

Project Proposal

Organization	IRC (International Rescue Committee)																																
Project Title	Delivery of primary and reproductive health services in South Sudan.																																
Fund Code	SSD-15/SA1/H/INGO/314																																
Primary Cluster	HEALTH	Secondary Cluster	None																														
Project Allocation	1st Round Standard Allocation	Allocation Category Type																															
Project budget in US\$	350,000.05	Planned project duration	6 months																														
Planned Start Date	01/02/2015	Planned End Date	31/07/2015																														
OPS Details	OPS Code	SSD-15/H/72952	OPS Budget																														
	OPS Project Ranking		OPS Gender Marker																														
Project Summary	The IRC health intervention will enhance provision of health care in Rubkona, Unity State and in Bor South County, Jonglei State through the provision of curative and preventive services, responding to outbreaks, offering immunization services and promoting HIV/AIDS awareness among the population. Programming will also entrench capacity building. Bor and Bentiu PoCs are specifically targeted due to the high level of need and the IRC's existing presence and experience implementing similar programming. Currently, the IRC is the only health actor within the Bor PoC and Bentiu PoCs, where the IRC has been running similar programs since Feb 2014. Boys and girls under the age of 18 will be targeted and benefit from the IRC's interventions. The IRC will conduct Focus Group Discussions with different community members such as women, girls, boys, men and different groups with disabilities and HIV/AIDS to try to understand their needs as well as to ensure that the program is meeting their needs. The IRC will also train health workers to identify and respond to special needs of vulnerable groups. The IRC will collaborate with other sectors like protection, WPE, Child Protection and establish a referral mechanism for any vulnerable people. The IRC will also work with the CHDs, local authorities and community leaders to identify vulnerable groups and bring them to the health facilities.																																
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>3332</td> <td>3204</td> <td>3332</td> <td>2947</td> <td>12,815</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>People in Host Communities</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Internally Displaced People</td> <td>3332</td> <td>3204</td> <td>3332</td> <td>2947</td> <td>12815</td> </tr> </tbody> </table>				Men	Women	Boys	Girls	Total	Beneficiary Summary	3332	3204	3332	2947	12,815	Total beneficiaries include the following:						People in Host Communities	0	0	0	0	0	Internally Displaced People	3332	3204	3332	2947	12815
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Indirect Beneficiaries	Catchment Population																																
Link with the Allocation Strategy	The health intervention will align with the 2015 health SRP objectives. To improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services IRC will address the common causes of morbidity and mortality by providing curative, preventive and promotion health services. Activities will include Outpatient Care for children under the age of five and over five, ante-natal Care, post-natal care, family planning, delivery, routine EPI, support, National Immunization Days, health education and promotion, growth monitoring and nutrition screening of < 5 children, and LLITN distribution. The IRC will secure the drugs and other commodities needed in the management of patients through the support of UNFPA and WHO. Additionally the intervention will enhance existing systems to prevent, detect and respond to disease outbreaks through capacity building of health staff and the community through trainings and engagements in different capacities to respond to emerging disease outbreaks and emergencies, strengthening the early warning surveillance and response system for outbreak-prone diseases. Buffer stocks and emergency contingency medical supplies (drugs and consumables) will be prepositioned. The IRC will regularly report to the Integrated Disease Surveillance and Response (IDSR) and on the job coaching will be carried out to ensure quality delivery of the health services and as well as skill transfer. The program will be supported with essential medicines, medical equipment and medical consumables throughout the project period. The intervention takes into consideration vulnerable populations such as children under 5 years, pregnant and lactating women, displaced persons and thus will work with other sectors within IRC to meet the Program objectives. The IDPs currently residing in the Bor and Bentiu PoCs are living in IO held areas and are afraid to visit any government-run health facilities for secondary level health services. The IRC will develop an effective referral system for the secondary level care of IDPs in collaboration with WHO, UN agencies, health cluster and other partners working in the area. As per the objectives, the program will also improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services, targeting highly vulnerable people. To ensure that survivors of sexual assault and GBV are provided with proper care and treated with dignity, the IRC Health team will work closely with the IRC's WPE team to train all clinical staff on the IRC's CCSAS guidelines and module to enable survivors to receive clinical care at the health facilities and psychosocial support at designated women centers.																																
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)																																
Organization focal point contact details	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Caroline Lai</td> <td>Grants Coordinator</td> <td>+211 (0)954 790 125</td> <td>caroline.lai@rescue.org</td> </tr> </tbody> </table>			Name	Title	Phone	Email	Caroline Lai	Grants Coordinator	+211 (0)954 790 125	caroline.lai@rescue.org																						
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BACKGROUND INFORMATION

- 1. Humanitarian context analysis.** Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented
- An estimated 3.9 million people are facing health risks in South Sudan, who prior to the crisis had already been relying on humanitarian actors for provision of health care. More recently, efforts of NGOs have been hampered largely by the crisis, due to limited access and lack of proper infrastructure to deliver supplies for health services in a coordinated and timely manner. Unity state is one of the worst affected by the conflict, the majority of the people seeking protection at the POC have no plans to move back to their homes due to fear of the ongoing crisis and probable repercussions. The level of mistrust among communities remains high and efforts to foster reconciliation will take time. The situation in Bentiu POC remains dire due to the effect of frequent flooding. According to IOM registration done in July 47,000 people are living in the POC and with opening up of the southern corridor by the SPLA for the communities. The town of Bor is the state capital of Jonglei State. As the administrative center of the state government, Bor is a major trading and commerce point and a hub for humanitarian and development agencies working in and around Jonglei State. The population of Bor town before the conflict began in December 2013 was 120,000. The conflict that started in December 2013 caused many individuals and families to flee their homes and seek protection inside the UNMISS POC site in Bor. Initial figures after the crisis began estimated 15,000 people sought refuge. In the weeks following the composition of the camp shifted as certain communities moved out depending on their sense of security outside of the POC. IOM's Displacement Tracking Matrix Unit conducted a registration exercise, which identified 4,893 individuals or 1,400 households living in the Bor POC site (Data from 01 April 2014) but the recent data from IRC (October 2014) shows about 2,722 IDPs at the POC site. The IDPs are living in unhealthy conditions, with poor hygiene aggravated by an aggressive epidemic of measles, diarrhea, and malnutrition, and acute respiratory infection. With the dry season approaching soon, the humanitarian community expects violence and armed conflict to increase and more people to flee their homes, funds from CHF will enable IRC to respond to the unpredictable needs of this population.
- 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. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)
- During conflicts, typical health risks are physical trauma that requires urgent surgical interventions; an increase of communicable diseases such as diarrheal infections, malaria, and acute respiratory infections; measles, cholera, and hepatitis outbreaks; and incidents of sexual assault. Disease is rife in South Sudan; among those who are displaced, malaria, acute diarrhea, and respiratory infections are commonly reported. At present (2014), the prevalence rates in South Sudan for malaria, acute water diarrhea (AWD), pneumonia, and worms are as follows: 24.7%, 14%, and 17.6%, and 10%, respectively, in children under 5 years old. Other diseases are also of concern, for instance, the number of cases of Kala-azar, which is endemic in South Sudan, has sharply risen. Over the first week of October, 4,624 cases were reported, compared to 1,614 cases during that same period last year. The FMS Round 3, which covered the period July through August 2014, shows high morbidity rates from malaria, respiratory infection, diarrhea, and malnutrition. The report also shows that a high number of pregnant and lactating women are malnourished. Before the conflict, the State Ministry of Health (SMoH), along with CARE, Médecins Sans Frontières (MSF), and THESO, were providing healthcare services in Unity State. However, now, international partners are filling this service gap, including the IRC. Within the IRC-run clinics in PoC 2 and 5 in Bentiu, the caseload increased drastically during the April 2014 crisis as the population in the PoCs tripled when heavy fighting took place between the SPLA and SPLA-IO resulted in the massacre of over 500 people living in town, including people who had sought refuge in churches and hospitals. The overall caseload again increased in September when serious flooding in the PoCs destroyed the entire sanitation system, causing water contamination and internal displacement. A needs assessment carried out by UNICEF and the RRP on November 7, 2014, covering WASH, health, nutrition, protection, and food security shows that there is a dearth of actors on the ground providing primary care services to the population. Since the launch of the IRC's basic emergency health care program in Bentiu—funded by OFDA, CHF, UNFPA, and private donors—in February 2014, a total of 169 (46.9%) pregnant women have benefited from ANC services and curative services at the RH clinics in IRC clinics. Specifically, mothers have received individualized health advice, malaria treatments, and iron supplements, as malaria and anemia are the major causes of abortion and intrauterine fetal growth retardation. A total of 375 (45.6%) women delivered in the

