OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	International Rescue Committee
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Provision of quality life saving primary and reproductive health care services in Unity State, South Sudan.
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SSD-16/HSS10/SA1/H/INGO/678
Cluster :		**Project Budget in US$:**	416,000.00
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	01/02/2016	**Planned End Date :**	31/07/2016
Actual Start Date:	01/02/2016	**Actual End Date:**	31/07/2016

Project Summary :

The IRC has been providing life saving medical services in Rubkona County, since the start of the emergency in Unity State by providing curative, preventive and promotional health care services including maternal and child health, outpatient services, health education on HIV/AIDS, and responding to outbreaks among the communities in consideration. Similarly, under the anticipated project, the proposed activities will focus on offering health care services to all segments of the communities and catering to the health needs of men and women, girls and boys and vulnerable populations including elderly and disabled with a do-no-harm approach. The IRC's health intervention will aim to increase access to health care services and address the common causes of morbidity and mortality by providing curative, preventive and promotional health care services at supported health facilities and backed up by community health programming. Rubkona County is a focus for the IRC in Unity State because of the high number of IDPs residing in Bentiu PoC where the IRC is providing primary health care services to 40% of the population - which in total is approximately 135,018 as per the November 2015 IOM biometric registration - along with provision of the same level of services outside the PoC to a population of 15,000 in Rubkona and Bentiu Towns (counted as IDPs in the beneficiary table). The IRC static health care facilities will have youth friendly spaces for tailoring services according to the needs of adolescent males and females and regular focus group discussions (FGDs) will be held to sensitize them on their sexuality and give them the opportunity to seek services such as early treatment of sexuality transmitted infections. To be more responsive to the needs of the marginalized groups, minorities and unaccompanied children, the IRC has trained staff on protection issues to enable them to understand their needs. Also in the IRC clinic Women's Protection and Empowerment (WPE) case workers will be jointly working with the team and help in identification and early response to cases of sexual abuse and gender based violence (GBV). The IRC will work closely with other sectors like WPE, Protection and WASH to fortify the referral instrument for disempowered communities. The IRC will likewise work with the County Health Department (CHD), community leaders, Traditional Birth Attendants (TBAs) and local authorities to identify vulnerable groups and individuals and bring them to the service delivery point.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
11,700	11,250	11,700	10,350	45,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	5,247	4,653	9,900
Internally Displaced People	11,700	11,250	11,700	10,350	45,000

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

The health intervention will align with the 2016 health HRP objectives i.e. 1) To save lives and alleviate suffering through safe access to services; and 2) To ensure communities are capable and prepared to cope with significant threats. Hence to save lives and alleviate suffering through safe access to services the IRC will address the common causes of morbidity and mortality by providing curative, preventive and promotive health services. Activities will include Outpatient Care for children (special focus on children under the age of five) ante-natal care, post-natal care, family planning services, routine EPI (Expanded Program of Immunization) support, (i.e. active participation and support in National Immunization Days), health education and promotion, growth monitoring and nutritional screening of under 5 children, and LLITN (Long Lasting Insecticide Treated Nets) distribution. The IRC will secure the drugs and other commodities needed in the management of patients through the support of UNFPA, UNICEF and WHO. Additionally to ensure communities are capable and prepared to cope with significant threats, the IRC will enhance existing systems to prevent, detect and respond to disease outbreaks. The strategies adopted will include capacity building of health staff and the communities to respond to emerging disease outbreaks and emergencies, and 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 and skill transfer will be carried out to ensure quality delivery of the health services. The program will be supported with essential medicines, medical equipment and medical consumables throughout the project period. The intervention understands and seeks to address needs of vulnerable populations such as children under five, pregnant and lactating women, displaced persons and thus will work with other sectors within the IRC to meet the program objectives. The IRC will also integrate mental health services in the supported health facilities by training the selected staff on priority mental, neurological and substance use disorders, mental health promotion activities, and mental health education with the aim to promote general wellbeing and foster an environment free of stigma and discrimination. The IRC will further strengthen the referral system for the secondary level care of IDPs in collaboration with WHO, UN agencies, health cluster and other partners working in the area, particularly MSF. As per the objectives, the program will also improve availability, access and demand for Gender Based Violence (GBV) and Mental Health and Psychosocial Support (MHPSS) 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 WPE team to train all clinical staff on the IRC's CCSAS (Clinical care of Sexually Assaulted Survivors) guidelines and module to enable survivors to receive quality clinical care at the health facilities and psychosocial support at designated women's centers.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Ronald Paul Veilleux	Country Director	Ronald.PaulVeilleux@Rescue.org	+211920535000
Laura Brambilla	Grants Coordinator	Laura.brambilla@rescue.org	+211920550007

