OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	American Refugee Committee
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Provision of basic emergency clinical health services packages as stipulated in the Health cluster strategy to vulnerable populations in Kapoeta (East) County
Allocation Type Category :	Frontline services

OPS Details

Project Code :		**Fund Project Code :**	SSD-18/HSS10/SA1/H/INGO/7924
Cluster :		**Project Budget in US$:**	99,998.78
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	20/03/2018	**Planned End Date :**	30/09/2018
Actual Start Date:	20/03/2018	**Actual End Date:**	30/09/2018

Project Summary :	These activities will provide lifesaving interventions through curative health services with mobile outreach clinical services to a total of 7,083 pastoralist communities who are scattered in the villages in hard to reach areas within Kapoeta East. We will also render services to 2,714 children of under five years of age and a total of 4,489 host community individuals. Special attention will be given to expansion of integrated community case management (iCCM) programs in Kapoeta East where the current scope only covers two Payams i.e. Narus and Katodori. We will also support community health workers and home health promoters in conducting health promotion, mobilization and preventive activities. Due to the nomadic lifestyle of the pastoralist community and the vastness of KE with many host community living far from health facilities, suffice to the limited access to healthcare increases vulnerability of children to malaria, acute respiratory infections and diarheal diseases. iCCM interventions will aim at alleviating this by supporting CBDs to offer this service to the target population which is pastoralists and host communities with poor access to facilities. Recent needs assessments conducted in Kapoeta have shown high levels of vulnerability and poor access to essential health care for targeted populations, The interventions selected are those that are therefore most effective in preventing and reducing excess morbidity and mortality from communicable diseases (CD) and non-communicable diseases (NCD) and include emergency responses in the following key areas; 1. Provision of lifesaving curative services, 2. Child health, 3. Sexual and reproductive health including for women affected by SGBV, 4. Health care awareness and promotion. We will have a mobile team comprising of a Clinical Officer, a nurse, a midwife, HHP and an EPI vaccinator to ensure we offer holistic services as much as possible. The mobile clinics will target entire communities and settlements visited with basic preventative and curative care, in order to meet needs of isolated and mobile populations who have limited access to health care. Access to mobile health clinics will be based on principles of equity and impartiality, ensuring equal access according to need without discrimination. Given the precarious security situation across the region coupled with their nomadic way of life, mobile clinics are the best to ensure access and coverage in those hard to reach areas. Health education awareness campaigns undertaken by the Health and hygiene promoters at community level and during the mobile clinic operations will aim to target all the populations attending clinic sessions. Although the intervention will provide general coverage, mobile clinic services will focus on specific needs of vulnerable groups identified as particularly at risk. For example, measles vaccination coverage is known to be of low coverage and ARC will thus provide vaccination services during its clinics days specifically for children aged 6 months - 15 years, and administration of Vitamin A to children aged 6-59 months. For visibly pregnant women, clean delivery kits will be made available for clean home deliveries when access to skilled health providers is not possible. ARC skilled staff will also integrate SGBV services to the existing health program outreach package offered, and aim to identify women in need of SGBV assistance with utmost care and confidentiality. Such women may then be referred for further management when necessary to a hospital or PHCC with CMR services. ARC will used in kind donations from the cluster Core pipelines. For instance, primary health care drugs (PHCU kits) will be provided via the NMoH avenues of with HPF support, UNICEF will support with iCCM drugs for treatment of Malaria, diarrhea and ARI. UNFPA will be approached to provide the much needed clean delivery kits.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
3,864	4,130	3,075	3,217	14,286

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Pastoralists	2,220	2,243	1,300	1,320	7,083
Internally Displaced People	0	0	0	0	0
Children under 5	0	0	1,302	1,412	2,714
People in Host Communities	1,644	1,887	473	485	4,489

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

This allocation will support
1. Three PHCUs i.e. Nasigeret, Namurpus and Lotimor
2. One mobile team
3. Three PHCCs i.e. Mogos, Kuron and Nanyagachor covering (SAM with medical Complications and Clinical management of rape (CMR) and will focus on all the activities and indicators aligned to the clinical packages as per the Health Cluster strategy for this allocation
The project aims at ensuring access to essential emergency health care to pastoralists and vulnerable community in Kapoeata East county. ARC will strengthen three PHCCs, 3 PHCUs and one Mobile teams to reach 14,286 beneficiaries targeting three payams i.e. Mogos, Kauto and Lotimor
The activities aligned with the Health Cluster clinical packages as identifies will be implemented.
The project will ensure gender sensitivity by stratifying all gender parameters (Men/Women/Boys/girls)

