South Sudan
2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund or contact the CHF Technical Secretariat chfsouthsudan@un.org

This proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:

CAP Cluster	Health

CHF Cluster Priorities for 2012 Second Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities

- Maintain the existing safety net by providing basic health packages and emergency referral services
- Strengthen emergency preparedness including surgical interventions
- Respond to health related emergencies including controlling the spread of communicable diseases

Cluster Geographic Priorities

Nbeg, Warrap, Unity, Upper Nile, Jonglei, Lakes

Project details

The sections from this point onwards are to be filled by the organization requesting for CHF.

Requesting Organization

International Organization for Migration (IOM)

Project CAP Code

SSD-12/H/51418/R/298

CAP Project Title *(please write exact name as in the CAP)*

Enhanced Primary Health Care Services for Vulnerable Persons in Upper Nile State

Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per state)

Upper Nile State, Renk County

IOM is implementing 3 health clinic operations currently in Abayok and Payuer in Chemmedi Payam; Mina in North Renk Payam.

Total Project Budget in South Sudan CAP
US$ 835,439

Amount Requested from CHF	Other Secured Funding
US$ 365,000	US$ 57,000

Direct Beneficiaries *(scaled appropriately to CHF request)*	
Women:	12,480
Men:	11,520
Girls:	3,120
Boys:	2,880
Total:	30,000

Indirect Beneficiaries *(scaled appropriately to the CHF)*

11, 587 in Chemmedi Payam; 37,618 in North Renk Payam (according to National Census in 2008)

Catchment Population (if applicable)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

CHF Project Duration (max. of 12 months, starting date will be Allocation approval date)

Indicate number of months: 6

Address of Country Office

Chief of Mission: Mr. Vincent Houver;

Project Focal Person: Dr. Diao BAH
Email & Tel: dbah@iom.int 09224957
e-mail finance officer: pstenson@iom.i

Address: New industrial Area, Juba, South Sudan

Address of HQ

nail desk officer: Dr. Nenette Motus, nmotus@iom.int

nail finance officer: Zita Ortega-Greco, zortega-co@iom.int

dress: 17 route des Morillons, CP 71 CH-1211, 19 Geneva, Switzerland

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population[1]

With access to primary health care services in South Sudan as low as 13%, the current 2012-2016 South Sudan Health Sector Development Plan (HSDP) indicates that reproductive health is a growing concern given that South Sudan has one of the highest maternal mortality rates in the world (estimated at 2,054/100,000 live births) and that only 46% of pregnant women attend at least one antenatal care visit. The Infant Mortality Rate is very high at 102/1000 live births and immunization coverage for preventable childhood diseases for children under 1 year old is only 13.8%. Malaria, pneumonia, diarrheal diseases and malnutrition are the main causes of death among children.

Tuberculosis, HIV/AIDS, non-communicable diseases, environmental health, and a lack of health promotion and health education among others present tremendous challenges to the public health care system. Recently, the security situation in South Sudan, particularly in the border states with Sudan, has deteriorated rapidly. While it was anticipated that roads would remain open between the two countries to allow for the free and spontaneous return of South Sudanese, escalating political tensions have hindered movement and left thousands of South Sudanese stranded in Sudan. Upper Nile State is currently the main point of entry for thousands of returnees and IOM is concerned about the effects of a massive return of vulnerable people into an area already struggling with scarce resources and sub-standard health facilities. The health situation of the returnees as witnessed by the most recent air and barge movements confirm high levels of vulnerability among those who have been stranded at the border for months.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

IOM began facilitating semi-static medical clinics in Renk in 2011 with the support of OFDA and currently operates three clinics supporting more than 15,000 IDPs, returnees and members of the host community with primary care services including antenatal care, vaccinations and health promotion activities. According to South Sudan's Health Cluster, Upper Nile State is a key priority area since its population significantly outnumbers the available health resources available there. IOM is currently registering an average weekly influx of 500 individuals in Renk and anticipates that 200,000 returnees may arrive in South Sudan before the end of the year. As the main entry corridor into South Sudan from Sudan, Upper Nile State will remain highly impacted during the latter part of 2012, with the worst case scenario, according to the Mass Return Contingency Plan, reaching figures of return as high as 500,000. IOM's current presence in Renk combined with its technical expertise on mobile populations makes it well placed to address the needs of the growing returnee and IDP populations.

