

Project Proposal

Organization	IOM (International Organization for Migration)																												
Project Title	Sustaining Life-saving Primary Health Care Services and Provision of Rapid Response and Psychosocial Support for Vulnerable IDPs, Returnees and Affected Host Communities in Upper Nile, Unity, and Jonglei States																												
Fund Code	SSD-15/SA1/H/UN/387																												
Cluster	Primary cluster		Sub cluster																										
	HEALTH		None																										
Project Allocation	1st Round Standard Allocation	Allocation Category Type																											
Project budget in US\$	449,453.71	Planned project duration	12 months																										
Planned Start Date	01/01/2015	Planned End Date	31/12/2015																										
OPS Details	OPS Code	SSD-15/H/72864	OPS Budget	0.00																									
	OPS Project Ranking		OPS Gender Marker																										
Project Summary	<p>The proposed project intends to contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving PHC services to vulnerable internally displaced women, girls, men and boys and conflict-affected host communities through a flexible, responsive and synergistic approach. The project will be implemented in Upper Nile State (Malakal POC and Renk County) as well as in hard to reach areas accessed by the Rapid Response Team. The use of a combination of semi-static and mobile clinics allows IOM to respond rapidly to the specific contextual needs within a given emergency situation.</p> <p>Evidence shows that population displacement exacerbates poor health outcomes due to lack of access to preventive, curative and referral services, destruction of public health infrastructure, and disruption of continuity of care. Furthermore, health risks such as malnutrition among children under five, limited access to adequate supplies of clean and safe water, exposure to gender based violence, preference of women to give birth at home and lack of awareness on key health education messages have also contributed to make individuals, especially boys and girls under five and women, in targeted sites more vulnerable to life-threatening health risks.</p> <p>Moreover, IOM's role implementing both emergency WASH and Health activities is a significant comparative advantage for integrating health and hygiene promotion activities. Yet, successful endeavors to prevent waterborne diseases (including cholera, Hepatitis E, malaria, etc.) will require strong leadership and coordination efforts. Beyond the acute emergency needs, IOM intends to integrate capacity building for both health workers and community members on prevention of HIV and Tuberculosis (TB) as well as sensitization on community based approaches for mental health and psychosocial support.</p>																												
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>34251</td> <td>35648</td> <td>8389</td> <td>9086</td> <td>87,374</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Internally Displaced People</td> <td>34251</td> <td>35648</td> <td>8389</td> <td>9086</td> <td>87374</td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	34251	35648	8389	9086	87,374	Total beneficiaries include the following:						Internally Displaced People	34251	35648	8389	9086	87374
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Internally Displaced People	34251	35648	8389	9086	87374																								
Indirect Beneficiaries	180,318 (see breakdown below by counties)	Catchment Population	Renk County = 31,461 host community members in Renk South + 37,618 host community members in Renk North + 39,649 host community members in Geger Payam Malakal = 36,690 IDPs integrated into the host community + 34,900 host community members in North Malakal																										
Link with the Allocation Strategy	<p>This project responds to the first Health Cluster objective of, 'improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services' by contributing to the provision of life-saving PHC and referral services through semi-static and mobile clinics to identified populations in target areas in Unity, Upper Nile and Jonglei states. The basic package of PHC services integrates comprehensive reproductive health services, including antenatal and postnatal care, emergency obstetric care services, PMTCT and family planning during emergency response.</p> <p>The second objective referring to enhancement of existing systems to prevent, detect and respond to disease outbreaks is addressed through health service delivery provided by IOM's semi-static and mobile clinics, health education on communicable diseases (such as water-borne illnesses) and procurement, transport and pre-positioning of essential drugs and medical supplies. The project also focuses on continuing IOM's capacity to monitor, analyse and respond to disease trends within targeted areas through the addition of a health specific M&E officer within the team. Furthermore, IOM is an active member of the national Emergency, Preparedness and Response Taskforce led by the Ministry of Health and WHO.</p> <p>Finally the proposal addresses the third objective to improve availability, access and demand for services targeting highly vulnerable people, through the participation and support to the WHO EPI through both mass and routine vaccinations for boys and girls under five years of age and women of childbearing age in displaced and vulnerable communities. It also includes components and activities targeting individuals in need of psychosocial support services, including survivors of GBV and people living with HIV.</p>																												
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)		Source	US\$																									
			CHF 2014 Round 2	480,000.00																									
				480,000.00																									
Organization focal point contact details	Name	Title	Phone	Email																									
	Haley West	Health Program Manager	09208067356	hwest@iom.int																									