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
Randhir Singh	Country Director	randhirs@arcrelief.org	+211 955807860
Dr. David Wasambla	Senior Health Coordinator	DavidW@arcrelief.org	+254 955015237
Liberty Mupakati	Head of Programmes	LibertyM@arcrelief.org	+211 954951573
Cleopatra Ndlovu	Grants coordinator	cleopatran@arcrelief.org	+211956 256 503

BACKGROUND

1. Humanitarian context analysis

The healthcare sector of Kapoeta East County continues to face poor health indicators. The County has a population of 31,725; but with the support of the SSHF and Health Cluster, we will be able to serve a total of 14,286 individuals. Ninety-one percent (91%) of the population reside in rural areas which have very poor road networks and limited transport hence posing an obstacle to access to healthcare. Additionally, increasing political strife in the county is affecting sedentary populations, making health care access more difficult. Even with financial inputs from donors, staffing and infrastructure at health facilities are still inadequate. These challenges facing the healthcare sector are further compounded by the fact that KE is inhabited by numerous nomadic populations.

This intervention will focus specifically on unmet needs of dispersed Nomadic communities in remote parts of Kapoeta County and host populations in hard to reach areas who have limited access to health services. It will aim to provide inclusive access to essential curative and preventative health services using mobile clinic approaches to enable multiple high impact public health mass interventions.

Recent needs assessments have shown high levels of vulnerability and poor access to essential health care for targeted populations resulting in high mortality rates. The target for this specific health objective is therefore to move from 3 to 1 death/10,000 people per day (in accordance with Sphere standards). The interventions selected are those that are most effective in preventing and reducing excess morbidity and mortality from communicable diseases (CD) and non-communicable diseases (NCD) and the consequences of conflict. It includes emergency responses in the following key areas; provision of lifesaving curative care for CD and NCD; child health; sexual and reproductive health including for women affected by SGBV; health care awareness and promotion; and control of CD through strengthening of EWARs.

2. Needs assessment

Malnutrition is increasing in Kapoeta East. The most recent FEWS NET report (Aug. 2017) projected that Kapoeta East would experience crisis (IPC Phase 3) from Oct. 2017 to Jan. 2018. As of the most recent SMART Survey (IMC, Dec. 2016), GAM was 14.0% and SAM at 2.7%, which are near and above the WHO thresholds for emergency, respectively. Most households with pregnant and lactating women are food insecure which leads to adverse birth outcomes due to malnutrition. CHD capacities are limited due to lack of technical skills in planning, monitoring, managing human resources, managing financial resources, and reporting.

3. Description Of Beneficiaries

Total:14,286

• Host Communities 4,489
• Children (under 5): 2,714
• Pastoralists: 7,083

4. Grant Request Justification

ARC has been been providing humanitarian assistance in South Sudan since 1994, and is currently implementing various donor funded projects in Eastern Equatoria (Magwi, Kapoeta South, and Kapoeta East), Central Equatoria (Kajo Keji), Northern Bahr el Ghazal (Aweil Centre), Mayom and Abiemnhom counties (Unity State) and in Ulang in Upper Nile. Our services are benefiting over 600,000 returning refugees, IDPs, and host community members. Over the past 24 years, ARC has worked in close partnership with County Health Departments (CHD) and state and national Ministries of Health to ensure primary health care services, with a particular focus on Maternal, Neonatal and Child health services (MNCH)are accessible and meet BPHNS standards. We have also focused on building the capacity of CHD staff, health providers, and community health workers. This support has been through various streams of funding i.e. Health Pooled Fund, UNICEF, OFDA among others.

ARC will provide immediate lifesaving health services to reduce maternal and child mortality by providing emergency mobile services in remote areas that are not served or accessible to any health facilities. ARC will also establish referral systems for those needing higher level diagnostics and health services. Mobile clinics will offer ANC and PNC; testing and treatment for common communicable diseases, including malaria, diarrheal illnesses, and ARIs; immunization; and first line treatment and referral for survivors of SGBV.. This action will also have a community outreach and health education component where HHPs will be engaged in community health education on prevention, recognition, and early care seeking behavior of all above high burden, endemic diseases, as well as maternity care (birth preparedness and complication readiness).