The 2011 health data collected from IOM South Sudan's mobile and semi-static clinics in Upper Nile, Western Bahr el Ghazal and Western Equatoria States shows that the major causes of morbidity and mortality amongst IDPs and returnees who have been assisted by IOM are preventable illnesses. These include malaria, pneumonia and diarrheal diseases. For women of childbearing age, these preventable diseases contribute to the high maternal mortality rate especially in settings with high population displacement, inadequate referral systems for complicated cases such as emergency obstetrics, and a limited availability of resources. IOM estimates that 8% of female returnees aged 18-59 years arriving in Upper Nile State between October 2011 and April 2012 were pregnant or lactating. Meanwhile, South Sudan's Ministry of Health (SSMoH) has highlighted an urgent need for temporary external technical support in order to maintain and expand access to quality primary health care including health promotion and sexual and reproductive health services. Given this precarious scenario, this funding request would support the urgently required continuation of life-saving primary health care services with a particular focus on appropriate mother and child as well as sexual and reproductive health services for women and girls amongst returnee and IDP communities in Renk.

C. Project Description (For CHF Component only)

i) Purpose of the grant

Briefly describe how CHF funding will be used to support core cluster priorities

To continue with the provision of life saving primary health care services in Renk in order to avoid preventable morbidity and mortality among the target populations especially the most vulnerable (women, children, elderly and those with special needs).

ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

To reduce avoidable mortality and morbidity and to ensure the provision of Primary Health Care services to vulnerable groups (returnees, refugees, IDPs) living in Renk.

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

1. Provision of enhanced Primary Health Care services through mobile teams and semi static health facilities
2. Provision of reproductive and maternal health including pre & post natal care services
3. Provision of and support to routine and mass campaign immunizations particularly for under 5 children
4. Provision of trained human resources for the strengthening of primary health care services (priority given to female health workers)
5. Provision of essential medicines, medical supplies and equipment and logistical support
6. Capacity building for adequate health care through basic and refresher training sessions to the health facility and community outreach staff
7. Capacity building and support for village midwives to promote safe pregnancy, delivery and care for newborns

[1] To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

8. Organize health sensitization promotion on HIV/AIDS, SGBV, communicable diseases and hygiene
9. Strengthen the health referral system by building bridges between referring and receiving health facilities and by providing transportation
10. Strengthen the disease surveillance/early warning system to timely identify potential outbreaks for quick and adequate response
11. Ensure emergency prepositioning stock of essential medicines and supplies for outbreak investigation and response
12. All activities will be implemented within Renk and will particularly focus on 3 returnee transit sites.

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

1. Organize health sensitization promotion on HIV/AIDS, SGBV, communicable diseases and hygiene
2. Provision of enhanced primary health care services including treatment of co-infections (e.g. TB) and strengthening system referrals for HIV treatment and support
3. Provision of reproductive and maternal health including pre & post natal care services which may assist in the reduction of HIV transmission from mother to child

v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to have at the end of the CHF grant period.

1. Increased access to adequate primary health care services for conflict affected IDPs, returnees and vulnerable host communities with special emphasis on women, children < 5 years of age, the elderly, and persons with disabilities and special needs.
2. Increased access to reproductive health care services to women of child bearing age.
3. Increased immunization coverage through routine and mass vaccination campaigns.
4. Increased number and capacity of health workers to provide quality preventive, curative and emergency (epidemic) response to their communities.
5. Improved access to secondary health care services through referral mechanisms.
6. Maintain three functional health facilities providing BPHS 7. Increased presence of trained community health volunteers in the community conducting outreach activities 8. Increased number of trained village midwives carrying out safe pregnancy, delivery and newborn care services

List below no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators (annexed).

	Indicator	Target (indicate numbers or percentages)
1	Number of health facilities providing BPHS	At least 3 (Mina, Abayok and Payuer)
2	Number of <5 consultations (male and female)	At least 3,120 girls and 2,880 boys
3	Number of measles vaccinations given to under 5 in emergency or returnee situation	At least 3,120 girls and 2,880 boys
4	Number of antenatal clients receiving IPT2 (second dose)	At least 600 women (4% of population for 6 months)
5	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	Women 12; Men 12

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

IOM will directly implement this project. Human resources will be mainly from IOM and some secondment from the MoH. IOM has established an office in Renk and has been operating there since 2011.

vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

IOM health staff sends morbidity and evaluation reports to IOM's HQ and Juba office after each mission. This ensures a continuous evaluation throughout the project. The morbidity and evaluation reports create transparency and can be shared with donors. It will also be included in interim and final reports. Weekly surveillance reports are also sent to the WHO in Juba and the Ministry of Health in Juba in order to closely monitor outbreaks. Furthermore, the team will conduct evaluation meetings every week to discuss the needs, achievements and adjustments.

