

Requesting Organization :	International Organization for Migration		
Allocation Type :	1st Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		100.00	
		100	
Project Title :	Provide life-saving Primary Health Care Services and Provision of Rapid Response and Mental Health and Psychosocial Support for Vulnerable IDPs, Returnees and affected Host Communities in Unity, Upper Nile and Western Bahr el Ghazal, and other sites across South Sudan		
Allocation Type Category :	Frontline services		

OPS Details			
Project Code :	SSD-18/H/119560	Fund Project Code :	SSD-18/HSS10/SA1/H/UN/7897
Cluster :	Health	Project Budget in US\$:	200,000.00
Planned project duration :	6 months	Priority:	
Planned Start Date :	13/03/2018	Planned End Date :	12/09/2018
Actual Start Date:	13/03/2018	Actual End Date:	12/09/2018

Project Summary :	<p>This project will provide life-saving emergency and essential primary health care (PHC) services through IOM static clinics, as well as mobile responses through rapid response teams (RRT) missions. IOM will ensure a balance of both internally displaced persons (IDPs) and conflict-affected host community members prioritizing the greatest need.</p> <p>IOM will maintain its static clinic strategy in the protection of civilian sites (PoCs) in Bentiu (3 clinics), Malakal (1 clinic), Wau (1 clinic) and Wau collective centers at Nazareth and Cathedral (2 clinics). Through its rapid response team (RRT) missions, IOM will deploy to locations where humanitarian needs are most severe to deliver critical lifesaving health services.</p> <p>All seven static clinics will provide lifesaving Primary Health Care (PHC) and referral services to nutrition partners and secondary health care providers for patients in need of specialized care, in line with the health cluster's essential health care package for primary health care units (PHCU). The RRT will support integrated response through the Rapid Response Mission (RRM) package, as per the 2018 Humanitarian Response Plan.</p> <p>IOM will improve access to preventive and curative health services, covering all domains of emergency and PHC services. This includes routine immunization for children, early warning, alert and response system (EWARS)/ integrated disease surveillance and response (IDSR) and response to disease outbreaks, clinical management of rape, nutrition screening, comprehensive HIV/TB care and treatment, basic emergency obstetric and neonatal care services, integrated mental health and psychosocial support and health promotion. To ensure continuity of services and build national capacity for emergency response IOM will also provide training and mentorship for health personnel including from the Ministry of Health (MOH) and National NGOs.</p>
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Direct beneficiaries :				
Men	Women	Boys	Girls	Total
8,286	8,857	5,428	6,000	28,571

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total

Indirect Beneficiaries :
 159,383 (Men = 46,221; Women = 49,409; Boys = 30,283; Girls = 33,470)

Catchment Population:
 187,954 (Men = 54,507; Women = 58,266; Boys = 35,711; Girls = 39,470)

Link with allocation strategy :
 The project contributes to providing time-critical life-saving services through PHCU, mobile response and RRM packages. The project will specifically target IDPs in PoC sites, newly and protracted displaced persons and conflict affected host community and returnees. IOM will actively participate in OCHA organized Inter-Agency Rapid Assessment IRNA/MIRA missions and deploy rapid response teams to respond to diseases outbreaks across the country in coordination with the Health Cluster and the Emergency Responders (ERM) technical working group. IOM will monitor key health and other related trends including the Integrated Food Security Phase Classification (IPC) in order to respond to the health needs of the most severely affected communities.

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
Teshome Adebabai	Health Program Coordinator	tadebabai@iom.int	+211912380097
Beldina Gikundi	Emergency Health Officer	bgikundi@iom.int	+211912379549

BACKGROUND**1. Humanitarian context analysis**

As the conflict in South Sudan enters its fifth year in 2018, the humanitarian crisis has continued to intensify and expand due to the compounding effects of widespread violence and the deteriorating economic situation. Conflict and economic crisis have taken a toll on health outcomes. Disease outbreaks have lasted longer than ever and reached previously unaffected areas, weakening already vulnerable people's ability to cope with multiple shocks. South Sudan repeatedly experiences multiple and simultaneous infectious disease outbreaks each year, most recently the cholera outbreak - the longest in the country's history¹. In 2018, an estimated 5.2 million people in South Sudan will be in need of humanitarian healthcare services².