facilities under the care of skilled birth attendants, while eight complicated labors were referred to secondary care for surgical intervention. Despite these gains, however, health statistics in these areas remain poor. Under this grant, the IRC's proposed emergency response will involve working closely with other actors on the ground to ensure that issues are addressed through provision of promotive, curative, and preventive health services. In the Bor PoC site, IRC data (Feb – Aug 2014) showed that acute respiratory infections (30%), malaria (23%) and diarrhea (740, 8%) remain the leading causes of morbidity and mortality in children under five. In general, there has been a drop in immunization coverage of children 2006 and 2010, with 42.5% with no immunization by 12 months in 2006 as compared to 45.9% and only 6.3% of children between 12 and 23 months had received all the recommended vaccination.

3. Description Of Beneficiaries
A range of vulnerable groups will be targeted including infants and young children, PLW and females. Bor and Bentiu PoCs are specifically targeted due to the high need and the IRC's existing presence and experience implementing similar programming. Currently, the IRC is the only health actor within the Bor PoC; and has been providing similar services in Bentiu PoC. Boys and girls under the age of 18 will benefit from the IRC's interventions in the targeted areas. Throughout project implementation, the IRC will conduct Focus Group Discussions with different community members such as women, girls, boys, men and different groups with disabilities and HIV/AIDS to try to understand the needs of these different groups as well as to ensure that the program is meeting their needs. The IRC will also train its health workers and build their capacities to identify and respond to special needs of the targeted population. The IRC will strive to collaborate with other sectors like protection, WPE, Child Protection and establish a referral mechanism for any vulnerable people who needs special care. The IRC will also use its network of CHWs to sensitize the communities about the availability of services for different beneficiary groups, identify any vulnerable people and refer them to the health facilities. CHWs will do a house to house visit which will enable them to identify and bring people needing referral. The IRC will also work with local authorities and community leaders to further identify vulnerable groups for referral.

4. Grant Request Justification.
The IRC is already well positioned to respond to populations needs in the proposed static locations. IRC has been in Bor since the beginning of the crises in February 2014 offering primary and reproductive health care services to IDPs at the UNMISS base with funds from ECHO (June – December 2015). In Bentiu, the IRC supports two health facilities at PoC 2 and 5 with funds from OFDA (July - Dec 2014) and CHF (July – Dec 2014). As most funding end in December 2014, additional funds from CHF will support and ensure the continuity of basic emergency health services for the affected population in the targeted areas through IRC activities: • Providing primary and reproductive health care in all health facilities through the provision of drugs, equipment, medical supplies and staffing. • Community mobilization and health education outreach services on key health messages (modes of disease transmission, hand washing, proper use of sanitation facilities, cholera prevention, and HIV/AIDS) and mobilize communities to utilize services and create demand among the affected population. • The IRC is an active member in the health cluster and, in the event of a communicable disease outbreak, will play a key role in containment by setting up isolation centers and providing required supplies and technical expertise. • The IRC will continue providing routine immunization services and will continue to play an active role in mop up campaigns with health cluster partners. • The IRC will establish a functional referral system for severe cases requiring secondary health care.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.
The IRC health program operates three primary health care facilities for IDPs, offering health services for 100 to 200 patients per day. The clinics are located in the Bor and Bentiu IDP camps. All of the IRC-run health clinics see high utilization. Presently, daily average consultation per full-time clinician of 58.6; IRC facility utilization rates averaged 2.2 per person for last year. The Crude Mortality Rate (CMR) averages 0.02 per 10,000 per day, which remains below SPHERE standards for an emergency situation. Current Under-Five-Mortality averages 0.08 per 10,000 per day – maintained below SPHERE standards. ARI, malaria and diarrhea remain the leading causes of morbidity and mortality, indicating ongoing need to conduct preventive activities at the community level. With the support of OFDA, UNFPA and CHF in Bentiu PoC and ECHO in Bor PoC, the IRC has provided equipment, staff, and drug supplies to the PoCs, which has helped to decrease the high mortality rate and avoid disease outbreaks (even in the face of recurrent flooding and poor conditions). The IRC intends to continue all programs in the coming year both through the activities proposed here as well as a through currently pending funding from OFDA, ECHO, and UNFPA. As such, it is crucial that these vulnerable populations continue to have access to quality primary health care. Additionally, in order to sustain and further enhance the progress made so far in the PoCs, the IRC seeks to continue its pivotal role providing curative, preventive and promotive services. In this next project cycle, IRC will provide additional emphasis and focus on improving the quality of those services, ensuring that a greater percentage of people receive treatment according to WHO protocols, that a higher percentage of children are fully inoculated, that a greater percentage of women seek out ante- and post-natal care and deliver in a health center, and that the community as a whole is not only better informed about health and hygiene but that they are incorporating that knowledge into their regular habits and customs.

LOGICAL FRAMEWORK

Overall project objective
Objective : To contribute to increased access to life-saving primary and reproductive health care services for affected IDP and host communities, and increase the emergency preparedness and response capacities of local authorities and communities in Unity and Jonglei States. The IRC health intervention will enhance provision of health care in Rubkona, Unity State and in Bor South county, Jonglei State through the provision of drugs, medical equipment and supplies, and laboratory equipment to IDP and vulnerable host communities. In Unity State, programming will efficiently offer treatment for communicable diseases and respond to outbreaks, offer immunization services and Emergency Obstetric and Neonatal Care (EmONC) services, and promote HIV/Aids awareness among the population. Programming will also entrench capacity building of local talent as a core activity. Based on experience and previous observations, local staff require mentorship and training in order to play a key role in project implementation and sustainability. In both locations, the IRC will strengthen the pre-existing referral system to secondary level. In Bor, the IRC has recruited a Medical Doctor to respond to EmOC cases that require surgical intervention such as cesarean section.

