

Requesting Organization :	International Organization for Migration				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of emergency life-saving primary health care services to vulnerable populations in Unity, Upper Nile and Central Equatoria states and priority locations where humanitarian needs are most severe through semi static and mobile clinics, as well as flexible rapid response teams (RRTs).				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/H/103206	Fund Project Code :	SSD-17/HSS10/SA1/H/UN/5093		
Cluster :	Health	Project Budget in US\$:	345,000.00		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/04/2017	Planned End Date :	30/09/2017		
Actual Start Date:	01/04/2017	Actual End Date:	30/09/2017		
Project Summary :	<p>This project will provide life-saving emergency and essential primary health care (PHC) services through IOM static and semi- clinics, as well as rapid response teams (RRT) missions.</p> <p>IOM will continue to provide emergency PHC services to internally displaced populations and host communities, Malakal in Upper Nile and Wau in Western Bahr El Ghazal, through static and semi-static health facilities.</p> <p>IOM's Rapid Response Team will deploy to locations where humanitarian needs are most severe, based on composite analysis of displacement, Integrated Phase Classification (IPC) data, global acute malnutrition (GAM) rates, and disease outbreaks. These include areas in Unity, Northern Bahr El Ghazal, Warrap, Jonglei and Central Equatoria which are experiencing localized famine or are at a high risk of famine, displacement due to insecurity as well as recurrent disease outbreaks.</p> <p>The project also aims to increase vaccination coverage in children, 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.</p> <p>In line with IOM's strategy for 2017 of providing comprehensive PHC, static clinics and the RRT will actively focus on improving access to preventive and curative health services, covering all domains of PHC services, which includes routine vaccinations for children, outbreak response and prevention, nutrition screening and health promotion.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
10,086	15,128	6,982	6,595	38,791	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	8,838	11,704	2,317	1,822	24,681
People in Host Communities	1,248	1,872	864	816	4,800
Children under 5	0	0	3,801	3,957	7,758
Pregnant and Lactating Women	0	1,552	0	0	1,552
Indirect Beneficiaries :					
Catchment Population:					
Link with allocation strategy :					
To contribute to saving lives and alleviating suffering through life-saving, rapid response primary health care services, TB and HIV diagnosis and treatment to the vulnerable IDPs, returnees and conflict-affected host communities where needs are most severe.					

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
OFDA/USAID	1,450,000.00
Government of Japan	504,414.00
	1,954,414.00

Organization focal point :

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BACKGROUND**1. Humanitarian context analysis**

Since the outbreak of conflict in December 2013, IOM has been providing lifesaving and critical humanitarian assistance to IDPs and host communities across the country. The upsurge in violence since July 2016, the deteriorating socio-economic conditions and decreasing humanitarian access has further impacted vulnerable populations, including in previously stable areas. There are now approximately 1.87 million IDPs living in prolonged displacement, many in host communities and sharing already scarce resources. This includes 227,000 biometrically registered people inside United Nations Mission of South Sudan (UNMISS) Protection of Civilian Sites (PoCs). On 20 February, the Integrated Food Security Phase Classification (IPC) analysis update declared extreme levels of food insecurity and localized famine conditions in areas of South Sudan. Without access to timely humanitarian assistance 4.9 million people will face severe food insecurity (IPC 3-5) between February and April, rising to 5.5 million by July during the height of the lean season. Critically, through the first six months of 2017, 100,000 people are expected to be living in famine conditions (IPC 5) in Unity's Leer and Manyendit counties, with another 1 million people on the brink of famine, in Unity (Koch and Panyijiar) and in Northern Bahr el Ghazal.

Protracted displacement affects the lives and livelihoods of the displaced and host communities. Many households have lost their homes and assets during conflict and as a result of the prolonged insecurity. Displaced populations contend with increasing insecurity, and host communities have a reduced capacity to survive as they share scarce resources with displaced populations. The impact of population movement and displacement together with protracted insecurity is unpredictable. However, it is clear that compounding health risks including severe food insecurity, limited or poor hygiene and sanitation practices including access to safe drinking water, preference of women to give birth at home, seasonal disease outbreaks, and chronic exposure to violence have made women, men, boys and girls, in many areas of the country vulnerable to critical health concerns. Specifically, access to primary health care (PHC) services continue to decline as the ongoing crisis continues to weaken the already fragile health system. The number of health workers in the country is below global critical levels with 4.4/1,000 population, doctor to population ratio is 0.015 per 1,000 and the midwives/nurses population ratio is 0.02 per 1000. Current public health concerns in famine affected areas include an increase in Severe Acute Malnutrition (SAM) cases with associated medical complications and health risks of vulnerable populations who are already immunocompromised (under 5, disabled and fragile, people living with TB/HIV AIDs, pregnant and lactating mothers).

