OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Universal Intervention and Development Organization
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Improve the quality and availability of comprehensive basic emergency primary healthcare services including Basic Emergency Obstetric & Neonatal Care at the facilities and community levels in Mayendit, Leer counties and Greater Nyal in Panyijiar county of Unity state
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SSD-16/HSS10/SA2/H/NGO/3410
Cluster :		**Project Budget in US$:**	298,003.04
Planned project duration :	5 months	**Priority:**	
Planned Start Date :	15/08/2016	**Planned End Date :**	14/01/2017
Actual Start Date:	15/08/2016	**Actual End Date:**	14/01/2017

Project Summary :

This project is aimed to maintain the delivery of the emergency primary health care services in Mayendit, Leer and Panyijiar counties in Unity state and to enhance access to life-saving health services at the IDPs sites. These three counties are much devastated by the conflict for the last 3years in terms of lost to human lives, destruction and looting of the health infrastructures and the livelihood of the inhabitants also severely ruined. People have continuously been forced out from their homes and hence could not access the health care services at the facilities. The data on the HNO for 2016 released earlier in the year by UNOCHA estimated the number of IDPs in Unity to be at 541,395. Over 4million people in the country need humanitarian assistant in a situation where the proportion of clinicians per patients is estimated at only 1doctor per 65,000 patients. People in need in Leer, Mayendit and Panyijiar counties were estimated at 57.5 thousands, 28.4 thousands and 52.5 thousands respectively. And based on the population projection data released by NBS in the mid of September 2015, the population of these 3counties is at 272,350. The recently released IPC reports in April 2016 also indicated that 66% of population in Guit, Koch,Mayendit, Leer and Panyijiar are population in crisis i.e. emergency and humanitarian catastrophe and GAM rate at 26.2%.
Our strategic response plan in the provision of these emergency primary health care services shall include the OPD curative consultation at 12 PHCUs and 2PHCCs in the 3counties combined with INTEGRATED HEALTH & NUTRITION SERVICES in line with the MOH BPHNS policy. UNIDO will also support mobile clinic activities at the swamps/highlands inhabited by the IDPs and have no health facilities structures. We will maintain special focus on the provision of Basic Emergency Obstetric & Neonatal Care (BEmONC) services at the supported PHCCs through deployment of qualified clinicians and midwives, provision and distribution of essential emergency medical equipments and medicines and create community awareness in the utilization of the existing Family Planning services. We will support the health promotion activities through health education sessions and ensure the availability of the preventive measures specially the routine immunization (EPI) services at the facilities and the outreaches. We will also support the psychosocial and basic mental health services through updating the health workers on clinical management of sexual violence protocols to deliver the First aids such as protection and care for the victims. HIV/AIDS prevention and treatment will also be supported through creating wider community awareness by information dissemination, provision of condoms and PMTCT and PEP at the supported health facilities and communities levels.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
15,000	20,000	7,000	7,500	49,500

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	12,000	14,480	5,600	6,000	38,080
Internally Displaced People	3,000	3,620	1,400	1,500	9,520
Pregnant and Lactating Women	0	1,900	0	0	1,900
Other	0	0	0	0	0

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

Despite the formation of the Transitional Government of National Unity between the peace partners in April 2016, sporadic fighting has still been continuing throughout most parts of the country. This has had significant impact on the economic situation (deteriorating on daily basis and the inflation estimated to be above 600%) of the country and hence increased the scope of humanitarian needs. The revised HRP document illustrated that 1 in every 3people are constantly forced to flee their homes in the country, the number of the displaced population is at 2.5 million where 1.6 million are internally displaced and over 53% are estimated to be children. By July 2016 the number of people who are in need of humanitarian assistance is at 4.8 million and 1 in every 3people is severely food insecure. IPC reports released in April 2016 put GAM rate is at 26.2% in Unity which is almost double the global emergency threshold which is 15%. The fighting which started on the 8th of July in Juba was later on echoed in Koch, Mayendit North and Leer in the mid of July and has led to the displacement of the population again to the swamps/highlands. Health facilities as well the NGOs` compounds were looted and damaged and humanitarian actors were forced to evacuate their staffs in fear of threat to their lives from the armed militants and therefore the beneficiaries considered deprived of the much needed services. This project will therefore maintain the provision of the emergency primary health care services at the existing health facilities and ensure the functionality of the facilities by doing some minor repairs, ensure equitable and timely access to the services through establishment of mobile centers at the IPDs sites where there are no facilities structures.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