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	60
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	15
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	25

Outcome 1	Improved access to quality primary and reproductive health care services for displaced communities in Unity and Jonglei states	
Code	Description	Assumptions & Risks
Output 1.1	Ensured and continued provision of curative primary and reproductive health services through health facilities	Average consultation per person per year is 2 consultations per person per year. The security situation remains stable: • Civil unrest remains limited; • Threats of fighting and ongoing battles between government and opposition forces are reduced and humanitarian access guaranteed; • Roads are secure allowing for safe transportation of drugs, supplies and staff The IRC can access affected areas: • Roads will not be blocked by armed actors; • Road conditions do not disproportionately affect the IRC's ability to transport materials and supplies to project sites; • Flights to target areas are operating The economic climate remains stable without sudden inflationary shocks: • Essential relief supplies will continue to be available for purchase in country; • Items not available in country can be shipped within an appropriate timeframe; and • Government regulations will not significantly delay entry of needed supplies into the country

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	5398	4982			10380
		Means of Verification: Clinic records (target for men includes boys over the age of 5; target for women includes girls over the age of 5)					
Indicator 1.1.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			1290	1145	2435

Means of Verification: Clinic records							
Activities							
Activity 1.1.1	Continue to provide curative services at outpatient and inpatient department at the HFs						
Activity 1.1.2	Ensure provision of laboratory service in all HFs						
Activity 1.1.3	Ensure provision of 24 hours service in Bor and Bentiu health facilities						
Activity 1.1.4	Strengthen a reliable referral system in all HFs						
Activity 1.1.5	Identify drugs, equipments and supplies necessary for the HFs						
Activity 1.1.6	Procure and distribute drugs and laboratory supplies in all HFs						
Activity 1.1.7	Provide training and refresher trainings for all HF staff on service provision						
Activity 1.1.8	Conduct supervision visit to all HFs						
Activity 1.1.9	Ensure submission of weekly morbidity report and IDSR to the health cluster and MOH						
Activity 1.1.10	Review and analyze monthly morbidity and RH reports and provide feedback to HF staff and submit to the MOH, UNFPA, WHO and health cluster						
Output 1.2	<p>Improved access to quality RH services including GBV for the targeted beneficiaries</p> <p>The security situation remains stable:</p> <ul style="list-style-type: none"> • Civil unrest remains limited; • Threats of fighting and ongoing battles between government and opposition forces are reduced and humanitarian access guaranteed; • Roads are secure allowing for safe transportation of drugs, supplies and staff <p>The IRC can access affected areas:</p> <ul style="list-style-type: none"> • Roads will not be blocked by armed actors; • Road conditions do not disproportionately affect the IRC's ability to transport materials and supplies to project sites; • Flights to target areas are operating <p>The economic climate remains stable without sudden inflationary shocks:</p> <ul style="list-style-type: none"> • Essential relief supplies will continue to be available for purchase in country; • Items not available in country can be shipped within an appropriate timeframe; and • Government regulations will not significantly delay entry of needed supplies into the country 						
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					60
		Means of Verification: Clinic records and HIS					
Indicator 1.2.2	HEALTH	[Frontline services] # of EmONC centres established					2
		Means of Verification: Clinic records and HIS					
Indicator 1.2.3	HEALTH	[Frontline services] # of health facilities providing basic package of GBV services in IDP setting					3
		Means of Verification: Clinic records and HIS					
Activities							
Activity 1.2.1	Identify necessary drugs, equipments and supplies for RH services in all HFs						
Activity 1.2.2	Procure and distribute drugs and laboratory supplies for RH services in all HFs						
Activity 1.2.3	Provide training and refresher trainings for all HF staff on RH service provision						
Activity 1.2.4	Continue to provide ANC services						
Activity 1.2.5	Continue to provide different FP methods						
Activity 1.2.6	Provide response and referral service to survivors of gender-based violence						
Activity 1.2.7	Provide referral service to Emergency Obstetric Complication cases and survivors of gender-based violence						
Activity 1.2.8	Conduct educational sensitization sessions on Reproductive health, immunization, GBV and other health services to various community member groups: Health Committees, Chiefs, Traditional birth attendants, Traditional healers, and Women's health groups						
Activity 1.2.9	Map all women of the reproductive age and PLW						
Activity 1.2.10	Ensure submission of weekly morbidity reports and monthly RH reports to MOH, UNFPA, WHO and the health cluster						

Outcome 2	Increased and improved immunization coverage for children <1 year and <5 years	
Code	Description	Assumptions & Risks
Output 2.1	Continued provision of immunization services at the health facilities	<p>80% of children under the age of five receive 3 doses of Pentavalent and measles vaccines. 19% children under the age of five years.</p> <p>The security situation remains stable:</p> <ul style="list-style-type: none"> • Civil unrest remains limited; • Threats of fighting and ongoing battles between government and opposition forces are reduced and humanitarian access guaranteed; • Roads are secure allowing for safe transportation of drugs, supplies and staff <p>The IRC can access affected areas:</p> <ul style="list-style-type: none"> • Roads will not be blocked by armed actors; • Road conditions do not disproportionately affect the IRC's ability to transport materials and supplies to project sites; • Flights to target areas are operating

The economic climate remains stable without sudden inflationary shocks:

- Essential relief supplies will continue to be available for purchase in country;
- Items not available in country can be shipped within an appropriate timeframe; and
- Government regulations will not significantly delay entry of needed supplies into the country

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			1032	916	1948
		Means of Verification:	EPI records and Health Information System (HIS)				
Indicator 2.1.2	HEALTH	Number of measles vaccination given to children under 5					1948
		Means of Verification:	EPI records and Health Information System (HIS)				

Activities

Activity 2.1.1	Ensure regular supply of vaccine to HFs
Activity 2.1.2	Establish a quality cold chain monitoring system
Activity 2.1.3	Continue to provide EPI in all HFs
Activity 2.1.4	Provide initial training and refresher trainings for all HF staff on EPI service provision
Activity 2.1.5	Ensure submission of weekly and monthly EPI reports to the health cluster, WHO, MOH and UNFPA

Output 2.2

Improved community knowledge, practices and access to health services among targeted beneficiaries

The security situation remains stable:

- Civil unrest remains limited;
- Threats of fighting and ongoing battles between government and opposition forces are reduced and humanitarian access guaranteed;
- Roads are secure allowing for safe transportation of drugs, supplies and staff

The IRC can access affected areas:

- Roads will not be blocked by armed actors;
- Road conditions do not disproportionately affect the IRC's ability to transport materials and supplies to project sites;
- Flights to target areas are operating

The economic climate remains stable without sudden inflationary shocks:

- Essential relief supplies will continue to be available for purchase in country;
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- Government regulations will not significantly delay entry of needed supplies into the country

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	HEALTH	[Frontline services] # of people reached with health education and promotion messages	3332	3204	3332	2947	12815
		Means of Verification:	Clinic records and HIS				