ARC's mobile outreach team will manage cases of sexual violence. Skilled staff will provide clinical management of rape during the outreach sessions to victims that need it; as well as unbiased counselling to support victims reach an informed decision about care. Survivors will also be supported to be referred for further clinical care and psycho-social support where possible. However, ARC recognizes that due to the limitations posed by access, security and nature of mobile outreach, it maybe challenging to respond to victims within 72 hours, however this will be the target wherever possible. Incidences of sexual violence will be monitored by the team to inform prevention and response efforts.

5. Complementarity

The action complements the ongoing HPF supported project in KE which is focused on provision of essential health care services, but due to limited funding is unable to reach the whole community in the vast county. The HHPs will provide key hygiene promotion awareness activities under the WASH result to further improve WASH indicators. UNICEF is supporting ARC to provide iCCM services in KE in 2 payams (Katodori and Narus) hence these activities under SSHF will widen the scope of iCCM to reach more beneficiaries in the payams not yet covered.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the emergency health response is to provide lifesaving emergency clinical health services package/interventions to people in need in East Kapoeta.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve access and scale-up responsiveness to essential health-care needs of the vulnerable populations by focusing on the major causes of morbidity and mortality	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	40
Prevent, detect and respond to epidemic-prone disease outbreaks and promote WASH in health facilities for conflict-affected and vulnerable populations	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	40
Implement inclusive and dignified essential clinical health services targeting specific needs of vulnerable people	SO2: Reinforce protection and promote access to basic services for the most vulnerable people	20

Contribution to Cluster/Sector Objectives : The planned emergency response aims at ensuring access to essential life-saving services to targeted IDPs and vulnerable host communities which is in line with the Cluster objectives. This project stems from the needs, justification and findings of assessments and reports that explains the level of conflict and health risk exposure and the needs of vulnerable groups in the area of interest. The project also targets specific protection risk groups (Rape survivors, victims of physical and psychological trauma-women/men/ girls/boys) which contributes to the strategic objective of the cluster.
The target locations are aligned to the Health cluster priority locations for this allocation.
Beneficiaries and activities are derived from the HC clinical packages which efficiently and effectively contributes to the overall strategy of ensuring access to life saving essential health care services including health protection and reduction in morbidity and mortality of vulnerable groups.

Outcome 1

Improved access to essential health care services and scaled-up responsiveness during emergencies while focusing on the major causes of morbidity and mortality in mobile clinics.

Output 1.1

Description

Reduced vulnerability to disease outbreaks and increased access to emergency primary health services

Assumptions & Risks

- Security situation remains stable enough to allow access to intervention locations
- No Ethnic tensions to allow for relocatable staff to work in project areas.
- Authorities allow unrestricted access to project areas
- Accessibility to Vulnerable populations in need of emergency humanitarian assistance

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	HEALTH	(Frontline Services) Number of OPD Consultations					14,286
Means of Verification : OPD register/consultation tally sheets IDSR/HMIS/DHIS reports							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			3,075	3,217	6,292
Means of Verification : EPI registers Vaccination campaign reports.							
Indicator 1.1.3	HEALTH	(Frontline Services) Number of deliveries attended by skilled birth attendant (facility or home).					571
Means of Verification : Facility registers							
Indicator 1.1.4	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					714
Means of Verification : Facility registers (OPD and IPD)							
Indicator 1.1.5	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	12	9			21
Means of Verification : Training Reports Participant attendance lists							

Activities

Activity 1.1.1

Provide OPD curative consultations through mobile outreach clinics to pastoralist and hard to reach host communities in Kapoeta East

Activity 1.1.2

Collect, compile and submit weekly reports to CHD/SMoH/MoH

Activity 1.1.3

Children between 6-59 months are vaccinated for measles in emergency, outbreak or returnee situations

Activity 1.1.4

Provision of clean delivery kits by mobile team to pregnant women who may not access skilled birth assistance

Activity 1.1.5

Facilitate referral of all SGBV survivors from the mobile site to most accessible PHCC which offers counselling and CMR services