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

Other Funding Source	Other Funding Amount
HPF for Mayendit county and goes up to September 2016	375,000.00
	375,000.00

Organization focal point :

Name	Title	Email	Phone
James Keah Ninrew	Executive director	ed@unidosouthsudan.org	0955008160/722304348
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BACKGROUND

1. Humanitarian context analysis

South Sudan has been experiencing continuous civil war and violence since its independent in 2011. These conflicts intensified in December 2013 and the people of South Sudan have continuously been displaced from their homes though the signing of the Peace Agreement on the Resolution of Conflicts in The Republic of South Sudan had brought some relative calm. Humanitarian situation continuously deteriorates since the civilians do not get opportunities to do their traditional cultivation to earn the living and people have been abusing others` lives in fight on the scarce resources such as cattle, goats and others. The economics of the country has been at its worse since the oil production which is the only backbone of the economics also affected by the conflict. The fighting that started on the 8th of July 2016 in Juba and later on echoed everywhere in the country has again worsen the humanitarian situation and significantly increased the needs not only in Upper Nile region but as well in Greater Bhar Al Gazal and Equatorial regions. The post July humanitarian information has captured the looting of the health facilities as well the NGOs` compounds in Koch, Mayendit North and Leer. About 30,000 people were affected by the displacement in Thonyor of Leer county and from the 1st to mid of august 2016 around 1,000 people from Adok and Leer arrived in Panyijiar county. People are displaced to the swamps/highlands and are vulnerable to the water borne diseases due to poor hygiene and crowd living in small areas. The recent weekly reports from Nyal, Leer and Mayendit indicate high number of Acute Watery diarrhea cases, Acute Respiratory Infection cases and Malaria marks first. Moreover, the IPC reports released in April 2016 indicated that in Southern Unity 66% of the population are in crisis I.e. emergency and humanitarian catastrophe and that was before the recent displacement which started in July.

2. Needs assessment

Unity state specially the Southern area has been the focus of the conflict since then. Humanitarian access has been a great hindrance to the services delivery and the humanitarian actors have been experiencing a great deal of looting from the armed militants prompting unending procurement of the essential emergency equipments and medicines to continue with the services delivery. The security situation has had effects on the recruitment of qualified cadres since it is not easy to be deployed to the area due insecurity concerns. First 6months of 2016 DHIS data for Mayendit county puts only 20% of the deliveries were conducted by Skilled Birth Attendants in the facilities, ANC first visit coverage 38.2%, DPT coverage is at 0% and all efforts to re-install the cold chain system have always been aborted by the insecurity issues. Most of the health facilities in the 3counties are either non-functional or function at very limited capacity due to effect of the conflicts. And the overall GAM rate for Unity state is 26.2% (IPC reports, April 2016 and that is almost double the global emergency threshold. Moreover, the continuous fluctuation in the security status in the Southern Unity has always been depleting the area from humanitarian actors and consequently the humanitarian services are being hampered so significantly.

3. Description Of Beneficiaries

The direct beneficiaries to this project shall include 15,000 men, 20,000 women, 7,000 boys and 7,500 girls in the 3counties combined. Those as well are the pregnant women and the vulnerable groups of people within the communities both hosts and the IDPs.

4. Grant Request Justification

UNIDO had successfully implemented the SSHF SA1_2016 which ended on the 31st of July in Leer, Mayendit and Panyijiar counties. We managed to conduct more than 52,000 OPD curative consultations in 2PHCCs (Duong and Mayendit in Nyal & Mayendit respectively plus 11PHCUs in the 3counties combined and a mobile clinic response at Meer Island in Nyal. Up to 107 deliveries out of the 413 deliveries were conducted by SBA and that's around 26%. Up to 1,552 ANC clients were given iron supplementation treatment and about 817 ANC clients were screened of syphilis. Up to 981 under5 children were screen of MUAC less than 115mm & and over 2,000 under5 children were screened of MUAC 125 mm and proper referral were made to our nutrition sector for further management at the same facilities. With this grant request, UNIDO intends to maintain the provision of the emergency primary health care services in the 2PHCCs and 12PHCUs plus mobile clinic centers where there are IDPs in the 3counties. Through a focus on maternal and child health (MCH) especially Basic Emergency Obstetric & Neonatal care (BEmONC), integrated management of childhood& Neonatal illnesses (IMCNI) protocols and routine and outreaches EPI activities (Penta, polio, BCG, Polio & measles vaccination) as well the TT injection for the pregnant women, UNIDO intends to ensure the promotion of mother and child survival in its supported HFs and outreaches in line with the Basic Package of Health & Nutrition Services (BPHNS). UNIDO shall procure and distribute essential medicines, basic medical equipment and laboratory reagents/supplies which are not in the existing CAIPA supply chain and more importantly by using pull system. UNIDO shall maintain the partnerships with UNFPA and UNICEF to ensure the timely procurement and distribution of essential RH kits and reestablishment of the routine EPI services. UNIDO shall continue to improve the diagnostic capacity of laboratory services at the PHCCs to ensure timely and accurate diagnosis treatment of the most common diseases and properly document the data in the existing MOH HMIS reporting tools (registers, IDSR & DHIS) which will be used as means of verification. UNIDO shall conduct in-services/refresher training to the facilities` staff/health workers and community-based health workers to update their skills and knowledge.