Activities

Activity 2.2.1	Establish Health Committee at IDP Camps
Activity 2.2.2	Mobilize and ensure participation of community on health
Activity 2.2.3	Educate and Inform communities on personal and environmental hygiene

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 Continue to provide curative services at outpatient and inpatient department at the HFs	2015		X	X	X	X	X	X					
Activity 1.1.2 Ensure provision of laboratory service in all HFs	2015		X	X	X	X	X	X					
Activity 1.1.3 Ensure provision of 24 hours service in Bor and Bentiu health facilities	2015		X	X	X	X	X	X					
Activity 1.1.4 Strengthen a reliable referral system in all HFs	2015		X	X	X	X	X	X					
Activity 2.1.1 Ensure regular supply of vaccine to HFs	2015		X	X	X	X	X	X					
Activity 2.1.2 Establish a quality cold chain monitoring system	2015		X	X									
Activity 2.1.3 Continue to provide EPI in all HFs	2015		X	X	X	X	X	X					
Activity 2.2.1 Establish Health Committee at IDP Camps	2015		X	X									
Activity 2.2.2 Mobilize and ensure participation of community on health	2015		X	X	X	X	X	X					
Activity 2.2.3 Educate and Inform communities on personal and environmental hygiene	2015		X	X	X	X	X	X					
Activity 1.1.5 Identify drugs, equipments and supplies necessary for the HFs	2015		X										

Activity 1.1.6 Procure and distribute drugs and laboratory supplies in all HF's	2015	X	X																	
Activity 1.1.7 Provide training and refresher trainings for all HF staff on service provision	2015	X	X	X	X	X	X													
Activity 1.1.8 Conduct supervision visit to all HF's	2015	X	X	X	X	X	X													
Activity 1.1.9 Ensure submission of weekly morbidity report and IDSR to the health cluster and MOH	2015	X	X	X	X	X	X													
Activity 1.1.10 Review and analyze monthly morbidity and RH reports and provide feedback to HF staff and submit to the MOH, UNFPA, WHO and health cluster	2015	X	X	X	X	X	X													
Activity 1.2.1 Identify necessary drugs, equipments and supplies for RH services in all HF's	2015	X																		
Activity 1.2.2 Procure and distribute drugs and laboratory supplies for RH services in all HF's	2015	X	X																	
Activity 1.2.3 Provide training and refresher trainings for all HF staff on RH service provision	2015	X	X	X	X	X	X													
Activity 1.2.4 Continue to provide ANC services	2015	X	X	X	X	X	X													
Activity 1.2.5 Continue to provide different FP methods	2015	X	X	X	X	X	X													
Activity 1.2.6 Provide response and referral service to survivors of gender-based violence	2015	X	X	X	X	X	X													
Activity 1.2.7 Provide referral service to Emergency Obstetric Complication cases and survivors of gender-based violence	2015	X	X	X	X	X	X													
Activity 1.2.8 Conduct educational sensitization sessions on Reproductive health, immunization, GBV and other health services to various community member groups: Health Committees, Chiefs, Traditional birth attendants, Traditional healers, and Women's health groups	2015	X	X	X	X	X	X													
Activity 1.2.9 Map all women of the reproductive age and PLW	2015	X	X																	
Activity 1.2.10 Ensure submission of weekly morbidity reports and monthly RH reports to MOH, UNFPA, WHO and the health cluster	2015	X	X	X	X	X	X													
Activity 2.1.4 Provide initial training and refresher trainings for all HF staff on EPI service provision	2015	X	X	X	X	X	X													
Activity 2.1.5 Ensure submission of weekly and monthly EPI reports to the health cluster, WHO, MOH and UNFPA	2015	X	X	X	X	X	X													

M & R DETAILS

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 .

Monthly progress reports on implementation will be submitted to the field and technical coordinators for review, including implementation and financial status, problems encountered and reparative measures, and any lessons learned. Program progress will be measured against indicators listed in the Performance Monitoring Plan (PMP) and quality assurance of services will be assessed through site visits, review of records, and beneficiary feedback. Juba-based technical staff will review reports and conduct periodic visits to support and monitor the progress of the program. The IRC will use MOH data tools, supplemented by IRC tools, to monitor health activities. The IRC will report data to the MoH surveillance system to support epidemic surveillance, health planning, and program management. Integrated Disease Surveillance Report (IDSR) data will be compiled weekly and submitted to the relevant stakeholders (MOH, WHO, UNICEF, and UNFPA). Data on morbidity, maternal and child health, and immunization will be compiled monthly and submitted to the SMOH. The monthly data analysis will inform program decision-making as it pertains to progress made in implementation. Monthly data analysis will inform decision-making on program strategies in terms of best practices and lessons learned. The IRC will carry out close supervision of program activities to ensure that services are in line with national treatment protocols, quality standards are upheld, and the skills and concepts covered during in-service trainings are being correctly applied. The IRC will use its Supervision Checklist during monitoring visits. The IRC will submit a progress report to CHF on the detailed implementation every 6-months and a month after the end of the project, as stipulated in the grant agreement. Ad hoc reports, within reason, may be produced as requested by CHF. Through the health cluster, the IRC will submit weekly IDSR, morbidity, EPI and RH reports.

OTHER INFORMATION

Accountability to Affected Populations

The IRC has established strong and trusting relationships with the target communities. The IRC continually meets with beneficiaries and local officials to evaluate its interventions and to determine the most appropriate areas for intervention. In areas where the IRC has previously implemented similar programming, through participatory assessments and key informant interviews with beneficiaries and government officials, the IRC gained insight on existing gaps, communities' concerns and challenges faced. Through regular monitoring visits and focus group discussions, the IRC has developed a better understanding of the communities' priorities and is better positioned to refine responses and develop its programming. The IRC developed the proposal based on this insight and during the implementation of the program will continue working with the IDPs, community leaders, volunteers and existing community structures to implement and adapt the program's interventions to the beneficiaries' changing needs. Two way feedback between the IRC and beneficiaries occur at regular meetings with health committees which includes representation of different community groups like women, men, children, youth and elderly throughout the project cycle. In all IRC health facilities, patients exit interviews will be conducted to understand patient satisfaction and if they have any concerns regarding the services provided in addition to possible use of suggestion boxes. Feedback provided during the meetings and information collected during the exit interviews or from the suggestion boxes will be discussed with the clinic staffs and at the management level to management decisions to improve service provision and adapt the program accordingly to meet the beneficiary's needs.