Activity 1.1.6

Conduct training for 21 staff from three target PHCCs on IPC to improve infection prevention and WASH indicators in the facilities

Output 1.2

Description

Integrated Community case management for malaria, diarrheal illnesses, ARIs, and other common communicable diseases conducted at community level

Assumptions & Risks

- Security situation remains stable enough to allow access to intervention locations
- No Ethnic tensions to allow for relocatable staff to work in project areas.
- Authorities allow unrestricted access to project areas
- Accessibility to Vulnerable populations in need of emergency humanitarian assistance

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					4,843
Means of Verification : - CBD register books - IDSR/HMIS/DHIS reports - Community meetings reports							
Indicator 1.2.2	HEALTH	(Frontline Services) Number of people reached by health education /promotion	3,091	3,304	378	391	7,164
Means of Verification : Minutes and reports of meetings held							

Activities

Activity 1.2.1
Provide treatment for Uncomplicated Malaria cases at community level using ACTs
Activity 1.2.2
Provide treatment of Diarrhoeal cases at community level using ORS and Zinc
Activity 1.2.3
Provide treatment of ARI cases at community level using Amoxicillin
Activity 1.2.4
Conduct Health education sessions to community members
Activity 1.2.5
Hold community meetings at community level targeting 80% of the beneficiaries
Activity 1.2.6
Training of CBDs on iCCM (management of malaria, ARI and diarrhea) to enable roll out of the activities to the targeted beneficiaries
Additional Targets :

M & R

Monitoring & Reporting plan

The Project Log- frame and Work plan will be used to plan and measure implementation of activities.
1. Cluster M&E tools (FGD, support supervision assessments, accountability to affected population modalities) will be used to evaluate project response and performance.
2. The implementing partner will be contributing to the health cluster clinical package performance tracking on a monthly basis.
3. Guidelines on SSHF reporting will be adhered to as per mid-term and End of project submission.
4. Joint evaluation exercises will be conducted by partner, health cluster team and the CHD
5. Project reporting will use graphs and charts to represent project progress at all times.
6. Financial reporting will be analysed on a monthly basis and shared with SSHF at the end of the project
ARC will use of facility registers and data collection forms as per MoH guidelines to ensure the indicator tracking is done appropriately. However, we are cognizant of the challenges faced when retrieving data from HMIS due to delays and our data registrar will come in handy to ensure we have all data submitted correctly and in a timely manner. The second solution would be to have this same data submitted to the cluster and SSHF during the whole implementation period to ensure we have real-time data

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide OPD curative consultations through mobile outreach clinics to pastoralist and hard to reach host communities in Kapoeta East	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Collect, compile and submit weekly reports to CHD/SMoH/MoH	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Children between 6-59 months are vaccinated for measles in emergency, outbreak or returnee situations	2018				X		X		X				
Activity 1.1.4: Provision of clean delivery kits by mobile team to pregnant women who may not access skilled birth assistance	2018			X	X	X	X	X	X	X			
Activity 1.1.5: Facilitate referral of all SGBV survivors from the mobile site to most accessible PHCC which offers counselling and CMR services	2018			X	X	X	X	X	X	X			
Activity 1.1.6: Conduct training for 21 staff from three target PHCCs on IPC to improve infection prevention and WASH indicators in the facilities	2018			X									
Activity 1.2.1: Provide treatment for Uncomplicated Malaria cases at community level using ACTs	2018			X	X	X	X	X	X	X			
Activity 1.2.2: Provide treatment of Diarrhoeal cases at community level using ORS and Zinc	2018			X	X	X	X	X	X	X			
Activity 1.2.3: Provide treatment of ARI cases at community level using Amoxicillin	2018			X	X	X	X	X	X	X			
Activity 1.2.4: Conduct Health education sessions to community members	2018			X	X	X	X	X	X	X			
Activity 1.2.5: Hold community meetings at community level targeting 80% of the beneficiaries	2018			X	X	X	X	X	X	X			
Activity 1.2.6: Training of CBDs on iCCM (management of malaria, ARI and diarrhea) to enable roll out of the activities to the targeted beneficiaries	2018			X									

OTHER INFO

Accountability to Affected Populations

ARC South Sudan will develop a culture of engaging the community from the initiation of the project in order for the community to own it Stakeholder workshops will be organized in the location identified for implementation of the response. The community will be consulted and provided with information regarding the project implementation. This will include engaging existing CHD, Community elders, Women, Youth groups, religious leaders and representatives of beneficiaries.
This will be the medium through which communities will be encouraged to express their concerns, views and provide regular feedback to the implementing partner in a regular structured modality. Other reasonable modalities for feedback that is useful to the communities/beneficiaries will also be considered. These feedback will form part of the project performance reporting to the health cluster and will help guide the fine tuning of the project to enhance positive beneficiary experience.