5. Complementarity

UNIDO is currently implementing 250,000 GBP funds from HPF in Mayendit county which goes up to 30th of September 2016. The HPF fund is supporting the primary health care services delivery in 12health facilities throughout the county and this SSHF project will complement the emergency primary health care services delivery in 6health facilities out of the twelve up to mid of January 2017. With this certification UNIDO confirms no duplication in the funding.

LOGICAL FRAMEWORK

Overall project objective

To maintain the existing emergency primary health care services through promoting the early action/response in order to reduce loss of life and enhance response to timely critical health care needs and to strengthen the existing health system in the 3counties.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	80
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	20

Contribution to Cluster/Sector Objectives : This project will contribute to the cluster object through implementation of the following:
-Maintain the existing emergency primary health care services delivery at the facilities and establish mobile clinic response at the IDPs sites in line with BPHNS policy including the routine EPI and BEmONC services.
-Strengthen the referral mechanism within primary health care network (community levels to PHCUs to PHCCs) and to secondary health facilities that exist, accessible and affordable.
-Ensure the provision and distribution of essential emergency medical equipment, drugs, lab equipment/reagents and other supplies
-Ensure proper documentation and sharing of the information through the use of the existing MOH HMIS reporting tools
-Promote HIV/AIDS awareness on the prevention through dissemination of the relevant information, conduct voluntarily counseling testing, distribution of condoms, PMTCT and PEP
-Conduct MAM and SAM screening activities at the facilities and outreaches and conduct education sessions on the breastfeeding practices

Outcome 1

Increased access to integrated quality and timely emergency primary health & nutrition care services to the vulnerable communities both hosts and the IDPs.

Output 1.1

Description

Strengthen the PHCCs, PHCUs and mobile clinic ressponse to ensure equitable and timely access to the emergency primary health care services.

Assumptions & Risks

Security is stable and funds disbursed on time

Activities

Activity 1.1.1

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

Activity 1.1.2

Provide laboratory services with improved diagnostic capacity in the supported PHCCs

Activity 1.1.3

Provide maternal healthcare services through Basic Emergency Obstetric & Neonatal Care (BEmONC) by conducting ANC, deliveries, PNC, FP services and maintain the current MOU with UNFPA to provide RH kits

Activity 1.1.4

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

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	12,500	18,000	6,300	7,250	44,050
Means of Verification :							
Indicator 1.1.2	HEALTH	Frontline # Number of facilities providing BEmONC services					2
Means of Verification : DHIS, facilities and UNIDO`s reports							
Indicator 1.1.3	HEALTH	Frontline # Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states		50			50
Means of Verification : DHIS, facilities registers and UNIDO`s reports							
Indicator 1.1.4	HEALTH	Frontline # Number of functional health facilities in conflict -affected and other vulnerable states					14
Means of Verification : DHIS and UNIDO`s reports							

Outcome 2

Strengthen routine and outreaches EPI services and NIDs campaigns for Polio.

Output 2.1

Description

Ensure child health through application of preventive measures

Assumptions & Risks

Security stable and funds disburse on time

Activities

Activity 2.1.1

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

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			600	700	1,300
Means of Verification : DHIS, facilities registers and UNIDO`s reports							
Indicator 2.1.2	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			1,000	1,000	2,000
Means of Verification : DHIS, facilities registers and UNIDO`s reports							
Indicator 2.1.3	HEALTH	Frontline # of facilities with functioning Cold chain in conflict states					3
Means of Verification : DHIS and UNIDO`s reports							

Outcome 3

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

Output 3.1

Description

Facilities provided with adequate supplies of essential emergency supplies

Assumptions & Risks

Security stable and funds disbursed on time

Activities

Activity 3.1.1

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

Activity 3.1.2

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

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	Frontline Total number of deaths recorded within the facility	0	0	0	0	0

Means of Verification : DHIS, facilities registers and UNIDO`s reports

Outcome 4

Strengthen emergency preparedness and respond to health related emergencies including the control of prone epidemic diseases outbreaks at the supported health facilities and the community levels.