BACKGROUND INFORMATION

1. Humanitarian context

analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

Almost one year after the crisis, access to primary health care (PHC) services continues to be elusive for a large majority of the population. In the three most conflict affected states, 57% of the health facilities are non-functioning, making it vital to provide life-saving care through mobile/semi-static clinics in areas highly populated with vulnerable individuals (Health Cluster Response Plan). In 2015, it is estimated that more than 6.4 million people will be at risk, while currently over 100,000 individuals remain in Protection of Civilian (PoC) sites in the United Nations Mission in South Sudan (UNMISS) bases. South Sudan has among the worst global health indicators with a Maternal Mortality Rate of 2,054/100,000 live births and an Infant Mortality Rate of 102/1000 live births. Evidence shows that population displacement exacerbates poor health outcomes due to lack of access to preventive, curative and referral services, destruction of public health infrastructure, and disruption of continuity of care. Combined, these conditions make individuals and communities more vulnerable to life-threatening health risks.

Overcrowded living conditions and repeated bouts of flooding inside the IDP sites combined with poor sanitation and hygiene practices and weak health seeking behavior have made women, men, boys and girls, more vulnerable to ill health. Acute watery diarrhea, severe malnutrition and pneumonia claim the highest mortality. Recurrent outbreaks of measles have occurred, despite efforts by health partners to conduct emergency vaccination campaigns alongside routine efforts. Furthermore, Upper Nile State experienced a cholera outbreak this year while Unity State began to see suspected cases of Acute Jaundice Syndrome and Hepatitis E towards the end of 2014. Other health risks such as malnutrition among children under five, limited access to adequate supplies of clean and safe water,

exposure to gender based violence, preference of women to give birth at home and lack of awareness on key health education messages have also contributed to make individuals, especially children under five and women, in targeted sites more vulnerable to life-threatening health risks.

These risk factors illustrate the criticality of ensuring that life-saving services are supported and scaled up in 2015. Moreover, humanitarian actors anticipate renewed fighting during the dry season, which will increase the number of persons seeking refuge and further stretch the capacity of critical services. To address vulnerable populations outside of the PoC, this project includes the mobilisation of IOM's Rapid Response Health Teams, which aim to deliver life-saving PHC to hard to reach populations.

2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

3. Description Of Beneficiaries

This project proposal will focus on crisis affected populations, including both IDPs and vulnerable host communities. Within these target populations, IOM will focus on ensuring access to services for the women, men, boys and girls along with the most vulnerable among these groups such as the youth, elderly, persons with disabilities and pregnant and lactating women.

In line with health cluster strategy, IOM will maintain its commitment to engaging with affected individuals and communities at all phases of the programme cycle through the use of focus group discussions with women, men and youth on issues concerning their health. The use of IOM's breastfeeding groups and youth activities in health promotion is one example of how IOM engages the community in a sustainable and accountable manner to determine context and culturally appropriate need-based responses.

Beneficiary Figures are broken down below:

Direct Beneficiaries:
Renk County = 49,000
Malakal POC = 18,374
Rapid Response Team = 15,000

Indirect Beneficiaries/Catchment Population:
Renk County = 31,461 host community members in Renk South + 37,618 host community members in Renk North + 39,649 host community members in Geger Payam

Malakal = 36,690 IDPs integrated into the host community + 34,900 host community members in North Malakal

4. Grant Request Justification.

Since January 2014, IOM has been providing lifesaving PHC and referral services and comprehensive reproductive health care including the Minimum Initial Service Package (MISP), antenatal and postnatal as well as emergency obstetric and normal deliveries, Prevention of Mother to Child Transmission of HIV (PMTCT) and family planning, mass and routine immunizations, as well as health education in Upper Nile and Unity States. IOM has conducted more than 121,000 consultations in all five clinics overall (data through Week 48), 86% of which were for internally displaced persons.