2. Needs assessment

Access to primary health care (PHC) services continue to decline as the ongoing crisis continues to weaken the already fragile health system. The number of health workers in the country is below global critical levels with 4.4/1,000 population, doctor to population ratio is 0.015 per 1,000 and the midwives/nurses population ratio is 0.02 per 1000. According to WHO data, as at January 2017 13 out of 80 Counties had adequate health care services, 55 had inadequate health care services and the remaining 12 had limited or no services at all. Current public health concerns in famine affected areas include an increase in Severe Acute Malnutrition (SAM) cases with associated medical complications and health risks of vulnerable populations already immune compromised (under 5, disabled and fragile, people living with TB/HIV AIDs, pregnant and lactating mothers).

For these aforementioned reasons, the health care system in South Sudan is required to be flexible and innovative in order to provide access to health care for the population. IOM does this through provision of primary health care (PHC) and reproductive health (RH) services through both semi-static and mobile clinics and rapid response team (RRT) mechanisms across South Sudan.

3. Description Of Beneficiaries

This project will prioritize crisis affected populations, including both IDPs and vulnerable host communities. IOM RRTs will respond in areas prioritized in coordination with the health cluster. Within these target populations, IOM ensure 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.

Beneficiary figures are broken down below (as per Health cluster target per county):

- Wau IDPs: 78,737
- Malakal IDPs: 57,228;
- Total: 135,965

Estimated health consultations/person/year = 0.5 (135,965*0.5=67,983)

Total health consultations for 6 months: 33,991

RRT (target consultation numbers, population of Counties/Payams where RRT will be determined according to need and Health Cluster priorities)

Two RRT missions in total (either health consultation RRT missions or vaccination campaigns, depending on need), duration of 4 weeks average based on 2016/17 IOM trends, for health consultation mission.

- 2 Health consultation RRTs: 100 consultations/day*6 days/week*4 weeks = 2,400 consultations*2 missions = 4,800 consultations/direct beneficiaries

Total RRT beneficiaries: 4,800

Grand total direct beneficiaries = 50,987+4,800= 38,791

4. Grant Request Justification

Since January 2014, IOM has been providing life-saving emergency and essential PHC services in line with the Government of South Sudan (GoSS) Ministry of Health's Basic Package of Health and Nutrition Services, which includes immunizations for children under 5 and women of reproductive age, reproductive health services such as antenatal, postnatal and delivery services, as well as health promotion and education (both door to door, at clinics and through community based events).

During 2016, IOM provided 453,246 outpatient consultations for women, men, girls and boys, 280,220 of which were in 7 static clinics in Bentiu Protection of Civilian (PoC) site, Malakal PoC site, Wau PoC site and collective centers in Wau Town and in Renk county. IOM conducted 178,500 reproductive health service consultations, with 3,979 deliveries by skilled birth attendants.

In 2016 IOM's RRT conducted 18 RRT missions to high priority areas:

- Bentiu PoC site, Unity – Measles Vaccination Campaign and Long Lasting Insecticidal Nets (LLIN) distribution campaign;
- Bentiu Hospital Unity - Mobile outpatient clinic for 5 months;
- Malakal PoC site, Upper Nile - Measles campaign and surge support post February 2016 attack;
- Renk County, Upper Nile - LLIN distribution campaign;
- Weichdeng, Jonglei: Mobile outpatient clinic;
- Aweil West, Northern Bahr el Gazal - Measles vaccination campaign;
- Yirol East and West, Lakes - Measles vaccination campaigns;
- Gogrial West, Warrap – Measles vaccination campaign
- Wau Town and surrounds, Western Bahr el Gazal - four mobile clinics in collective centres (Wau PoC site, Nazareth, Cathedral, South Sudan Red Cross);
- UNMISS Tongping transit site, Juba, Central Equatoria - Mobile clinic (following the July crisis)
- Yei: mobile clinic

This project will provide life-saving emergency and essential PHC through IOM static and mobile clinics, and RRT capacity. 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.

