OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	International Organization for Migration
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Sustaining Life-saving Primary Health Care Services and Provision of Rapid Response and Psychosocial Support for Vulnerable IDPs, Returnees and Affected Host Communities in Upper Nile, Unity, and Jonglei States
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SSD-16/HSS10/SA1/H/UN/685
Cluster :		**Project Budget in US$:**	509,000.01
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 proposed project intends to contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving primary health care (PHC) services to vulnerable internally displaced populations and conflict-affected host communities through a flexible, reactive and harmonized approach. The project will be implemented in Upper Nile State (Malakal POC and Renk County) as well as in hard to reach areas accessed by the Rapid Response Team (RRT). The RRT works with existing health facilities and partners on the ground, where they exist. This is done by providing capacity building of staff and facilities, leaving behind supplies of medicines and equipment. The use of a combination of semi-static and mobile clinics allows IOM to respond rapidly to the precise contextual needs within a given emergency situation.

Evidence shows that population displacement exacerbates poor health outcomes due to lack of access to preventive, curative and referral services, destruction of public health infrastructure, and disruption of continuity of care. Furthermore, health risks such as malnutrition among children under five, limited access to adequate supplies of clean and safe water, exposure to gender based violence, preference of women to give birth at home and lack of awareness on key health education messages have also contributed to make individuals, especially women and boys and girls under five, in targeted sites more vulnerable to life-threatening health risks.

Moreover, IOM's role implementing both emergency WASH and Health activities is a significant comparative advantage for integrating health and hygiene promotion activities. Yet, successful endeavors to prevent waterborne diseases (including cholera, Hepatitis E, malaria, etc.) will require strong leadership and coordination efforts. Beyond the acute emergency needs, IOM intends to integrate capacity building for both health workers and community members on prevention of HIV and Tuberculosis (TB) as well as sensitization on community based approaches for mental health and psychosocial support.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
33,183	34,537	6,797	7,074	81,591

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	6,797	7,074	13,871
Internally Displaced People	33,183	34,537	6,797	7,074	81,591
People in Host Communities	39,089	40,684	8,006	8,333	96,112
Pregnant and Lactating Women	0	1,631	0	0	1,631

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

This project responds to the first Health Cluster objective, “Improve access, and scale-up responsiveness to, essential and emergency health care, including emergency obstetric care services” (HRP SO1) by contributing to the provision of life-saving PHC and referral services through semi-static and mobile clinics, and rapid response teams, for vulnerable populations in target areas in Unity, Upper Nile and Jonglei states. The basic package of PHC services integrates comprehensive reproductive health services, including antenatal and postnatal care, emergency obstetric care services, PMTCT and family planning during emergency response.

The second Health Cluster objective “Strengthen existing health systems to prevent, detect and respond to disease outbreaks” (HRP SO1) is addressed through health service delivery provided by IOM’s semi-static and mobile clinics, health education on communicable diseases (such as water-borne illnesses) and procurement, transport and pre-positioning of essential drugs and medical supplies. The project also focuses on continuing IOM’s capacity to monitor, analyze and respond to disease trends through participation in the health cluster’s rapid response mechanism (RRM) and deployment of rapid response teams (RRT). Furthermore, IOM is an active member of the national Emergency, Preparedness and Response Taskforce led by the Ministry of Health and WHO.

Finally the proposal addresses the third objective “Increase availability, access to and demand for Psycho-Social Support services, GBV and Mental Health targeting vulnerable people”. (HRP SO2) This project aims to mainstream mental health and psychosocial support (MHPSS) into ongoing PHC services through the training of health workers in supportive communication and Psychological First Aid (PFA), basic MHPSS needs and responses in emergency and post emergency situations, and identification of most common mental disorders and referral.