The latest IPC report released on 26 February 2018 indicates that more than 7 million people in South Sudan - almost two-thirds of the population - could become severely food insecure in the coming months without sustained humanitarian assistance and access. The period of greatest risk will be the lean season, between May and July 2018. Particularly at risk are 155,000 people, including 29,000 children, who could suffer from the most-extreme levels of hunger. This represents a 40 percent increase in the number of severely food insecure people compared to January 2017.

2. Needs assessment

Access to primary health care (PHC) services continues to be unavailable for a large majority of the population in South Sudan, with more than 56% of the population unable to access health care services. A shortage of health workers, a national health information system with poor reporting, and a reduction of health implementing partners on the ground since the July 2016 crisis has exacerbated the situation. The mental health and psychosocial burden increases each day that the conflict is prolonged. Women and girls are disproportionately impacted by the protracted crisis due to an increase in sexual and gender-based violence (SGBV). There are persistent challenges procuring and transporting essential medicine and medical supplies, which results in critical stock outs.

It is therefore imperative that lifesaving health care is provided through both static and mobile clinics to vulnerable individuals in prioritized areas. 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 facing the greatest needs, 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. To ensure a coordinated response IOM works closely with health partners to identify and prioritise beneficiaries of greatest need. IOM participates in both the national and state level health clusters, as well as regularly engages with health partners as needed (e.g. MSF, IMC, Concern Worldwide, etc.) through ad-hoc meetings as necessary.

Beneficiary reached in PoC sites (according to Health cluster target per county, people in need):

- Wau IDPs: 48,869
 - Malakal IDPs: 24,402
 - Bentiu IDPs: 114,683
- Total = 187,954

This grant will contribute to IOM reaching 12% of the IDPs in these locations = 22,571

RRT beneficiaries:

Two RRT missions providing mobile PHC (outpatient) services, each reaching 3,000 people = 6,000

Grand total direct beneficiaries; 22,571+6,000 = 28,571

4. Grant Request Justification

Since January 2014, IOM has been providing life-saving emergency and essential PHC services. This includes patient consultations, 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).

IOM is a key partner providing lifesaving health services to affected populations in South Sudan. Throughout 2017, IOM provided 579,353 outpatient consultations for women, men, girls and boys in seven (7) static clinics in Bentiu, Malakal, and Wau PoC sites and collective centers in Wau town. IOM vaccinated 4,840 children under 5 years against measles, conducted 4,099 deliveries by skilled birth attendants, reached 25,795 women with antenatal care services, and reached 1,385,564 people with health promotion and education messages.

During 2107 IOM also conducted 16 RRT missions to high priority areas:

- Yei County – Mobile outpatient clinic
- Jebel Teak (Wau County) - Mobile outpatient clinic
- Hai Masna (Wau County - Mobile outpatient clinic
- Logo, Aji, Keriwa (Kajo Keji County) - Mobile outpatient clinic
- Yirol East County – Cholera case management
- Ayod County – Cholera case management
- Ayod County – Oral Cholera Vaccination Campaign (2 rounds)
- Rubkona County - Oral Cholera Vaccination Campaign (2 rounds)
- Bentiu PoC site (Rubkona County) - Oral Cholera Vaccination Campaign (2 rounds)
- Abayok, Payuer (Renk County) - Mobile outpatient clinics
- Tonj East County - Oral Cholera Vaccination Campaign (2 rounds)
- Budi County -- Oral Cholera Vaccination Campaign (1 round)

Through this project, IOM will maintain its static clinic strategy in the PoCs in Bentiu (3 clinics), Malakal (1 clinic), Wau (1 clinic) and Wau collective centres of Nazareth and Cathedral (2 clinics). All seven static clinics provide lifesaving PHC and referral services as per the Ministry of Health's Basic Package of Health and Nutrition Services in Primary Health Care, and basic emergency obstetric and newborn care (BeMONC) which includes antenatal and postnatal care, PMTCT, family planning services and Clinical management of rape, and integrated MHPSS services (with IOM MHPSS). IOM will also continue to provide mass and routine vaccinations through the expanded programme on immunization (EPI), as well as health and hygiene education and promotion (both door to door, at clinics and through community based events). Further, IOM will continue to provide comprehensive HIV and TB testing and treatment services in the PoC locations.

To address vulnerable populations outside of PoC sites, IOM will continue to mobilize its Rapid Response Health Teams (RRT), which deliver lifesaving PHC and outbreak response (including immunization campaigns) including hard to reach populations facing protection risks.

The conflict has created conditions that have left men and women and girls and boys vulnerable to stress and trauma and sexual and gender based violence. The protracted nature of the conflict has caused the traditional coping mechanisms to fragment. Beyond the acute emergency phase, IOM will continue to mainstream mental health and psychosocial support services (MHPSS) in coordination with IOM MHPSS teams. This will include training of health workers on Psychological First Aid (PFA), basic MHPSS needs and responses in emergency and post emergency situations, and the WHO mental health gap action plan (MhGAP).

5. Complementarity

IOM's flexible model of health operations has evolved to comprise a combination of static and mobile clinics and rapid response mechanisms. With these models, 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. IOM is able to shift resources and staffing as needed, to respond to the changing needs of the population. 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, Wau and Bentiu POC sites and as IOM's designation as WASH Cluster lead for Upper Nile State.

Complementarity is achieved through collaboration with health cluster partners to ensure coverage, and avoid duplication of services.

Currently, IOM has complementary funding through USAID/OFDA and the Government of Japan to implement similar projects.

LOGICAL FRAMEWORK

Overall project objective

Sustaining life-saving Primary Health Care Services and Provision of Rapid Response and Mental Health and Psychosocial Support for Vulnerable IDPs, Returnees and affected Host Communities in Unity, Upper Nile and Western Bahr el Ghazal, and other sites across South Sudan.

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	80
Increase access to mental health and psychosocial support services for vulnerable people	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	20

Contribution to Cluster/Sector Objectives : This project will contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving PHC services, TB and HIV diagnosis and treatment, as well as strengthening access to mental health and psychosocial support services (MHPSS) for vulnerable IDPs, returnees and conflict-affected host communities through semi-static and mobile services, as well as rapid response mechanisms.

Outcome 1

Avoidable mortality remains under emergency threshold among target populations

Output 1.1

Description							
Static health facilities are maintained ensuring provision of life-saving essential primary health care 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 clinics. Assuming that logistics are able to deliver without blockages.							
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					33,523
Means of Verification : Weekly IDSR/EWARS reports, Health facility registers – morbidity and EPI							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			134	139	273
Means of Verification : Weekly IDSR/EWARS reports, Health facility registers – morbidity and EPI							
Activities							
Activity 1.1.1							
Provide outpatient consultations for common diseases							
Activity 1.1.2							
Provide sexual and reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post-natal care.							
Activity 1.1.3							
Conduct EPI for target diseases with adequate cold chain							
Activity 1.1.4							
Basic management of SGBV survivors (PEP, treatment for STI, wound care)							
Activity 1.1.5							
Provide comprehensive HIV/AIDS care and treatment							
Activity 1.1.6							
Provide early case identification and treatment of TB							
Activity 1.1.7							
Provide integrated package of MHPSS for people in need including PFA and PFA for Children (PFA-C), mhGAP-HIG							
Output 1.2							
Description							
Mobile rapid response team missions are deployed, reaching the most vulnerable people with the most acute health needs							
Assumptions & Risks							
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							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	(Frontline Services) Number of Beneficiaries from RRM/ICRM response	1,740	1,860	1,140	1,260	6,000
Means of Verification : RRT mission reports, IDSR reports							
Activities							
Activity 1.2.1							
Deploy RRTS in hard to reach areas.							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

