Project Proposal

Organization	IOM (International Organization for Migration)			
Project Title	Sustaining Life-saving Primary Health Care Services and Provision of Rapid Response and Psychosocial Support for Vulnerable IDPs, Returnees and Affected Host Communities in Unity State			
Fund Code	SSD-15/HSS10/SA2/H/UN/513			
Cluster	**Primary cluster**		**Sub cluster**	
	HEALTH		None	
Project Allocation	2nd Round Standard Allocation		Allocation Category Type	
Project budget in US$	349,991.65		Planned project duration	6 months
Planned Start Date	01/08/2015		Planned End Date	31/01/2016
OPS Details	OPS Code	SSD-15/H/72864	OPS Budget	0.00
	OPS Project Ranking		OPS Gender Marker	
Project Summary	The proposed project will contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving primary and reproductive health services to vulnerable internally displaced women, girls, men and boys and conflict-affected host communities through a rapid, flexible, responsive and complementary approach. IOM aims to use a c semi-static clinics and rapid response team in Bentiu PoC to quickly respond to emerging heath needs within the emergency context .Bentiu PoC has realized an influx of over 60% increase within a period of 4months thus need to increase space to create more room for consultation, increase human resource, and increase supplies of medicine and other disposables. Population displacement exacerbates poor health outcomes in emergency settings due to a lack of access to preventive, curative and referral services, destruction of public health infrastructure, and disruption of continuity of care. Health risks such as malnutrition among children under five, limited access to adequate supplies of clean and safe water, exposure to gender based violence, preference of women to give birth at home and lack of awareness on key health education messages have contributed to make individuals, especially boys and girls under five and women, in targeted sites more vulnerable to life-threatening health risks. In the Bentiu Protection of Civilian site, where health partners are being required to scale up health services to meet the needs of the growing population and to have the capacity to respond to key disease outbreaks such as cholera and polio. IOM's two-pronged approach strengthens its in-house capacity to address disease prevention and outbreak control, as well as provide rapid surge capacity for health partners in hard to reach areas with high concentrations of IDPs in need of lifesaving health care. IOM's role implementing both emergency WASH and Health activities is a significant comparative advantage for integrating health and hygiene promotion activities. Beyond the acute emergency needs, IOM intends to integrate Tuberculosis and HIV diagnosis and treatment into our primary and reproductive health care services in Bentiu in addition to the ongoing prevention messaging through health promoters. Furthermore, IOM is commencing a community based psychosocial support programme in Bentiu, which is being funded by the Government of Italy and will include a small component for specialized counseling services.			

Direct beneficiaries		**Men**	**Women**	**Boys**	**Girls**	**Total**
	Beneficiary Summary	39552	42848	10094	10506	**103,000**
	Total beneficiaries include the following:					
	Internally Displaced People	39552	42848	10094	10506	103000

Indirect Beneficiaries		Catchment Population	
Link with the Allocation Strategy	The cluster has identified prioritized needs within the strategy which will be the focus of this project. This project responds to the first prioritized needs, which is		