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
Government of Japan 2015 dp.1208 (Ends March 2016)	1,400,000.00
Government of Japan 2016 (starts April 2016)	2,000,000.00
OFDA 2015/16 (end April 2016)	2,900,000.00
	6,300,000.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

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

Overcrowded living conditions and repeated bouts of flooding inside the IDP sites combined with poor sanitation and hygiene practices and weak health seeking behavior have made women, men, boys and girls, more vulnerable to ill health. Acute watery diarrhea, severe malnutrition and pneumonia claim the highest mortality. Recurrent outbreaks of measles have occurred, despite efforts by health partners to conduct emergency vaccination campaigns alongside routine efforts. Furthermore, Upper Nile State experienced a cholera outbreak in 2014 while Unity State began to see suspected cases of Acute Jaundice Syndrome and Hepatitis E towards the end of 2014 and 2015. Other health risks such as malnutrition among children under five, limited access to adequate supplies of clean and safe water, exposure to gender based violence, preference of women to give birth at home and lack of awareness on key health education messages have also contributed to make individuals, especially children under five and women, in targeted sites more vulnerable to life-threatening health risks.

These risk factors illustrate the criticality of ensuring that life-saving services are supported and scaled up in 2015.To address vulnerable populations outside of the PoC, this project includes the mobilization of IOM’s Rapid Response Health Teams, which aim to deliver life-saving PHC to hard to reach populations. In addition to aforementioned health factors, the economic situation in the country reflects a continuation devaluation in currency, increasing prices and cost of living and anticipated food shortages going into 2016.

2. Needs assessment

Since January 2014, IOM has been providing lifesaving PHC and referral services and comprehensive reproductive health care including the Minimum Initial Service Package (MISP), antenatal and postnatal as well as emergency obstetric and normal deliveries, Prevention of Mother to Child Transmission of HIV (PMTCT) and family planning, mass and routine immunizations, nutritional screening, as well as health education in Upper Nile and Unity States. Overall, IOM has conducted more than 330,000 consultations across all six clinics 89% of which were for internally displaced persons (data from 2014 and through Week 50 2015).

In 2015, Malakal, IOM has conducted more than 47,000 consultations for men, women, girls and boys; and vaccinated more than 60,000 children under five through routine and mass vaccination. IOM has a strong reproductive health programme, and was the first organization to begin providing PMTCT for pregnant mothers. Moreover, in 2015 IOM conduct an about 1760 facility-based deliveries , in the presence of a skilled midwife. Furthermore, IOM is one of two agencies responding to an estimated 45,000 IDPs in Renk County, providing lifesaving basic services through three semi-static clinics located in Abayok, Payuer and Wonthou communities. In 2015, in Renk County, IOM conducted more than 57,000 consultations and immunized more than 36,500 children under five through routine vaccination. Furthermore, Renk just started undertaking facility-based deliveries, with four babies delivered in the first week (Week 50) in IOM's Abayok clinic.

The project also aims to increase vaccination coverage, which has been identified as one of worst performing health indicators in the country, with immunization coverage of about 33%, and less than 15% in conflict affected states. In line with IOM's strategy for 2016 of providing comprehensive PHC, static clinics and the RRT will actively focus on improving access to routine vaccines among the population, outbreak response and prevention, while also providing preventive and curative health services, including nutritional screening.

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

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

Finally, this project aims to contribute to the prevention, diagnosis and treatment of HIV and TB among IDPs. Approximately 111 IDPs living in POC sites died from TB/HIV related causes in 2014; and this increased in 2015 to over 120. These figures represent the critical need for emergency health partners to advocate for the support of community based DOTS inside the POC. IOM has already taken steps to initiate TB diagnosis and treatment in addition to scaling up HIV programming including Anti-Retrovial Therapy in Bentiu, Unity State.

3. Description Of Beneficiaries

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

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

Beneficiary Figures are broken down below:

Direct Beneficiaries:
Renk County : 60% of 23,000 IDPs (13,800) (IOM DTM, December 2015)
Malakal POC = 100% of IDPs in PoC (47,791 IDPs) (IOM DTM, December 2015)
Rapid Response Team = 20,000
Total: 81,591

Indirect Beneficiaries:
60% of Host Community (96,113)
Host Community in Renk County = 31,461 Renk South + 37,618 Renk North + 39,649 Geger (Population Census 2008)

4. Grant Request Justification

IOM is requesting support through the CHF to support static clinic activities in Upper Nile State (Malakal PoC and Renk), and rapid response team activities in the conflict affected states (Jonglei, Upper Nile, and Unity).The previous CHF funded IOM grant for Upper Nile State ended in November, 2015 and the current CHF funded grant for Unity State ends January 31st, 2016. Currently, IOM is experiencing a shortfall of funding to cover activities in Upper Nile, notably Renk County.