Health interventions will be linked to the nutrition response; nutrition screening will be conducted for all children under five years of age who access health services at the clinics. Children who are found to be malnourished will be referred to nutrition services, while those with medical complications provided with treatment at the health facilities. Pregnant and lactating women accessing reproductive health services will be screened for malnutrition and provided with micronutrient supplements such as vitamin A, ferrous sulphate, folic acid and deworming. Where no nutritional partner is present, on RRTs IOM brings nutritional supplements, following guidance from the health and nutrition Clusters.

5. Complementarity

IOM provides comprehensive primary healthcare (PHC) including preventative and curative consultations and RH care such as antenatal and postnatal care, family planning, Prevention of Mother to Child Transmission of HIV (PMTCT), emergency obstetric and normal deliveries, mass and routine immunizations, and health education. IOM's flexible model of health operations has evolved to comprise a combination of static and mobile clinics and a rapid response mechanism. Currently IOM has health RRTs deployed across South Sudan. Through the use of both static and mobile clinics, including the use of IOM's Health Rapid Response Teams (RRT), IOM is able to respond to current health priorities as well as new and emerging disease trends. IOM implements activities in South Sudan in cooperation with national and local government actors, humanitarian and development partners and with local communities. 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.

IOM Health RRTs have been active in South Sudan since 2016, rapidly scaling up throughout 2016. During 2016 IOM conducted 18 rapid response missions in hard to reach locations across South Sudan providing 173,026 consultations and 315,824 cholera and measles vaccinations. This includes RRT and mobile clinics funded through SSHF in the second half of 2016 in Renk mobile clinics, Yei and Kajo-Keji RRT missions. Currently, IOM has complementary funding through USAID/OFDA and the Government of Japan to implement similar projects.

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 and nutrition services, 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
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	30
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations	SO2: Protect the rights and uphold the dignity of the most vulnerable	20
Improve access to essential health care for conflict-affected and vulnerable populations.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	50

Contribution to Cluster/Sector Objectives : Improve access and scale-up responsiveness to essential health care by focusing on the major causes of mortality among U5C (malaria, diarrhea, pneumonia and measles), SAM with complications, emergency HIV/AIDS and Tuberculosis, basic emergency obstetric and neonatal care including the clinical management of SGBV in conflict affected and vulnerable populations.

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 in the PoC sites over the duration of the project, and that the operating environment remains conducive (e.g. safe) for IOM to continue to provide services through its static and semi-static clinics. Assuming RRT missions can be deployed and 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 and security and increased conflict over the dry season.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					387

Means of Verification : IOM records

Indicator 1.1.2	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	10,086	15,128	6,982	6,595	38,791
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Means of Verification : IOM, EWARS, IDSR Records

Activities

Activity 1.1.1

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

Activity 1.1.2

Implementation of health rapid response missions as part of a rapid, multi-sector response to provide life-saving primary and reproductive health care including referral services; vaccination campaigns; logistical support and medical supplies.

Activity 1.1.3

Provision of reproductive health services, through mobile and semi static health facilities, including provision of BEMONC and SGBV services

Activity 1.1.4

: Routine monitoring and reporting of service provision and project activities on a weekly basis

Output 1.2

Description

Additional emergency health care is provided through rapid response teams including health needs and public health risk assessments; provision of drugs and medical supplies; routine and mass vaccinations campaigns; capacity building on communicable disease prevention and control, outbreak response and disease surveillance, early warning and response mechanisms.

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.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	10	10			20

Means of Verification :

Indicator 1.2.2	HEALTH	[Frontline services] Number of people reached by health education /promotion	33,312	34,671	0	0	67,983
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Means of Verification :

Activities

Activity 1.2.1

Provision of lifesaving primary health and reproductive health care services through rapid response teams as part of a rapid, multi-sector response.

