

# Project Proposal

Organization	RI (Relief International)																																	
Project Title	Expanded Access to Primary Health Care (EAPHC) in Longechuk, Upper Nile																																	
Fund Code	SSD-15/HSS10/SA2/H/INGO/519																																	
Cluster	<b>Primary cluster</b>		<b>Sub cluster</b>																															
	HEALTH		None																															
Project Allocation	2nd Round Standard Allocation	Allocation Category Type																																
Project budget in US\$	199,999.87	Planned project duration	5 months																															
Planned Start Date	01/08/2015	Planned End Date	31/12/2015																															
OPS Details	OPS Code	OPS Budget	0.00																															
	OPS Project Ranking	OPS Gender Marker																																
Project Summary	<p>High morbidity, mortality, and malnutrition rates; extremely low levels of health coverage; and insecurity and restricted humanitarian access, have all aggravated the already-dire health situation in Longechuk County, Upper Nile State. RI's proposed Expanded Access to Primary Health Care (EA-PHC) project will aim to reduce morbidity, mortality, and suffering among affected populations, focusing on children and mothers through the provision of integrated basic primary health care services.</p> <p>Specifically, RI will continue to procure and distribute essential drugs, including emergency surgical and obstetric drugs kits (including trauma kits), medical supplies, basic medical equipment, and laboratory supplies through the MoH's supply chain (from the CHD to the facility level). With CHF funding, RI will also procure and transport a solar powered refrigerator in order to re-establish the cold chain in Longechuk for temperature-sensitive pharmaceuticals, such as EPI vaccines. Together with the local MoH (CHD), RI also plans to strengthen emergency preparedness and response capacity at all supported health facilities and affected communities. This will be achieved through the training of facility staff and community members on disease surveillance, reporting and analysis; and building capacity at the facility and community-level to respond to communicable disease outbreaks within 72 hours.</p> <p>To support communicable disease prevention and control, RI will also raise community awareness, boost immunization coverage through regular vaccination campaigns, promote improved hygiene practices, and distribute long-lasting insecticide treated (LLIN) mosquito nets for vulnerable pregnant and lactating women (PLW). Moreover, RI will engage in case finding, treatment and health awareness raising for the prevention of common infectious diseases (e.g. cholera, meningitis, malaria, and other notable diseases). To ensure effective and timely response interventions and to maximize impact, RI will preposition essential emergency supplies and kits (drugs, vaccines, IV fluids, tents, personal protective equipment), integrate health programming with other interventions, and continue to work through key coordination mechanisms such as the inter-agency outbreak control team and the OCHA inter-agency EP&amp;RC Task Force.</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>13727</td> <td>20189</td> <td>9464</td> <td>10928</td> <td>54,308</td> </tr> <tr> <td colspan="6"><b>Total beneficiaries include the following:</b></td> </tr> <tr> <td>People in Host Communities</td> <td>13727</td> <td>18768</td> <td>6369</td> <td>6598</td> <td>45462</td> </tr> <tr> <td>Internally Displaced People</td> <td>960</td> <td>1421</td> <td>845</td> <td>861</td> <td>4087</td> </tr> </tbody> </table>					Men	Women	Boys	Girls	Total	Beneficiary Summary	13727	20189	9464	10928	54,308	<b>Total beneficiaries include the following:</b>						People in Host Communities	13727	18768	6369	6598	45462	Internally Displaced People	960	1421	845	861	4087
	Men	Women	Boys	Girls	Total																													
Beneficiary Summary	13727	20189	9464	10928	54,308																													
<b>Total beneficiaries include the following:</b>																																		
People in Host Communities	13727	18768	6369	6598	45462																													
Internally Displaced People	960	1421	845	861	4087																													
Indirect Beneficiaries	Catchment Population																																	
Link with the Allocation Strategy	<p>RI's proposed program will respond to and address the complex needs of returnees, IDPs, and host community members in Longechuk. Although RI has secured some funding from IMA until December 2015, current programming is not adequate to support the full range of urgently-needed services. IMA World Health funding currently provides incentives for essential health staff at supported clinics and covers basic facility operational and running costs. Funds for training and community outreach activities, integrated programming, and health facilities strengthening (e.g. disease surveillance and monitoring) are limited.</p> <p>The funds requested for CHF programming will be essential to expand and improve on-going basic health and EPR activities. In addition, RI's proposed activities have been designed to ensure they strongly support CHF objectives and health cluster priorities for South Sudan in 2015. Specifically, RI will support:</p> <p>(1) improved disease surveillance and monitoring in order to significantly contribute to the sector/cluster priority of controlling the spread of communicable diseases and responding to disease outbreaks;</p> <p>(2) increased access to basic, life-saving services through the procurement and distribution of basic medical supplies, and the provision of PHC services; and</p> <p>(3) improved access to MISP and emergency obstetrical and neonatal care through trainings for midwives and TBAs, and the procurement and distribution of emergency surgical and obstetric drugs and kits.</p> <p>CHF support will enable RI to fully contribute to the priorities of the cluster in the year ahead and will ensure RI's life-saving health programming can continue, improve and expand into the underserved, and hard-to-reach payams of Longechuk County.</p>																																	
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>Randhir Singh</td> <td>Country Director</td> <td>+211921493088</td> <td>randhir@ri.org</td> </tr> <tr> <td>Ahmed Wadia</td> <td>Health Coordinator +211</td> <td>+211927672746</td> <td>ahmedaliy.wadia@ri.org</td> </tr> <tr> <td>James Collins</td> <td>Africa Region Program Development Manager</td> <td>+254726709840</td> <td>James.Collins@ri.org</td> </tr> <tr> <td>Emily Johnson</td> <td>Program Officer - South Sudan</td> <td>+211 956 775 984</td> <td>e.johnson@ri.org</td> </tr> </tbody> </table>				Name	Title	Phone	Email	Randhir Singh	Country Director	+211921493088	randhir@ri.org	Ahmed Wadia	Health Coordinator +211	+211927672746	ahmedaliy.wadia@ri.org	James Collins	Africa Region Program Development Manager	+254726709840	James.Collins@ri.org	Emily Johnson	Program Officer - South Sudan	+211 956 775 984	e.johnson@ri.org										
Name	Title	Phone	Email																															
Randhir Singh	Country Director	+211921493088	randhir@ri.org																															
Ahmed Wadia	Health Coordinator +211	+211927672746	ahmedaliy.wadia@ri.org																															
James Collins	Africa Region Program Development Manager	+254726709840	James.Collins@ri.org																															
Emily Johnson	Program Officer - South Sudan	+211 956 775 984	e.johnson@ri.org																															