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

All project components will be carried out by the IRC. The IRC has recently reinforced its staffing structure to be able to support the expansion the IRC South Sudan witnessed responding to the crisis. The Senior Management Team (Country Director (CD), deputy Director of Programs (DDP), Deputy Director of Operations (DDO), Senior HR & or. Administration Coordinator and Finance Controller and two Deputy Directors of Field Management to provide adequate support to the increased number of field sites and field operations. Programming is led by the DDP along with specific program coordinators per sector. The DDP is responsible for ensuring and maintaining overall program quality through supervising technical staff, conducting monitoring visits, liaising with partners and donors, and supporting compliant, timely, efficient and effective project implementation. The DDFM is responsible for the support to and oversight of field sites and field operations. The Grants Coordinator and team provides grants management oversight and looks at donor compliance, supported by the Global Grants and Finance Units in New York. The Global Grants Unit provides technical recommendations for issues such as asset disposition, donor approvals and government regulations. The Finance Unit supports the Financial Controller and the in-country finance team through ensuring adherence to the international finance manual and donor financial regulations and provides technical assistance for financial reporting systems. The proposed Action will be directly managed by field-based sector-specific program managers who will be responsible for the overall management and technical aspects of the project. The field-based program managers will report directly to their respective Field Coordinator to ensure that all operational and logistical support needed for the success of the Action is provided. The program managers will receive remote technical support from Juba-based sector coordinators to ensure that the Action is implemented in accordance with the Sphere minimum standards and are technically sound. The sector coordinators will conduct periodic field visits to ensure that the project follows the implementation plan and meets the expectations of both the IRC and the program participants. As an additional layer, the IRC's regional and headquarters-based Technical Advisors will provide regular technical support to the country team to ensure adherence to the international standards. The IRC has designed the proposed intervention to build capacity and strengthen the health network system, whereby emergency program initiatives can be useful in the long term and as the emergency transitions to recovery. The IRC addresses the immediate needs of displaced and other conflict-affected communities while laying the groundwork for sustainability and nationalization of programs. To do this, IRC relies on partnerships with IDPs and local authorities, and capacity building programs for communities and national staff members. Program design, implementation and monitoring takes place in partnership with IDP camp committees, To increase ownership, Staff from IDP volunteers will be trained and better equipped to deliver health care to their communities. By employing the people from the affected communities, this will ensure that services will continue even if the expat leave. In addition, trainings provided to staff at the health facility will ensure they have the knowledge and skills to secure employment within their own state-supported health clinics and building capacity to continue service provision after the project has ended.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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	1. WHO	Health Cluster Coordination (Colead)
	2. UNICEF	Nutrition program and nutrition technical support in addition to WASH and Education
	3. MSF	Secondary care
	4. CARE International	Primary Health Care
	5. OCHA	Coordination
	6. TCC Level 1 hospital (Indian , Ethiopian and Korean Batalian) Hospitals	Secondary Care and referral for less severe cases
	7. TCC level 2 hospital (Sri Lanka) hospital	Secondary Care and referral for complicated cases
	8. UNMISS	Protection and HIV training coordination
	9. Save the Children	Nutrition program for severe malnutrition
	10. IOM and ACTED	Camp Coordination
	11. Hold the Child	Management of Moderate Malnutrition
	12. InterSos	GBV and education and youth programs
	13. Oxfam	WASH
	14. International Aid services (IAS)	WASH
Environmental Marker Code	A: Neutral Impact on environment with No mitigation	
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality	
Justify Chosen Gender Marker Code	Children, girls and women are the most affected community members in conflict situations, and ensuring primary health care for these individuals is a priority to reduce mother and child morbidity and mortality. The IRC will continue to strengthen of integration with other IRC's sectors like GBV, livelihoods, nutrition and ICCM. The IRC will mainstream gender into all programs, in collaboration with protection and WPE sectors, all health staffs will be trained on protection mainstreaming to raise their awareness on gender issues and to be taking into consideration while providing QUALITY services. In addition, the IRC will continuously discuss and advocate with CHDs, local authorities and different opinion leaders to raise their awareness on gender issues, identify barriers and find solutions to address women and children issues. Through the project cycle, the IRC will engage and consult women and children to understand their needs and promote women's inclusion and participation in decision making and making sure their voice heard throughout the project cycle as well as make sure the project is meeting the needs.	
Protection Mainstreaming	Internally-displaced and other conflict-affected populations in South Sudan remain unfortunately at high-risk of violence, exploitation, and other violations of fundamental human rights, with women and children at even higher risk. Mitigating these risks is a central element of the IRC's work in South Sudan. IRC's experience has shown that vulnerable populations such as women, children, the elderly, and those with physical or mental disabilities – in addition to being at higher risk for abuse, harassment, exploitation, and targets of violence – are often unaware of or unable to claim their rights and public services available to them. Equally, many of those charged with protecting the rights of civilians – such as police, local government, security personnel, and traditional leaders – have little knowledge of basic international human and child rights and their own responsibilities towards fulfilling those rights. IRC will continue addressing issues surrounding the protection of IDPs, notably women and children by mainstream protection into all programs, in collaboration with protection and WPE sectors, all health staffs will be trained on protection mainstreaming to raise their awareness on human right issues and to be taking into consideration while providing quality services, the IRC will employ adequate staff, specially female staff to provide services for women and girls, by recruiting adequate staff this will minimize the waiting time and crowd while people are seeking services. Additionally special attention will be paid to children by assigning clinicians to provide services for children under the age of five. Additionally during service provision, privacy will be ensured throughout the consultation processes, examination and receiving treatments for all patients. All people attending the clinics will receive adequate information about their health condition and given choices to select among the available treatment options and all patient information will be kept confidential. Patients exit interviews will be conducted to understand patient satisfaction and if they have any concerns regarding the services provided in addition to possible use of suggestion boxes to be places in all clinics. In addition, the IRC health, protection and WPE programs will continuously discuss and advocate with IDPs, local authorities and different opinion leaders to raise their awareness on the basic principle of human right, so that all beneficiaries have access to human rights information and that community leaders and local authorities understand their roles and responsibilities in terms of protecting the civilian population and improve the community's ability to prevent, mitigate, and respond to human rights violations, and finally, believing that respect for the basic rights of women and girls is a key condition for ensuring the health and well-being of entire communities, that women in particular are able to receive quality medical care when needed, and that they have the necessary community support to lessen the burdens that women face in the camps. Through the project cycle, the IRC will engage and consult women and children to understand their needs and promote women's inclusion and participation in decision making and making sure their voice is heard throughout the project cycle as well as make sure the project is meeting their needs.	
Safety and Security	The security situation remains tense nationwide even as some areas have seen a period without fighting. The security situation in Bentiu and Bor remain volatile and unpredictable. Both areas have exchanged hands four to five time between the government and IO forces. Some civilians living in the Bentiu and Rubkona areas moved into the UNMISS PoC site on 27 October, following heavy fighting between 27 and 29 October. The operational risks and security situation on the ground can change rapidly in South Sudan, and the IRC regularly assesses the operating environment to ensure that it remains conducive to effective operations. The IRC South Sudan senior staff members participate in reviews of the operating environment and security situations, and have developed detailed contingency plans laying out options for three scenarios (improvement, no change, or deterioration). Field-based staffs provide both formal and informal reporting to IRC Juba and the organization's Security Management Team (SMT). Where possible, the IRC works with beneficiaries themselves, who provide support, information, and may help to ensure continued operations in the case of a deteriorating security situation. To protect its staff and donor-funded assets and resources, IRC engages in fundamental security activities, including the following: <input type="checkbox"/> Employing security experts who participate in UN and INGO security meetings and develop up-to-date security plans and protocols <input type="checkbox"/> Maintaining a Security Management Team (SMT) in Juba and Area Security Management Team (ASMT) at the field level <input type="checkbox"/> Conducting regular training for staff on risk mitigation	
Access	The IRC has been operating in Bor and Bentiu PoCs since February 2014 when the crisis started, access to both areas is through UNHAS flights. Given all staff providing services are camp based staff with additional staff recruited from other location (like Juba) but all staying within the UNMISS bases this allows the smooth running of the program without interruption.	