Activity 1.2.2

Regular data collection and reporting of emergency rapid response health activities; with mission reports being submitted at the end of each RRT mission

Activity 1.2.3

Refresher trainings and continuous medical education sessions (CMEs) conducted on epidemic prone diseases to support early warning and disease surveillance.

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.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			2,323	2,417	4,740

Means of Verification : IOM records

Activities

Activity 2.1.1

Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five and women of childbearing age, with potential expansion to other target age groups, based on identified risks.

Activity 2.1.2

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

Activity 2.1.3

Regular monitoring and reporting on project, as needed

Additional Targets :

M & R

Monitoring & Reporting plan

IOM health staff are required to send weekly reports to IOM Juba providing data on the number of consultations conducted, types and scope of morbidities and vaccinations, as well as details on health promotion activities. This regular flow of information from the field allows the Health Programme Manager (PM) 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 objectives. Weekly monitoring reports are aggregated into monthly, quarterly and mid-year reports coupled with quarterly site visits allowing the Health PM 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 (IDSR) form, IOM developed an excel sheet in late 2012 to capture all data which allows for easy sharing with relevant partners such as the WHO, the Ministry of Health at all levels, county coordinating mechanism lead agencies and donors. IOM's health team disseminates a quarterly newsletter with all stakeholders, including highlights and emerging disease trends. As reported in AAP section: 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.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of emergency and essential primary health and nutrition services, through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men.	2017				X	X	X	X	X	X			
Activity 1.1.2: Implementation of health rapid response missions as part of a rapid, multi-sector response to provide life-saving primary and reproductive health care including referral services; vaccination campaigns; logistical support and medical supplies.	2017				X	X	X	X	X	X			
Activity 1.1.3: Provision of reproductive health services, through mobile and semi static health facilities, including provision of BEMONC and SGBV services	2017				X	X	X	X	X	X			
Activity 1.1.4: : Routine monitoring and reporting of service provision and project activities on a weekly basis	2017				X	X	X	X	X	X			
Activity 1.2.1: Provision of lifesaving primary health and reproductive health care services through rapid response teams as part of a rapid, multi-sector response.	2017				X	X	X	X	X	X			
Activity 1.2.2: Regular data collection and reporting of emergency rapid response health activities; with mission reports being submitted at the end of each RRT mission	2017				X	X	X	X	X	X			
Activity 1.2.3: Refresher trainings and continuous medical education sessions (CMEs) conducted on epidemic prone diseases to support early warning and disease surveillance.	2017				X	X	X	X	X	X			
Activity 2.1.1: Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five and women of childbearing age, with potential expansion to other target age groups, based on identified risks.	2017				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	2017				X	X	X	X	X	X			
Activity 2.1.3: Regular monitoring and reporting on project, as needed	2017				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. In addition, IOM health teams will hold regular monthly meetings with the community leaders in the areas of operation, to discuss health needs of the target population and get feedback on health services that IOM is providing, with minutes and action points from the meetings being documented. Suggestion boxes will also be present in all of IOM's static PHC clinic sites to enable a continuous feedback mechanism from the community.

Implementation Plan

The Migration Health Unit, is a thematic area of IOM South Sudan. The Migration Health Programme Manager is the overall manager tasked with coordinating all health programmes in the Mission. The Programme Manager is supported by a Health Emergency Operations Coordinator who supervises all emergency programming. 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 Migration Health Programme Manager is the overall manager tasked with coordinating all health programmes in the Mission. The Programme Manager is supported by a Health Emergency Operations Coordinator who supervises all emergency programming, a Monitoring and Reporting Officer and a Health Programme Support Officer. At the field level, direct project implementation is coordinated and managed by experienced international health officers and supported by national staff. IOM is responsible for direct implementation of all project activities.