Implementation Plan

1. Capacity building of the clinical and community staffs: All clinical and community teams involved in the implementation of the response will be provided initial orientation on their deliverables (Health, WASH, Nutrition and Protection as it pertains to the essential lifesaving packages
2. Technical guidelines, standard reporting formats (data collections tools) and protocols will be availed to ensure efficiency of the deliverables
3. Plan will be in place to mitigate stock outs
4. Implementing partner will closely coordinate with the health cluster at National and subnational levels to ensure the response is in-line at all time with the health cluster strategy
5. The cluster will be informed regularly on the status of the implementation of the repose in-order to mitigate issues that will affect the response

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Save the Children ,	Save the Children international (SCI) has unparalleled track record in delivering high impact RMNCN health and development programmes in the Torit and Magwi counties; Excellent working relationships between SCI and the Sudan Ministry of Health (SMoH), State Ministry of Health (SMoH) and the County Health Departments (CHDs). This project builds from ARC's and SCI's past successful efforts in the Kapoetas and experiences strengthening government and civil society capacities for sustainable development. With the CHD and the communities of Kapeota East and North placed squarely at the center of implementation, the design of this project aims to create an enabling environment for government-led systems and community-owned transformations in health. ARC and SCI are both currently implementing HPF-funded health systems strengthening programs—ARC in Kapoeta East and SCI in Kapoeta North. This consortium draws on our organizations' respective history of collaboration with the CHDs in these counties and deep contextual knowledge of the region. We will use this experience as a springboard to further build on our achievements to date. Though this formal institutional relationship is new, ARC and SCI have a successful history of collaborating together in South Sudan. Both Kapoeta East and Kapoeta North are in the catchment area of Kapoeta Civil Hospital, where ARC is currently supporting HPF-funded comprehensive emergency obstetric and neonatal care (CEmONC) strengthening. These activities have required collaboration throughout the catchment area, and coordination between the two organizations, particularly on the referral system. The partner organisations have gained experience with primary and secondary health care, health systems, community and nutrition interventions as well as linkages across the health system. ARC has had considerable experience at the county level and a proven track record of strong programming in improving health service delivery and systems management. Caritas Torit is doing direct health service delivery through hospitals and health centres. AFOD brings in its expertise on nutrition and Cordaid brings its experience in leading consortia and experience in the health care sector in South Sudan, particularly in Budi County and Chukudum Civil Hospital.,

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

The project will focus on gender disparity and sensitivity to ensure that all the vulnerable populations enjoy the same positive essential life-saving health services. Women bear the economic responsibilities of their families, are not in a position to make family and personal choices including reproductive issues.
The project will ensure that women and girls are empowered proportionally to be given equal opportunity to be employed and serve their community. Women and girls must receive equal treatment in accessing essential lifesaving clinical health and protection services.
Special effort will be made to ensure that the needs of adolescent youth (Boys/Girls) will be provided equal opportunities.

Protection Mainstreaming

1. Standardized psychosocial support will be provided ensuring confidentiality and privacy of individual who seek such services.
2. Capacity building for staff in the health facility will be conducted.
3. The implementing partner will conduct robust awareness and sensitization campaigns to raise awareness about their protection concerns and human rights.
4. The project will make use of community-based local protection mechanisms such as Community Complaints and Management Structures,
5. Persons with specific needs like the unaccompanied boys and girls; older people (Men and women) and disable women and men in our project implementation area will be given priority in emergency health services.
6. Gender parity in this project will be reflected in staffing and during treatment of patient in the health facilities.