5. Complementarity

IOM's strategy for provision of lifesaving support to vulnerable populations in need is exemplified through it's flexible model of health operations. Through a combination of static and mobile clinics and the rapid response mechanism, IOM is able to shift resources and staffing as needed, to respond to the changing needs of the population. In the 2016 rapid response team model, staff will be based within the PoC sites, providing services in between rapid response team missions, rather than based in Juba, waiting to be deployed. This shift in the deployment aspects of the rapid response team will lead to greater efficiency. Also, IOM offers the basic minimum PHC package in addition to nutritional screening and referrals, ANC, PNC and deliveries, and TB/HIV services. Furthermore, complementarity is seen through collaboration with health cluster partners to ensure coverage, and avoid duplication of services. In Malakal, IOM collaborated with IMC and MSF to ensure coverage across the sectors. Finally, as already mentioned, IOM's has a distinct advantage in its role as a strong partner for both the Health and WASH clusters, through IOM's strong presence as a health partners in both Malakal and Bentiu POC sites and as IOM's designation as WASH Cluster lead for Upper Nile State.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving, rapid response primary health care services, TB and HIV diagnosis and treatment, as well as strengthening access to mental health and psychosocial support services (PSS) for vulnerable IDPs, returnees and conflict-affected host communities.

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	60
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
CO3: Improve access to psychosocial support and mental health services for the vulnerable population, including those services related to the SGBV response	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	10

Contribution to Cluster/Sector Objectives : To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving, rapid response primary health care services, TB and HIV diagnosis and treatment, as well as strengthening access to mental health and psychosocial support services (PSS) for vulnerable IDPs, returnees and conflict-affected host communities.

Outcome 1

Avoidable mortality remains under emergency threshold among target populations

Output 1.1

Description

Mobile and semi-static health facilities are maintained ensuring provision of emergency basic primary health and quality emergency obstetric care through reproductive health services.

Assumptions & Risks

Assuming IDPs remain within the PoC over the duration of the project, and that the operating environment within the PoC remains conducive (e.g. safe) for IOM to continue to provide services through status clinics. Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Risks are security and increased conflict over the dry season.

Activities

Activity 1.1.1

Provision of enhanced emergency primary health care services through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men.

Activity 1.1.2

Provision of emergency obstetric care through reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post-natal care.

Activity 1.1.3

Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.

Activity 1.1.4

Regular monitoring of service provision

Activity 1.1.5

Regular reporting of activities to Cluster and CHF as required.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # of births attended by skilled birth attendants in conflict-affected and other vulnerable states		408			408
Means of Verification : Clinic register and weekly reproductive health reports							
Indicator 1.1.2	HEALTH	Frontline # of outpatient consultations in conflict-affected and other vulnerable states.					20,397
Means of Verification : Clinic registers: Breakdown targets: Men: 8,296, Women: 8,634, Boys: 1,699, Girls:1,768							

Output 1.2

Description

Emergency health care is provided through rapid response teams including health needs assessments; life-saving assistance; provision of drugs and medical supplies; routine and mass vaccinations campaigns; capacity building on communicable disease control, outbreak response and early warning surveillance mechanisms. Trends, data collection, and regular reports will be collated and distributed as needed to the cluster and CHF. Data is collected for each activity, and from each beneficiary to maintain close eye on trends and location specific health outcomes.

Assumptions & Risks

Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Also assuming that Rapid Response teams are mobile, able to respond across country when needed. Risks are security and increased conflict over the dry season.

Activities

Activity 1.2.1

Provision of health needs assessments as part of a rapid, multi-sector response to include life-saving primary and reproductive health care including referral services; logistical support and medical supplies.

Activity 1.2.2

Regular data collection and reporting of emergency health activities

Activity 1.2.3

Refresher trainings on epidemic prone diseases; support early warning and disease surveillance.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	HEALTH	Frontline # of staff trained on disease surveillance and outbreak response	10	10			20
Means of Verification :							
Indicator 1.2.2	HEALTH	Frontline # of people reached by health education and promotion before and during outbreaks	1,057	1,101	217	225	2,600
Means of Verification : Clinic Registers							

Outcome 2

Increase in Vaccination coverage across conflict affected states

Output 2.1

Description

Routine (EPI) and mass campaign, particularly for boys and girls under five and women of childbearing age, is provided and supported.