BACKGROUND

1. Humanitarian context analysis

Due to progressing violence throughout South Sudan the entire population (around 3.9 million individuals) are food insecure and vast numbers have been uprooted from their homes to shrubby, swampy territories and islands. As a result, they lack access to acceptable safe houses, sanitation, clean drinking water or sustenance, rendering them totally exposed to intestinal diseases, diarrheal ailments, intense respiratory infection and lack of nourishment. The situation had lately been exacerbated by the offenses of the armed groups in Southern and Northern Unity. The Unity State has uncovered needs due to the emergency from the beginning as it remained one of the most disputed areas during the conflict; hence it has hampered conveyances for humanitarian assistance outside the PoC site, thereby creating a pull factor for the populations to the Bentiu PoC.
The circumstances in Rubkona PoC remain challenging, since the inundation has overstretched the existing humanitarian services. In July 2015 the population in the PoC increased drastically, hitting above 100,000 and this brought a myriad of health related issues, ranging from measles outbreak, malaria and hepatitis E, resulting in increased mortality in children under five. Due to the increase in population and in morbidities/mortalities, the organizations present in the area responded by increasing their human resources capacity, deploying rapid response teams and providing more drugs and supplies. Strategies deployed included intensified malaria control strategies such as distribution of additional mosquito nets (to meet the Sphere standard of one net for every two people), indoor spraying, and malaria focused community health education. WASH, Health and Nutrition sectors jointly strategized on an approach to respond to increased mortalities and morbidities. Their strategies included response to concerns like inadequate water in the camp, poor dietary status among children under 5 in the PoC, and general population and high disease burden. The global acute malnutrition (GAM) in Bentiu PoC is 34.1%, while severe acute malnutrition (SAM) rate is 10.5%. To respond to these high rates, the nutrition cluster members are scaling up outpatient therapeutic centers and wet feeding centers, adding one more stabilization center and introducing malaria testing by rapid diagnostic test (RDT) in the centers. The integrated community case management is being introduced into the PoC by Medair. The IRC has responded to the challenge by opening up two satellite clinics in the PoC to reduce waiting time for patients (as the case load has increased to 400-500 patients per day), a primary health care center in Rubkona town and a mobile medical unit in Bentiu Hospital to cater to the health needs of the population outside the PoC.

2. Needs assessment

During emergencies there is often an increase in communicable diseases such as diarrhea, acute respiratory infection, measles, malaria, cholera and hepatitis. Also the incidence of gender based violence and sexual abuse increases since women and girls are used as a tool of war by the warring parties. The prevalence of malaria, acute respiratory tract infections and diarrhea are high in the PoC also, with prevalence rates of 46%, 15% and 7% respectively. According to the WHO South Sudan Early Warning Alert and Response Network (EWARN) and disease surveillance bulletin week 50, prior to the crisis, the health care service providers in Unity State were from the State Ministry of Health (SMoH), along with CARE and Médecins Sans Frontières (MSF). However, now, international partners, including the IRC, are filling the increasing service gap. Within the IRC-run clinics in sector 4 and 5 in the PoC, the caseload has increased drastically following the latest wave of fighting in the region. The consultation rate has increased by 60% and the health cluster has advised partners providing primary health care services to scale up their operations by setting up mobile clinics in the camps, to avoid deterioration of the situation, and provide the highly required services closer to the people to reduce waiting time in the clinics. As per WHO estimates, the number of people with severe mental illnesses in humanitarian settings doubled from a baseline of 2-3% to 3-4%, while mild to moderate mental health problems (e.g. mild PTSD, depression and other anxiety disorders) increased to 20% from a baseline of 10%.

In the second quarter of 2015, in the IRC-run clinic supported by OFDA and CHF, 19,492 (5,655 under 5 and 13,837 over five) persons availed themselves of consultation services for various ailments. While in the third quarter the consultation numbers jumped to 58,020 (17,879 under 5 and 40,141 over 5) which is an almost 200% increase compared to the previous quarter. According to Bentiu health cluster highlights week 50, 2015, the major morbidities included malaria (55%), acute watery diarrhea (15.3%) and acute respiratory infections (13.2%). Regarding reproductive health services, substantial gains have been made as a result of increased community involvement in the service provision, combined with distribution of dignity kits, hygiene kits, and involvement of the traditional birth attendants (TBAs) as referral agents for skilled birth attendance during delivery. Facility based deliveries between July and September 2015 have increased by 27.6% (648) compared to the previous quarter, while fourth Ante-Natal Care (ANC) visit increased by 7% (519), and Post-Natal Care (PNC) visits increased by 63.7% (334). 1,256 mothers were counseled and tested for PMTCT (Prevention of Mother To Child Transmission) services; nine mothers amongst them were found to be HIV positive and were enrolled into the ART program. Under this grant, the IRC's proposed emergency response will include working closely with other actors on the ground to ensure higher coverage for preventive and curative health services in Rubkona PoC.