Country Specific Information

Safety and Security

Regular contact will be made by our security focal point with the INGO forum and UNDSS, the protection teams of other stakeholders and with the credible local authorities on the latest security situation. ARC project team will work closely with community representatives and UNOCHA to facilitate access to affected populations and respect of humanitarian rights. ARC field teams will not move during conflicts but staff living near the project site will keep working if the security allows.
The target locations for this action are characterized by insecurity; risks of varying nature and intensity that result in a situation that is unpredictable and difficult to plan for. Insecurity due to protracted fighting and general banditry continues to create a highly volatile environment. A key risk to the prosed Action is that a declining security situation across the areas of operation results in reduced staff safety, reduced level of access and therefore reduced services able to be provided to the targeted people in need and a subsequent delay, postponement or necessary revision of planned activities which again will have budgetary implications.

ARC has an expatriate Security Manager to oversee the overall action as well as to coordinate with other humanitarian and UN agencies; he will undertake continuous joint risk assessments, security management checks and protocols, contingency plans, security training and oversee communication and equipment. He will liaise closely with the field teams for constant and timely reporting on incidences and support on the way forward. Communication will be established via phone where there is network coverage and backed up with Thuraya Satellite phone

In a worst case scenario, ARC will be able to adopt a temporary remote management mode of operation (fly in and stay on the ground only for a few days) if and when needed. Another risk to the Action is the potential of conflict between beneficiaries and non-beneficiaries. Key risk prevention and mitigation measures will be to integrate localized and constantly updated Conflict and Do no Harm analysis during the intervention and to use clear and transparent targeting criteria for selection of project sites and beneficiaries. The Action will be highly alert to the risk of corruption, diversion of aid and lack of accountability and quality issues.

The collaborating partners will follow the Anti-fraud and Corruption Policy of ARC as lead agency. These include adherence to ARC's financial routines and guidelines which details risks mitigation and internal controls on how all financial transactions must be managed; adherence to ARC's procurement manual and respect to threshold levels and procedures. These measures are taken to ensure procurement provisions ensure value for money is achieved in quality, quantity and price considerations. Furthermore, ARC is CHS certified and all staff will receive training on the CHS feedback and complaints handling systems and will work with beneficiaries to address any issues that may arise through the program period. The risk of roads becoming impassable due to rains and infrastructure destruction will be mitigated by careful forward planning during the preparatory stages of this project and prepositioning of essential inputs. Safety and security of staff, partners and beneficiaries are of paramount importance and is a key consideration in the visibility profile of the collaborating partners.

from our experiences, ARC expects that there may be some delays in gaining access to some of the communities impacted by tensions; however, advocacy and regular contact and partnership with authorities and influential persons will be made to make sure they know agency teams well and are willing to assist should any problem arise, which will help minimize the risks. If beneficiary populations are not guaranteed access to project locations owing to security concerns, the project will take stock of the situation and determine

Access

Access to mobile health clinics will be based on principles of equity and impartiality, ensuring equal access according to need without discrimination. Mobile clinics run by ARC's specialist health teams will aim to target entire communities and settlements visited with basic preventative and curative medicine, in order to meet need of isolated and mobile populations who have limited access to health care. Given the precarious security situation across the county, mobile clinics have been selected by ARC to ensure optimal flexible access and coverage of hard to access populations.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Community Based Distributors (CBDs)	D	2	250.00	6	100.00	3,000.00
	CBDs needed for the implementation of ICCM programme in Kapoeta East Community based distributor – appropriately trained, supervised and supported with an uninterrupted supply of medicines and equipment – can identify and correctly treat most children who have Malaria, ARI and Diarrhea.The position will be funded at 100% until the end of this project. This position 100% dedicated to this allocation since they will be recruited specifically for this project.						
1.2	CBD Supervisor	D	1	350.00	6	100.00	2,100.00
	Manage CBDs. He/she lives in the catchment area where they work, organize a monthly meeting of CBDs, one□on□one meetings at each CBD's home. During home visits, supervisors answer CBD's questions and verify the accuracy of CBD illness classification and treatment, medicine storage, and record keeping. The position will be funded at 100% until the end of this project. This position 100% dedicated to this allocation since they will be recruited specifically for this project.						
1.3	ICCM project Manager	D	1	1,000.00	6	100.00	6,000.00
	Overall supervisor for the ICCM activities. and supervise CBDs and CBD supervisors. Field Officers partner with local community leaders to describe the iCCM program and to solicit their help in the selection of CBDs by village peers (higher caliber candidates are recommended for CBD Supervisory roles).The position will be funded at 100% until the end of this project. This position 100% dedicated to this allocation since they will be recruited specifically for this project.						
1.4	Registrar/Data clerk	D	1	200.00	6	100.00	1,200.00