In Malakal, IOM has conducted more than 40,600 consultations for men, women, girls and boys; and vaccinated more than 14,000 children under five through routine and mass vaccination. IOM was the first organization to begin providing PMTCT for pregnant mothers. Through community mobilization efforts through churches and women's groups and through the establishment of breastfeeding groups in Malakal POC, IOM has seen demand for antenatal care services increase by 80%. Moreover, over 50 facility-based births have been performed in the presence of a skilled midwife and over 300 mama kits have been distributed in the last three months. In late October, IOM began operating mobile clinics providing both PHC and RH services to host communities in Malakal town and a few isolated islands. Moreover, IOM is one of two agencies responding to an estimated 49,000 IDPs in Renk County, providing lifesaving basic services through three semi-static clinics located in Abayok, Payuer and Wonthou communities.

The project also aims to contribute to the prevention and response of waterborne diseases in the target area using a two-fold approach focusing on direct services and health education/promotion. Closely linked with environmental management, waterborne diseases are best prevented through community-wide mechanisms of good hygiene practices, access to adequate sanitation facilities and clean water. IOM's comparative advantage lies in its role as a strong partner for both the Health and WASH clusters, particularly through IOM's designation as WASH Cluster lead for Upper Nile State.

Beyond the acute emergency phase, this project aims to mainstream mental health and psychosocial support (MHPSS) into ongoing PHC services through the training of health workers in supportive communication and Psychological First Aid (PFA), basic MHPSS needs and responses in emergency and post emergency situations, and identification of most common mental disorders and referral.

Finally, this project aims to contribute to the prevention, diagnosis and treatment of HIV and Tuberculosis among IDPs. Data from IOM's clinics show that more than 164 suspected TB cases (22% under five) have been identified, yet further diagnosis, follow-up and treatment is not available. IOM has already facilitated trainings on HIV Counseling and Testing in Malakal earlier this year in collaboration with partners on the UN Joint Team on HIV and AIDS. For TB, IOM is proposing to integrate community based awareness on TB prevention while simultaneously working with the National TB Programme and partners to identify appropriate interventions for diagnosis and treatment of TB, including co-infection with HIV.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving, rapid response primary health care services to vulnerable IDPs, returnees and conflict-affected host communities.

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	70
2015 SSO 2: Enhance existing systems to prevent, detect and respond to disease outbreaks	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	20
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	5
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement	5

Outcome 1	Avoidable mortality remains under emergency threshold among target populations	
Code	Description	Assumptions & Risks
Output 1.1	Mobile and semi-static health facilities are maintained ensuring provision of emergency Basic Primary Health and quality emergency obstetric care through Reproductive Health Services.	Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Risks are security and increased conflict over the dry season.

Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	3425	3565			6990
		Means of Verification: Clinic Registrar and Weekly Morbidity Reports					
Indicator 1.1.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			839	909	1748
		Means of Verification: Clinic Registrar and Weekly Morbidity Reports					
Indicator 1.1.3	HEALTH	number of antenatal clients receiving IPT2 second dose					3495
		Means of Verification: ANC registrar and Weekly Reproductive Health Reports					
Indicator 1.1.4	HEALTH	Number of births attended by skilled birth attendants					698
		Means of Verification: ANC registrar					

Activities

Activity 1.1.1	Provision of enhanced emergency primary health care services through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men.
Activity 1.1.2	Provision of emergency obstetric care through reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post natal care
Activity 1.1.3	Provision of and support to routine and mass campaign immunisations, particularly for boys and girls under five.
Activity 1.1.4	regular monitoring of service provision
Activity 1.1.5	Regular reporting of activities to Cluster and CHF as required.

Output 1.2	Routine (EPI) and mass campaign, particularly for boys and girls under five and women of childbearing age, is provided and supported.	Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Also assuming that vaccines are deliverable in a cold chain and that they are functioning and high degree of efficacy. Risks are security and increased conflict over the dry season.
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] # of children under 5 who have received measles vaccinations in emergency or returnee situation			671	727	1398
		Means of Verification: EPI registrar and Weekly EPI reports					

Activities

Activity 1.2.1	Provision of and support to routine and mass campaign immunisations, particularly for boys and girls under five.
Activity 1.2.2	Collating and reporting data from all those receiving EPI vaccinations

Output 1.3	Emergency health care is provided through rapid response teams including health needs assessments; life-saving assistance; provision of drugs and medical supplies; routine and mass vaccinations campaigns; capacity building on communicable disease control, outbreak response and early warning surveillance mechanisms.	Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Also assuming that Rapid Response teams are mobile, able to respond across country when needed. Risks are security and increased conflict over the dry season.
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	HEALTH	[Frontline services] # of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	5880	6120	1440	1560	15000
		Means of Verification: Number of kits delivered to the field					

