/Nurses/Midwives/Health Project Coordinator)	D	3	550.00	2	100.00	3,300.00
	Getting qualified midlevel health workers is challenging in Twic, we will recruit some from Juba to strengthen the few we may get on the ground. We have planned for 1 field Coordinator, 3 Clinical Officer, 3 Nurses and 1 Midwife; out of this total we have budgeted for 3 whom we may recruit from Juba and will require travels. Budgeted for 2 round trips for the whole of project period-travel from Juba to field sites at the start of the response, coming for break in the middle of the project and finally returning to Juba at the end of the project. (UNHAS flight is \$550 for two ways, each person requires 2 round trips for the whole project period); total cost 3 staffs *2 trips*\$550*100%= 3,300 USD; 100% charged to SSHF. Detail in BOQ, under BL 5.2.						
	<b>Section Total</b>						<b>7,460.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00

	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	Rent for Field office space in Twic	D	1	500.0 0	12	100.00	6,000.00
	<i>Field office to enhance coordination and support the emergency health response in Twic in coordination with Juba office and partners operating in Twic and other parts of Warrap State. Budgeted at 500 USD/month and will be covered for 12 months hence total cost: 1 office space*\$500*12months*100%= 6,000 USD; 100% charged to SSHF. Details refer to the BOQ under tab named BL 7.1.</i>						
7.2	Phone internet bundles for Twic field office	D	1	150.0 0	12	100.00	1,800.00
	<i>Phone internet bundles for the Twic field office to enhance communication and coordination and weekly reporting. 150 USD per month hence total cost: 1 office*\$150*12months*100%= 1,800USD; 100% charged to SSHF.</i>						
7.3	Stationeries and supplies for Twic field office	D	1	300.0 0	4	50.00	600.00
	<i>Stationery for Twic field office, budgeted at @300 per quarter hence total cost will be: 1 field office*\$300*4quarters*50%= 600 USD; 50% charged to SSHF.</i>						
7.4	Contribution to Juba main office space	S	1	3,000 .00	12	30.00	10,800.00
	<i>The office space in Juba is the main country coordination office for coordinating all UNH programs and will significantly contribute to the response in Twic; office is @3,000/months including utilities; hence total cost: 1 office space*\$3,000*12months*30%= 10,800 USD; 30% charged to SSHF. Details refer to the BOQ under tab named BL 7.4.</i>						
7.5	Internet Subscription fees for Juba office	S	1	700.0 0	12	20.00	1,680.00
	<i>Internet services for Juba office to facilitate coordination/communication, monthly fee is \$700 hence total cost: 1 office*\$700*12months*20%= 1,680 USD; 20% charged to SSHF.</i>						
7.6	Stationeries and supplies for Juba main office	S	1	3,000 .00	4	15.00	1,800.00
	<i>Stationery for Juba main office budgeted at \$3,000 per quarter; hence total cost: 1 office*\$3,000*4quarters*15%= 1,800 USD; 15% charged to SSHF.</i>						
7.7	Car hire for Juba office to enable coordination and logistics	S	1	3,000 .00	12	20.00	7,200.00
	<i>This facilitates the movement of the main Juba health team for coordination/meetings and logistic activities which support the project in the field sites; 150 USD per day and 1 month =20 days; then average monthly cost is: 1car*20days*\$150= \$3,000 the total cost for 12 months is: 1car*\$3,000*12months*30%= 10,800; 30% charged to SSHF. Details refer to the BOQ under tab named BL 7.7.</i>						
7.8	Thuraya Subscription monthly airtime	D	2	150.0 0	12	70.00	2,520.00
	<i>Regular telephone network service in some parts of Twic is unreliable making communication very difficult with the field team which carries high risk in fragile context, an area prone to violence and information sharing is very key to mitigate security threats. Will use satellite phones for coordination/communication including sending weekly EWARS/IDSR reports. Budgeted for 2 Thuraya (1 in Twic field office and 1 at facility in hard-to-reach areas). Budgeted at 150 USD/phone/month hence total cost: 2phones*\$150*12months*70%= 2,520; 70% charged to SSHF.</i>						
7.9	Bank charges	S	1	500.0 0	12	45.00	2,700.00
	<i>Withdrawal charges is 1.5% of the total value hence budgeted at 500 bank charges per month; Total charges: 1 bank*\$500*12months*45%= 2,700 USD; 45% charged to SSHF under this response.</i>						
	<b>Section Total</b>						<b>35,100.00</b>
<b>SubTotal</b>			453.00				<b>280,373.83</b>
Direct							255,593.83
Support							24,780.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							19,626.17
<b>Total Cost</b>							<b>300,000.00</b>

## Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Warrap > Twic > Akoc	35.00000	0	0	0	0		H: Activity 1.1.1: Constitute 2 mobile teams, 1 in Akoc Payam and 1 ... H: Activity 1.1.2: Strengthen 1 existing Primary Health care unit (P... H: Activity 1.1.3: Mobile team to conduct community awareness to inc... H: Activity 1.1.4: • Conduct community mobilization and awareness to... H: Activity 1.1.5: Conducting out-patient consultations for common c... H: Activity 1.2.1: • Conduct routine health education at the facilit... H: Activity 1.2.2: • UNH health team with support from county health... H: Activity 1.2.3: • Conducting alert/outbreak verification, investi... H: Activity 2.1.1: Conduct awareness on Sexual and Gender Based Viol... H: Activity 2.1.2: Provide community-based level 2 and level 3 (non-...
Warrap > Twic > Wunrok	65.00000	0	0	0	0		H: Activity 1.1.1: Constitute 2 mobile teams, 1 in Akoc Payam and 1 ... H: Activity 1.1.2: Strengthen 1 existing Primary Health care unit (P... H: Activity 1.1.3: Mobile team to conduct community awareness to inc... H: Activity 1.1.4: • Conduct community mobilization and awareness to... H: Activity 1.1.5: Conducting out-patient consultations for common c... H: Activity 1.2.1: • Conduct routine health education at the facilit... H: Activity 1.2.2: • UNH health team with support from county health... H: Activity 1.2.3: • Conducting alert/outbreak verification, investi... H: Activity 2.1.1: Conduct awareness on Sexual and Gender Based Viol... H: Activity 2.1.2: Provide community-based level 2 and level 3 (non-...

## Documents

Category Name	Document Description
Project Supporting Documents	FSNMS_FSL for FSLC_2022 7 Feb v3.pdf
Project Supporting Documents	Twic County- IRNA Assessment-17-18 Feb 2022- Edited-Revised_with_map_Final.pdf
Project Supporting Documents	IPC_South_Sudan_Acute_Food_Insecurity_Malnutrition_February_July_2022_Report.pdf
Budget Documents	To be deleted
Budget Documents	UNH- Updated_ BOQ-SSD-23091- August 2022.XLSX
Project Supporting Documents	Twic County- IRNA Assessment-17-18 Feb 2022- Edited-Revised_with_map_Final.pdf
Budget Documents	UNH- Updated_ BOQ-SSD-23091- September 2022.XLSX
Budget Documents	UNH- Updated_ BOQ-SSD-23091- 20.09.2022.XLSX
Grant Agreement	20220923_11_Grant Agreement-UNH#23091.pdf
Grant Agreement	Part 1 Signed Grant Agreement UNH # 23091.pdf