IOM health staff in the field are required to send weekly reports to IOM Juba providing data on the number of consultations conducted, types and scope of morbidities, reproductive health data and vaccinations, as well as details on health promotion activities. The weekly reports are aggregated into monthly, quarterly, mid-year and annual reports. This regular flow of information from the field allows the Health Programme Coordinator to closely monitor morbidity trends, as well as individual project activities and how they contribute to achieving the project's expected results and overall objectives. Field monitoring and supportive supervision visits are also conducted by the Health Coordinator, Emergency Health Officer and M&E officer on a quarterly basis. Various tools are used for monitoring and evaluating quality of services and data such as the Clinical Quality Assessment checklist and the data quality verification tool to improve the PHC activities. Performance in every quarter is assessed in comparison to the previous quarters, recommendations are made and action points followed up to address site-specific challenges noted during the monitoring visits. 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 one-pager with all stakeholders, including highlights and emerging disease trends.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide outpatient consultations for common diseases	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Provide sexual and reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post-natal care.	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Conduct EPI for target diseases with adequate cold chain	2018			X	X	X	X	X	X	X			
Activity 1.1.4: Basic management of SGBV survivors (PEP, treatment for STI, wound care)	2018			X	X	X	X	X	X	X			
Activity 1.1.5: Provide comprehensive HIV/AIDS care and treatment	2018			X	X	X	X	X	X	X			
Activity 1.1.6: Provide early case identification and treatment of TB	2018			X	X	X	X	X	X	X			
Activity 1.1.7: Provide integrated package of MHPSS for people in need including PFA and PFA for Children (PFA-C), mhGAP-HIG	2018			X	X	X	X	X	X	X			
Activity 1.2.1: Deploy RRTS in hard to reach areas.	2018				X			X					

OTHER INFO

Accountability to Affected Populations

IOM will develop a culture of engaging the community from the initiation of the project in order for the community to determine appropriate needs-based responses and to ensure that communities own the interventions. Stakeholder workshops will be organized and continued in all areas of operation. 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 modalities for feedback that is useful to the communities/beneficiaries will also be considered; suggestion boxes will be maintained in all of IOM's static PHC clinic sites to enable a continuous feedback mechanism from the community. These feedbacks 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

The Migration Health Unit is a thematic area of IOM South Sudan. The Migration Health Programme Coordinator is the overall manager tasked with coordinating all health programmes in the Mission. The Programme Manager is supported by an Emergency Health Officer who supervises all emergency programming, and an RRT Coordinator who oversees all RRT activities. At the field level, direct project implementation is coordinated and managed by experienced international health officers and supported by national staff who include medical assistants, nurses and midwives. 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, working group and lead of the Mental Health Psychosocial Support Technical (MHPSS) working group. IOM works closely with Health Cluster lead World Health Organization (WHO), UNFPA and UNICEF and other national and international NGOs 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 of Health, as well as partners in project locations.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
IRC,World Relief,MSF,IMC	Providing PHC services in Bentiu PoC in Sector 4,Providing PHC services in Bentiu PoC in Sector 2,Secondary health care provider in Bentiu and Malakal PoCs,Providing PHC services in Malakal PoC in Sector 1 and Wau PoC

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

All IOM project activities from proposal design, assessments, implementation and monitoring of activities mainstream gender. 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 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. IOM considers the different needs of men and women, different age groups and people with disability in the design and implementation of their project.