IOM is an active member of the Health Cluster, and co-host of the HIV and TB in Emergencies sub-working group; rotational Chair of the Rapid Response Mechanism (RRM) Working Group and lead of the Mental Health Psychosocial Support (MHPSS) Forum. IOM works closely with Health Cluster lead World Health Organization (WHO), and UNICEF and other health partners so that interventions are in line with Cluster priorities, applicable to the population in need and administered per agreed upon standards. IOM coordinates with County Health Departments and State Ministries, as well as partners in project locations including through sharing resources when needed (i.e. medicines) and providing an effective referral system.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Interventions have taken into account the specific needs of women and young girls. Specific health interventions will target the needs of women and men, girls and boys. All IOM project activities from project 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 individual needs. Women and girls will be targeted with vaccinations to improve life outcomes and expectant and lactating mothers will be prioritised for awareness and education sessions. Women and girls are at high risk of gender based violence (GBV) and sexualized gender based violence (SGBV). Our health care professionals are trained on case detection and clinical management of rape (CMR) and will respond to the health needs of these patients as they are referred.

Careful attention will be made to recruit and staff with gender balance so that SGBV cases can be treated by male or female staff, depending on the comfort of the patient. the gender breakdown of the staff hired by IOM is considered as an important component to ensure gender sensitivity; IOM aims to have at least 50% female clinical staff. Gender disaggregation is a critical aspect of IOM's standard operating procedures for best practice of collection and analysis of beneficiary health data, in line with national standards.

Protection Mainstreaming

IOM is committed to engaging with affected communities at all phases of the program cycle and activities take into consideration specific needs of beneficiaries. Activities are implemented following assessments that include participation and involvement with different groups, including women and girls where possible. Populations with specific vulnerabilities are considered and targeted with assistance to meet specific needs, using methodologies that ensure access. The role of women and men in activities is monitored to ensure Do No Harm principles. The unique health vulnerabilities for all groups are identified and analysed to adequately address each set of needs. For example, health awareness campaigns and sessions address specific needs woman and girls, in safe spaces using trusted community members. Gender disaggregation is critical in IOM's standard operating procedures for collection and analysis of health data.

This project will cater to the latest lifesaving needs, in line with the aims and objectives of the Health Cluster. This ssHF 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

IOM South Sudan maintains an ongoing capacity to provide analysis of conflict and security issues throughout the country. A conflict analyst provides daily and weekly reports that look at the changing political and conflict dynamics that are likely to have an effect on operational responses. The Safety and Security Unit (SSU) is able to react to developing situations to ensure the safety and security of the organization's staff and provide support to partners in the field. To inform longer term planning, IOM South Sudan tracks indicators that have the potential to affect longer term stability which is then mapped and shared internally on a monthly basis. IOM uses available indicators to carry out six month scenario planning which informs and can be used to alter programming to more effectively address the changing context and make suitable preparations, both for programmatic purposes and in regard to safety and security of staff.

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 has significant experience operating RRTs across South Sudan. UN negotiations improve access to some areas, but fighting can erupt without warning and criminality is increasingly targeting humanitarians. Safety and security of IOM's personnel is priority. IOM follow guidance provided by the IOM Safety and Security Unit and is able to react to developing situations to ensure the safety and security of the organization's staff. Further, IOM has internal processes in place to ensure the safety and security of staff who are operating in insecure locations. IOM's Conflict Analyst advises on potential challenges in the operation area, while the Safety and Security Unit provides advice for potential security issues.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Migration Health Programme Manager	D	1	16,500.00	6	15.00	14,850.00
	<i>International staff P3 x 1. Juba based with travel.</i>						
1.2	Migration Health Emergency Coordinator	D	1	14,000.00	6	15.00	12,600.00
	<i>International staff P2 x 1. Juba based with travel.</i>						
1.3	Health Programme Reporting/M&E Officer	D	1	12,000.00	6	15.00	10,800.00
	<i>International staff P1 x 1. Juba based with travel.</i>						
1.4	Health Program Support Assistant	D	1	2,600.00	6	15.00	2,340.00