	Registrar will be responsible or the data entry o all the data in their respective register books and keeping a close eye on the books. He will register every patient , his name address/location, age, sex, etc. and temperature, weight, pulse and MUAC when these tasks are performed in the registration area. He will send patients to the appropriate waiting line(s) for the consultations. Orientate patients who come for follow-up treatment to the appropriate location (dressing room, injection room ...) without registering them.The position will be funded at 100% until the end of this project. *This position 100% dedicated to this allocation since they will be recruited specifically for this project.*						
1.5	Clinical officer	D	1	500.00	6	100.00	3,000.00
	Team In charge, provides support mobile outreach services *This position 100% dedicated to this allocation since they will be recruited specifically for this project.*						
1.6	Community Mobilizer	D	1	250.00	6	100.00	1,500.00
	Conduct regular (during mobile clinic days) community level health education at common gathering places like water point, market, cultural gatherings, traditional and religious schools, women/girls clubs/associations, etc. Assist in clinic-based health education of patients, co-patients, and mothers. Conduct regular and organized hygiene promotion activities (including campaigns) in the community and house-to-house.The position will be 100% funded until the end of this project						
1.7	Emergency Health Specialist	S	1	5,940.00	6	20.00	7,128.00
	The Emergency Health Specialist will provide support to the senior health coordinator to oversee the implementation of emergency health care projects in South Sudan. It will include; cluster coordination's, technical support/guidance, integration of ARC's health programs, analysis of health monitoring data, and designing new or continuing health programs. This position will be funded at 20% until the end of this project						
1.8	Security Manager	S	1	6,230.00	6	5.00	1,869.00
	is responsible for overall security in country program, and is responsible for updating the Security Director at ARC HQ. S/he is also responsible for updating the in-country staff about the country security situation, and will coordinate with staff on security in the field. This position will be funded at 5% for the project period.						
1.9	MEAL	S	1	6,679.00	6	20.00	8,014.80
	This is a roving position across Juba (20%) and field (80%). This position assists field teams in activity implementation monitoring and reporting. S/he will ensure adequate on-going record keeping, ensure adherence to standards, protocols and procedures, and assist in internal and external program reporting. This position will also work closely with program staff on reporting, monitoring and evaluation, and record keeping. This position will be funded 30% until the end of this project.						
1.10	Midwife	D	1	400.00	6	100.00	2,400.00
	This staff will be part of the mobile team, offering skilled support to pregnant women, women in deliver where necessary or women who are in the post natal phase						
1.11	EPI Vaccinator	D	1	175.00	6	100.00	1,050.00
	Offer vaccination activities for beneficiaries during mobile outreaches						
1.12	Nurse	D	1	400.00	6	100.00	2,400.00
	To offer nursing care services as part of the mobile team during clinical outreaches						
	Section Total						**39,661.80**
2. Supplies, Commodities, Materials							
2.1	Outreach material (Tents, Tables and chairs)	D	1	8,000.00	1	100.00	8,000.00
	Material needed to set up the mobile clinic. These materials are portable and thus can be used in various locations per need.						
2.2	Infection prevention supplies (Jik, soap, buckets etc)	D	1	100.00	6	100.00	600.00
	IPC supplies for disinfection for equipment and surfaces.						
2.3	Fuel for incineration (Kerosene)	D	1	20.00	6	100.00	120.00
	Kerosene needed for burning solid wastes.						
2.4	Printing of MoH approved set of Health Policies, Strategies, Guidelines and Protocols	D	1	6,000.00	1	25.00	1,500.00
	Prepare and make available approved guidelines/policies (Reference materials) for use during implentation						
2.5	Health and hygiene promotion materials	D	1	700.00	3	25.00	525.00
	IEC materials for conducting health education during outreaches						
2.6	Support to Mobile outreach activities	D	1	500.00	3	100.00	1,500.00