The regular evaluation reports and that will allow for adjustments when necessary will ensure that the objectives are met. Additionally, field visits from IOM's Juba office will be conducted to ensure effectiveness and quality.

E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms.

Source/donor and date (month, year)	Amount (USD)
AmeriCares, October 2012	57,000

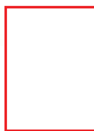
SECTION III:

LOGFRAME

CHF ref./CAP Code: SSD-12/H/51418/R/298	Project title: Enhanced Primary Health Care Services for Vulnerable Persons in Upper Nile State	Organisation: International Organization for Migration (IOM)

Overall Objective: To contribute to the provision of enhanced Primary Health Care services through mobile teams and semi static health facilities in Upper Nile State	**Indicators of progress:** • At least three semi-static clinics are providing BPHS	**How indicators will be measured:** • Clinic records / reports	
Specific Project Objective/s: At least 30,000 individuals in Renk from October 2012 to March 2013 including approximately 6,000 children under the age of 5 benefit from emergency and basic primary health care	**Indicators of progress:** • Number of self identified displaced persons and retunees utilising health services	**How indicators will be measured:** • Clinic reports and during M&E visits	**Assumptions & risks:** • Political and security situation remains calm, thus allowing free access to clinics • Little or no staff turnover • Adequate funding is received
Results - Outputs (tangible) and Outcomes (intangible): 1. Increased access to adequate primary health care services for conflict affected IDPs, returnees and vulnerable host communities including particular emphasis on women, children < 5 years of age, the elderly, and persons with disabilities and special needs 2. Increased access to reproductive health care services for women of child bearing age 3. Increased immunization coverage through routine and mass vaccination campaigns 4. Increased number and capacity of IOM health workers to provide quality preventive, curative and emergency (epidemic) response to their communities 5. Improved access to secondary health care services through referral mechanisms 6. Maintain three functional health facilities providing BPHS 7. Increased presence of trained community health volunteers in the community conducting outreach activities 8. Increased number of trained village midwives carrying out safe pregnancy, delivery and newborn care services	**Indicators of progress:** 1. At least 6,000 <5 consultations (male and female) - 3,120 girls (52%) - 2,880 boys (48%) 2. At least 12,480 women of child bearing age receive a TT vaccination and 2,496[2] benefit from ANC services including IPT 2nd dose 3. At least 6,000 measles vaccinations given to under 5 in emergency or returnee situation 4. At least 12 female and 12 male health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR 5. Between 5 to 10% of curative consultation referred to the Renk County hospital 6. 3 semi-static clinics providing BPHS 7. At least 7 male and 7 female volunteers from the community are identified and trained on health promotion outreach strategies and activities 8. At least 10 village midwives are identified and trained in MISP	**How indicators will be measured:** 1. Clinic reports, curative consultation registers and findings during monitoring and evaluation visits 2. ANC reports and registers 3. EPI reports 4. Training reports 5. Reference and contra reference reports 6. Clinics morbidty and mortality reports and direct observation during M&E visits 7. Training reports and reports on sensitization activities 8. Training reports	**Assumptions & risks:** 1. The three semi-static clinics are maintained throughout the life of the project 2. Vaccinations from the State Ministry of Health are available. 3. Vaccinations from the State Ministry of Health are available 4. Commitment of selected health workers to attend and complete training. 5a. Renk Hospital has the staff capacity and resources (medical supplies and medicines) to treat referral patients 5b. Referral patients return to the clinic with discharge papers showing they received secondary health care at the Renk County Hospital 6. Reliable fundingfor maintenance of clinics 7. Selected volunteers continue to be engaged throughout the life of the project. 8. Selected village midwives use

[2] Estimated that 20% of women of child bearing age are on average pregnant.