Activities

Activity 1.3.1	Trends, data collection, and regular reports will be collated and distributed as needed to the cluster and CHF. Data is collected for each activity, and from each beneficiary to maintain close eye on trends and location specific health outcomes.
Activity 1.3.2	Regular data collection and reporting of emergency health activities
Activity 1.3.3	Provision of health needs assessments as part of a rapid, multi-sector response to include life-saving primary and reproductive health care including referral services;
Activity 1.3.4	logistical support of drugs and medical supplies;
Activity 1.3.5	mass and routine vaccinations for children under 5 and women of child bearing age;
Activity 1.3.6	refresher trainings on epidemic prone diseases; support early warning and disease surveillance.

Output 1.4	The capacity of health care workers and community members to prevent, detect and respond to disease outbreaks like communicable diseases, particularly waterborne diseases, measles and meningitis, CMR is enhanced.	Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Risks are security and increased conflict over the dry season.
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
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			Men	Women	Boys	Girls	Target
Indicator 1.4.1	HEALTH	Number of beneficiaries who attend health education sessions per week per site on HIV awareness, Tuberculosis, prevention of Sexual and Gender based violence, communicable diseases and proper sanitation and hygiene.					7800
Means of Verification:		Attendance records					
Indicator 1.4.2	HEALTH	[Frontline services] Number of health personnel trained in community based Mental Health and Psycho-Social Support in IDP settings	7	8			15
Means of Verification:		Training attendance records					

Activities

Activity 1.4.1	Mainstream mental health and psychosocial support issues into basic primary health care services, through training of health care workers on supportive communication and PFA, basic MHPSS needs and responses in emergency and post emergency situations, identification of common mental disorders and referral, and support for caregivers.
Activity 1.4.2	Training reports, as M&E, sent to the cluster or CHF as necessary or as requested.
Activity 1.4.3	As part of M+E all beneficiaries who attend sessions are counted and reported back to the cluster as needed, the figures will also be reported back for tracking trends, and for compliance with the donor.
Activity 1.4.4	Strengthen emergency preparedness and capacity of health workers to prevent, detect and respond to disease outbreaks through basic and refresher trainings on communicable disease management, particularly waterborne diseases, measles and meningitis, and Clinical Management of Rape (CMR) and MISP (priority for female health workers due to preference of antenatal care patients to be treated by a female health worker);
Activity 1.4.5	Mobilise peer to peer community health volunteers to mainstream health education on HIV and Tuberculosis, prevention of Sexual and Gender based Violence (SGBV) and psychosocial support to survivors, reproductive health, communicable diseases, and proper sanitation and hygiene for men, women, boys and girls.

Outcome 2	National disease surveillance/early warning system and outbreak preparedness and response planning receive support from IOM.	
Code	Description	Assumptions & Risks
Output 2.1	The national disease surveillance/early warning system is supported by all clinic staff in order to identify potential outbreaks for quick and adequate response within 48 hours.	Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that clinic staff are trained on disease surveillance. Risks are security and increased conflict over the dry season.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	Number of IDSR reports submitted to MOH and WHO Health Cluster					52
Means of Verification:		IDSR reports					
Indicator 2.1.2	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					100
Means of Verification:							

Activities

Activity 2.1.1	Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response.
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WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Activity 1.1.1 Provision of enhanced emergency primary health care services through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men.	2015	X	X	X									
	Activity 1.1.2 Provision of emergency obstetric care through reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post natal care	2015	X	X	X									
	Activity 1.1.3 Provision of and support to routine and mass campaign immunisations, particularly for boys and girls under five.	2015	X	X	X									
	Activity 1.2.1 Provision of and support to routine and mass campaign immunisations, particularly for boys and girls under five.	2015	X	X	X									
	Activity 1.4.1 Mainstream mental health and psychosocial support issues into basic primary health care services, through training of health care workers on supportive communication and PFA, basic MHPSS needs and responses in emergency and post emergency situations, identification of common mental disorders and referral, and support for caregivers.	2015		X	X									
	Activity 2.1.1 Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response.	2015	X	X	X									
	Activity 1.4.2 Training reports, as M&E, sent to the cluster or CHF as necessary or as requested.	2015	X	X	X									