## BACKGROUND INFORMATION

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

South Sudan is still recovering from the violence that erupted in December 2013, which displaced tens of thousands of people, disrupted agricultural production, and exacerbated food security concerns. As of 27 March 2015, there were an estimated 264,100 internally displaced persons (IDPs) in Upper Nile State. Insufficient health services, in combination with poor living conditions, and limited access to water, sanitation, and hygiene facilities, aggravates the risk of water born disease, and has led to alarming rates of acute malnutrition. According to the latest IPC forecasts, Longechuk faces emergency (IPC IV) levels of food insecurity; global malnutrition rates are above the emergency threshold of 15 percent; and high morbidity and mortality rates are of increasing concern.

Relief International's (RI) proposed health program aims to address unmet needs and gaps in Longechuk County, where humanitarian access remains limited due to seasonal flooding and insecurity. Program activities will aim to save lives and to contribute to the reduction of morbidity and mortality. Targeted payams include: Mathiang, Pamach, Jongolith, Warweng, Jak, Belweng, Chotbora, and Wichlual of Longechuk. Although some of these proposed areas (Mathiang, Chotbora, Jongolith, Wichlual, and Pamach) are receiving some support from IMA World Health funding, funding is extremely limited and insufficient to meet the population's needs. Moreover, RI proposes to expand life-saving health services into Warweng and Jak, two areas where RI is not currently supporting health programming through IMA.

The current situation in Longechuk County demands an immediate and coordinated response in order to address the urgent health needs of vulnerable groups, particularly children under five, pregnant and lactating women (PLW) and the elderly. The project will address these immediate needs through reactivating outpatient maternal and child health services (MCH) by building the capacity of PHCU and PHCC staff, who are very crucial in life saving interventions. Special focus will be on boosting the coverage of measles and polio vaccination through outreach activities and regular cyclic vaccination campaigns. RI's strong presence in Longechuk and its understanding the local context and operating environment will play a pivotal role in the delivery of quality emergency health services in the proposed areas of intervention. The project will engage and involve the local communities and foster a high-level of women's engagement at all levels of the project cycle. Special attention will be given towards skill transfer as women are the core players in the family pillar and household. As such, RI will work to establish

	Community Health Committees, nominating and training of household promoters (HHPs) members (comprising at least 50 percent women), and training of traditional birth attendants as per the basic package of health service.
<b>2. Needs assessment.</b> 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)	<p>In Longechuk County, an estimated 5,845 households have been displaced, with the vast majority living integrated with the host communities. With limited support from IMA World Health, RI continues to be the only organization supporting health activities in the county. Due to on-going security issues, the recent country-wide polio and measles vaccination campaign were not able to be conducted in Longechuk County, where the risk of disease outbreak remains high.</p> <p>RI conducted two needs assessments and surveys in Upper Nile State through 2014 and 2015, including a rapid multi-sector household survey and SMART survey. The assessments targeted the most disadvantaged and involved both service providers and users. RI also conducted interviews with representatives of all groups (including women and men, boys and girls, parents, elderly, persons with disabilities) within the community. Regular health and nutrition data collected at targeted health facilities, in addition to reports conducted by UN OCHA, UNICEF, Food Security Monitoring System (FSMS), FEWSNET, supplemented primary data from quantitative and qualitative assessments. To further ascertain health needs and gaps in Longechuk, RI carried out physical site visits to health facilities, conducted key informants interviews with health staff, and facilitated focus group discussions with health facility patients.</p> <p>Although IMA World Health is funding RI to support three primary health care clinics (PHCC) and eight primary health care units (PHCU) in Longechuk, the clinics sustained significant damage during the outbreak of fighting in May 2014. Armed groups looted medical equipment, including refrigerators for EPI vaccines and communication equipment, and damaged in-patient beds, delivery sets, windows and window screens, doors, furniture. Moreover, the influx of IDPs following the outbreak of violence in December 2013 has increased pressure on already limited and strained resources. Nearly 80 percent of respondents experienced a decrease in household assets since the crisis, and over 40 percent had lost one or more household member as a result of the conflict. Over 90 percent of respondents reported they were not receiving any form of relief or humanitarian assistance. Morbidity rates are extremely high: approximately 90 percent of respondents had a child who had been sick in the last two weeks.</p> <p>According to the Longechuk County Health Department, measles, malaria, and diarrheal diseases are leading causes of morbidity and mortality in Pamach and Mathiang payams. Mathiang Primary Health Care Clinic (PHCC) Plus and Pamach Primary Health Care Unit (PHCU), the most accessible health facilities in surveyed areas, were not functional during the second half of 2014 after drugs and medical supplies were looted and damaged during the conflict in May 2014. Previously, Mathiang PHCC served as the referral centre for all PHCCs in the county. From Mathiang, patients would then be referred to Malakal County Hospital for secondary health care services. Given the limited capacity of both Mathiang PHCC Plus and Malakal Referral Hospital, in combination with heightened insecurity and restricted civilian access, the referral system is no longer functional.</p> <p>RI's proposal is designed to address the aforementioned needs, extend basic care to those in hard-to-reach payams, and improve the quality of health services and the scope of community health programming at supported-facilities.</p>
<b>3. Description Of Beneficiaries</b>	RI's proposed activities will target the conflict affected population, including IDPs, returnees, and host communities, in Longechuk. Beneficiaries will be from all age groups but the majority will be women and children (an estimated 60% of the total population and target group comprises this demographic). Activities will therefore focus on children and mothers through the provision of Integrated basic PHC services, including an under five clinic (IMNCI protocol), antenatal care, promotion of facility-based deliveries, and post-natal services in all PHCCs and PHCUs. Finally, through outreach activities, RI will aim to reach the most vulnerable (e.g. individuals who are disabled or constrained by mobility).
<b>4. Grant Request Justification.</b>	<p>Based on RI's assessment, primary health care services and activities need to build and expand community-based interventions and improve access to those who are in urgent need. In addition, CHF funding should strengthen emergency preparedness and response capacity, work to improve the capacity of local health cadres, and support necessary infrastructure rehabilitation. Through a focus on maternal and child health (MCH) - especially obstetric care, integrated management of childhood illnesses (IMCI) protocols, and EPI - RI will help to ensure the promotion of mother and child survival in its supported healthcare facilities while continuing to provide services in line with the Basic Package of Health Services (BPHS). At the same time, RI will strive to boost the coverage for measles vaccination through enhanced outreach activities and regular cyclic vaccination campaigns; encourage the uptake of MCH services in the proposed project areas; intensify community education and social mobilization for the utilization of services; strengthen community health structures.</p> <p>The funds requested for CHF programming will be essential to expand and improve on-going basic health and EPR activities. In addition, RI's proposed activities have been designed to ensure they strongly support CHF objectives and health cluster priorities for South Sudan in 2015. Specifically, RI will support: (1) improved disease surveillance and monitoring in order to significantly contribute to the sector/cluster priority of controlling the spread of communicable diseases and responding to disease outbreaks; (2) increased access to basic, life-saving services through the procurement and distribution of basic medical supplies, and the provision of PHC services; and (3) improved access to MISP and emergency obstetrical and neonatal care through trainings for midwives and TBAs, and the procurement and distribution of emergency surgical and obstetric drugs and kits. CHF support will enable RI to fully contribute to the priorities of the cluster in the year ahead and will ensure RI's life-saving health programming can continue, improve and expand into the underserved, and hard-to-reach payams of Longechuk County.</p>
<b>5. Complementarity.</b> Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	<p>Currently, RI is the only humanitarian agency responding to emergency needs within Longechuk, providing emergency WASH, nutrition, and health services to vulnerable households. Through support from USAID / OFDA, RI is working to integrate nutrition and WASH programming across remote, hard-to-reach payams in Longechuk. Through the proposed health program, RI will also seek to explore and support potential synergies between nutrition, WASH and health. Specifically, funding from CHF will support the establishment of a cold chain (to be managed at Mathiang PHCC Plus) in order to re-initiate facility-based and mobile EPI vaccinations, which are not currently being carried out. In addition, RI's proposed project will improve the prevention of communicable disease and malaria through the provision of LLIN mosquito nets as well as more regular health and hygiene promotion education sessions. Finally, with CHF support, RI will be able to conduct more routine supervisory visits to supported facilities in order to better documents needs / gaps and incorporate beneficiary feedback and needs into programming design and implementation.</p> <p>RI is a lead health agency in Longechuk, and supports nine health facilities which provide primary health care services to communities most in need. RI works in collaboration with the County Health Department and RRA to ensure long-term sustainability. While RI receives support from IMA, the grant does not cover all aspects of primary health care services. Funding from CHF is envisioned to address these gaps, support linkages and integration, and expand life-saving health services into new areas.</p>

#### LOGICAL FRAMEWORK

**Overall project objective** To reduce morbidity and mortality and to save lives among the conflict-affected population in Longechuk

#### 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	75
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	25

<b>Outcome 1</b>	Ensure effective delivery of comprehensive primary health care services		
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>	
<b>Output 1.1</b>	11,570 people benefit from out-patient department consultations	Sustained and secure access; no significant displacement occurs within the target area.	

#### Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	1240	2450	1400	2780	7870
		<b>Means of Verification:</b> Monthly report, registration books					
Indicator 1.1.2	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	1100	2600			3700
		<b>Means of Verification:</b> Monthly report, patient registration books					

#### Activities

Activity 1.1.1	Strengthen antenatal care and postnatal care as per MoH Guidelines at RI-supported facilities						
Activity 1.1.2	Continue to provide outpatient consultations provided at RI-supported facilities						
Activity 1.1.3	Monitor the quality of health care services through more routine supervisory visits						
<b>Output 1.2</b>	6,548 children are vaccinated against EPI target diseases			Sustained and secure access; no significant displacement occurs within the target area.			
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			4221	2327	6548
		<b>Means of Verification:</b>	Monthly report, registration books, EPI monthly date				
Indicator 1.2.2	HEALTH	# of mobile vaccination campaigns carried out					2
		<b>Means of Verification:</b>	Activity completion reports, supply / stock records				
<b>Activities</b>							
Activity 1.2.1	Conduct two mobile vaccination campaigns						
Activity 1.2.2	Provide EPI services at Mathiang PHCC (Plus)						
Activity 1.2.3	Reestablish the cold-chain at Mathiang PHCC (Plus) in order to provide EPI vaccinations to vulnerable children and PLW						
<b>Output 1.3</b>	Over 80 health care professionals / community workers / TBAs trained on primary health care service delivery, integrated management of childhood illness (IMCI), and / or obstetric care including clinical management of rape survivors and drug management			Sustained and secure access; no significant displacement occurs within the target area.			
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	55	30			85
		<b>Means of Verification:</b>	lists of trained people, monthly report				
Indicator 1.3.2	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					12
		<b>Means of Verification:</b>	Activity reports, stock reports, monitoring visits				
<b>Activities</b>							
Activity 1.3.1	Conduct basic / refresher training for TBAs on delivery prenatal and postnatal care, delivery complications, and referral systems						
Activity 1.3.2	Conduct refresher trainings on immunization and cold chain management, MISP, IMCI, HMIS, EmOC, clinical management of rape survivors, and drug management						
Activity 1.3.3	Improve the documentation of training completions through mobile data collection and monitoring						
<b>Output 1.4</b>	Over 2,000 households receive LLIN mosquito nets for malaria prevention and benefit from education sessions on communicable disease prevention, treatment, and response			Sustained and secure access; no significant displacement occurs within the target area.			
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.4.1	HEALTH	[Frontline services] # of people reached by health education and promotion before and during outbreaks	200	1400	200	200	2000
		<b>Means of Verification:</b>					
Indicator 1.4.2	HEALTH	Number of LLIN mosquito nets distributed					2000
		<b>Means of Verification:</b>					
<b>Activities</b>							
Activity 1.4.1	Distribute 2,000 LLIN mosquito nets to vulnerable PLW (will be procured in-kind)						
Activity 1.4.2	Conduct three awareness raising sessions on communicable disease prevention and management at supported payams						

#### 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 Strengthen antenatal care and postnatal care as per MoH Guidelines at RI-supported facilities	2015								X	X	X	X	X
Activity 1.3.1 Conduct basic / refresher training for TBAs on delivery prenatal and postnatal care, delivery complications, and referral systems	2015								X		X		X
Activity 1.3.2 Conduct refresher trainings on immunization and cold chain management, MISP, IMCI, HMIS, EmOC, clinical management of rape survivors, and drug management	2015								X	X	X	X	X
Activity 1.2.1 Conduct two mobile vaccination campaigns	2015										X		X

Activity 1.1.2 Continue to provide outpatient consultations provided at RI-supported facilities	2015									X	X	X	X	X
Activity 1.2.2 Provide EPI services at Mathiang PHCC (Plus)	2015										X	X	X	X
Activity 1.1.3 Monitor the quality of health care services through more routine supervisory visits	2015									X	X	X	X	X
Activity 1.3.3 Improve the documentation of training completions through mobile data collection and monitoring	2015									X	X	X	X	X
Activity 1.2.3 Reestablish the cold-chain at Mathiang PHCC (Plus) in order to provide EPI vaccinations to vulnerable children and PLW	2015										X	X	X	
Activity 1.4.1 Distribute 2,000 LLIN mosquito nets to vulnerable PLW (will be procured in-kind)	2015											X	X	X
Activity 1.4.2 Conduct three awareness raising sessions on communicable disease prevention and management at supported payams	2015										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.

RI will submit all required donor narrative and financial reports (interim, final) as well as compile monthly updates on health programming and activity completion. RI senior staff will conduct routine monitoring visits to Longechuk; senior staff will host focus group discussions with beneficiary groups in order to capture beneficiary feedback and modify programming as needed. When possible, monitoring visits will be geo-referenced and time-stamped using mobile phones for verification.

## OTHER INFORMATION

### Accountability to Affected Populations

RI senior staff will conduct routine monitoring visits and host focus group discussions with beneficiary groups in order to capture beneficiary feedback and modify programming as needed. Beneficiary feedback and input will also be captured through mobile phones, which will be used for data capture during monitoring visits.

RI recognizes that involving the communities in project planning and implementation through participatory techniques can be extremely rewarding for both the community members and workers. Also effective involvement of the community in monitoring and evaluation can ensure that the services put in place respond to the needs of the community. In addition, such engagement can provide essential direct feedback to change activities as necessary. RI will also ensure that local workers and staff are trained in participatory methods.

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

Qualified local South Sudanese and/or expatriate staff will be based full-time in all project target areas for direct management, monitoring, and oversight of activities. RI has established offices in South Sudan, including in Juba, Longechuk, Maban, and Pibor, and Pajak / Maiwut. RI's Health Coordinator, based in Maban and Longechuk, will oversee all activities and will spend approximately 50 percent of his time in Longechuk. RI also employs an expatriate Health Officer who is based full-time in Longechuk. Both the Health Coordinator and Health Officer will be responsible for training staff, carrying out education sessions and campaigns. They will also oversee the transportation and distribution of drugs/medicines.

Senior project staff will visit the project sites frequently to give technical input and guidance (security allowing). The Country Director, based in Juba, will also visit the project to ensure RI standards are met. Regular monitoring missions, including joint monitoring missions, will be conducted by M&E and technical advisors from the project to track progress and achievements in all locations, and coordinate any course corrections as necessary.

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. CHD	RI will coordinate with CHD in regards to Primary Health Care activities
2. Samaritan's Purse	Referrals for secondary treatment are made to the SP-supported Bunj Hospital. SP also supports nutrition activities (TSFP).
3. MSF-B	Intervention in disease outbreaks, Bunj Hospital OPD
4. SIM	SIM supports Doro PHCC, which serves the host community around Doro Refugee Camp. RI will continue to meet with partners implementing health services in host community, including SIM, and to work to build the capacity of health staff.
5. Medair	Currently engaged with WASH activities; RI will continue to explore potential linkages and synergies.
6. ACTED	Currently engaged with WASH activities; RI will continue to explore potential linkages and synergies.
7. HDC	Currently engaged with WASH activities; RI will continue to explore potential linkages and synergies.
8. UNFPA	Supports reproductive health programming through the provision of health kits; RI will continue to explore opportunities for additional in-kind support.

### Environmental Marker Code

### Gender Marker Code

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

### Justify Chosen Gender Marker Code

Women play a large and important role in both productive and reproductive activities, though their contribution is overlooked due to male dominance and the patriarchy system. Women are not represented in any decision making positions and there are few to no opportunities for women to be accepted in public roles, or for their voices to be heard publicly. In order to alleviate such problems, RI will empower women using available opportunities that allow women to participate in decision making processes. One of the available opportunities to involve women in public interest is this health project, where women will be actively involved in trainings that can build their capacity while increasing their visibility and their bargaining power. In order to improve equity and the sustainability of health activities, specific measures like placing women in leadership and decision making positions will take place to fulfill their strategic needs. All activities will include at least 50 percent females where possible. Gender is already mainstreamed in all RI projects in all project cycle management. As is true in other African country, in rural areas of South Sudan, women are the primary caretakers and providers in their households. When women suffer, the entire family suffers. RI is committed to a focus on women and their roles in households, and a primary goal of health programming will be to significantly improve women's access to health services. Our goal is to give poor rural women access to the services and care they need to ensure the health and well-being of their household.

### Protection Mainstreaming

RI's interventions are closely in line with relevant cluster priorities and approaches, and integrate gender and protection mainstreaming. RI actively works to ensure trainees and beneficiaries compose an equal balance of women and men. Additionally, throughout the project, RI will conduct Sexual and Gender Based Violence (SGBV) training for health staff, community outreach volunteers, and community champions. Moreover, RI is planning to secure dignity kits (postexposure prophylaxis kits) from United Nations Populations Fund (UNFPA) in order to ensure supported facilities are able to provide clinical management of rape (CMR) and psychosocial support.

### Safety and Security

RI's Global Security Manager and in-country Operations Manager will continue to monitor the security situation in all target areas. In the case of sustained deterioration in security or access, RI may briefly suspend and in extreme cases relocate activities to more secure areas where similar needs exist, although it is envisioned that the use of remote monitoring and remote area management will ensure the continuity of services. RI has a robust security and evacuation plan in place.

### Access

RI emphasizes an acceptance strategy related to program access. RI has had full access in Upper Nile and for the last seven years in Longechuk to planned project locations with all possible support from local communities and authorities. RI is expecting to receive the same support from local communities and authorities in the future, however if RI is denied permission to work in certain areas, threats are issued against staff, or other circumstances arise that prohibit or limit RI's ability to implement the project, the following measure will be taken immediately:

- RI will communicate with OCHA / CHF immediately on the situation and the proposed mitigation plan;
- RI will engage all possible actors at various levels including local authorities, community leaders, OCHA, UNDS, clusters, etc. to assist in the negotiation process and secure permission to implement the project activities enabling RI to provide critical humanitarian services to communities most in need;
- In case negotiation processes don't go well or RI is not able to implement activities as planned for any reason, RI will work closely with OCHA / CHF to take mitigating action. One example is if RI was unable to work in a given payam, the project team could utilize available resources to meet the needs of the population in neighboring areas / locations based on needs and gaps. However, RI will follow the guidance given by OCHA / CHF based on the specific situation.

**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
								Q3	Q4	
1.1	Country Director RI's country director will provide oversight on the project as part of the larger country portfolio; He/she will dedicate 15% of his/her time	D	1	8500	5	15.00%	6,375.00	3,187.50	3,187.50	6,375.00
1.2	Health Coordinator He will provide expertise, technical oversight, and support capacity building for all aspects of the program related to health. The position will dedicate 50% of his/her time to the project. The health coordinator will be directly involved in the day to day technical issues relating to the project.	D	1	6200	5	50.00%	15,500.00	7,750.00	7,750.00	15,500.00
1.3	Health Officer Responsible for the technical direct implementation oversight in respective project locations supervised by health coordinator and health officer. The position will dedicate 50% of his/her time to the project.	D	1	2750	5	50.00%	6,875.00	3,437.00	3,438.00	6,875.00
1.4	Clinical officer Responsible for the technical direct implementation oversight in respective project locations supervised by health coordinator and health officer. The position will dedicate 100% of his/her time to the project.	D	1	1500	5	100.00%	7,500.00	3,750.00	3,750.00	7,500.00
1.5	PHCC Supervisor PHCC supervisor is responsible for supervising and reporting activities and staff at supported PHCC facilities. He / she will dedicate 100% of their time to the project.	D	1	1100	5	100.00%	5,500.00	2,750.00	2,750.00	5,500.00
1.6	Midwife The midwife is responsible for carrying out training, assisting with deliveries as needed, an conducting monitoring visits on a regular basis. He / she will be roving, but stationed at Mathiang and covered 100% by the project.	D	1	850	5	100.00%	4,250.00	2,125.00	2,125.00	4,250.00
1.7	Nurses The two (2) nurses will be responsible for patient registration, keeping the patients' records, drafting progress reports, conducting community mobilization, and managing the health clinic as facility in-charges. They will dedicate 100% of their time to the project.	D	1	850	5	100.00%	4,250.00	2,125.00	2,125.00	4,250.00
1.8	Finance Officer "RI's National Finance Officer will provide daily oversight on project finances and finance staff as part of the larger country portfolio, reporting project expenditures and accounts to the finance manager ; he/she will dedicate 15% of time to the project. "	S	2	1100	5	100.00%	11,000.00	5,500.00	5,500.00	11,000.00
1.9	Logistics /Operations Officer "RI's Logistics Officer will provide dedicated project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI finance, audit, and competitive/transparent procurement policies; This person will dedicate 20% of their time to this project, as it is logistics-intensive. "	S	2	1200	5	15.00%	1,800.00	900.00	900.00	1,800.00
1.10	HR Officer "RI's Admin/HR Officer will provide support on program oversight including on personnel recruitment and human resources matters, along with associated cross-cutting administration for operations and activity implementation in accordance with RI finance, audit, and HR standards; he/she will dedicate 20% of time to the project. "	S	1	1300	5	15.00%	975.00	487.50	487.50	975.00
1.11	Country Finance Manager He will provide high level finance management support, including review of all finance reports and donor compliance accountability.He will dedicate 15 % of his time to the project.	S	1	5500	5	15.00%	4,125.00	2,065.00	2,060.00	4,125.00
1.12	Deputy Finance Manager The Deputy Finance Manager is based in the field sites and provides technical backstopping to field offices. also He rotates on the various field offices to ensure compliance with donor regulations.	S	1	4500	5	15.00%	3,375.00	1,700.00	1,675.00	3,375.00
1.13	Operations and Security Manager RI's Security coordinator and Operations manager provides each project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI finance, audit, and competitive/transparent procurement policies and also over the security of the RI staff , beneficiaries and properties as advice as appropriate. He/she will dedicate 15% of time to the project.	S	1	5500	5	10.00%	2,750.00	1,375.00	1,375.00	2,750.00
1.14	Guards The Office/ Guesthouse / Warehouse guards provide each project site with daily coverage of compound/warehouse security, necessary in the current fluid context , in accordance with RI safety and security procedures; They will dedicate 100% of their time to the project. "	D	2	375	5	100.00%	3,750.00	1,875.00	1,875.00	3,750.00
1.15	Cleaners The Cook / Cleaner will keep the office clean in accordance to RI standards They will dedicate 100% of their time to the project.	D	2	350	5	100.00%	3,500.00	1,750.00	1,750.00	3,500.00
1.16	Drivers Driver provide each project site with daily transport coverage and support in the deliverance of the activities in the field and country office level.	S	4	650	5	15.00%	1,950.00	975.00	975.00	1,950.00
1.17	Program manager Overall coordinator/manager of project, responsible for oversight and supervision of all program and operations aspects, including liaising with partners, engaging government, organizing training programs, and working with other stakeholders.The position will dedicate 15% of his/her time to the project.	D	1	6000	5	10.00%	3,000.00	1,500.00	1,500.00	3,000.00
1.18	Pharmacist The pharmacist will be in charge of maintaining drug stock inventories and records, and supervising the distribution of medicines at the pharmacy. The pharmacist will work closely with the Health Coordinator and will dedicate 100% of his / her time to the project.	D	1	650	5	100.00%	3,250.00	1,625.00	1,625.00	3,250.00
1.19	Lab Tehnician The lab technician will be in charge of running diagnostics as needed, and drafting reports. The lab technician will work closely with the Health Coordinator and will dedicate 100% of his / her time to the project.	D	1	750	5	100.00%	3,750.00	1,875.00	1,875.00	3,750.00
1.20	EPI Supervisor The EPI Supervisor will be in charge of supervising EPI activities at the facility and during EPI campaigns. He/she will dedicate 100% of his / her time to the project.	D	1	550	5	100.00%	2,750.00	1,375.00	1,375.00	2,750.00
<b>Section Total</b>							96,225.00	48,127.00	48,098.00	96,225.00

**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
								Q3	Q4	

2.1	Communicable disease awareness education session / training	D	80	30	2	100.00%	4,800.00	2,400.00	2,400.00	4,800.00
This will support training materials and associated costs (paper, pens, stationary, posters, manuals, etc.) during the communicable disease training sessions. 80 training sessions will be conducted during the program.										
2.2	Conduct refresher trainings on immunization and cold chain management, MISP, IMCI, HMIS, EmOC, clinical management of rape survivors, and drug management	D	80	30	2	100.00%	4,800.00	2,400.00	2,400.00	4,800.00
This will support training materials and associated costs (paper, pens, stationary, posters, manuals, etc.) during the refresher training sessions on immunization, cold chain management, MISP, IMCI, HMIS, EmOC, and CMR. 80 training sessions will be conducted during the program.										
2.3	Construction of medical waste management pits	D	4	1800	1	100.00%	7,200.00	3,600.00	3,600.00	7,200.00
RI will construct four medical waste pits at four different PHCCs / PHCUs to support improved medical waste management.										
2.4	Essential drugs and supplies for static and mobile clinics	D	1	14800	1	100.00%	14,800.00	14,800.00	0.00	14,800.00
The essential drugs and supplies to supplement in-kind supplies and medicines received from UNICEF. In case of shortage, these will serve as a necessary buffer.										
2.5	Freight and transport, Storage	D	1	8000	1	100.00%	8,000.00	4,000.00	4,000.00	8,000.00
This cost will support the transport and storage of medical supplies, training materials, and other essential program supplies purchased as part of the program. Supplies will need to be purchased in Juba and transported to Longechuk.										
2.6	Purchase and installation of solar-powered fridge	D	1	4000	1	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
This costs covers the purchase and installation of the solar-powered fridge, which will enable RI to re-establish the cold chain and re-initiate routine EPI vaccinations in Longechuk.										
2.7	LLIN mosquito nets	D	1	0	1	100.00%	0.00	0.00	0.00	0.00
RI will plan to secure in-kind funding support for LLIN mosquito nets through WHO or UNICEF.										
<b>Section Total</b>							43,600.00	29,200.00	14,400.00	43,600.00
<b>3 Equipment</b> (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
								Q3	Q4	
3.1	Furniture for PHCUS	D	1	4500	1	100.00%	4,500.00	2,250.00	2,250.00	4,500.00
These include tables, chairs and metallic cabinets to ensure the medical reports are kept safe away from harmful weather effects such as rains.										
<b>Section Total</b>							4,500.00	2,250.00	2,250.00	4,500.00
<b>4 Contractual Services</b> (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
								Q3	Q4	
<b>Section Total</b>							0.00	0	0	0.00
<b>5 Travel</b> (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
								Q3	Q4	
5.1	In country Travel , Staff travel - Field level , Juba - Mathiang	D	2	200	5	100.00%	2,000.00	1,000.00	1,000.00	2,000.00
These funds will be used to cater for the travels for the program staff to and from the field sites.										
5.2	Local travel , Perdiem ( National & International Staff)	D	6	75	5	100.00%	2,250.00	1,125.00	1,125.00	2,250.00
The budget line will be used to provide per diems and accommodation allowance for the staff working under this program.										
5.3	Travel Expat Staff to Field/Home Return with Visa and Inoculation	D	1	950	2	100.00%	1,900.00	950.00	950.00	1,900.00
These funds will cater for the travel of the technical coordinator in charge of the project.										
<b>Section Total</b>							6,150.00	3,075.00	3,075.00	6,150.00
<b>6 Transfers and Grants to Counterparts</b> (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
								Q3	Q4	
<b>Section Total</b>							0.00	0	0	0.00
<b>7 General Operating and Other Direct Costs</b> (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
								Q3	Q4	
7.1	Stationary and office material - Longechuk	D	1	1500	5	15.00%	1,125.00	562.50	562.50	1,125.00
These budget will be used to purchase stationery to be used in the field sites where the project is being implemented.										
7.2	Office/ GH Rent and Maintenance - Longechuk	D	2	10500	1	15.00%	3,150.00	1,575.00	1,575.00	3,150.00
These funds will be used to source and establish satellite offices in far locations for ease of delivery of program activities and provision of oversight to the ground team.										
7.3	Utilities for field offices - Longechuk	D	2	1300	5	15.00%	1,950.00	975.00	975.00	1,950.00
These funds will be used to pay for water,garbage collection and other services in the field locations of the project.										
7.4	Communications - Longechuk	D	3	948.94	5	15.00%	2,135.12	1,067.56	1,067.55	2,135.11
The budget will be utilized to buy thuraya airtime and other related communication supplies with the field locations for the purpose of reporting and dissemination of information in a timely manner.										