ensuring provision of emergency primary health care, with key interventions including general consultations, the Expanded Programme on Immunization (EPI), management of TB/HIV by re-fill of their medication /case identification, referrals of complicated case and Integrated Management of Childhood Illnesses (IMCI), the Minimum Initial Service Package for Reproductive Health in Emergencies (MISP) and emergency obstetric care services and strengthening detection and referrals for pregnant women with risk of complications in Bentiu POC and rapid response targeted areas in Unity state, . The basic package of PHC services integrates comprehensive reproductive health services, including antenatal and postnatal care, emergency obstetric care services, Prevention of Mother to Child Transmission of HIV (PMTCT) and family planning during emergency response in the static programs. Secondly, this project aims to address the key causes of morbidity and mortality within the IDP and host communities served during the lifetime of this project. Acute watery diarrhea, respiratory tract infections, and malaria have historically been the three main morbidities and de facto mortalities. In 2014, HIV and TB related deaths were ranked as the third highest mortality among IDPs living in POC sites across the country; the highest number of TB/HIV deaths came from the Bentiu PoC. This project aims to support the combined case detection, treatment and referral of TB and HIV patients as an integral and integrated part of the existing primary and reproductive health care services provide by IOM in the Bentiu POC. While TB and HIV diagnosis and treatment is more complicated using a rapid response model, the RRT will endeavor to refer suspected cases and patients previously on treatment to the closest facility for further care. A small amount of medical supplies and commodities will be procured under this project for the key morbidities; TB and HIV drugs will be supplied through the National TB Programme and the UNDP/Unicef pipeline, respectively. This project responds to the second priority which is to rapidly respond to disease outbreaks such as cholera, measles and polio among other potential outbreak:. The semi-static clinics in Bentiu already serve as a key surveillance point and all staff is trained on detection and sample collection. As part of the scale up plan in Bentiu, IOM will ensure the enhancement of existing systems to prevent, detect and respond to disease outbreaks through continuous health education on communicable diseases (such as water-borne illnesses),This helps in early detection of diseases, which futher helps in procurement, pre-positioning of essential drugs and medical supplies. The project maximises value for money and impact by continuing to support IOM's rapid response health teams and their capacity to monitor, analyse and respond promptly to disease outbreaks within targeted areas. IOM's rapid response team for health has demonstrated over the last year an innovated ability to provide lifesaving services to populations in hard to reach locations, including direct service provision, transport of emergency drugs and supplies, and capacity building of the locally found community health workers. In the static clinic in Bentiu, activities supported by this project address the key causes of morbidity and mortality, including TB and HIV through best practice approaches such as community based, participatory initiatives like IOM's breastfeeding and mother to mother support groups. These community based initiatives allow for knowledge sharing with the community in a safe space and are more targeted than general health promotion. These groups will play a large role in the establishment of an improved patient tracing mechanism for the expanded TB/HIV programme.

Sub-Grants to Implementing Partners

Other funding Secured For the Same Project (to date)

Source	US$
CHF first round 2015. The amount awarded was 450,000. This budget is 50% spent, portion for Bentiu	449,453.71
	449,453.71

Organization focal point contact details

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BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

A year and half after the crisis, access to primary health care (PHC) services continues to be elusive for a large majority of the population. In the three most conflict affected states, 57% of the health facilities are non-functioning, making it vital to provide life-saving care through semi-static clinics in areas highly populated with vulnerable individuals and rapid response mobile clinics in hard to reach locations (Health Cluster Response Plan). The current estimates state that by the end of this year, 8 million people will be food insecure, and out of that more than 4.6 million people will need access to health care. OCHA estimates that over 166,142 (15 July OCHA) individuals remain in Protection of Civilian (PoC) sites in the United Nations Mission in South Sudan (UNMISS) bases; an estimated 100,000 in Bentiu and contingency planning figures as high as 150,000 by the end of the year. Couple the state of the health system with the rising food insecurity and continuing displacement due to violence around the country and it is evident that South Sudan is facing a major public health crisis. and violence South Sudan has among the worst global health indicators with a Maternal Mortality Rate of 2,054/100,000 live births and an Infant Mortality Rate of 102/1000 live births. Evidence shows that population displacement exacerbates poor health outcomes due to lack of access to preventive, curative and referral services, destruction of public health infrastructure, and disruption of continuity of care. Combined, these conditions make individuals and communities more vulnerable to life-threatening health risks. Overcrowded living conditions and repeated bouts of flooding inside the IDP sites combined with poor sanitation and hygiene practices and weak health seeking behavior have made women, men, boys and girls, more vulnerable to ill health. Acute watery diarrhea, pneumonia and TB/HIV related deaths claim the highest mortality among IDPs residing in the POCs overall. Recurrent outbreaks of measles and vaccine derived polio have occurred, despite efforts by health partners to conduct emergency vaccination campaigns alongside routine efforts. Furthermore, the declaration of a cholera outbreak for the second year in a row is particularly concerning considering the weak health system and limited number of partners on the ground with experience to conduct quality case management and social mobilization. Other health risks such as malnutrition among children under five, limited access to adequate supplies of clean and safe water, exposure to gender based violence, preference of women to give birth at home and lack of awareness on key health education messages have also contributed to make individuals, especially children under five and women, in targeted sites more vulnerable to life-threatening health risks. These risk factors and ongoing disease outbreaks illustrate the criticality of ensuring that life-saving services are supported and scaled up in the remaining part of 2015. Moreover, humanitarian actors anticipate that despite the start to the rainy season, that increasing numbers of persons seeking refuge will enter into the Bentiu POC in particular; further stretching the capacity of critical services. For Bentiu, the contingency plans are estimating 150,000 may enter before the end of the year. To quickly address the health needs of this