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	
1.1	Senior Health Coordinator (expat)	D	1	5250	6	15.00%	4,725.00	1,575.00	2,362.50	787.50	4,725.00
	1 Senior Health Coordinator based in Juba at \$5,250/month, charged 15% to CHF. This position is cost-shared with all of IRC's health programming. This is a direct program cost.										
1.2	Emergency Health Coordinator (expat)	D	1	4583	6	15.00%	4,124.70	1,374.90	2,062.35	687.45	4,124.70
	1 Emergency Health Coordinator based in Juba at \$4,583/month, charged 15% to CHF. This position is cost-shared with all of IRC's emergency health programming. This is a direct program cost.										
1.3	Health Manager (expat) - Bentiu	D	1	3833	6	40.00%	9,199.20	3,066.40	4,599.60	1,533.20	9,199.20
	1 Health Manager based in Bentiu at \$3,833/month, charged 40% to CHF. This position is cost-shared with all of IRC's health programming in Bentiu. This is a direct program cost.										
1.4	Health Manager (expat) - Bor	D	1	4000	6	40.00%	9,600.00	3,200.00	4,800.00	1,600.00	9,600.00
	1 Health Manager based in Bor at \$4,000/month, charged 40% to CHF. This position is cost-shared with all of IRC's health programming in Bor This is a direct program cost.										
1.5	Reproductive Health Nurse (expat) - Bentiu	D	2	3200	6	40.00%	15,360.00	5,120.00	7,680.00	2,560.00	15,360.00

	2 Reproductive Health Nurses based in Bentiu, each at \$3,200/month, charged 40% to CHF. This position is cost-shared with all of IRC's health programming in Bentiu. This is a direct program cost.											
1.6	Roving RH Manager (expat)	D	1	4000	6	20.00%	4,800.00	1,600.00	2,400.00	800.00	4,800.00	
	1 Roving RH Manager at \$4,000/month, charged 20% to CHF. This position is cost-shared with all of IRC's reproductive health programming. This is a direct program cost.											
1.7	International Staff Salaries - Support Staff - Juba	S	24	4735	6	0.86%	5,863.82	1,954.61	2,931.90	977.31	5,863.82	
	24 international Juba based staff at an average of \$4,735 per month for 6 months, charged 0.86% to CHF.											
1.8	International Staff Salaries - Field Coordinator - Bentiu	S	1	4500	6	2.22%	599.40	199.80	299.70	99.90	599.40	
	1 Field Coordinator at Bentiu supports operations for Health programming at \$4,500 for 6 months, 2.22% charged to CHF.											
1.9	Technical Unit - Health	S	15.24	351.56	1	100.00%	5,357.77	1,785.92	2,678.88	892.97	5,357.77	
	The New York-based Health Technical Adviser provides ongoing remote support to program implementation as well as visit the program a minimum of once per year, at \$352 for 15 days of support which is based on a cost share methodology.											
1.10	Location Differential - Direct Program Staff	D	7	833	6	30.00%	10,495.80	3,498.60	5,247.90	1,749.30	10,495.80	
	Cost of Living Allowance of \$833 is provided to all 7 international health staff (Senior Health Coordinator, Emergency Health Coordinator, Health Manager - Bentiu, Health Manager - Bor, Reproductive Health Nurse (2), Roving RH Manager) for 6 months, 30% charged.											
1.11	Location Differential - Juba Office Support Staff	S	24	833	6	0.86%	1,031.59	343.86	515.79	171.94	1,031.59	
	Cost of Living Allowance of \$833 is provided to all 24 international support staff based in Juba for 6 months, 0.86% charged.											
1.12	Location Differential - Bentiu Field Office Support Staff	S	1	833	6	2.22%	110.96	36.99	55.48	18.49	110.96	
	Cost of Living Allowance of \$833 is provided to the international Field Coordinator based in Bentiu for 6 months, 2.22% charged.											
1.13	Midwives (national) - Bentiu	D	11	1072	6	30.00%	21,225.60	7,075.20	10,612.80	3,537.60	21,225.60	
	11 Midwives based in Bentiu at \$1,072/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bentiu. They are direct program costs.											
1.14	Nurses (national) - Bentiu	D	8	1072	6	30.00%	15,436.80	5,145.60	7,718.40	2,572.80	15,436.80	
	8 Nurses based in Bentiu at \$1,072/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bentiu. They are direct program costs.											
1.15	Clinical Officer (national) - Bentiu	D	5	1470	6	30.00%	13,230.00	4,410.00	6,615.00	2,205.00	13,230.00	
	5 Clinical Officers based in Bentiu at \$1,470/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bentiu. They are direct program costs.											
1.16	Community mobilization officer (national) - Bentiu	D	1	1161	6	30.00%	2,089.80	696.60	1,044.90	348.30	2,089.80	
	1 Community Mobilization Officer based in Bentiu at \$1,161/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bentiu. They are direct program costs.											
1.17	Medical Doctor (national) - Bentiu	D	2	2650	6	30.00%	9,540.00	3,180.00	4,770.00	1,590.00	9,540.00	
	2 Medical Doctors based in Bentiu at \$2,650/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bentiu. They are direct program costs.											
1.18	Community mobilizers (national) - Bentiu	D	16	419	6	30.00%	12,067.20	4,022.40	6,033.60	2,011.20	12,067.20	
	16 Community Mobilizers based in Bentiu at \$419/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bentiu. They are direct program costs.											
1.19	Community mobilization assistant (national) - Bentiu	D	1	930	6	30.00%	1,674.00	558.00	837.00	279.00	1,674.00	
	1 Community Mobilization Assistant based in Bentiu at \$930/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bentiu. They are direct program costs.											
1.20	Laboratory Technician (national) - Bentiu	D	2	1072	6	30.00%	3,859.20	1,286.40	1,929.60	643.20	3,859.20	
	2 Laboratory Technicians based in Bentiu at \$1,072/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bentiu. They are direct program costs.											
1.21	Clinical officer (national) - Bor	D	4	1846	6	30.00%	13,291.20	4,430.40	6,645.60	2,215.20	13,291.20	
	4 Clinical Officers based in Bor at \$1,846/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.											
1.22	Dispenser (national) - Bor	D	1	238	6	30.00%	428.40	142.80	214.20	71.40	428.40	
	1 Dispenser based in Bor at \$238/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.											
1.23	Health Facility Guard (national) - Bor	D	3	218	6	30.00%	1,177.20	392.40	588.60	196.20	1,177.20	
	3 Health Facility Guards based in Bor at \$218/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.											
1.24	Community midwife (national) - Bor	D	2	592	6	30.00%	2,131.20	710.40	1,065.60	355.20	2,131.20	
	2 Community Midwives based in Bor at \$592/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.											
1.25	Certified Nurse (national) - Bor	D	5	1052	6	30.00%	9,468.00	3,156.00	4,734.00	1,578.00	9,468.00	
	5 Certified Nurses based in Bor at \$1,052/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.											
1.26	EPI vaccinator (national) - Bor	D	2	238	6	30.00%	856.80	285.60	428.40	142.80	856.80	
	2 EPI Vaccinators based in Bor at \$238/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.											
1.27	Pharmacy assistant/ Nurse (national) - Bor	D	1	998	6	30.00%	1,796.40	598.80	898.20	299.40	1,796.40	
	1 Pharmacy Assistant/Nurse based in Bor at \$998/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.											
1.28	Certified Midwife (national) - Bor	D	1	998	6	30.00%	1,796.40	598.80	898.20	299.40	1,796.40	
	1 Certified Midwife based in Bor at \$998/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.											
1.29	Lab technician (national) - Bor	D	2	998	6	30.00%	3,592.80	1,197.60	1,796.40	598.80	3,592.80	
	2 Lab Technicians based in Bor at \$1,846/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.											
1.30	Health Facility Cleaner (national) - Bor	D	4	204	6	30.00%	1,468.80	489.60	734.40	244.80	1,468.80	
	4 Health Facility Cleaners based in Bor at \$204/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.											
1.31	Auxiliary Nurse/Injector (national) - Bor	D	1	592	6	30.00%	1,065.60	355.20	532.80	177.60	1,065.60	