7.5	Printing / Photocopying - Longechuk	D	3	150	5	100.00%	2,250.00	1,125.00	1,125.00	2,250.00
Funds will be used to print and reproduce materials and pamphlets to be used for the program activities in the field sites.										
7.6	Maintenance and fuel for power generation - Longechuk	D	3	360	5	100.00%	5,400.00	2,700.00	2,700.00	5,400.00
Funds will be used to procure fuel for use to generate power for use in the offices where the program is being implemented in the day to day running of the office activities.										
7.7	Postage and Courier	D	1	200	1	100.00%	200.00	100.00	100.00	200.00
These funds will be used for posting/courier program related materials to/from head office. These include supporting documentations for technical staff whose costs are levied from Headquarters as well as signed agreements										
7.8	Juba office/GH rent	S	1	11800	5	15.00%	8,850.00	4,425.00	4,425.00	8,850.00
These budget will be utilized to partly finance the rent of the main office in Juba as well as the Guesthouse for the support staff.										
7.9	Vehicle rental (four wheel and light vehicle)	S	2	1500	5	15.00%	2,250.00	1,125.00	1,125.00	2,250.00
These funds are for renting vehicles for the use of supporting the program activities during the various campaigns and trainings.										
7.10	Vehicle fuel and maintenance	S	2	750	5	40.00%	3,000.00	1,500.00	1,500.00	3,000.00
These funds will be used to purchase fuel for the vehicles as well as maintenance of the vehicles during the project implementation										
7.11	Banking charges	D	1	550	5	100.00%	2,750.00	1,225.00	1,525.00	2,750.00
These will be used to pay for the bank charges-ledger fees as well as swift charges and any other related charges during the cash handling of the funds.										
7.12	Insurances (Non-Personnel)	D	1	850	1	100.00%	850.00	425.00	425.00	850.00
This will cover insurance for the vehicles and premises upon which the staff working under the program are using.										
7.13	Legal fees	D	1	680	1	100.00%	680.00	340.00	340.00	680.00
These are fees used to pay for legal services during the program duration.										
<b>Section Total</b>							34,590.12	17,145.06	17,445.05	34,590.11

<b>Sub Total Direct Cost</b>	185,065.11
<b>Indirect Programme Support Cost</b> <i>PSC rate (insert percentage, not to exceed 7 per cent)</i>	7%
<b>Audit Cost</b> <i>(For NGO, in percent)</i>	1%
<b>PSC Amount</b>	12,954.56

Quarterly Budget Details for PSC Amount	<b>2015</b>		<b>Total</b>
	Q3	Q4	
	6,477.00	6,477.56	12,954.56

<b>Total Fund Project Cost</b>	198,019.67
--------------------------------	------------

**Project Locations**

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Upper Nile -> Longochuk	100					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**