	<i>Health Program Support Assistant.</i>						
1.5	Migration Health Officer - Wau	D	1	12,000.00	6	30.00	21,600.00
	<i>International staff P2 x1 RRT Roving.</i>						
1.6	Health Officer - Malakal	D	1	11,000.00	6	30.00	19,800.00
	<i>International staff P1.</i>						
1.7	Health Officer - RRT	D	1	11,000.00	6	30.00	19,800.00
	<i>International staff RRT Roving.</i>						
1.8	Senior Medical Assistant	D	2	2,600.00	6	30.00	9,360.00
	<i>National staff G5 x 2</i>						
1.9	Medical Assistant/C.O	D	8	2,300.00	6	30.00	33,120.00
	<i>National staff G4 x 8.</i>						
1.10	Nurse	D	8	2,000.00	6	30.00	28,800.00
	<i>National staff G3 x 8</i>						
1.11	Midwife	D	4	2,000.00	6	30.00	14,400.00
	<i>National staff G3 X 8</i>						
1.12	Vaccinator	D	8	150.00	6	30.00	2,160.00
	<i>Daily rates, field based.</i>						
1.13	Health Promoter	D	20	120.00	6	30.00	4,320.00
	<i>Daily rates, field based.</i>						
1.14	Guard/Crowd Controller	D	8	90.00	6	30.00	1,296.00
	<i>Daily rates, field based.</i>						
1.15	Registrar/Drug Dispenser/RDT Assistant	D	8	150.00	6	30.00	2,160.00
	<i>Daily rates, field based.</i>						
1.16	Traditional Birth Attendants	D	8	150.00	6	30.00	2,160.00
	<i>Daily rates, field based.</i>						
1.17	Cleaner/Water Carrier	D	8	90.00	6	30.00	1,296.00
	<i>Daily pay rates, based in field locations.</i>						
1.18	RRT Health Coordinator	D	1	14,000.00	6	15.00	12,600.00
	<i>International staff P2 x 1. Juba based with travel.</i>						
1.19	International Support Costs (Finance, Admin, HR, PSU, Logistics and Procurement, IT, Security)	S	2	16,500.00	6	10.00	19,800.00
	<i>Support staff that assist with various aspects of the project. This project will only charge 10% of the overall collective cost of these support staff.</i>						
1.20	National Support Costs (Finance, Admin, HR, PSU, Logistics and Procurement, IT, Security, Drivers)	S	6	2,600.00	6	15.00	14,040.00
	<i>Support staff that assist with various aspects of the project. This project will only charge 15% of the overall collective cost of these support staff.</i>						
	Section Total						247,302.00
2. Supplies, Commodities, Materials							
2.1	Medicines and Medical Commodities	D	1	15,000.00	1	100.00	15,000.00

	<i>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.</i>						
2.2	Transportation and Storage of Medicines and Medical Commodities	D	1	10,000.00	2	50.00	10,000.00
	<i>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 Renk (RRT + RRT)</i>						
	Section Total						25,000.00
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	RRT Travel	D	4	550.00	2	50.00	2,200.00
	<i>Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs - 1 return flight. Each return is 550 USD per return trip.</i>						
5.2	RRT DSA	D	4	91.00	60	50.00	10,920.00
	<i>Domestic - estimated number of trips based on previous experience and projected estimates. Based on IOM standard costs - 91USD pppd</i>						
	Section Total						13,120.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	RRT Field Operations	D	1	3,000.00	2	100.00	6,000.00
7.2	Mobile and Semi-static Clinic Operations	D	1	2,500.00	6	50.00	7,500.00
7.3	Office Rent, Maintenance, Utilities and Other Common Costs	S	1	100,000.00	6	1.00	6,000.00
7.4	Communication Costs	S	1	60,000.00	6	1.00	3,600.00
7.5	Security & Shared Radio Room Costs	S	1	80,000.00	6	1.00	4,800.00
7.6	Security & Shared Radio Room Costs	S	1	120,000.00	6	1.00	7,200.00
7.7	Other Office Costs	S	1	31,798.44	6	1.00	1,907.91

	Section Total						37,007.91
SubTotal		115.00					322,429.91
Direct							265,082.00
Support							57,347.91
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							22,570.09
Total Cost							345,000.00

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei	5	505	756	349	329	1,939	Activity 1.1.2 : Implementation of health rapid response missions as part of a rapid, multi-sector response to provide life-saving primary and reproductive health care including referral services; vaccination campaigns; logistical support and medical supplies. Activity 1.1.4 : : Routine monitoring and reporting of service provision and project activities on a weekly basis
Northern Bahr el Ghazal	5	504	756	349	331	1,940	Activity 1.1.2 : Implementation of health rapid response missions as part of a rapid, multi-sector response to provide life-saving primary and reproductive health care including referral services; vaccination campaigns; logistical support and medical supplies. Activity 2.1.3 : Regular monitoring and reporting on project, as needed
Unity	5	504	756	350	330	1,940	Activity 1.2.1 : Provision of lifesaving primary health and reproductive health care services through rapid response teams as part of a rapid, multi-sector response. Activity 1.2.2 : Regular data collection and reporting of emergency rapid response health activities; with mission reports being submitted at the end of each RRT mission

Upper Nile	30	3,025	4,538	2,095	1,979	11,637	<p>Activity 1.1.1 : Provision of emergency and essential primary health and nutrition services, through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men.</p> <p>Activity 1.1.2 : Implementation of health rapid response missions as part of a rapid, multi-sector response to provide life-saving primary and reproductive health care including referral services; vaccination campaigns; logistical support and medical supplies.</p> <p>Activity 1.1.3 : Provision of reproductive health services, through mobile and semi static health facilities, including provision of BEMONC and SGBV services</p> <p>Activity 1.1.4 : : Routine monitoring and reporting of service provision and project activities on a weekly basis</p> <p>Activity 1.2.1 : Provision of lifesaving primary health and reproductive health care services through rapid response teams as part of a rapid, multi-sector response.</p> <p>Activity 1.2.2 : Regular data collection and reporting of emergency rapid response health activities; with mission reports being submitted at the end of each RRT mission</p> <p>Activity 1.2.3 : Refresher trainings and continuous medical education sessions (CMEs) conducted on epidemic prone diseases to support early warning and disease surveillance.</p> <p>Activity 2.1.1 : Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five and women of childbearing age, with potential expansion to other target age groups, based on identified risks.</p> <p>Activity 2.1.2 : Collating and reporting data from rapid response missions, including health consultations, EPI vaccinations, morbidities, RH provision and EPI vaccinations</p> <p>Activity 2.1.3 : Regular monitoring and reporting on project, as needed</p>
Warrap	5	505	756	350	329	1,940	<p>Activity 1.1.2 : Implementation of health rapid response missions as part of a rapid, multi-sector response to provide life-saving primary and reproductive health care including referral services; vaccination campaigns; logistical support and medical supplies.</p> <p>Activity 1.1.4 : : Routine monitoring and reporting of service provision and project activities on a weekly basis</p>

Western Bahr el Ghazal	40	4,034	6,051	2,792	2,639	15,516	<p>Activity 1.1.1 : Provision of emergency and essential primary health and nutrition services, through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men.</p> <p>Activity 1.1.2 : Implementation of health rapid response missions as part of a rapid, multi-sector response to provide life-saving primary and reproductive health care including referral services; vaccination campaigns; logistical support and medical supplies.</p> <p>Activity 1.1.3 : Provision of reproductive health services, through mobile and semi static health facilities, including provision of BEMONC and SGBV services</p> <p>Activity 1.1.4 : : Routine monitoring and reporting of service provision and project activities on a weekly basis</p> <p>Activity 1.2.1 : Provision of lifesaving primary health and reproductive health care services through rapid response teams as part of a rapid, multi-sector response.</p> <p>Activity 1.2.2 : Regular data collection and reporting of emergency rapid response health activities; with mission reports being submitted at the end of each RRT mission</p> <p>Activity 1.2.3 : Refresher trainings and continuous medical education sessions (CMEs) conducted on epidemic prone diseases to support early warning and disease surveillance.</p> <p>Activity 2.1.1 : Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five and women of childbearing age, with potential expansion to other target age groups, based on identified risks.</p> <p>Activity 2.1.2 : Collating and reporting data from rapid response missions, including health consultations, EPI vaccinations, morbidities, RH provision and EPI vaccinations</p> <p>Activity 2.1.3 : Regular monitoring and reporting on project, as needed</p>
Central Equatoria	10	1,008	1,512	700	659	3,879	<p>Activity 1.1.2 : Implementation of health rapid response missions as part of a rapid, multi-sector response to provide life-saving primary and reproductive health care including referral services; vaccination campaigns; logistical support and medical supplies.</p> <p>Activity 1.2.1 : Provision of lifesaving primary health and reproductive health care services through rapid response teams as part of a rapid, multi-sector response.</p>

Documents	
Category Name	Document Description