Assumptions & Risks

Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Also assuming that vaccines are deliverable in a cold chain and that they are functioning and high degree of efficacy. Risks are security and increased conflict over the dry season.

Activities

Activity 2.1.1

Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.

Activity 2.1.2

Collating and reporting data from rapid response missions, including health consultations, EPI vaccinations, morbidities, RH provision and EPI vaccinations

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			2,872	2,989	5,861
Means of Verification : # of kits delivered to the field							

Outcome 3

Increase In vulnerable populations in need accessing MHPSS services.

Output 3.1

Description

Training of health workers in supportive communication and Psychological First Aid (PFA), basic MHPSS needs and responses in emergency and post emergency situations, and identification of most common mental disorders and referral.

Assumptions & Risks

Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Risks are security and increased conflict over the dry season. Also assuming community acceptance of the psychosocial approach.

Activities

Activity 3.1.1

Training of health workers in PFA and MHPSS.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	Frontline Number of health personnel trained on MHPSS in conflict affected states	10	10			20

Means of Verification :

Additional Targets :

M & R

Monitoring & Reporting plan

IOM health staff are required to send weekly and monthly reports to IOM Juba giving statistics on the number of consultations conducted, types and scope of morbidities and vaccinations as well as details on health promotion activities. This consistent flow of information from the field allows project managers to closely monitor morbidity trends and outbreaks, as well as individual project activities and how they are contributing to the achievement of the project's expected results and overall objective. Weekly monitoring reports aggregated into monthly, quarterly and mid-year reports coupled with quarterly site visits allow managers to evaluate short, medium and long-term project progress and to address any challenges in a timely manner. Based on the WHO Health Cluster Morbidity report and the Infectious Disease Surveillance Reporting form, IOM developed an excel sheet in late 2012 to capture all data and which allows for easy sharing with relevant partners such as the WHO, the Ministry of Health at all level, county coordinating mechanism lead agencies and donors. It is expected that this same data collection tool will be used in 2016. Furthermore, the health teams hold on-site evaluation meetings every week to discuss the needs, achievements and any adjustments at the field level. Additionally, at least two field visits from IOM Juba will be conducted during the implementation of this six month project to ensure all staff are aware of reporting requirements, tools and procedures.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of enhanced emergency primary health care services through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men.	2016		X	X	X	X	X	X					
Activity 1.1.2: Provision of emergency obstetric care through reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post-natal care.	2016		X	X	X	X	X	X					
Activity 1.1.3: Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.	2016		X	X	X	X	X	X					
Activity 1.1.4: Regular monitoring of service provision	2016		X	X	X	X	X	X					
Activity 1.1.5: Regular reporting of activities to Cluster and CHF as required.	2016		X	X	X	X	X	X					
Activity 1.2.1: Provision of health needs assessments as part of a rapid, multi-sector response to include life-saving primary and reproductive health care including referral services; logistical support and medical supplies.	2016		X	X	X	X	X	X					
Activity 1.2.2: Regular data collection and reporting of emergency health activities	2016		X	X	X	X	X	X					
Activity 1.2.3: Refresher trainings on epidemic prone diseases; support early warning and disease surveillance.	2016		X		X		X						
Activity 2.1.1: Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.	2016		X	X	X	X	X	X					
Activity 2.1.2: Collating and reporting data from rapid response missions, including health consultations, EPI vaccinations, morbidities, RH provision and EPI vaccinations	2016		X	X	X	X	X	X					
Activity 3.1.1: Training of health workers in PFA and MHPSS.	2016		X	X	X	X	X	X					

OTHER INFO

Accountability to Affected Populations

In line with health cluster strategy, IOM will maintain its commitment to engaging with affected communities at all phases of the programme cycle through focus group discussions with women, men and youth on issues concerning their health. The use of IOM's breastfeeding groups and youth activities in health promotion is one example of how IOM engages the community in a sustainable and accountable manner to determine appropriate needs -based responses. IOM's M&E framework ensures that each project implemented is carried out effectively and continually reviewed in line with community needs and humanitarian frameworks.

Implementation Plan

The project will be managed by IOM's Migration Health Unit (MHU) based in Juba, with close oversight by the IOM head of Sub-Office in Malakal. The project will be implemented directly by a team of qualified medical assistants, nurses, and midwives, in collaboration with traditional birth attendants from the community. The rapid response teams will be pulled for missions from existing staff stationed within the static clinics, operating in the POC. As already mentioned, this is a new model to be rolled in 2016, to maximize staff time between rapid response missions. Lessons learnt from 2014-15 show that in the time to plan the rapid response missions, staff could be providing services. IOM has recruited a Health Emergency Operations Coordinator to coordinate the Rapid Response Mechanism. The project will be monitored by IOM's Health Programme Manager, and Programme Support Officer based in Juba.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health Cluster	Coordination and strategic planning

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

All IOM project activities from proposal design, assessments, implementation and monitoring of activities aim to mainstream gender sensitivities. For instance, during project design the health vulnerabilities for men, women, boys and girls are identified and analyzed in terms of how the project can appropriately and adequately address each set of needs. For example, women are included in programme design through consultations, particularly with our breastfeeding group in Malakal, where areas for service delivery improvement are discussed. For implementation, the gender breakdown of the staff hired by IOM is also considered as an important component of gender mainstreaming. IOM aims to have at least 50% of our clinical staff be female. Furthermore, gender disaggregation is critical in IOM's standard operating procedures for best practice of collection and analysis of beneficiary health data.

Protection Mainstreaming

This project will cater to the latest lifesaving needs, in line with the aims and objectives of the Health Cluster. This CHF supported intervention is consistent with the basic humanitarian principles of humanity, neutrality, and impartiality. The project will support the delivery of current essential lifesaving services to continue protecting the lives of the most vulnerable groups in the escalating conflict in South Sudan, particularly women, and children in the emergency situation. This project operates with the understanding that activities will take into account equity principles that promote the protection of women and girls. This health project also take into consideration cross-cutting issues, and at all stages of the project cycle, health practitioners work with experts from CCCM, and WASH, amongst others, to ensure that programming is effective, targeted and making the most of key resources and staff for the benefit of IDPs. This multi-sector approach is only possible due to the emphasis IOM places on working directly with partners to ensure effective communications. This reduces overlap and duplication and provides the most of resources where needed the most.

Country Specific Information

Safety and Security

Violent conflict remains a concern for project implementation in South Sudan, including fighting between non-state actors and SPLA as well as inter-communal violence. These factors present a constant threat to the security of staff, particularly in staff heavy projects such as emergency health responses.

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

Access

IOM will work within the structures of the Health Cluster, Inter- Cluster Working Group, and Operational Working Group to ensure safety of staff and beneficiaries, while aiming to respond quickly.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health Programme Manager	D	1	16,000.00	6	20%	19,200.00
	International staff P3 x 1. Juba based with travel.						
1.2	Migration Health Emergency Coordinator	D	1	14,000.00	6	20%	16,800.00
	International staff P2 x 1. Juba based with travel.						
1.3	Health Programme Support Officer/M&E	S	1	12,000.00	6	20%	14,400.00
	International staff P1 x 1. Juba based with travel.						
1.4	Pharmacy/Storekeeper Assistant	S	1	2,300.00	6	20%	2,760.00
	National staff G5 x 1. Juba based.						
1.5	Migration Health Officer	D	1	12,000.00	6	50%	36,000.00