	1 Auxiliary Nurse/Injector based in Bor at \$592/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.										
1.32	Reproductive Health Officer (national) - Bor	D	1	998	6	30.00%	1,796.40	598.80	898.20	299.40	1,796.40
	1 Reproductive Health Officer based in Bor at \$998/month, charged 30% to CHF. This position is cost-shared with IRC's health programming in Bor They are direct program costs.										
1.33	National Staff Salaries - Support Staff - Juba	S	67	1087.76	6	0.86%	3,760.60	1,253.53	1,880.30	626.77	3,760.60
	67 national support staff based in Juba, at an average of \$1,087.76/month, charged 0.86% to CHF.										
1.34	National Staff Salaries - Support Staff - Bentiu	S	12	581.04	6	2.22%	928.73	309.58	464.36	154.79	928.73
	12 national support staff based in Bentiu at an average of \$581/month, charged 2.22% to CHF.										
1.35	National Staff Salaries - Support Staff - Bor	S	11	544	6	8.26%	2,965.67	988.56	1,482.83	494.28	2,965.67
	11 national support staff based in Bor, at an average of \$544/month, charged 8.26% to CHF.										
1.36	Casual Labour - Direct Health Program - Bor	D	1	495	6	40.00%	1,188.00	396.00	594.00	198.00	1,188.00
	1 casual laborer in Bor at \$495 for 6 months charged at 40%.										
1.37	Casual Labour - Support Staff - Juba, Bentiu, Bor	S	3	200	6	3.78%	136.08	45.36	68.04	22.68	136.08
	3 casual laborers in Juba, Bor and Bentiu at \$200 per month, charged to CHF at 3.78%										
1.38	Nairobi Regional Support Staff	S	1	1500	6	0.86%	77.40	25.80	38.70	12.90	77.40
	Nairobi Regional Support staff at \$1,500 for 6 months, 0.86% charged to CHF.										
1.39	International Staff Benefits - Direct Program Staff	D	7	1623.74	6	30.00%	20,459.12	6,819.71	10,229.56	3,409.85	20,459.12
	7 international Health Program staff receive \$1,623.74 for 6 months, charged at 30% to CHF. Benefits include 29.5% fringe (inclusive of medical, retirement plan, life insurance, workers compensation), \$765 quarterly R&A, annual home leave, a settling in allowance of \$500, and a shipping allowance of \$2,000.										
1.40	International Staff Benefits - Support Staff - Juba	S	24	1902.9	6	0.86%	2,356.55	785.52	1,178.27	392.76	2,356.55
	24 international support staff based in Juba receive \$1,902.90/month for 6 months, charged at 0.86% to CHF. Benefits include 29.5% fringe (inclusive of medical, retirement plan, life insurance, workers compensation), \$765 quarterly R&A, annual home leave, a settling in allowance of \$500, and a shipping allowance of \$2,000										
1.41	International Staff Benefits - Support Staff - Bentiu	S	1	2082.7	6	2.22%	277.42	92.47	138.71	46.24	277.42
	1 international support staff based in Bentiu receive \$2,082.70/month for 6 months, charged at 2.22% to CHF. Benefits include 29.5% fringe (inclusive of medical, retirement plan, life insurance, workers compensation), \$765 quarterly R&A, annual home leave, a settling in allowance of \$500, and a shipping allowance of \$2,000										
1.42	Expat Benefits @ 29.5% Technical Unit - Health	S	1	5357.77	1	29.50%	1,580.54	526.85	790.27	263.42	1,580.54
	29.5% fringe for the Health Technical Unit cost of \$5,357.77. 29.5% is inclusive of medical, retirement plan, life insurance, and workers compensation.										
1.43	National Staff Benefits - Health Staff - Bentiu	D	46	356.83	6	30.00%	29,545.52	9,848.51	14,772.76	4,924.25	29,545.52
	46 national staff for the Health Program in Bentiu receive benefits valued at an average of \$356.83/month for 6 months, charged 30% to CHF. This is a direct program cost.										
1.44	National Staff Benefits - Health Staff - Bor	D	27	361.68	6	30.00%	17,577.65	5,859.22	8,788.82	2,929.61	17,577.65
	27 national staff for the Health Program in Bor receive benefits valued at an average of \$361.68/month for 6 months, charged 30% to CHF. This is a direct program cost.										
1.45	National Staff Benefits - Support Staff - Juba	S	67	325.7	6	0.86%	1,126.01	375.34	563.00	187.67	1,126.01
	67 national support staff based in Juba receive benefits valued at an average of \$325.70/month for 6 months, charged 0.86% to CHF.										
1.46	National Staff Benefits - Support Staff - Bentiu	S	12	273.26	6	2.22%	436.78	145.59	218.39	72.80	436.78
	12 national support staff based in Bentiu receive benefits valued at an average of \$273.26/month for 6 months, charged 2.22% to CHF.										
1.47	National Staff Benefits - Support Staff - Bor	S	11	248.25	6	8.26%	1,353.36	451.12	676.68	225.56	1,353.36
	11 national support staff based in Bor receive benefits valued at an average of \$248.13/month for 6 months, charged 8.26% to CHF.										
1.48	Rent for Staff Housing - Juba	S	5	10806.18	6	0.86%	2,787.99	929.33	1,393.99	464.67	2,787.99
	5 staff houses for international staff cost \$10,806 for 6 months, charged to CHF at 0.86%.										
1.49	SMT Juba-based staff retention allowance	S	1	1000	6	0.86%	51.60	17.20	25.80	8.60	51.60
	1 Senior Management Team member based in Juba received \$1,000 for 6 months as a retention allowance, charged to CHF at 0.86%										
	Section Total						275,869.08	91,956.37	137,934.48	45,978.21	275,869.06