	population IOM will/is using RRT health team to deliver life-saving PHC to the population as we go through the normal process of recruitment of staff. Rapid response team will help in immediate response (within 72hrs) deployment of staff to support in management of health needs i.e outbreaks, influx and prevention of mortalities and morbidities.
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	In the three most conflict affected states, 57% of the health facilities are non-functioning, making it vital to provide life-saving care through semi-static clinics in areas highly populated with vulnerable individuals and rapid response mobile clinics in hard to reach locations (Health Cluster Response Plan). The current estimates state that by the end of this year, 8 million people will be food insecure, and out of that more than 4.6 million people will need access to health care. OCHA estimates that over 166,142 (15 July OCHA) individuals remain in Protection of Civilian (PoC) sites in the United Nations Mission in South Sudan (UNMISS) bases; an estimated 100,000 in Bentiu and contingency planning figures as high as 150,000 by the end of the year. Couple the state of the health system with the rising food insecurity and continuing displacement due to violence around the country and it is evident that South Sudan is facing a major public health crisis. and violence South Sudan has among the worst global health indicators with a Maternal Mortality Rate of 2,054/100,000 live births and an Infant Mortality Rate of 102/1000 live births. Evidence shows that population displacement exacerbates poor health outcomes due to lack of access to preventive, curative and referral services, destruction of public health infrastructure, and disruption of continuity of care.
3. Description Of Beneficiaries	This project proposal will focus on crisis affected populations, including both IDPs and vulnerable host communities. Within these target populations, IOM will focus on ensuring access to services for the women, men, boys and girls along with the most vulnerable among these groups such as the youth, elderly, persons with disabilities and pregnant and lactating women. These direct beneficiaries will be reached through our semi-static clinics and our rapid response teams support in expanding human resource.. The breakdown is as follows: Internally Displaced Persons in the Bentiu POC, Unity state, total estimated figure = 103,000 (Figure is from most recent MSF-H headcount in Bentiu. It should be noted that IOM's Displacement Tracking Matrix's Biometric and T-reg figure is substantially lower at 87,000 people; 20% children under five) Female, Under 5 (10,506) Male, Under 5 (10,094) Female, Over 5 (42,848) Male, Over 5 (39,552) in line with health cluster strategy in responding to vulnerable group IOM will maintain its commitment to engaging with affected individuals and communities at all phases of the programme cycle through the use of focus group discussions with women, men and youth on issues concerning their health. The use of IOM's breastfeeding groups and youth activities in health promotion and comprehensive PMTCT programming is one example of how IOM engages the community in a sustainable and accountable manner to determine context and culturally appropriate need-based responses.
4. Grant Request Justification.	Since January 2014, IOM has been providing lifesaving PHC and referral services and comprehensive reproductive health care including the Minimum Initial Service Package, antenatal and postnatal, emergency obstetric and normal deliveries, Prevention of Mother to Child Transmission of HIV (PMTCT) and family planning, immunizations, as well as health education in Upper Nile and Unity States. IOM has a proven record as a timely and responsive operational partner. Since the start of the crisis, IOM has conducted more than 197,408 consultations in all five clinics overall (data through Week 48), 86% of which were for internally displaced persons. In Bentiu, IOM has conducted more than 40,600 consultations for men, women, girls and boys; 11,721 consultations have taken place over the last 8 weeks. To meet expanding needs in key areas this grant will support the recruitment of four more clinical officers, nurses and enrolled midwives for the static clinic operations. This grant will assist in scaling up community outreach programme which will begin integrating TB and PMTCT patient follow-up. IOM provides PMTCT for pregnant mothers, but currently there is no partner providing ARTs after a mother finishes with PMTCT and many mothers have been lost to follow-up. This grant will assist in providing the human resources necessary to trace mothers inside of the POC and provide a once a week ART clinic to ensure Option B+ is maintained. Through community mobilization efforts, IOM has seen demand for antenatal care services increase by 80%. While this number is small in comparison to the need, IOM's ability to provide mothers with quality emergency and non-emergency obstetric care has and continues to build trust. The number of IOM facility based deliveries continues to rise above the 250 the past 6 months. This grant will contribute to the prevention, diagnosis and treatment of HIV and TB among IDPs. Data from WHO in 2014 stated that TB/HIV was the third highest cause of mortality in Bentiu POC. IOM has been preparing for the integration of TB and HIV into primary and reproductive health services and conducted a feasibility assessment that concluded that expansion of services is possible and required. IOM facilitated trainings on HIV Counseling and Testing in Bentiu earlier this year in collaboration with partners on the UN Joint Team on HIV and AIDS. The project aims to contribute to the prevention and response of waterborne diseases using direct services and health education/promotion. IOM's advantage and value are its role as a strong partner for both the Health and WASH clusters. Beyond the acute emergency phase, this project will provide a health facility for mainstreaming mental health and psychosocial support into ongoing PHC services. MHPSS activities will be funded by the Italian Government, this will allow for the integration of no-cost activities that benefit the health, protection, nutrition, and WASH sectors in Bentiu as a whole through the training of humanitarian workers in supportive communication and Psychological First Aid (PFA), basic MHPSS needs and responses in emergency and post emergency situations. This project integrates the use of IOM's Rapid Response Health Teams for outbreak prevention, control, response and case management at OPD. Due to increasing pressure in the health facilities managed by other actors IOM will be in position to scale up and support other actors through Rapid response team to reduce workload seen by other actors for a while as they recruit more staff . In the last year, IOM's RRTs reached more than 170,000 beneficiaries through 12 missions. Services provided included the provision of lifesaving primary and reproductive health care, emergency medicines and supplies, amongst others. IOM's team played a critical role in supporting the cholera response through the vaccination of >70,000 people in the Bentiu POC and surge support to the Juba Teaching Hospital for case management.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	This project has been coordinated with the health cluster to ensure that there is no duplication of activities. It also uses current staffing and expertise that has ben developed over the emergency phase. The project will also be based in locations that are already served by IOM staff.
LOGICAL FRAMEWORK	
Overall project objective	To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving, rapid response primary and reproductive health care services to vulnerable IDPs and conflict-affected host communities.