	International staff P2 x 1. Malakal based.						
1.6	Health Officer	D	1	11,000.00	6	50%	33,000.00
	International staff P1 x 1. Renk based.						
1.7	Senior Medical Assistant	D	2	2,300.00	6	50%	13,800.00
	National staff G5 x 2. Malakal and Renk based.						
1.8	Clinical Officer	D	2	2,000.00	6	50%	12,000.00
	National staff G4 x 10. Malakal and Renk based.						
1.9	Nurse	D	2	1,800.00	6	50%	10,800.00
	National staff G3 x 13. Malakal and Renk based.						
1.10	Midwife	D	2	1,800.00	6	50%	10,800.00
	National staff G3 x 7. Malakal and Renk based.						
1.11	Vaccinator	D	4	598.00	6	50%	7,176.00
	Daily rates, field based.						
1.12	Health Promoter	D	10	286.00	6	50%	8,580.00
	Daily rates, field based.						
1.13	Registrar/Crowd Controller	D	2	416.00	6	50%	2,496.00
	Daily rates, field based.						
1.14	Guard	D	2	600.00	6	50%	3,600.00
	Daily rates, field based.						
1.15	Traditional Birth Attendants	D	2	546.00	6	50%	3,276.00
	Daily rates, field based.						
1.16	Cleaner/Water Carrier	D	2	416.00	6	50%	2,496.00
	Daily pay rates, based in field locations.						
1.17	RRT Health Operations Coordinator	D	1	9,100.00	6	20%	10,920.00
	International staff P2 x 1. Juba based with travel.						
1.18	International Support Costs	S	3	16,000.00	6	5%	14,400.00
	Support staff that assist with various aspects of the project. This project will only charge 5% of the overall collective cost of these support staff.						
1.19	National Support Costs	S	12	2,300.00	6	5%	8,280.00
	Support staff that assist with various aspects of the project. This project will only charge 5% of the overall collective cost of these support staff.						
	Section Total						**230,784.00**
Supplies, Commodities, Materials							
2.1	Medicines and Medical Commodities	D	1	75,000.00	1	100%	75,000.00
	Medicines and supplies costs are calculated based average monthly consumption (ACM) reports from clinics. This included medicines as well as medical supplies including syringes, gauze, cotton wool, gloves, etc.						
2.2	Transportation and Storage of Medicines and Medical Commodities	D	1	14,000.00	2	50%	14,000.00
	2 x lump sums for necessary medical supplies. Cost includes freight, storage and distribution costs. Transportation costs estimated using cargo flight costs from IOM vendors from 2015 to Malakal and Renk.						
2.3	Training and Capacity Building	S	1	500.00	2	50%	500.00

	Materials for necessary training sessions for HCT and community based MHPSS.						
	Section Total						**89,500.00**
Travel							
5.1	M&E Travel	D	1	400.00	1	100%	400.00
	Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs - 1 return flight. Each return is 400 USD per trip.						
5.2	M&E DSA	D	1	91.00	5	100%	455.00
	Domestic - estimated number of trips based on previous experience and projected estimates. Based on IOM standard costs - 91USD for estimated 5 days of DSA.						
5.3	RRT Travel	D	10	400.00	5	100%	20,000.00
	Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs. Each return is 400 USD per trip.						
5.4	RRT DSA	D	10	91.00	50	100%	45,500.00
	Domestic - estimated number of trips based on previous experience and projected estimates. Based on IOM standard costs - 91USD pppd						
	Section Total						**66,355.00**
General Operating and Other Direct Costs							
7.1	Mobile and Semi-static Clinic Operations	D	2	5,000.00	6	50%	30,000.00
	Clinic costs estimated based on average monthly expenditure over 2015, monthly costs include repair of infrastructure (e.g. tents, fencing supplies) and supplies as needed (solar lights, buckets, beds, linens, etc.)						
7.2	RRT Field Operations	D	1	5,000.00	5	100%	25,000.00
	Cost per mission - includes on the ground logistical support for missions.						
7.3	Security and shared radio room costs	s	1	112,500.00	6	2%	10,125.00
	Security contract costs and common radio costs project charged 1.5% of entire costs for mission of yearly cost.						
7.4	Office Rent and common costs	s	1	110,000.00	6	1%	6,600.00
	Shared costs are directly linked to the project implementation, based on a well-justified, reasonable and fair allocation system. Rent, cleaning, water, electricity. Project only charged 1% of entire costs for mission.						
7.5	Vehicle Running Costs	s	1	200,000.00	6	1%	12,000.00
7.6	Communications	d	1	88,949.00	6	1%	5,336.94
	Standard communication costs supplies for use by project staff. This project only charged 1% of yearly cost.						
	Section Total						**89,061.94**
SubTotal			84.00				**475,700.94**
Direct							406,635.94
Support							69,065.00
PSC Cost							
PSC Cost Percent							7%
PSC Amount							33,299.07
Total Cost							**509,000.01**
Grand Total CHF Cost							**509,000.01**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei	15						
Unity	15						
Upper Nile	70						

Documents

Category Name	Document Description
Project Supporting Documents	25January2016.xlsx