Output 4.1

Description

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

Assumptions & Risks

Community leaders and other stakeholders cooporate

Activities

Activity 4.1.1

Strengthen community mobilization/awareness on the health promotion, prevention of the common morbidities including diseases outbreak control through conduction of health education sessions

Activity 4.1.2

Updating health workers on clinical management of sexual violence/SGBV protocols (CMR), psychosocial & mental health first aids, counselling and caring for the victims

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 4.1.1	HEALTH	Frontline # of epidemic prone disease alerts verified and responded to within 48 hours					80

Means of Verification : DHIS and UNIDO`s reports

Indicator 4.1.2	HEALTH	Frontline # of staffs trained on Clinical Management of Rape (CMR)	9	6			15

Means of Verification :

Additional Targets :

M & R

Monitoring & Reporting plan

UNIDO will continue to use the existing MOH HMIS reporting tools such as weekly on line EWARS, IDSR and the monthly DHIS reporting systems as well the surveillance forms for the disease outbreak. We shall also develop internal indicators tracking template which will complement the other reporting systems. UNIDO will continuously preposition all types of registers books depending on their availability in the MOH or availability of resources to print them. We will also continue to print the OPD cards, IPD cards, ANC cards, Child health cards and stock monitoring cards and be prepositioned to all the supported health facilities. We will also make sure that staffs are trained on how to use each of the aforementioned tools for the quality assurance, timely and proper reporting system and those reports shall be shared with the SMOH/MOH and the cluster on time. Routine monthly & quarterly supervisions to the facilities and field locations respectively shall be conducted in collaboration with the CHDs using QSC to monitor the efficiency and quality of services delivery to the communities. The reports on the findings and recommendations from those supervision visits including the feedback from the beneficiaries shall be used to redirect the strategic plans of the project implementation.
UNIDO will also be updating the HC every fortnight on the progress in the activities implementation throughout the implementation period of this project.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide curative OPD consultations and basic treatments of common illnesses and admission of severe cases at the IPD and proper use of IMCNI protocols for girls and boys.	2016								X	X	X	X	X
	2017	X											
Activity 1.1.2: Provide laboratory services with improved diagnostic capacity in the supported PHCCs	2016								X	X	X	X	X
	2017	X											
Activity 1.1.3: Provide maternal healthcare services through Basic Emergency Obstetric & Neonatal Care (BEmONC) by conducting ANC, deliveries, PNC, FP services and maintain the current MOU with UNFPA to provide RH kits	2016								X	X	X	X	X
	2017	X											
Activity 1.1.4: Conduct mobile clinic response at the IDPs sites which have no existing health facilities	2016								X	X	X	X	X
	2017	X											

Activity 2.1.1: Conduct routine and outreaches EPI services for the common preventable childhood illnesses and also provide TT injection to the ANC clients	2016								X	X	X	X	X
	2017	X											
Activity 3.1.1: Procurement and distribution of essential emergency medicines, medical & laboratory supplies, basic medical equipment to all supported health facilities.	2016										X	X	
	2017												
Activity 3.1.2: Print of Child health, ANC, OPD and IPD cards to ensure quality assurance in the services delivery	2016								X	X			
	2017												
Activity 4.1.1: Strengthen community mobilization/awareness on the health promotion, prevention of the common morbidities including diseases outbreak control through conduction of health education sessions	2016									X	X	X	X
	2017	X											
Activity 4.1.2: Updating health workers on clinical management of sexual violence/SGBV protocols (CMR), psychosocial & mental health first aids, counselling and caring for the victims	2016										X		
	2017												