			the knowledge acquired and continue to be engaged throughout the life of the project.
Activities: • Engage new staff or deploy additional staff to three clinics. Conduct a refresher training for staff • Provide reliable supply of essential medicines, medical supplies and medical equipment • Provide enhanced Primary Health Care services • Provide reproductive and maternal health services • Provision of and support to routine and mass campaign immunizations particularly for under 5 children • Organize training for Community Health Promoters on health promotion outreach activities for HIV/AIDS, SGBV, communicable diseases and hygiene • Facilitate training for village midwives to promote safe pregnancy, delivery and care for newborns • Strengthen linkages between IOM clinics (referring sites) and receiving health facilities, primarily Renk County Hospital • Provide transportation to Renk County Hospital for referral patients • Strengthen the county disease surveillance/ early warning system by completing and sending weekly IDSR forms to WHO during the project period (24 EPI weeks x 3 clinics = 72 reports) • Pre-position emergency stock of essential medicines and supplies for outbreak investigation and response	**Inputs:** • Staff in place providing quality services. • Organize an internal training • Drugs are already available, need transport to Renk • Service in place • Service in place • Service in place • Select and train14 Community Health Promoters • Select and train at least 10 village midwives • Establish relationship with Renk County Hospital management to ensure proper referral • Ensure means of transportation (IOM vehicle) is available for necessary referrals • Staff are receive refresher course on how to complete the IDSR report properly and have the necessary equipment (fax, scanner, computer, internet) to send in a timely fashion • WHO and MoH to provide		**Assumptions, risks and pre-conditions:** • Requested current staff agree to accept deploymentoffer. • Vaccinations are supplied by State Ministry of Health • Renk County Hospital administration is willing to partner with IOM.There is an adequate availability of staff and drugs at the hospital to treat referral patients.

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activities	Q3/2012			Q4/2012			Q1/2013			Q2/2013			Q3/2013		
			Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Activity 1: Provision of enhanced Primary Health Care services				x	x	x	x	x	x						
Activity 2: Re-deployment of additional staff and Refresher training for those staff				x	x										
Activity 3: Provision of essential medicines, medical supplies and medical equipment				x	x	x	x	x	x						
Activity 4: Provision of reproductive and maternal health				x	x	x	x	x	x						
Activity 5: Provision of and support to routine and mass campaign immunizations particularly for under 5 children				x	x	x	x	x	x						
Activity 6: Organize health sensitization promotion on HIV/AIDS, SGBV, communicable diseases and hygiene				x	x	x	x	x	x						
Activity 7: Facilitate training for village midwives to promote safe pregnancy, delivery and care for newborns				X	X										
Activity 8: Strengthen linkages between referring and receiving health facilities and provide transportation for referral patients				x	x	x	x	x	x						
Activity 9 Strengthen the disease surveillance/early warning system to timely identify potential outbreaks for quick and adequate response				x	x	x	x	x	x						
Activity 10: Pre-position emergency stock of essential medicines and supplies for outbreak investigation and response					x										

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CHF reference code: SSD-12/H/51418/R/298
Project title: Enhanced Primary Health Care Services for Vulnerable Persons in Upper Nile State
Organization: IOM

Total Estimated Budget USD	365,000

	Items Description (Insert more budget line rows as needed)	** Cost Type D or I	Unit of measurement	Quantity	Unit Cost	Total Cost (USD)	*Other secured funding	Q4 OCT-DEC	Q1 JAN-MAR	Q2 APR-JUN	Q3 JUL-SEP	Total
1	SUPPLIES/COMMODITIES/EQUIPMENT/TRANSPORT (please itemize expendable operational inputs including asset purchases)											
1.1	Medical Supplies, drugs, etc	D	lumpsum	1	-	-	57,000					-
1.2	Drug transport Juba-Renk by charter plane	D	lumpsum	1	12,000	12,000		12,000				12,000
												-
Sub-total SUPPLIES, COMMODITIES...						12,000	57,000	12,000	-	-	-	12,000
2	PERSONNEL (provide detailed information on responsibility/title, post location and the percentage dedicated to the CHF project)											
2.1	International Migration Health Officer in Juba, 25%	I	month	6	3,000	18,000		9,000	9,000			18,000
2.2	International Migration Health Physician in Renk, 50%	D	month	6	6,000	36,000		18,000	18,000			36,000
2.3	National Medical Doctor in Renk, 100%	D	month	6	2,000	12,000		6,000	6,000			12,000
2.4	National Medical Assistants (6 for 6 months) in Renk	D	month	36	1,000	36,000		18,000	18,000			36,000
2.5	National Nurses (4 for 6 months) in Renk	D	month	24	1,300	31,200		15,600	15,600			31,200
2.6	National Midwives (2 for 6 months) in Renk	D	month	12	1,200	14,400		7,200	7,200			14,400
2.7	National Vaccinator (3 for 6 months), Nurse Assistant (2 for 6	D	month	30	1,000	30,000		15,000	15,000			30,000
2.8	Guards (4 for 6 months) in Atwok PHCU, Mina and Payuer	D	month	24	900	21,600		10,800	10,800			21,600
2.9	Cleaners (2 for 6 months) in Atwok PHCU	D	month	12	800	9,600		4,800	4,800			9,600
2.10	National Admin/Finance Assistant (1 at 50% for six months) in	I	month	6	650	3,900		1,950	1,950			3,900
2.11	National Admin+Finance Assistant (1 at 50% for six months)	D	month	6	650	3,900		1,950	1,950			3,900
2.12	National Logistics/Fleet Assistant (1 at 25% for six months) in	I	month	6	325	1,950		975	975			1,950
2.13	National Logistics Assistant (1 at 25% for six months) in Renk	D	month	6	325	1,950		975	975			1,950
2.14	Drivers (3 drivers for 6 months)	D	month	18	1,000	18,000		9,000	9,000			18,000
Sub-total PERSONNEL COSTS						238,500	-	119,250	119,250	-	-	238,500
3	STAFF TRAVEL (Flights, DSA, Perdium, Terminals - Provide detailed description of staff members title, post location ...)											
3.1	Travel for 2 International Juba staff for supervision + M&E	I	trips	4	400	1,600		800	800			1,600
3.2	DSA for 2 International Juba staff to Renk for supervision	I	Days	40	150	6,000		3,000	3,000			6,000
												-
Sub-total STAFF TRAVEL						7,600	-	3,800	3,800	-	-	7,600
4	TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS - (Describe type of training, number of participants, location, duration)											
4.1	Capacity Building Trainings (CHPs & Village Midwives)	D	lumpsum	1	6,221.58	6,222		6,222				6,222
4.2	Health Promotion Outreach Materials (CHPs & Midwives)	D	lumpsum	1	12,000	12,000		12,000				12,000
												-
Sub-total TRAINING, WORKSHOPS...						18,222	-	18,222	-	-	-	18,222
5	CONTRACTS (Specialized services for the project provided by outside contractors or partners/NGOs)											
												-
Sub-total CONTRACTS						-	-	-	-	-	-	-
6	VEHICLE OPERATING & MAINTENANCE COSTS (provide detailed information on item/activity, location)											
6.1	Mobile Medical Clinic: Vehicle Running Costs/Car rental, fuel,	D	month	6	8,000	48,000		24,000	24,000			48,000
						-						-
Sub-total VEHICLE OPERATING & MAINTENANCE COSTS						48,000	-	24,000	24,000	-	-	48,000
7	OFFICE EQUIPMENT & COMMUNICATIONS (provide detailed information on item/activity, location)											
7.1	Communications, Thuraya, Internet in Renk	D	month	6	800	4,800		2,400	2,400			4,800
7.2	Office and IT Supplies & Materials in Renk	D	month	6	400	2,400		1,200	1,200			2,400
7.3	Building Rental in Renk	D	month	6	1,000	6,000		3,000	3,000			6,000
7.4	Security & Radio Room in Renk	D	month	6	600	3,600		1,800	1,800			3,600
Sub-total OFFICE EQUIP. & COMMUNICATIONS						16,800	-	8,400	8,400	-	-	16,800
8	OTHER COSTS (e.g. bank charges) - provide itemized description of costs.											
						-						-
Sub-total OTHER COSTS						-	-	-	-	-	-	-
(A) SUBTOTAL Project Costs						341,122	57,000	185,672	155,450	-	-	341,122
(B) Programme Support costs Not to exceed 7% of Project requirements(A)		I	% PSC rate>>		7%	23,879		12,997.01	10,882	-	-	23,879
(C) AUDIT COSTS for NGO implemented projects NOT LESS THAN 1% of the Project Costs(A) and PSC(B)												
GRAND TOTAL (A+B+C)						365,000	57,000	198,669	166,332	-	-	365,000