Activity 1.4.3 As part of M+E all beneficiaries who attend sessions are counted and reported back to the cluster as needed, the figures will also be reported back for tracking trends, and for compliance with the donor.	2015	X	X	X																
Activity 1.3.1 Trends, data collection, and regular reports will be collated and distributed as needed to the cluster and CHF. Data is collected for each activity, and from each beneficiary to maintain close eye on trends and location specific health outcomes.	2015	X	X	X																
Activity 1.2.2 Collating and reporting data from all those receiving EPI vaccinations	2015	X	X	X																
Activity 1.1.4 regular monitoring of service provision	2015	X	X	X																
Activity 1.1.5 Regular reporting of activities to Cluster and CHF as required.	2015	X	X	X																
Activity 1.3.2 Regular data collection and reporting of emergency health activities	2015	X	X	X																
Activity 1.3.3 Provision of health needs assessments as part of a rapid, multi-sector response to include life-saving primary and reproductive health care including referral services;	2015	X	X	X																
Activity 1.3.4 logistical support of drugs and medical supplies;	2015	X	X	X																
Activity 1.3.5 mass and routine vaccinations for children under 5 and women of child bearing age;	2015	X	X	X																
Activity 1.3.6 refresher trainings on epidemic prone diseases; support early warning and disease surveillance.	2015	X	X	X																
Activity 1.4.4 Strengthen emergency preparedness and capacity of health workers to prevent, detect and respond to disease outbreaks through basic and refresher trainings on communicable disease management, particularly waterborne diseases, measles and meningitis, and Clinical Management of Rape (CMR) and MISP (priority for female health workers due to preference of antenatal care patients to be treated by a female health worker);	2015	X	X	X																
Activity 1.4.5 Mobilise peer to peer community health volunteers to mainstream health education on HIV and Tuberculosis, prevention of Sexual and Gender based Violence (SGBV) and psychosocial support to survivors, reproductive health, communicable diseases, and proper sanitation and hygiene for men, women, boys and girls.	2015	X	X	X																

M & R DETAILS

<p>Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .</p>	<p>IOM health staff is required to send weekly and monthly reports to IOM Juba giving statistics on the number of consultations conducted, types and scope of morbidities and vaccinations as well as details on health promotion activities. This consistent flow of information from the field allows project managers to closely monitor morbidity trends and outbreaks, as well as individual project activities and how they are contributing to the achievement of the project's expected results and overall objective. Weekly monitoring reports aggregated into monthly, quarterly and mid-year reports coupled with quarterly site visits allow managers to evaluate short, medium and long-term project progress and to address any challenges in a timely manner. Based on the WHO Health Cluster Morbidity report and the Infectious Disease Surveillance Reporting form, IOM developed an excel sheet in late 2012 to capture all data and which allows for easy sharing with relevant partners such as the WHO, the Ministry of Health at all level, county coordinating mechanism lead agencies and donors. It is expected that this same data collection tool will be used in 2015. IOM reports weekly to the cluster using IDSR reports, morbidity and mortality reports and reproductive reports. The reporting timeline to the CHF through the health cluster will be organised by the cluster. IOMs independent reporting to CHF will be organised through their own reporting and feedback mechanisms.</p> <p>Furthermore, the health teams hold on-site evaluation meetings every week to discuss the needs, achievements and any adjustments at the field level. Additionally, at least one field visit from IOM Juba will be conducted during the implementation of this three month project to ensure all staff are aware of reporting requirements, tools and procedures.</p>
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OTHER INFORMATION