OTHER INFO

Accountability to Affected Populations

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

Implementation Plan

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

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

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

Protection Mainstreaming

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

Country Specific Information

Safety and Security

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

Access

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health Project Manager 20%	D	1	4,500.00	5	20.00	4,500.00
	*Health Manager will have 20% LoE for the project implementation the Gross is 4500 usd *20%*5months*						
1.2	Maternal & Child Health Coordinator 50%	D	1	3,000.00	5	50.00	7,500.00
	*Maternal & Child Health Coordinator will have 50% LoE for the health Coordination the Gross is 3000 usd * 50%*5months*						
1.3	Primary Health Supervisor 50%	D	1	2,000.00	5	50.00	5,000.00
	*Health Supervisor for Leer and Panyijiar wil have 50% LoE for the project implementation 50%*2000*5months*						
1.4	Clinical Officers 100%	D	2	2,040.00	5	100.00	20,400.00
	*Clinical Officer will have 100% LoE for the Project implementation the Gross is 2040 usd*100%*3*5months*						
1.5	Midwives 100%	D	2	1,500.00	5	100.00	15,000.00
	*Midwives will have 100%LoE for the project implementation the Gross is 1500usd*100%*2*5months*						
1.6	Nurses 100%	D	2	1,500.00	5	100.00	15,000.00
	*Nurse will have 100% for LoE for the project implementation the Gross is 1500usd*100*2*5months*						
1.7	Lab Technician 100%	D	2	1,200.00	5	100.00	12,000.00

	*Lab Technician will have 100% LoE for the project implementation the Gross is 1200usd*100%*2*5months*						
1.8	CHWs 100%	D	8	420.00	5	100.00	16,800.00
	For each 9 health facilities in Nyal and Leer at the Gross of 420 usd						
1.9	MCHWs 100%	D	8	420.00	5	100.00	16,800.00
	For each 9 health facilities in Nyal and Leer at the Gross of 420 usd						
1.10	Cold Chain Assistant 100%	D	1	420.00	5	100.00	2,100.00
	For the Two PHCCs LoE 100% @ 420usd per month						
1.11	Dispensers 100%	D	5	250.00	5	100.00	6,250.00
	For each 8 health facilities in Nyal and Leer at the Gross of 250 usd						
1.12	Clerks 100%	D	5	200.00	5	100.00	5,000.00
	For each 8 health facilities in Nyal and Leer at the Gross of 200 usd						
1.13	Vaccinators 100%	D	8	200.00	5	100.00	8,000.00
	each for five PHCUs						
1.14	Security Guards 100%	D	8	150.00	5	100.00	6,000.00
	For each 9 health facilities in Nyal and Leer at the Gross of 150 usd						
1.15	Cleaners 100%	D	10	150.00	5	100.00	7,500.00
	For each 9 health facilities in Nyal and Leer at the Gross of 150 usd						
1.16	Executive Director 5%	S	1	7,818.00	5	5.00	1,954.50
	*The Executive Director is responsible for the an accountability of fund and project implementation with the stakeholders the LoE is5%(5%*7818*5months).*						
1.17	Program Manager5%	S	1	5,600.00	5	5.00	1,400.00
	*The Program Manager is responsible for Program coordination will have LoE 5%(5*5600*5months).*						
1.18	Director for Finance 5%	S	1	7,396.00	5	5.00	1,849.00
	*Director for Finance is the overseer of the financial out flow and inflow is responsible for financial directive LoE 5% (5%*7396*5months)*						
1.19	M&E Manager 5%	S	1	5,500.00	5	5.00	1,375.00
	*M&report for the stakeholders Manager is responsible for the preparing monitoring and evaluation will have 5%LoE (5*5500*5months).*						
1.20	Finance Manager 5%	S	1	3,000.00	5	5.00	750.00
	*Finance Manager is responsible for the Financial reporting and budgetary control will have 10% the LoE is 5%(5%*3000*5months).*						
1.21	Log & Procurement Manager 5%	S	1	4,000.00	5	5.00	1,000.00
	*Logistic and Procurement Manager is responssible for project supplies procurement and logistical support will have LoE 5% (5%*4000*5months).*						
1.22	Staff Medical Insurance cover 10%	S	1	3,123.56	5	100.00	15,617.80
	*The total staff cost is 217357 * 10% for the whole project period*						
1.23	NISF 17% Employers contribution	S	1	5,310.00	5	100.00	26,550.00

	*The total staff cost is 217357 * 17% for the whole project period*						
	Section Total						**198,346.30**
Supplies, Commodities, Materials							
2.1	Updating Health workers on Clinical management of sexual Violence/SGBV (CMR)	D	1	1,000.00	1	100.00	1,000.00
	1 update for the health workers at the lumsum amount of 1000usd to cater for tea and lunch plus the stationeries						
2.2	Community mobilization/awareness on the health promotion, prevention of common morbidities including disease outbreak	D	1	1,000.00	1	100.00	1,000.00
	1 health promotion awareness campaign for the health workers at the lumsum amount of 1000usd to cater for tea and lunch plus the stationeries						
2.3	Conduct routine outreaches EPI services for the common preventable childhood illness and also provide TT injection to the ANC client	D	1	500.00	5	100.00	2,500.00
	Monthly outreach at lumsum amount of 2500usd to cater for the transportation						
2.4	Procurement and distribution of essential emergency medicine (Drugs)	D	1	4,000.00	1	100.00	4,000.00
	Lumsum amount of 4000usd for the essential emergency drugs						
2.5	Procurement of medical and laboratory supplies to support health facilities	D	1	6,000.00	1	100.00	6,000.00
	Lumpsum amount of 6000usd for the purchase of the essential medical equipment/supplies and laboratory reagents						
2.6	Printing of Child Health, ANC, OPD, and IPD Cards	D	4000	1.00	1	100.00	4,000.00
	*1 Card cost 1 usd * 4000pcs in respect to child health, ANC, OPD, IPD cards*						
2.7	Mobile clinic response at IDPs locations/highlands in Leer and Nyal	D	2	4,500.00	1	100.00	9,000.00
	Lump-sum of 9,000 usd						
	Section Total						**27,500.00**
Equipment							
3.1	Purchase of Laptop Computer	D	2	1,200.00	1	100.00	2,400.00
	1 lenovo laptop is 1200 usd from the market						
3.2	Purchase of Digital Camera	D	2	800.00	1	100.00	1,600.00
	1 digital camera cost 800usd						
3.3	Purchase of Thuraya phone	D	2	1,200.00	1	100.00	2,400.00
	1 thuraya phone cost 1200usd						
3.4	Printer and scanners	D	1	1,200.00	1	100.00	1,200.00
	1 3 in 1 printer cost 1200usd						
3.5	Essential furniture for the supported health fcilities	D	1	4,500.00	1	100.00	4,500.00
	lumsum amount of 7000usd for the purchase of tables cabinet and chairs for the whole health facilities						
	Section Total						**12,100.00**
Contractual Services							
4.1	Minor repairs of the supported health facilities in Nyal	D	4	1,500.00	1	100.00	6,000.00
	the cost for local materials, labours cost, and others						
4.2	Minor repairs of the health facilities in Leer County	D	4	1,500.00	1	100.00	6,000.00
	the cost for local materials, labours cost, and others						
	Section Total						**12,000.00**

Travel							
5.1	Staff per diem for referral	D	6	100.00	5	50.00	1,500.00
5.2	Flight on UNHAS for supervision and supportive visit	D	6	275.00	2	50.00	1,650.00
5.3	Ground travel for prepositioning of Medical supplies	D	6	500.00	1	50.00	1,500.00
5.4	Vehicle fuel for referrals	D	1	800.00	5	50.00	2,000.00
5.5	Air Charter to transport medical and laboratory supplies	D	2	8,000.00	1	100.00	16,000.00
	Section Total						**22,650.00**
General Operating and Other Direct Costs							
7.1	Vehicle Fuel	S	1	3,000.00	5	5.00	750.00
7.2	Office Rent Juba Office	S	1	5,000.00	5	5.00	1,250.00
7.3	Stationeries	S	1	2,000.00	5	5.00	500.00
7.4	Thuraya Airtime	S	1	1,800.00	5	5.00	450.00
7.5	Vehicle Repairs and maintenance	S	1	2,500.00	5	4.00	500.00
7.6	Generator repairs	S	1	2,000.00	5	5.00	500.00
7.7	Office water	S	1	1,000.00	5	5.00	250.00
7.8	Mobile Airtime	S	1	1,000.00	5	5.00	250.00
7.9	Vehicle Insurance covers	S	2	1,000.00	1	5.00	100.00
7.10	Visivility (T-shirt, banners, stickers)	D	1	5,000.00	1	5.00	250.00
7.11	Juba office Rub hall	S	1	24,000.00	1	5.00	1,200.00
7.12	Juba office Rub hall maintenanceS	S	1	1,000.00	5	5.00	250.00

	Section Total			**6,250.00**
SubTotal		4,129.00		**278,846.30**
Direct				222,350.00
Support				56,496.30
PSC Cost				
PSC Cost Percent				6.87
PSC Amount				19,156.74
Total Cost				**298,003.04**
Grand Total CHF Cost				**298,003.04**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Leer	20	3,000	4,000	1,400	1,500	9,900	
Unity -> Mayendit	50	7,500	10,000	3,500	3,750	24,750	
Unity -> Panyijiar	30	4,500	6,000	2,100	2,250	14,850	

Documents

Category Name	Document Description