3. Description Of Beneficiaries

The project will specifically target the vulnerable members of the Bentiu PoC community , especially since under five mortality is on the rise, a lot of emphasis will be put on the standard child survival interventions to increase the level of awareness among the community members. FDGs will be conducted with community members (men, women, boys, girls and people with disabilities) to verify the IRC is meeting the health demands of the communities and to understand their perspective on how the response can be further improved, hence incorporating communities' perspective in planning. The IRC will enhance the capacity of the health care workers to respond to increasing health needs of the target population. The IRC Health Sector will work in close collaboration with other sectors like the WPE and Child Protection to prepare referral mechanisms for any people who need special attention. The IRC will use the community health workers to increase community awareness about the services being offered at the static facilities, identifying vulnerable members of the community and referring them to the facility. Also, the CHWs are assigned to blocks within the PoC making it easy for them to learn the needs of individual community members and hence becoming more receptive to their individualized needs. The IRC will also work with community members, local authorities and women and youth groups to further identify vulnerable members and refer them to the supported facilities.

4. Grant Request Justification

The IRC has been present in Rubkona PoC since February 2014 and has been providing primary and reproductive health care services with funds from OFDA, CHF, UNFPA and Health Pooled Funds. Currently the IRC is running three primary health care facilities (sector 4, sector 5 and Rubkona) and a mobile clinic in Bentiu Hospital after taking over the Rubkona HPF funded project from CARE International. Currently IRC is providing highly required primary health care and reproductive health services to 30,000 people (20,000 in the PoC and 10,000 host community members outside the PoC). The beneficiaries of the proposed project are vulnerable women, boys, girls, minorities and people with disabilities who are adversely affected by recent conflict in the region. Due to the subsequent influx of the population into the PoC, the need for continuation of the primary health care services has risen drastically and IRC requests continued support with the CHF funding to carry on adequate response to the health needs of the population, through provision of drugs, equipment, medical supplies and staff. All the health services will be complemented with community mobilization activities and health education outreach services focusing on key health messages such as: modalities of disease transmission, hand washing, proper use of sanitation facilities, cholera prevention, HIV/AIDS prevention, etc. The IRC will mobilize communities to utilize services and create demand among the conflict affected population in Rubkona County, especially now that there is a funding gap under Health Pooled Fund; hence this CHF funding is critical to continue providing the same level of health care service and support to the communities in Bentiu PoC, Rubkona and Bentiu Town.
The IRC is an active member of the health cluster and plays a vital role in all the health campaigns and assessments by supporting with incentives, staff and technical expertise. The IRC will continue providing routine immunization services and play an active role in mop up campaigns with health cluster partners.
The IRC clinic staff has been trained on clinical care of sexual assault survivors and safe and confidential areas have been set up within the ante-natal care clinics to provide confidentiality and privacy to the sexual assault and gender based survivors, and the health team works hand in hand with the WPE team to cater to their needs in a safe and secure manner.

5. Complementarity

The IRC health program operates in two primary health care facilities for IDPs, offering health services for 150 to 250 patients per day/clinic. The clinics are located in sector 4 and 5 of Bentiu PoC in Rubkona County. All of the IRC-run health clinics have high utilization rates. Current Under-Five-Mortality averages 0.95 per 10,000 per day – maintained below Sphere standards. ARI, malaria, Hepatitis E and diarrhea remained the leading causes of morbidity and mortality, indicating ongoing need to conduct more comprehensive preventive health activities at the community level. With the support of OFDA, UNFPA and CHF in Bentiu PoC, the IRC has provided equipment, staff and training to staff, and drugs/supplies to the PoCs, which has helped to decrease the high mortality/morbidity rates and avoid disease outbreaks. The IRC intends to continue all programs in the coming year both through the activities proposed here as well as through activities which will be funded from OFDA, HPF and UNFPA (though approval of the funding is currently pending) . It is vital that these vulnerable populations continue to have access to quality primary health care services within their reach. 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. IRC will provide additional emphasis and focus on improving the quality of services provided, ensuring that a greater percentage of people receive treatment according to WHO protocols, a higher percentage of children are fully immunized, a greater percentage of women seek ANC and PNC and deliver in a health center, and the community as a whole is not only better informed about health and hygiene but they are incorporating that knowledge into their regular habits and customs.

LOGICAL FRAMEWORK

Overall project objective

To enhance access to life-saving quality primary and reproductive health care services for conflict affected IDP and host communities and increase the emergency preparedness and response in Rubkona County, Unity State.