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 South Sudan, particularly women, and children during emergency situations. 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. 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 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 go 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 SSU 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 Security Officers 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 Coordinator (Int Staff, P3)	D	1	16,500.00	6	5.00	4,950.00
1.2	Migration Health Emergency Officer (Int Staff, P2)	D	1	14,000.00	6	5.00	4,200.00
1.3	Migration Health RRT Coordinator (Int Staff, P2)	D	1	14,000.00	6	5.00	4,200.00
1.4	Migration Health Officer - Bentiu (Int Staff, P2)	D	1	14,000.00	6	10.00	8,400.00

1.5	Migration Health Officer - Wau (Int Staff, P2)	D	1	14,000.00	6	10.00	8,400.00
1.6	Medical Assistants/Clinical Officers (Nat Staff, G4)	D	5	2,400.00	6	20.00	14,400.00
1.7	Nurses (Nat Staff, G3)	D	5	2,100.00	6	20.00	12,600.00
1.8	Midwives (Nat Staff, G3)	D	3	2,100.00	6	20.00	7,560.00
1.9	National Medical Officer (Nat Staff, NO-A)	D	1	4,600.00	6	10.00	2,760.00
1.10	International Support Costs (Finance, Admin, HR, PSU, Logistics and Procurement, IT, Security)	S	2	16,500.00	6	5.00	9,900.00
1.11	National Support Costs (Finance, Admin, HR, PSU, Logistics and Procurement, IT, Security, Drivers)	S	6	2,800.00	6	10.00	10,080.00
1.12	RRT Health Officers (Int Staff, P1)	D	4	12,000.00	6	10.00	28,800.00
Section Total							116,250.00
2. Supplies, Commodities, Materials							
2.1	Medicines and medical supplies (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.)	D	1	350,000.00	1	4.00	14,000.00
2.2	Transportation and Storage of Medicines and Medical Commodities (Cost includes freight, storage and distribution costs. Transportation costs estimated using cargo flight costs from IOM vendors)	D	1	120,000.00	1	5.00	6,000.00
Section Total							20,000.00
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
Section Total							0.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
Section Total							0.00
5. Travel							
5.1	RRT Travel (Estimated number of trips based on projected estimates. Cost based on UNHAS flight costs at 550 USD per return trip)	D	5	550.00	2	50.00	2,750.00
5.2	RRT DSA (Estimated number of days based on projected estimates. Based on IOM standard costs - 91USD p/d)	D	50	91.00	2	50.00	4,550.00

								7,300.00
6. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
								0.00
7. General Operating and Other Direct Costs								
7.1	Daily Workers/Volunteers - Bentiu, Malakal, Wau	S	1	30,00 0.00	6	10.00	18,000.00	
7.2	RRT Field Operations (Cost per mission - includes on the ground logistical support for missions)	S	1	50,00 0.00	2	10.00	10,000.00	
7.3	Office Rent, Maintenance, Utilities and Other Common Costs(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 2% of entire costs for mission.)	S	1	108,4 00.00	6	0.50	3,252.00	
7.4	Communication Costs (Standard communication costs supplies for use by project staff. This project only charged 2% of yearly cost.)	S	1	111,0 00.00	6	0.50	3,330.00	
7.5	Vehicle Running Costs (Costs include fuel, repair and maintenance and other vehicle related costs, project charged 2% of entire mission's yearly cost.)	S	1	71,50 0.00	6	0.50	2,145.00	
7.6	Security & Shared Radio Room Costs (Security contract costs and common radio costs project charged 2% of entire costs for mission of yearly cost.)	S	1	160,0 00.00	6	0.50	4,800.00	
7.7	Other Office Costs (Costs include bank charges, office supplies, office furniture, IT equipment and materials and other office costs not covered by other budget lines, project charged 2% of entire mission's yearly costs)	S	1	61,29 6.26	6	0.50	1,838.89	
Section Total								43,365.89
SubTotal			95.00				186,915.89	
Direct								123,570.00
Support								63,345.89
PSC Cost								
PSC Cost Percent								7.00
PSC Amount								13,084.11
Total Cost								200,000.00
Project Locations								
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name	
		Men	Women	Boys	Girls	Total		
Unity -> Rubkona	34	2,762	2,953	1,810	2,000	9,525		

Upper Nile -> Malakal	33	2,762	2,952	1,809	2,000	9,523
Western Bahr el Ghazal -> Wau	33	2,762	2,952	1,809	2,000	9,523

Documents

Category Name	Document Description
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