Accountability to Affected Populations	In line with health cluster strategy, IOM will maintain its commitment to engaging with affected communities at all phases of the program cycle through focus group discussions with women, men and youth on issues concerning their health. The use of IOM's breastfeeding groups and youth activities in health promotion is one example of how IOM engages the community in a sustainable and accountable manner to determine appropriate needs -based responses. IOM's M&E framework ensures that each project implemented is carried out effectively and continually reviewed in line with community needs and humanitarian frameworks.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	<p>All components of this project will be carried out by IOM staff through IOM procedures.</p> <p>Successful implementation in terms of management, coordination, and finance will be overseen by an experienced project manager. Project finances will be coordinated by the project manager and overseen by IOM's resource management unit. Financial oversight will be monitored at regional level also to ensure that accountability and effective use of resources, in line with project contracts, is maintained. Project coordination will be overseen by the project manager, in partnership with IOM South Sudan's Programme Support Unit. The programme support unit assist with project administration, technical oversight, and project M+E. Reporting lines and distribution of labor will be overseen by the resource management unit, and the project manager will be charged with direct supervision.</p> <p>To maximize efficiency, this project will be carried out in consultation with the South Sudan Health Cluster. This will ensure solid impact, avoid duplication, and promote sustainability where possible.</p>
Coordination with other Organizations in project area	
Environmental Marker Code	B+: Medium environmental impact with mitigation(sector guidance)
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	All IOM project activities from proposal design, assessments, implementation and monitoring of activities aim to mainstream gender sensitivities. For instance, during project design the health vulnerabilities for men, women, boys and girls are identified and analyzed in terms of how the project can appropriately and adequately address each set of needs. For implementation, the gender breakdown of the staff hired by IOM is also considered as an important component of gender mainstreaming. IOM aims to have at least 50% of our clinical staff be female. Furthermore, gender disaggregation is critical in IOM's standard operating procedures for best practice of collection and analysis of beneficiary health data.
Protection Mainstreaming	This project will cater to the latest lifesaving needs, in line with the aims and objectives of the Health Cluster. This CHF supported intervention is consistent with the basic humanitarian principles of humanity, neutrality, and impartiality. The project will support the delivery of current essential lifesaving services to continue protecting the lives of the most vulnerable groups in the escalating conflict in South Sudan, particularly women, and children in the emergency situation. This project operates with the understanding that activities will take into account equity principles that promote the protection of women and girls. This health project also take into consideration cross-cutting issues, and at all stages of the project cycle, health practitioners work with experts from CCCM, and WASH, amongst others, to ensure that programming is effective, targeted and making the most of key resources and staff for the benefit of IDPs. This multi-sector approach is only possible due to the emphasis IOM places on working directly with partners to ensure effective communications. This reduces overlap and duplication and provides the most of resources where needed the most.
Safety and Security	<p>Violent conflict remains a concern for project implementation in South Sudan, including fighting between non-state actors and SPLA as well as inter-communal violence. These factors present a constant threat to the security of staff, particularly in staff heavy projects such as emergency health responses.</p> <p>The situation in Upper Nile State for IOM's semi-static and mobile clinics as well as those hard to reach areas targeted by the Rapid Response Mechanism are anticipated to remain highly volatile during the first quarter of 2015 in which this project is planned.</p>

To mitigate these risks, IOM is a member of the UN Department of Safety and Security (UNDSS) which includes local field structures as well as tailored protocols for South Sudan, and oversight at the country level by the Security Management Team. IOM is a permanent member of the SMT which provides recommendations and consultation on security policy and criteria in coordination with the designated security representative of the SRSG, and the UN in New York. Furthermore, staff in the field undergo a series of security trainings and are properly equipped with personal protective equipment and communication devices. While our operations require staff to often enter into insecure areas, IOM does its best to ensure that all staff have the proper knowledge, training and equipment to ensure their safety. Lastly, IOM follows UNDSS protocols for including security clearance and convoy travel for vehicles.

Access Humanitarian access is currently possible to all areas targeted by this project. In order to address sporadic incidents of insecurity, a comprehensive and flexible security strategy is in place and provides for a tailored response to insecure conditions.