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	
2.1	Transport and distribution of program materials	D	2	6000	1	40.00%	4,800.00	1,600.00	2,400.00	800.00	4,800.00
	\$6,000 for transport and distribution of health supplies and materials twice for Bor, charges at 40%.										
2.2	Stipend for TBAs and CHWs	D	5	371	6	40.00%	4,452.00	1,484.00	2,226.00	742.00	4,452.00
	5 stipends for TBAs and CHWs at \$371 for 6 months, 5 for Bor charged at 40% to CHF.										
2.3	Health Training for Staff, CHWs, and community	D	2	500	2	40.00%	800.00	266.67	400.00	133.33	800.00
	2 trainings done twice in Bor at \$500 per training, funded at 40%.										
2.4	Mother and baby care supplies	D	1	500	6	60.00%	1,800.00	1,800.00	0.00	0.00	1,800.00
	Mother and Baby Care Supplies for new mothers including sanitary towels, soaps, towels, and oil at \$500 each for Bentiu 6 months, charged at 60%.										
2.5	Field Health Days	D	1	200	6	60.00%	720.00	300.00	420.00	0.00	720.00
	Field health days at \$200 for 6 months each for Bentiu health program, charged at 60% to CHF										
2.6	IEC material	D	1	3000	1	60.00%	1,800.00	900.00	900.00	0.00	1,800.00
	A lump sum of \$3,000 for IEC materials development and production, including printing and translation for Bentiu. 60% charged to CHF.										
2.7	Community Health promotion and sensitization	D	1	198	4	40.00%	316.80	105.60	158.40	52.80	316.80

	A lump sum of \$198 for 4 months for community sensitization and awareness, health education, and health promotion activities in Bor. Charged at 40%.										
2.8	Clinic office supplies and stationary	D	2	250	6	50.00%	1,500.00	1,500.00	0.00	0.00	1,500.00
	2 health facilities require \$250 per month for 6 months for clinic stationary including registration books, cards, pens, paper, and other supplies. Charged to CHF at 50%. Locations are Bor and Bentiu.										
2.9	Pharmaceuticals (drug, supplies and medical equipment)	D	2	10000	1	40.00%	8,000.00	8,000.00	0.00	0.00	8,000.00
	A lump sum of \$10,000 for each site for drugs and medical supplies and equipment for health facilities in Bentiu and Bor. Charged to CHF at 40%.										
2.10	Clinic upgrade - Bentiu	D	1	6000	1	60.00%	3,600.00	1,440.00	2,160.00	0.00	3,600.00
	A lump sum of \$6,000 charged at 60% is to upgrade the Bentiu health clinic.										
	Section Total						27,788.80	17,396.27	8,664.40	1,728.13	27,788.80

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	
	Section Total						0.00	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	
	Section Total						0.00	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	
5.1	Airfare/Accommodation/Per Diem - Health Program Staff	D	8	536	6	15.61%	4,016.14	1,338.71	2,008.07	669.36	4,016.14
	6 trips for 8 Health staff at \$536 per trip, including airfare (\$400 roundtrip), accommodation (\$100) and per diem (\$16), 15.61% charged to CHF.										
5.2	Airfare/Accommodation/Per Diem - Support Staff	S	5	536	6	1.89%	303.91	101.30	151.96	50.65	303.91
	5 support staff travel monthly at \$536 charged at 1.89% for 6 months. Costing breakdown is \$400 roundtrip flight, \$120 accommodation, \$16 per diem.										
5.3	Visa / Work permit - International Direct Program Staff	D	7	100	4	4.29%	120.12	40.04	60.06	20.02	120.12
	7 international Health staff require \$100 for 4 months for visa and work permit fees, charged at 4.29% to CHF.										
5.4	Visa / Work permit - International Support Staff	S	14	100	4	0.96%	53.76	17.92	26.88	8.96	53.76
	14 international Support staff require \$100 for 4 months for visa and work permit fees, charged at 0.96% to CHF.										
5.5	Travel to/from post - International Direct Program Staff	D	7	1000	1	11.07%	774.90	387.45	387.45	0.00	774.90
	7 international Health staff require \$1,000 for travel to and from post, charged 11.07% to CHF.										
5.6	Travel to/from post - International Support Staff	S	14	1500	1	0.49%	102.90	51.45	51.45	0.00	102.90
	14 international Support staff require \$1,500 for travel to and from post, charged 0.49% to CHF.										
	Section Total						5,371.73	1,936.87	2,685.87	748.99	5,371.73

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	
	Section Total						0.00	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	
7.1	Office Supplies - Support Offices	S	1	6756	6	0.86%	348.61	116.20	174.31	58.10	348.61
	Juba office supplies at \$6,756 for 6 months, charged 0.86% to CHF.										
7.2	Office Supplies - Field Office	S	1	1500	6	4.19%	377.10	125.70	188.55	62.85	377.10
	FField office supplies at \$1,500 for 6 months, charged 4.19% to CHF for Bentiu and Bor.										
7.3	Juba Main Office Running Costs	S	1	94550	6	0.86%	4,878.78	1,626.26	2,439.39	813.13	4,878.78
	Monthly Juba office running costs are \$94,550 including rent, office maintenance, generator fuel and maintenance, vehicle fuel and maintenance, recruitment costs for programs, global insurance fees, bank fees, legal fees, warehousing of program supplies, IT costs, communication costs, and internet fees. This is charged at 0.86% to CHF.										
7.4	Bentiu Field Office Running Costs	S	1	9520	6	2.22%	1,268.06	422.69	634.03	211.34	1,268.06
	Monthly Bentiu office running costs are \$9,520 including rent, office maintenance, generator fuel and maintenance, vehicle fuel and maintenance, recruitment costs for programs, IT costs, communication costs, and internet fees. This is charged at 2.22% to CHF.										
7.5	Bor Field Office Running Costs	S	1	11620	6	8.26%	5,758.87	1,919.62	2,879.44	959.81	5,758.87
	Monthly Bor office running costs are \$11,620 including rent, office maintenance, generator fuel and maintenance, vehicle fuel and maintenance, recruitment costs for programs, IT costs, communication costs, and internet fees. This is charged at 8.26% to CHF.										
7.6	Program airtime	D	1	200	6	60.00%	720.00	240.00	360.00	120.00	720.00
	Program airtime at \$200 for 6 months each Bentiu health program staff, charged at 60% to CHF										
7.7	Fuel for Generator/ Vehicle -Bor	D	1	618	6	40.00%	1,483.20	494.40	741.60	247.20	1,483.20

Fuel at \$618 for 6 months charged to CHF at 40%.									
Section Total		14,834.63	4,944.87	7,417.32	2,472.43	14,834.62			
Sub Total Direct Cost									
							323,864.21		
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)									
							7%		
Audit Cost (For NGO, in percent)									
							1%		
PSC Amount									
							22,670.49		
Quarterly Budget Details for PSC Amount	2015			Total					
	Q1	Q2	Q3						
	8,136.40	10,969.14	3,564.95	22,670.49					
Total Fund Project Cost							346,534.70		
Project Locations									
Location	Estimated percentage of budget for each location			Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Bor South	30							0	
Unity -> Rubkona	70							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)									
DOCUMENTS									