HEALTH		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	70
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	30
Contribution to Cluster/Sector Objectives : The activities proposed will contribute significantly to the cluster's objectives to improve accessibility to quality essential and emergency health care including addressing the major cause of morbidity and mortality for children under five		
Outcome 1		
Enhanced access to quality primary and reproductive health care services for displaced and host communities in Unity State.		
Output 1.1		
Description		
The primary health care and reproductive health care services will enhance the provision of basic health care in Unity State through provision of drugs, medical equipment and supplies, and laboratory services to IDP and vulnerable host communities, thereby offering treatment for communicable diseases and responding to outbreaks, offering immunization services and Emergency Obstetric and Neonatal Care (EmONC) services, and promoting HIV/AIDS awareness among the population. The program will also enhance the capacity of the staff and the community on the ground to foster ownership as a long term strategy for continuity of services through the County Health Department (CHD).		
Assumptions & Risks		
• 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 • Availability of sufficient funds for the response • No significant increase in security threat to both beneficiaries and implementing partners • No significant increase in operational costs, including logistics. • No significant increase in morbidity and disease outbreaks contributing to excess mortality and morbidity • Roads will not be blocked by armed actors • 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		
Activities		
Activity 1.1.1		
Procure and distribute drugs, equipments, medical and laboratory supplies to all HFs		
Activity 1.1.2		
Provide training and refresher trainings for all HF staff on standard service provision		
Activity 1.1.3		
Conduct supportive supervision visits to all HFs		
Activity 1.1.4		
Review and analyze weekly, monthly morbidity, IDSR and RH reports and provide feedback to HF staff and timely submission to the MoH and UNFPA		
Activity 1.1.5		
Continue to provide quality curative services as outpatient at the HFs		
Activity 1.1.6		
Ensure the integration of mental health and psychosocial support services into primary healthcare facilities		
Activity 1.1.7		
Continue providing quality ANC and modern methods of family planning services		
Activity 1.1.8		
Provide timely response and referral services to survivors of gender-based violence		
Activity 1.1.9		
Provide referral service to Emergency Obstetric Complication cases		
Activity 1.1.10		
Mapping of all women of Child Bearing Age (CBAs) & Pregnant & Lactating Women (PLWs)		
Indicators		

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # of >5 outpatient consultations in conflict-affected and other vulnerable states					15,300
Means of Verification : Clinical records							
Indicator 1.1.2	HEALTH	Frontline # of <5 outpatient consultations in conflict-affected and other vulnerable states					14,700
Means of Verification : Clinical records							
Indicator 1.1.3	HEALTH	Frontline # Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states		950			950
Means of Verification : Clinical records							

Outcome 2

Improved immunization services, community outreach activities and reproductive health services

Output 2.1

Description

Improved immunization coverage for children under 1 and 5.

Continued provision of immunization services at the supported health facilities according to South Sudanese national health policy and maintaining standard infection prevention protocols. Improved community awareness regarding the importance of childhood vaccination and referring children from communities to facilities for vaccination along with tracking of defaulters.

Assumptions & Risks

• 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
• No breakdown in cold chain for vaccination supplies
• No lack of funds to respond
• No security threat to both beneficiaries and implementing partners
• No increased operational costs including logistics.
• No increased morbidity and disease outbreaks contributing to excess mortality and morbidity
• Roads will not be blocked by armed actors

Activities

Activity 2.1.1

Provide initial training and refresher training to HFs staff responsible for vaccination as per EPI protocol

Activity 2.1.2

Ensure submission of weekly and monthly EPI reports to the health cluster, WHO, MoH and UNICEF

Activity 2.1.3

Ensure regular supplies of vaccine and consumables related to vaccination at all HFs

Activity 2.1.4

Establish a quality cold chain monitoring system

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			1,550	1,750	3,300
Means of Verification : Clinic records –EPI registers							
Indicator 2.1.2	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			1,550	1,750	3,300
Means of Verification : Clinic records –EPI registers, Measles campaign records							

Output 2.2

Description

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

Improving community outreach services with focus on enhancing knowledge and improving health seeking behaviors of the communities through health awareness sessions, using IEC (Information, Education and Communication) materials and referring patients and clients from communities to facilities to avail health services.

Assumptions & Risks

• 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 to targeted communities
• No significant increase in security threat to both beneficiaries and implementing partners
• No significant increase in morbidity and disease outbreaks contributing to excess mortality and morbidity
• Roads will not be blocked by armed actors

Activities

Activity 2.2.1

Establish Community Health Committee at supported IDP Camps

Activity 2.2.2

Mobilize and ensure participation of communities on health awareness activities

Activity 2.2.3

Educate and inform communities on personal, domestic and environmental hygiene, seasonal diseases and outbreaks and availability of referral services from communities to supported health facilities

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	Frontline # of people reached by health education and promotion before and during outbreaks	2,340	2,250	2,340	2,070	9,000

Means of Verification : CHW records and Health Information System (HIS)

Additional Targets :

M & R

Monitoring & Reporting plan

The reports will be compiled weekly using the MoH weekly data collection tools and submitted along with IRC's own reporting and recording tools. These will be shared with the IRC technical coordinators and they will include implementation and financial status, challenges encountered and mitigation measures taken and lessons learnt. All this will be used for future programming. To ensure quality of services, regular site visits will be conducted, as well as review of records and exit interviews of the clients. The IRC will report data to the MoH for supporting epidemic surveillance, health planning and program management. Integrated Disease Surveillance Report (IDSR) and Early Warning and Response Network (EWARN) data will be compiled weekly and submitted to the relevant stakeholders (MoH, WHO, UNICEF and UNFPA). Data on morbidity (i.e. maternal and child) and immunization will be compiled on a monthly basis and will be submitted to the State Ministry of Health (SMoH). The IRC will carry out close monitoring and supportive supervision of program activities to ensure that services are in line with national and standard treatment protocols, quality standards are upheld and the skills and concepts covered during on-job training and mentorship are being correctly applied. The IRC will use its supervision checklist during monitoring visits and will use them for recommending corrective measures after due analysis. The IRC will submit a detailed progress report to CHF on the implementation, every three months and a month after the end of the project, as stipulated in the grant agreement. Ad hoc reports may be produced on request by CHF. Through the health cluster, the IRC will submit weekly IDSR, morbidity, EPI and RH reports as well.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procure and distribute drugs, equipments, medical and laboratory supplies to all HFs	2016		X	X									
Activity 1.1.10: Mapping of all women of Child Bearing Age (CBAs) & Pregnant & Lactating Women (PLWs)	2016		X										
Activity 1.1.2: Provide training and refresher trainings for all HF staff on standard service provision	2016		X			X							
Activity 1.1.3: Conduct supportive supervision visits to all HFs	2016		X	X	X	X	X	X					
Activity 1.1.4: Review and analyze weekly, monthly morbidity, IDSR and RH reports and provide feedback to HF staff and timely submission to the MoH and UNFPA	2016		X	X	X	X	X	X					
Activity 1.1.5: Continue to provide quality curative services as outpatient at the HFs	2016		X	X	X	X	X	X					
Activity 1.1.6: Ensure the integration of mental health and psychosocial support services into primary healthcare facilities	2016		X	X	X								
Activity 1.1.7: Continue providing quality ANC and modern methods of family planning services	2016		X	X	X	X	X	X					
Activity 1.1.8: Provide timely response and referral services to survivors of gender-based violence	2016		X	X	X	X	X	X					
Activity 1.1.9: Provide referral service to Emergency Obstetric Complication cases	2016		X	X	X	X	X	X					
Activity 2.1.1: Provide initial training and refresher training to HFs staff responsible for vaccination as per EPI protocol	2016		X			X							
Activity 2.1.2: Ensure submission of weekly and monthly EPI reports to the health cluster, WHO, MoH and UNICEF	2016		X	X	X	X	X	X					

Activity 2.1.3: Ensure regular supplies of vaccine and consumables related to vaccination at all HFs	2016		X	X	X	X	X	X					
Activity 2.1.4: Establish a quality cold chain monitoring system	2016		X	X									
Activity 2.2.1: Establish Community Health Committee at supported IDP Camps	2016		X	X									
Activity 2.2.2: Mobilize and ensure participation of communities on health awareness activities	2016		X	X	X	X	X	X					
Activity 2.2.3: Educate and inform communities on personal, domestic and environmental hygiene, seasonal diseases and outbreaks and availability of referral services from communities to supported health facilities	2016		X	X	X	X	X	X					

OTHER INFO

Accountability to Affected Populations

During the life of the project the IRC will ensure minimum essential life saving packages ensuring the presence of a functioning community feedback mechanism e.g. beneficiary complaint mechanism, client exit interviews and direct feedback from communities being served both at the facilities level and community level.

Implementation Plan

Through this proposed project the IRC will contribute to reducing avoidable morbidities and mortalities among vulnerable populations in Bentiu PoC through provision of life saving comprehensive primary health care services including:
A. Treatment of minor ailments (including communicable diseases) and response to outbreaks along with screening and first line treatment for non-communicable diseases.
B. Treatment of minor injuries and performance of minor surgical procedures.
C. Strengthening existing health systems by trainings and refreshers to MoH staff to prevent, detect and respond to disease outbreaks within 48 hours.
D. Providing Reproductive Health Care in supported clinics including Ante-Natal Care, Natal Care including BEmOC, Post-Natal Care, Family Planning services with focus on long term FP services, Post Abortion Care services (PAC) using Manual Vacuum Aspiration (MVA) method, Sexually Transmitted Infection treatments through syndromic management, Clinical Care of Sexual Assault Survivors (CCSAS) through integration of gender-based violence (GBV) response services into primary healthcare and sensitizing communities on reporting and availability of these services (for this the IRC Health and WPE sectors will work side by side), Voluntary Counseling and Testing (VCT), Prevention of Mother-To-Child Transmission (PMTCT) of HIV and RH specific health education.
E. Providing Mental Health and Psychosocial Support (MHPSS) through WHO Mental Health Gap Action Program (mhGAP) in compliance with the IASC guidelines on MHPSS by: building the skills of mid-level health workers to detect, diagnose and appropriately manage mental health conditions using the mhGAP humanitarian intervention guide, providing basic psychosocial support for people with mental distress and disorders and family support (the IRC Health and WPE sectors will work closely), and training of selected community health workers on mental health case identification and referral, home visits and defaulter tracing; community awareness and advocacy.
F. Provision of routine immunization services.
G. Drugs, medical supplies and equipment provision and replenishment.
H. Providing basic laboratory diagnostic services.
I. Special emphasis will be given to community health outreach and targeted health promotion activities including: 1) focused health seeking behavior messaging on disease prevention, basic reproductive health, personal, domestic and community hygiene, basic nutrition, mental health, strengthening of community health committees, structures and leadership to support peer health education activities; 2) community health surveillance with specific attention to communicable diseases; 3) active case finding and targeted health promotion for identified outbreaks and priority health needs in the communities.
Particular attention will be paid to staff capacity building which will include formal technical trainings related to commonly prevalent morbidities and standard case management protocols as per WHO standards, regular on-job trainings backed-up with effective supportive supervision. Other emergency related trainings will be organized including but not limited to Minimal Initial Services Package (MISP) of Reproductive Health and emergency obstetrical care, training nurses on emergency triage, Infection Prevention Protocols and disease outbreak response trainings.
Active disease surveillance and prompt reporting will be ensured through community health programming, referrals and laboratory investigations and, throughout this process, the Community Health Workers (CHWs) will play a key role in active surveillance through identifying and referring cases to the supported health facilities. Identified cases will be notified to the County Health Department (CHD), WHO and other health agencies in the PoC. Through this approach, social mobilization and community involvement in epidemics prevention and control of outbreaks will be enhanced.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
World Health Organization (WHO)	Health coordination meetings with WHO and other health partners to monitor progress of the program.
IOM	Provides PHCC activities in sector 1 and 3, liaison on morbidity. The IRC refers patient with suspected TB to IOM, develops joint plan for community health activities, carries out joint trainings to community health worker for common approach with similar disease preventive messages to the community
World Relief	Collaboration on PHCC activities, community mobilization through outreach teams
MSF	Referral of complicated deliveries and inpatient services for secondary health care

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The IRC will ensure effective gender mainstreaming e.g. considering the needs of female patients in medical interventions, the IRC recruits female health service providers, aims for an equal ratio of female and male community workers, provides privacy for patients during consultations, and strives toward gender balance in capacity building opportunities. The IRC also works with community health committees to identify vulnerable groups including the elderly, women headed households and people with disabilities to create links to complementary services.

Protection Mainstreaming

The IRC will ensure that during service provision at all levels, including service provision at the facilities (consultations, pharmacy, laboratory services, reproductive health services, waiting areas) and service provision at communities (house-to-house visits, community gatherings and referrals from communities to facilities) will not expose beneficiaries to further risk.

Country Specific Information

Safety and Security

The security situation remains tense nationwide even as some areas have seen a period without fighting. The security situation in Bentiu remains volatile and unpredictable. 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, and 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:

- Employing security experts who participate in UN and INGO security meetings and develop up-to-date security plans and protocols
- Maintaining a Security Management Team (SMT) in Juba and Area Security Management Team (ASMT) at the field level
- Conducting regular training for staff on risk mitigation

Access

The IRC has been operating in Bentiu PoCs since February 2014 when the crisis started. Access to the area is through UNHAS flights. All staff providing services are camp-based staff and are all staying within the UNMISS bases; this allows the smooth running of the program without interruption. IRC's pre-existing presence in the area provides a strong base to operate.
In the location IRC has strong working relationships with the parties and participates in inter agency discussions to maintain this relationship and sustained access to affected populations. The IRC also works closely with other humanitarian actors, local organizations and groups to ensure programming is complementary, avoids duplication and responds to the needs of affected populations, ensuring community participation and ownership of interventions.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	International Juba based health program staff salaries	D	2	10,694.00	6	15%	19,249.20
	The Senior Health Coordinator is based in Juba and is responsible for strategy development, program design, implementation, standardization, and evaluation of all health-related activities within the IRC South Sudan country program. The Senior Health Program Coordinator maintains strong relationships with all health stakeholders in South Sudan and Unity in particular, and will support the Health Manager to ensure quality control, team capacity building, and consistent stakeholder engagement. The Reproductive Health Manager is based in Juba and is responsible to support reproductive health services in Unity State. S/he maintains strong relationship with UNFPA and MOH, as well as technically supporting the midwives in the field.						
1.2	International Bentiu based program staff	D	1	7,985.23	6	70%	33,537.97
	The Emergency Health Manager is based in Bentiu and oversees the direct implementation of heath programming in Bentiu, with emphasis on the emergency context.						
1.3	Technical unit	D	1	458.31	18	100%	8,249.58
	In order to ensure that IRC's programs are of the highest quality and based on industry best practices, all IRC programs include the time and effort of Technical Advisors (TAs) who work at a regional or global level. TAs are quality assurance agents and are essential to effective program design, implementation and evaluation. TAs are not typically based in one field office, but travel in and out of many field offices on a regular basis. The cost of a reasonable and proportional amount of TAs' time and effort is included in the program personnel costs of all project budgets. *Under this line the Health Technical Advisor (18 days x $458.31/day): The New York-based Health Technical Advisor will provide ongoing remote support to program implementation as well as visit the program a minimum of once per year. The estimated level of support will assist with the production and review of key program documents and tools and assist with problem solving on key challenges encountered. This TA's time is devoted to Sector #1 (Health).*						
1.4	International field site support staff salaries - Bentiu	S	1	8,452.74	6	25%	12,785.61
	The Field Coordinator based in Bentiu oversees all Bentiu operations, ensuring support functions to all sector programming, including the implementation of the IRC's measures for all Bentiu staff.						
1.5	International staff salaries - support main office (Juba)	S	20	10,723.14	6	3%	32,169.42
	International management and support positions based in the IRC's Juba office. These 20 staff include the country program management staff in the management office (country director and deputy directors), finance, HR, supply chain, security, and grants. The salary and benefits costs are shared across all grants in accordance with the IRC's Shared Program Cost (SPC) methodology. For this Action the SPC allocation to salaries and benefits in the Juba office is 2.5%.						

1.6	Bentiu national staff salaries - health program staff	D	27	1,099.23	6	75%	134,357.78
	27 Health facilities staff based in Bentiu, they will be working in the clinics providing health care services (1 deputy manager, 1 Medical officers, 1 Registered Midwives, 2 Clinical officers, 5 nurses, 6 community midwives, 1 laboratory technician, 6 community mobilizers, 1 community mobilizer officer, 2 cleaners and 1 casual labour)						
1.7	National staff salaries - Juba main office	S	55	1,404.70	6	3%	11,588.78
	There are 55 National staff positions who make-up the Juba main office finance,Administration & Supply Chain team who support the day to day management support functions. They are budgeted in accordance with the IRC's SPC methodology at a rate of 2.5%						
1.8	Bentiu national support staff salaries	S	12	698.52	6	25%	12,573.36
	The following local staff based in Bentiu are budgeted to support the program, 1 finance officer, 1 HR/Admin officer, 1 supply chain officer, 1 cashier, 2 cleaners, 2 drivers, 3 casual laboures and 1 store keeper.						
	Section Total						**264,511.70**
Supplies, Commodities, Materials							
2.1	Laboratory supplies - Bentiu	D	1	1,000.00	6	100%	6,000.00
	Procurement of laboratory reagents and rapid tests						
2.2	Clinic update - Bentiu	D	1	6,000.00	1	60%	3,600.00
	Rehabilitation and minor repairs at the health clinics						
2.3	IEC material - Bentiu	D	1	1,000.00	1	100%	1,000.00
	A variety of IEC materials designed to result in behavior and attitudinal change as well as information dissemination and raising the awareness/health education of the target population.						
2.4	Infection control materials	D	1	4,871.00	1	100%	4,871.00
	Infection control gears such as antiseptics, detergents, gloves and masks.						
2.5	Mother & baby care supplies (sanitary towels, soaps, towel, oil) - Bentiu	D	1	5,950.67	1	100%	5,950.67
	Purchase of sanitary towels, soaps, towels, oil, etc. for the program in the field site.						
2.6	Program airtime - Bentiu	D	1	400.00	1	100%	400.00
	Cost for phone calls for program activities in the field site.						
2.7	Pharmaceuticals (drugs, supplies and medical equipment) - Bentiu	D	1	53,849.37	1	100%	53,849.37
	Purchase of supplementary drugs/pharmaceuticals						
2.8	Clinic furniture (tables, chairs)	D	1	1,000.00	1	100%	1,000.00
	Furnitures such as tables and chairs for the health clinics						
2.9	Minor repairs in the health facility (benches, shelves)	D	1	1,000.00	1	100%	1,000.00
	Minor repairs (benches, shelves, etc.) at the health facilities						
2.10	Warehouse rent	D	1	10,000.00	6	9%	5,682.00
	The monthly cost of the warehouse is $10,000 per month. This is used for storage of program supplies. This project will support 9.47% of this cost - the overall cost is shared between other programs.						
	Section Total						**83,353.04**
Contractual Services							
4.1	Air charter (transport & distribution of program material - Bentiu)	D	1	5,500.00	1	100%	5,500.00
	One charter flight budgeted for transport and distribution of program material to Bentiu.						
	Section Total						**5,500.00**
Travel							
5.1	Domestic travel program staff	D	3	234.67	4	100%	2,816.04