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	60
2015 SSO 2: Enhance existing systems to prevent, detect and respond to disease outbreaks	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	30
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	5
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement	5

Outcome 1	Avoidable mortality remains under emergency threshold among target populations	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Mobile and semi-static health facilities are maintained ensuring provision of emergency Basic Primary Health and quality emergency obstetric care through Reproductive Health Services.	

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	5273	5713			10986
	Means of Verification:	Clinic Registrar and Weekly Morbidity Reports					
Indicator 1.1.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			1345	1401	2746
	Means of Verification:	Clinic Registrar and Weekly Morbidity Reports					
Indicator 1.1.3	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					274
	Means of Verification:	ANC registrar					

Activities

Activity 1.1.1	Provision of enhanced emergency primary health care services through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men.
Activity 1.1.2	Provision of emergency obstetric care through reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post natal care services.

Output 1.2	Routine (EPI) and mass campaign, particularly for boys and girls under five and women of childbearing age, is provided and supported.	

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target

			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] # of children under 5 who have received measles vaccinations in emergency or returnee situation			1143	1191	2334
	Means of Verification:	EPI registrar and Weekly EPI reports					

Activities

Activity 1.2.1	Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.

Output 1.3	The capacity of health care workers and community members to prevent, detect and respond to disease outbreaks like communicable diseases, particularly waterborne diseases, measles and meningitis, CMR is enhanced.	

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	HEALTH	[Frontline services] # of health personnel trained in community-based Mental Health and Psycho-social support in IDP settings	15	5			20
	Means of Verification:	Training Attendance records					
Indicator 1.3.2	HEALTH	Number of Integrated Disease Surveillance Reports submitted					26
	Means of Verification:	health Reports and Cluster briefings					
Indicator 1.3.3	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	21	13			34
	Means of Verification:						