	Refreshments and emergency procurement during outreach activities						
2.7	Quarterly County/State Health coordination meetings	D	1	100.00	2	100.00	200.00
	Support to quarterly state meeting with hall rental, stationary, printing, transportation allowance for CHDs						
2.8	Refreshments for quarterly joint community meetings (CHD/ARC)	D	1	200.00	2	100.00	400.00
	Water and soft drinks during meetings						
2.9	Community Mobilization Activities	D	1	800.00	6	100.00	4,800.00
	Organizing community engagement meetings,public address system hire.						
2.10	Training on iCCM- Malaria, ARI and Diarrhoea Case Management	D	1	1,500.00	1	100.00	1,500.00
	Training of CBDs on case management of Malaria, ARI and Diarrhea.						
2.11	Training for Healthcare workers on Infection Prevention and Control	D	1	1,500.00	1	100.00	1,500.00
	Training of health workers in 3 PHCCs and 3 PHCUs on IPC to improve management of waste and reduce disease transmission						
	Section Total						**20,645.00**
3. Equipment							
3.1	Laptop	D	1	750.00	1	100.00	750.00
	For data entry, report development, submission and storage of reports						
	Section Total						**750.00**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
5.1	Per Diem and accommodation for staff	D	2	225.00	2	100.00	900.00
	Per Diem and Accommodation for Juba recruited staff when passing through from the field locations.						
5.2	Transportation of drugs and other program supplies from Juba to Kapoeta	D	1	2,000.00	2	50.00	2,000.00
	Transportation costs for hauling drugs from Juba to Kapoeta						
5.3	Flights for field staff	D	4	550.00	1	100.00	2,200.00
	UNHAS flights for field staff to an from Juba @550 USD/round trip. Domestic flights for staff to travel to field locations (Kapoeta) during this program implementation period.						
	Section Total						**5,100.00**
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	Telecommunication (thuraya calling cards)	D	1	100.00	6	100.00	600.00
	Thuraya calling cards for communication with county office from areas with no cellular network.						
7.2	Telecommunication (Phone calling cards)	D	1	200.00	6	100.00	1,200.00
	GSM calling cards for cellular mobile phones.						

7.3	Visibility materials	D	1	1,500.00	1	100.00	1,500.00
	Posters, banners and flags and other visibility materials.						
7.4	Vehicle rental	D	1	3,000.00	5	100.00	15,000.00
	Rented car @250/day 3 days a week. First month budgeted 2 weeks since initial set up period there will be no field movement. And last 2 weeks of the project will have minimal movement. Hence 5 months i.e 4 weeks. This vehicle will also transport the field teams for monitoring of project activities, complemented by the existing project vehicles as cost share						
7.5	Motorbike Fuel	D	2	100.00	6	100.00	1,200.00
	fuel for ARC motorbikes that will be used for iCCM activities supervision						
7.6	Charges for funds Transfer	D	1	500.00	6	100.00	3,000.00
	Money transfer costs incurred during sending money to field locations.						
7.7	Kapoeta Office cost (Rent and maintenance, fuel for generator, utilities)	D	1	700.00	6	50.00	2,100.00
	Office running costs for Kapoeta						
7.8	Internet Subscription and communication (Kapoeta)	D	1	700.00	6	50.00	2,100.00
	internet for Kapoeta						
7.9	Office stationary (Kapoeta)	D	1	200.00	6	50.00	600.00
	Office supplies and stationary for Kapoeta						
	Section Total						**27,300.00**
SubTotal			42.00				**93,456.80**
Direct							76,445.00
Support							17,011.80
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							6,541.98
Total Cost							**99,998.78**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Eastern Equatoria -> Kapoeta East	100	5,166	5,542	1,783	1,795	14,286	Activity 1.1.1: Provide OPD curative consultations through mobile outreach clinics to pastoralist and hard to reach host communities in Kapoeta East

Documents

Category Name	Document Description
Project Supporting Documents	IRNA - Questionnaire - Kerwa IDP.docx
Project Supporting Documents	20170815 Kajo Keji Report.pdf
Project Supporting Documents	RAPID ASSESSMENT REPORT- Nov. 2017.docx
Budget Documents	HRP Budget_Health.xlsx
Budget Documents	HRP Budget_Health.xlsx
Budget Documents	HRP Budget_ARC_Health (Final).xlsx