	For direct program staff, unit costs represent number of trips required to implement the programming across the field sites included in this project, including the trips the Program Coordinators and Program Managers will need to make between Juba and the field sites.						
5.2	Domestic travel support staff	S	4	237.28	4	33%	1,242.21
	For support staff, the units are budgeted at a percentage as per IRC's SPC methodology. These staff will support the program across the field sites.						
5.3	International travel program staff	D	3	1,000.00	1	50%	1,500.00
	Airfare for program travel is budgeted based on current quotes for the indicated itinerary when it is known, and based on average expenditures for similar travel when the specific itinerary is not yet known. *Travel To / From Assignment: IRC covers the cost of airfare for all international staff to travel to South Sudan at the beginning of their assignment, and back to their home of record at the end of their assignment. For shared cost positions that support multiple IRC programs, this has been budgeted according to anticipated staff turnovers (departures/arrivals) and in line with the IRC SPC methodology. For direct program staff positions, one trip is budgeted at the beginning and one at the end of the program for all positions.*						
5.4	International travel support staff	S	5	762.77	1	14%	528.22
	Airfare for program travel is budgeted based on current quotes for the indicated itinerary when it is known, and based on average expenditures for similar travel when the specific itinerary is not yet known. *Travel To / From Assignment: IRC covers the cost of airfare for all international staff to travel to South Sudan at the beginning of their assignment, and back to their home of record at the end of their assignment. For shared cost positions that support multiple IRC programs, this has been budgeted according to anticipated staff turnovers (departures/arrivals) and in line with the IRC SPC methodology. For direct program staff positions, one trip is budgeted at the beginning and one at the end of the program for all positions.*						
5.5	Visa/work permit program staff	D	3	39.23	6	85%	600.22
	The cost of visas and work permits received in-country has continued to fluctuate significantly for international staff based in South Sudan. Although there are set prices based on the citizenship of the employee, this is not always recognized by the South Sudanese authorities and the duration of visas and work permits that are provided range between 1 month and 3 months depending on the occasion. The budgeted unit costs represent the average monthly expenditure per staff member, according to historical expenditures.						
5.6	Visa/work permit support staff	S	21	25.85	6	14%	451.11
	The cost of visas and work permits received in-country has continued to fluctuate significantly for international staff based in South Sudan. Although there are set prices based on the citizenship of the employee, this is not always recognized by the South Sudanese authorities and the duration of visas and work permits that are provided range between 1 month and 3 months depending on the occasion. The budgeted unit costs represent the average monthly expenditure per staff member, according to historical expenditures.						
	Section Total						**7,137.80**
General Operating and Other Direct Costs							
7.1	Juba office supplies	S	1	4,750.00	6	3%	712.50
	Based on actual expenditures, the budget includes a monthly unit cost of $4,750 for the Juba Main Office supplies such as drinking water, pens, paper and other sundry expenses including cleaning products, etc. Budgeted in accordance with IRC's SPC methodology at a rate of 2.50%.						
7.2	Bentiu field office supplies	S	1	1,108.85	6	25%	1,676.58
	Based on actual expenditures, the budget includes a monthly unit cost of $1,108.85 for the Bentiu Field Office supplies such as drinking water, pens, paper and other sundry expenses including cleaning products, etc. Budgeted in accordance with IRC's SPC methodology at a rate of 25.20%.						
7.3	Juba main office running expenses	S	1	41,058.33	6	3%	6,158.75
	In line with the IRC's Shared Program Cost (SPC) methodology, which is consistently applied to all IRC grants in South Sudan, a contribution to the IRC's Juba Main Office cost structure is requested based on the anticipated level of support that the program will required from this structure. All budgeted costs are based on actual expenditures and included at a shared rate of 2.50%. This includes: Office Rental, Office Utilities, Office Maintenance, Generator Operations, Office Telephone, Fax & Mobile Costs, Internet Connection, Postage, Courier and Delivery, Legal Fee, IT Maintenance, Equipment Maintenance, Software Agreement, Vehicle Fuel, Vehicle Repairs & Maintenance, Vehicle Insurance, Bank Fees, Subscriptions – NGO Forum, Operations Meetings/Staff Team Building, Global Insurance.						
7.4	Bentiu field office running expenses	S	1	13,052.04	6	25%	19,734.68

	A contribution to the IRC's Bentiu Field Office cost structure is requested based on the anticipated level of support that the program will required from this structure. In accordance with IRC's SPC methodology, these items are also shared between all programs supported through the Bentiu office and included in all donor budgets. All costs are based on actual expenditures and included at a shared rate of 25.20%. This includes: Office Rent/Guesthouse, Office Utilities, Office/Other Maintenance, Generator Operations, Office/Guesthouse Security, Office Telephone, Fax & Mobile Costs, Internet Connection, Equipment Maintenance, Vehicle Fuel, Vehicle Repairs & Maintenance, Vehicle Insurance, DSTV equipment and yearly subscription, Operation Meeting & Capacity Building.			
	Section Total			**28,282.51**
SubTotal		173.00		**388,785.05**
Direct				289,163.83
Support				99,621.22
PSC Cost				
PSC Cost Percent				7%
PSC Amount				27,214.95
Total Cost				**416,000.00**
Grand Total CHF Cost				**416,000.00**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Rubkona	100						

Documents

Category Name	Document Description
Project Supporting Documents	List of drugs and medical supplies.docx