Activities

Activity 1.3.1	Strengthen emergency preparedness and capacity of health workers to prevent, detect and respond to disease outbreaks through integrated on the job basic and refresher trainings on communicable disease management, particularly waterborne diseases, measles and meningitis, and Clinical Management of Rape (CMR) and MISP (priority for female health workers due to preference of antenatal care patients to be treated by a female health worker);
Activity 1.3.2	Provide on the job training to primary health care workers on supportive communication and PFA, basic MHPSS needs and responses in emergency and post emergency situations, identification of common mental disorders as part of IOMs commitment to mainstream mental health and psychosocial support issues into basic primary health care services.
Activity 1.3.3	Conduct on the job basic and refresher trainings on communicable disease management, perticularly waterborne diseases, as well as clinical management of Rape (CMR) and MISP (prioriy for female health workers due to preference of antenatal care patients to be treated by a female health worker) in order to strengthen the capacity of health workers to prevent, detect and respond to disease outbreaks.
Activity 1.3.4	Participate in the disease surveillance/early warning system to identify potential outbreaks for quick and adequate response
Activity 1.3.5	Regular Reporting to donors, agency, and cluster, as required.

Output 1.4	HIV positive pregnant women receive PMTCT care and treatment	Assuming that women test positive for HIV and that they want treatment. Also assuming that treatment is available. Risks are that women may have developed aids and are not responsive to medication, and risks of stock outs.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.4.1	HEALTH	[Frontline services] Number of HIV-positive pregnant women provided PMTCT		20			20
	Means of Verification:	Attendance records.					

Activities

Activity 1.4.1	Train staff on provision of PMTCT care and services

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.3.1 Strengthen emergency preparedness and capacity of health workers to prevent, detect and respond to disease outbreaks through integrated on the job basic and refresher trainings on communicable disease management, particularly waterborne diseases, measles and meningitis, and Clinical Management of Rape (CMR) and MISP (priority for female health workers due to preference of antenatal care patients to be treated by a female health worker);	2015								X	X	X	X	X
	2016	X											
Activity 1.3.2 Provide on the job training to primary health care workers on supportive communication and PFA, basic MHPSS needs and responses in emergency and post emergency situations, identification of common mental disorders as part of IOMs commitment to mainstream mental health and psychosocial support issues into basic primary health care services.	2015								X	X	X	X	X
	2016	X											
Activity 1.4.1 Train staff on provision of PMTCT care and services	2015								X	X	X	X	X
	2016	X											
Activity 1.2.1 Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.	2015								X	X	X	X	X
	2016	X											
Activity 1.1.1 Provision of enhanced emergency primary health care services through mobile and semi static health facilities focused on ensuring access for women, girls, boys and men.	2015								X	X	X	X	X
	2016	X											
Activity 1.1.2 Provision of emergency obstetric care through reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post natal care services.	2015								X	X	X	X	X
	2016	X											
Activity 1.3.3 Conduct on the job basic and refresher trainings on communicable disease management, perticularly waterborne diseases, as well as clinical management of Rape (CMR) and MISP (prioriy for female health workers due to preference of antenatal care patients to be treated by a female health worker) in order to strengthen the capacity of health workers to prevent, detect and respond to disease outbreaks.	2015								X	X	X	X	X
	2016	X											

M & R DETAILS

Monitoring & Reporting Plan: Describe how you will monitor the

IOM health staff is required to send weekly and monthly reports to IOM Juba giving statistics on the number of consultations conducted, types and scope of morbidities and vaccinations as well as details on health promotion activities. This consistent flow of information from the field allows project managers to closely

implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .	monitor morbidity trends and outbreaks, as well as individual project activities and how they are contributing to the achievement of the project's expected results and overall objective. Weekly monitoring reports aggregated into monthly, quarterly and mid-year reports coupled with quarterly site visits allow managers to evaluate short, medium and long-term project progress and to address any challenges in a timely manner. Based on the WHO Health Cluster Morbidity report and the Infectious Disease Surveillance Reporting form, IOM developed an excel sheet in late 2012 to capture all data and which allows for easy sharing with relevant partners such as the WHO, the Ministry of Health at all level, county coordinating mechanism lead agencies and donors. It is expected that this same data collection tool will be used in 2015. IOM reports weekly to the cluster using IDSR reports, morbidity and mortality reports and reproductive reports. The reporting timeline to the CHF through the health cluster will be organised by the cluster. IOMs independent reporting to CHF will be organised through their own reporting and feedback mechanisms. Furthermore, the health teams hold on-site evaluation meetings every week to discuss the needs, achievements and any adjustments at the field level. Additionally, at least one field visit from IOM Juba will be conducted during the implementation of this three month project to ensure all staff are aware of reporting requirements, tools and procedures.
OTHER INFORMATION	
Accountability to Affected Populations	In line with health cluster strategy, IOM will maintain its commitment to engaging with affected communities at all phases of the program cycle through focus group discussions with women, men and youth on issues concerning their health. The use of IOM's breastfeeding groups and youth activities in health promotion is one example of how IOM engages the community in a sustainable and accountable manner to determine appropriate needs -based responses. IOM's M and E framework ensures that each project implemented is carried out effectively and continually reviewed in line with community needs and humanitarian frameworks.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	All components of this project will be carried out by IOM staff through IOM procedures. Successful implementation in terms of management, coordination, and finance will be overseen by an experienced project manager. Project finances will be coordinated by the project manager and overseen by IOM's resource management unit. Financial oversight will be monitored at regional level also to ensure that accountability and effective use of resources, in line with project contracts, is maintained. Project coordination will be overseen by the project manager, in partnership with IOM South Sudan's Programme Support Unit. The programme support unit assist with project administration, technical oversight, and project M+E. Reporting lines and distribution of labor will be overseen by the resource management unit, and the project manager will be charged with direct supervision. To maximize efficiency, this project will be carried out in consultation with the South Sudan Health Cluster. This will ensure solid impact, avoid duplication, and promote sustainability where possible.
Coordination with other Organizations in project area	
Environmental Marker Code	A+: Neutral Impact on environment with mitigation or enhancement
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	All IOM project activities from proposal design, assessments, implementation and monitoring of activities aim to mainstream gender sensitivities. For instance, during project design the health vulnerabilities for men, women, boys and girls are identified and analyzed in terms of how the project can appropriately and adequately address each set of needs. For implementation, the gender breakdown of the staff hired by IOM is also considered as an important component of gender mainstreaming. IOM aims to have at least 50% of our clinical staff be female. Furthermore, gender disaggregation is critical in IOM's standard operating procedures for best practice of collection and analysis of beneficiary health data.
Protection Mainstreaming	This project will cater to the latest lifesaving needs, in line with the aims and objectives of the Health Cluster. This CHF supported intervention is consistent with the basic humanitarian principles of humanity, neutrality, and impartiality. The project will support the delivery of current essential lifesaving services to continue protecting the lives of the most vulnerable groups in the escalating conflict in South Sudan, particularly women, and children in the emergency situation. This project operates with the understanding that activities will take into account equity principles that promote the protection of women and girls. This health project also take into consideration cross-cutting issues, and at all stages of the project cycle, health practitioners work with experts from CCCM, and WASH, amongst others, to ensure that programming is effective, targeted and making the most of key resources and staff for the benefit of IDPs. This multi-sector approach is only possible due to the emphasis IOM places on working directly with partners to ensure effective communications. This reduces overlap and duplication and provides the most of resources where needed the most.
Safety and Security	Violent conflict remains a concern for project implementation in South Sudan, including fighting between non-state actors and SPLA as well as inter-communal violence. These factors present a constant threat to the security of staff, particularly in staff heavy projects such as emergency health responses. To mitigate these risks, IOM is a member of the UN Department of Safety and Security (UNDSS) which includes local field structures as well as tailored protocols for South Sudan, and oversight at the country level by the Security Management Team. IOM is a permanent member of the SMT which provides recommendations and consultation on security policy and criteria in coordination with the designated security representative of the SRSG, and the UN in New York. Furthermore, staff in the field undergo a series of security trainings and are properly equipped with personal protective equipment and communication devices. While our operations require staff to often enter into insecure areas, IOM does its best to ensure that all staff have the proper knowledge, training and equipment to ensure their safety. Lastly, IOM follows UNDSS protocols for including security clearance and convoy travel for vehicles.
Access	Humanitarian access is currently possible to all areas targeted by this project. In order to address sporadic incidents of insecurity, a comprehensive and flexible security strategy is in place and provides for a tailored response to insecure conditions.