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
1.1	Health Programme Manager (@P3) - Juba	D	1	16000	3	100.00%	48,000.00	0.00	0.00	0.00	0.00	
1.2	Migration Health Officer (UG P2 Eq) - Malakal	D	1	7300	5	75.00%	27,375.00	0.00	0.00	0.00	0.00	
1.3	Pharmacy/Storekeeper Assistant - Juba	D	1	2700	3	75.00%	6,075.00	0.00	0.00	0.00	0.00	
1.4	Medical Assistant - UNS	D	8	2300	3	75.00%	41,400.00	0.00	0.00	0.00	0.00	
1.5	Nurse - UNS	D	8	1500	3	75.00%	27,000.00	0.00	0.00	0.00	0.00	
1.6	Midwife - UNS	D	6	1500	3	75.00%	20,250.00	0.00	0.00	0.00	0.00	
1.7	Vaccinator - UNS	D	5	485	3	100.00%	7,275.00	0.00	0.00	0.00	0.00	
1.8	Health Promoter -UNS	D	25	350	3	100.00%	26,250.00	0.00	0.00	0.00	0.00	
1.9	Registrar/Crowd Controller - UNS	D	7	350	3	100.00%	7,350.00	0.00	0.00	0.00	0.00	
1.10	Guard - UNS	D	5	350	3	100.00%	5,250.00	0.00	0.00	0.00	0.00	
1.11	Traditional Birth Attendants - UNS	D	6	350	3	100.00%	6,300.00	0.00	0.00	0.00	0.00	
1.12	Cleaner/Water Carrier - UNS	D	5	350	3	100.00%	5,250.00	0.00	0.00	0.00	0.00	
1.13	International Support Costs	s	30	15000	3	4.00%	54,000.00	0.00	0.00	0.00	0.00	
This budget line covers 4% of 30 support staff, representing the costs of 1.2 full support staff over project implementation												
1.14	National Support Costs	s	110	1868	3	1.09%	6,719.20	0.00	0.00	0.00	0.00	
This budget line covers 1.09% of 110 national support staff. This represents the costs for 1.2 full national support staff over project implementation												
Section Total							288,494.20	0.00	0.00	0.00	0.00	0.00

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
2.1	Medicines and Medical Commodities	D	1	50000	1	100.00%	50,000.00	0.00	0.00	0.00	0.00	
% of Drugs and Medical commodities. IOM will be relying on the pipeline for most of supplies needed.												
2.2	Transportation and Storage of Medicines and Medical Commodities	D	1	14750	1	100.00%	14,750.00	0.00	0.00	0.00	0.00	
Section Total							64,750.00	0.00	0.00	0.00	0.00	0.00

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
Section Total							0.00	0	0	0	0	0.00

4 Contractual Services (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
Section Total							0.00	0	0	0	0	0.00

5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
5.1	M&A&E Travel	D	2	400	1	100.00%	800.00	0.00	0.00	0.00	0.00	
monitoring and evaluation functions for project												
5.2	M&A&E DSA	D	1	91	0	100.00%	0.00	0.00	0.00	0.00	0.00	
Daily Subsistence Allowance over 10 days												

5.3	RRT Travel 2 trips, for 15 RRT Medical Staff.	D	15	400	2	100.00%	12,000.00	0.00	0.00	0.00	0.00
5.4	RRT DSA	D	15	91	16	100.00%	21,840.00	0.00	0.00	0.00	0.00
Section Total							34,640.00	0.00	0.00	0.00	0.00

6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
Section Total							0.00	0	0	0	0	0.00

7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
7.1	Mobile and Semi-static Clinic Operations	D	1	3422	3	100.00%	10,266.00	0.00	0.00	0.00	0.00	
7.2	RRT Field Operations	D	1	2500	3	100.00%	7,500.00	0.00	0.00	0.00	0.00	
7.3	Security	D	1	8000	3	20.00%	4,800.00	0.00	0.00	0.00	0.00	
7.4	Office Rent	D	1	8000	3	20.00%	4,800.00	0.00	0.00	0.00	0.00	
7.5	Communications	D	1	8000	3	20.00%	4,800.00	0.00	0.00	0.00	0.00	
Section Total							32,166.00	0.00	0.00	0.00	0.00	

Sub Total Direct Cost 420,050.20

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent) 7%

Audit Cost (For NGO, in percent)

PSC Amount 29,403.51

Quarterly Budget Details for PSC Amount

2015				Total
Q1	Q2	Q3	Q4	
0.00	0.00	0.00	0.00	0.00

Total Fund Project Cost 449,453.71

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Eastern Equatoria	3					0	
Jonglei	3					0	
Lakes	3					0	
Northern Bahr el Ghazal	3					0	
Unity	6					0	
Upper Nile	70					0	
Warrap	3					0	
Western Bahr el Ghazal	3					0	
Western Equatoria	3					0	
Central Equatoria	3					0	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

Admin Location1	Percentage
Eastern Equatoria	3
Jonglei	3
Lakes	3
Northern Bahr el Ghazal	3
Unity	6
Upper Nile	70
Warrap	3
Western Bahr el Ghazal	3
Western Equatoria	3
Central Equatoria	3

DOCUMENTS