BUDGET

1 **Staff and Other Personnel Costs** *(please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
1.1	Migration health Officer	D	1	9000	4	95.00%	34,200.00	0.00	0.00	0.00	
	Int officer for project oversight										
1.2	RRT Health Operations Coordinator	D	2	9000	4	95.00%	68,400.00	0.00	0.00	0.00	
	2 X operations officers for project implementation oversight in Bentiu/Juba. With Travel.										
1.3	RRT Health Officer	D	2	8000	4	100.00%	64,000.00	0.00	0.00	0.00	
	2 X int health officers for direct implementation										
1.4	Clinical Officers (RRT and bentiu Scale Up)	D	3	2300	4	100.00%	27,600.00	0.00	0.00	0.00	
	3 X Bentiu clinical officers										
1.5	Nurse (RRT and Bentiu Scale-Up)	D	3	1500	4	100.00%	18,000.00	0.00	0.00	0.00	
	3 X national Nurses for direct activities										
1.6	Midwife (RRT and bentiu Scale-Up)	D	2	1500	4	100.00%	12,000.00	0.00	0.00	0.00	
	2 X national midwives for direct activities										
1.7	Community Health Promoters/DOTS Outreach Workers	D	10	350	4	100.00%	14,000.00	0.00	0.00	0.00	
1.8	International Support Costs	S	6	14000	4	4.00%	13,440.00	0.00	0.00	0.00	
	International staff will support the project: admin/resources/M and E etc. This project will only be charged 4% of the total costs associated with these staff.										
1.9	National Support Costs	s	10	2300	4	4.00%	3,680.00	0.00	0.00	0.00	
	national staff will support the project: admin/resources/M and E etc. This project will only be charged 4% of the total costs associated with these staff.										
	Section Total						255,320.00	0.00	0.00	0.00	0.00

2 **Supplies, Commodities, Materials** *(please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
2.1	Transportation and Storage of Medicines and Medical Commodities	D	1	15000	1	100.00%	15,000.00	0.00	0.00	0.00	
	costs related to transportation, local storage, and maintenance of necessary medicines and medical commodities directly related to this project.										
	Section Total						15,000.00	0.00	0.00	0.00	0.00

3 **Equipment** *(please itemize costs of non-consumables to be purchased under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	

	Section Total					0.00		0	0	0	0.00

4 **Contractual Services** *(please list works and services to be contracted under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
	Section Total						0.00	0	0	0	0.00

5 **Travel** *(please itemize travel costs of staff, consultants and other personnel for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
5.1	Ticket	D	15	400	1	100.00%	6,000.00	0.00	0.00	0.00	
	15 X return trips for staff going back and forth from Bentiu. Return trips charged at 400 USD										
5.2	DSA	D	150	91	1	100.00%	13,650.00	0.00	0.00	0.00	
	150 days of DSA over the project duration charged @ 91 USD. Various staff associated with the project will go to Bentiu for trainings, monitoring, guidance etc.										
	Section Total						19,650.00	0.00	0.00	0.00	0.00

6 **Transfers and Grants to Counterparts** *(please list transfers and sub-grants to project implementing partners)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
	Section Total						0.00	0	0	0	0.00

7 **General Operating and Other Direct Costs** *(please include general operating expenses and other direct costs for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
7.1	Clinic Field Operations	D	1	12000	4	30.00%	14,400.00	0.00	0.00	0.00	
	fuel for generators, cleaning supplies (disinfectants), maintenence of clinic structures and equipment, medical waste management equipment to plastic tables and chairs for consultations										
7.2	G1: Office Rent & common cost	D	1	110000	4	1.70%	7,480.00	0.00	0.00	0.00	
	Office rent and water/electricity/cleaning/garbage/maintenance etc.										
7.3	G2: Security & Shared Radio Room Costs	D	1	112500	4	1.61%	7,245.00	0.00	0.00	0.00	
	Project being charged 1.61% of the overall security contract costs, and also of the UN Radio room costs.										
7.4	G3: Vehicle running costs	s	1	200000	4	1.00%	8,000.00	0.00	0.00	0.00	
	Vehicle runnig costs include fuel, repairs, maintenence, insurances. This project is being charged 1% of the overall yearly sum for vehicle running costs over this project duration										
	Section Total						37,125.00	0.00	0.00	0.00	0.00

Sub Total Direct Cost	327,095.00

Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	
PSC Amount	22,896.65

Quarterly Budget Details for PSC Amount

2015		2016	Total
Q3	Q4	Q1	
0.00	0.00	0.00	0.00

Total Fund Project Cost	349,991.65

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Unity -> Rubkona	100					0	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS