OCHA
Coordination Saves Lives

Project Proposal

Requesting Organization :	International Rescue Committee
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Emergency Health Intervention for Disaster Affected Populations in Panyijiar County
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-17/H/103944	**Fund Project Code :**	SSD-17/HSS10/SA1/H/INGO/5117
Cluster :	Health	**Project Budget in US$:**	142,993.90
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	03/04/2017	**Planned End Date :**	02/10/2017
Actual Start Date:	03/04/2017	**Actual End Date:**	02/10/2017

Project Summary :

The recently declared famine in Parts of Unity state, frequent movement of Internally Displaced Populations (IDPs) as a result of insecurity, and on-going cholera outbreak, has worsened the pre-existing humanitarian situation in Panyijar County. Many of the IDPs live on several islands within the county with little or no access to healthcare, safe water, nutritional services or sanitation. The aim of this project is to expand access to primary healthcare services and strengthen epidemic preparedness and response capacity in Panyijar county. The project will target IDPs that have settled in Nyal and Ganyliel, as well as those on transit to the two payams. To achieve this, the IRC will strengthen its existing presence at the Nyal and Ganyliel Primary Health Care Centers (PHCCs) in Panyijar, to ensure that the facilities are able to deliver a comprehensive package of primary healthcare services. The IRC will recruit and train additional health staff and ensure essential medical supplies are prepositioned and supplied. In addition, the IRC will provide training and mentorship to staff on priority disease surveillance, outbreak preparedness and response, and ensure the continuation of the cholera treatment centre at Ganyliel PHCC.. To complement the approach outlined in this proposal, the IRC pending approval of funding, will deploy integrated health, nutrition, and protection teams to meet the needs of vulnerable populations living in hard to reach areas.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
4,479	6,792	1,488	1,488	14,247

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	2,688	4,031	893	893	8,505
Internally Displaced People	1,791	2,761	595	595	5,742

Indirect Beneficiaries :

The beneficiaries for this project will be the Internally displaced populations in Nyal and Ganyliel and the host populations in the two locations. It is not expected that there will be significant numbers of indirect beneficiaries.

Catchment Population:

The catchment population will be the Host communities and Internally displaced persons residing in Nyal and Ganyliel

Link with allocation strategy :

The IRC will strengthen and expand health services and rapid response modalities to ensure the provision of lifesaving primary healthcare services at the Nyal and Ganyliel Primary Health Care Centers (PHCCs) including Integrated Management of Childhood Illness (IMCI), Basic Emergency Obstetric and Neonatal Care (BeMONC) including the clinical management of Sexual and Gender Based Violence (SGBV). Priority will be given to addressing malaria, Diarrhea, Pneumonia and SAM with complications.

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
Health Pooled Fund	874,229.00
Sign of Hope	220,000.00
	1,094,229.00

Organization focal point :

Name	Title	Email	Phone
Rosalind Montanez	Grants Coordinator	Rosalind.Montanez@rescue.org	+211-920-55-0007
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BACKGROUND

1. Humanitarian context analysis

Panyijar County is located to the south of the former Unity State, bordered by Mayendit and Leer counties. Panyijar currently has a total population of 201,379 (WFP, 2016) comprising both host community and IDPs. Greater Ganyliel has 99,379 host community members and 22,000 IDPs, while greater Nyal has 51,000 host community members and 29,000 IDPs. The majority of IDPs are from Leer, Mayendit and Lakes, with numbers continuing to increase as a result of either insecurity or the recently declared famine. IDPs live on several islands within the county with little or no access to health care, safe water, nutritional services and sanitation.

Continuous and emergent crises occasioned by insecurity in parts of Unity have contributed to increased morbidity and mortality rates among children under-five and women, affecting both IDPs and the host population. The recently declared famine, coupled with the ongoing cholera outbreak, and limited access to health services, has placed Panyijar County at the center of a humanitarian crisis. Due to a lack of functional health facilities in some of the IDP hosting locations within the county, there is poor access to lifesaving primary health care services including basic emergency obstetric and neonatal care, and the clinical management of SGBV.

Existing functional health facilities face multiple challenges to meet the increasing demand for health services including a lack of essential equipment, drugs and supplies, inadequate numbers and capacity of health staff, and poor WASH infrastructure. The government's capacity to respond to health care needs is limited, thus there is a need for partners to scale up and strengthen support for health facilities to provide lifesaving primary healthcare and reduce morbidity and mortality. As a result of the on-going cholera outbreak, and vulnerability of Panyijar to other outbreaks of diseases, there is a need to strengthen disease surveillance systems at the community and health facility level

2. Needs assessment

The delivery of primary healthcare servicers in Panyinjar currently comprises of 2 PHCCs, 1 CEmONC, and 5 PHCUs, managed by 1 medical doctor, 2 clinical officers, 3 registered nurses and 2 midwives, whom serve a population of 201,379. Given the increasing movement of IDPs into Panyinjar, there is an urgent need to streghten current service provision through increasing the number of staff, building staff capacity, and ensuring the required equipment and supplies are in place to meet the groing demand for primary healthcare services. A cholera outbreak has been ongoing for the past 6 months and to manage the outbreak staff, IPC and medical supplies were deployed to responds both at the community level and at the CTC established within the Ganyliel PHCC. Funding for this emergency response ended on the 28th of February 2017 leading to a marked scaling down of services provided. Given the on-going cholera outbreak and risk of increases in cases associated with the rainy season, there is a need to ensure the CTC remains operational.

3. Description Of Beneficiaries

Panyijar county is largely populated by women and children, the majority of men have fled to the POCs for security reasons, some have been killed and others have been recruited as soldiers. Many of the women among the IDPs have had to travel long distances on foot from other counties with their dependents to reach safety in Panyijar. For several days, they must rely on wild fruit and roots of water Lilly for food. This puts them at risk of starvation and for the children it is a leading cause of acute malnutrition. Additionally, during their travels several of them have been accosted and sexually violated leaving them with psycho-trauma, unwanted pregnancies and venereal diseases including HIV. They Are the sole bread winners of their families and they have limited options for economic gain, hence full reliance on humanitarian aid for basic needs for themselves and their dependents.

The majority of IDPs have taken occupancy on the islands around the county and while there is a general lack of sanitation facilities in the whole county, it is worse on the islands because of even less resources and accessibility to the main land. Furthermore, some of the IDPs are not yet registered and as such do not benefit from distributions unless they have relatives or friends to share with them. While the sharing of resources is a viable option for their survival, it introduces the problem of scarcity because distributions are usually done based on household size for a given period of time. This has been a contributing factor to the deteriorating level of malnutrition witnessed in the county.

4. Grant Request Justification

The IRC has implemented Health and Nutrition programs in Panyijar for the last 25 years. In Nyal and Ganyliel, it is the only agency currently implementing Health, Nutrition and ICCM programs. The IRC currently runs 2 PHCCs, 1 operating theatre, a reproductive health/GBV care unit, 4 PHCUs, 2 mobile teams and supports 368 community health workers delivering ICCM.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To save lives and alleviate suffering for vulnerable populations in Panyijar County by increasing access to lifesaving primary healthcare services and strengthening epidemic preparedness and response capacity.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve access to essential health care for conflict-affected and vulnerable populations.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	100

Contribution to Cluster/Sector Objectives : The IRC will strengthen and expand health services and rapid response modalities to ensure:
1)The provision of lifesaving primary healthcare services including Integrated Management of Childhood Illness (IMCI), Basic Emergency Obstetric and Neonatal Care (BeMONC) including the clinical management of Sexual and Gender Based Violence (SGBV). Priority will be given to addressing malaria, Diarrhea, Pneumonia and SAM with complications.
2) Intensify surveillance, focusing on Community Surveillance by Community Health Workers.

Outcome 1

Improving access to Health Services for the Disaster affected Population in Panyinjar

Output 1.1

Description

1. Provision of lifesaving primary healthcare services

Assumptions & Risks

• Continued support from WHO, UNICEF and UNFPA to provide RH and IHEK kits
• Transport is available to transport supplies to the PHCCs
• Security remains stable during the implementation period

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	4,479	6,792	1,488	1,488	14,247
Means of Verification : Medical registers							
Indicator 1.1.2	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					356
Means of Verification : Medical registers							

Activities

Activity 1.1.1

Recruit 12 additional healthcare staff for Nyal and Ganyliel PHCC to ensure 24 hour provision of essential primary healthcare services.

Activity 1.1.2

Train staff on BEMONC, IMCI, and epidemic preparedness and outbreak control

Activity 1.1.3

Provision of essential medical equipment and supplies

Output 1.2

Description

Strengthened epidemic preparedness, surveillance and outbreak control

Assumptions & Risks

• Community acceptance of disease surveillance and reponse measures to enable prompt detection and referral of cases
• On-going support from WHO to provide supplies for the cholera treatment centre
•Insecurity does not undermine disease surveillance and outbreak control

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	HEALTH	Cholera case fatality rate in supported CTC					2
Means of Verification : Cholera treatment centre registers							
Indicator 1.2.2	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	50	50			100
Means of Verification : Training attendance sheets							

Activities

Activity 1.2.1

Management of a functioning cholera treatment centre at Ganyliel PHCC. This activity will include payment of staff salaries and provision of refresher training on cholera management. A total of 19 staff will be supported to enable the CTC to operate 24 hrs per day.

Output 1.3

Description

Support prepositioning supplies for SAM treatments for medical complicated cases as a result of famine

Assumptions & Risks

•Required supplies are in-stock and available
•Transport is available to transport supplies to the SCs
•Security is available on site to safeguard supplies

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			298	298	596
Means of Verification : Patient registers							
Indicator 1.3.2	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	15	15			30
Means of Verification : Staff training attendance sheets							

Activities

Activity 1.3.1

Support prepositioning of nutrition supplies to enable the provision of quality medical management for all children with SAM admitted into the SC in Nyal and Ganyliel

Additional Targets : Outcome: Improving access to Health Services for the Disaster affected Population in Panyinjar

Outputs
1. Provision of lifesaving primary healthcare services
2Standard Indicators
1. # outpatient consultations in conflict and other vulnerable states
2. # deliveries attended by skilled birth attendants
3. # children 6 to 59 months receiving measles vaccinations in emergency or returnee situation
4. # children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers
5. # health workers trained on safe deliveries
6. # people reached by health education /promotion
7. # staff trained on disease surveillance and outbreak response
8. # staffs trained on CMR

2. Output: Functioning cholera treatment centre at Ganyliel PHCC

Indicators
1. Number of patient admitted to CTC
2. Case fatality of admitted patients

M & R

Monitoring & Reporting plan

The reports will be compiled weekly using the MoH weekly data collection tools and submitted along with IRC's own reporting and recording tools. These will be shared with the IRC technical coordinators and they will include implementation and financial status, challenges encountered and mitigation measures taken and lessons learnt. All this will be used for future programming. To ensure quality of services, regular site visits will be conducted. The IRC will report data to the MoH for supporting epidemic surveillance, health planning and program management. Integrated Disease Surveillance Report (IDSR) data will be compiled weekly and submitted to the relevant stakeholders (MoH, WHO, UNICEF and UNFPA). Data on morbidity (i.e. maternal and child) and immunization will be compiled on a monthly basis and will be submitted to the State Ministry of Health (SMoH). The IRC will carry out close monitoring and supportive supervision of program activities to ensure that services are in line with national and standard treatment protocols, quality standards are upheld and the skills and concepts covered during on-job training and mentorship are being correctly applied. The IRC will use its supervision checklist during monitoring visits and will use them for recommending corrective measures after due analysis. The IRC will submit a detailed progress report to CHF on the implementation, every three months and a month after the end of the project. Ad hoc reports may be produced on request by CHF. Through the health cluster, the IRC will submit weekly IDSR, morbidity, EPI and RH reports as well. In order to strengthen accountability between the IRC and communities served, the IRC will hold monthly meetings with community leaders, County Health Department (CHD), and representatives from the local authorities. These meetings will serve as forums to provide updates on project progress, as well as receive feedback from communities. Action points from these meetings will be tracked in order to monitor accountability.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Recruit 12 additional healthcare staff for Nyal and Ganyliel PHCC to ensure 24 hour provision of essential primary healthcare services.	2017				X	X							
Activity 1.1.2: Train staff on BEMONC, IMCI, and epidemic preparedness and outbreak control	2017				X	X							
Activity 1.1.3: Provision of essential medical equipment and supplies	2017				X	X							
Activity 1.2.1: Management of a functioning cholera treatment centre at Ganyliel PHCC. This activity will include payment of staff salaries and provision of refresher training on cholera management. A total of 19 staff will be supported to enable the CTC to operate 24 hrs per day.	2017				X	X	X	X	X	X	X		
Activity 1.3.1: Support prepositioning of nutrition supplies to enable the provision of quality medical management for all children with SAM admitted into the SC in Nyal and Ganyliel	2017				X	X	X	X	X	X	X		

OTHER INFO

Accountability to Affected Populations

During the life of the project the IRC will ensure the presence of a functioning community feedback mechanism from communities being served both at the facilities level and community level.

Implementation Plan

Through this project the IRC will contribute to reducing avoidable morbidities and mortalities among vulnerable populations in Panyinjar through provision of life saving comprehensive primary health care services including:

1. Strengthening of the provision of primary health services at the Nyal PHCC: this facility is co-funded other donors. IRC will also have mobile teams providing health services to populations in areas that are difficult to reach and referring complicated case to the PHCC in Nyal. The Static Health facilities will continue to operate with funding from HPF. The PHCC will provide:
• Treatment of minor ailments (including communicable diseases) and response to outbreaks along with screening and first line treatment for non-communicable diseases.
• Providing Reproductive Health Care including Ante-Natal Care, BEmOC, Post-Natal Care, Family Planning services with focus on long term FP services, Post Abortion Care services (PAC) using Manual Vacuum Aspiration (MVA) method, Sexually Transmitted Infection treatments through syndromic management, Clinical Care of Sexual Assault Survivors (CCSAS) through integration of gender-based violence (GBV) response services into primary healthcare and sensitizing communities on reporting and availability of these services.
• Provision of routine immunization services
• Basic medical supplies and equipment provision

2. Ensuring provision of services at the CTC in Ganyliel. IRC will also provide training on epidemic prone disease control to staff at the PHCCs in Ganyliel and Nyal.
• Management isolated patients at the CTC.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The needs of Women, Girls, Boys and Men have been placed at the center of this program. There will be specific gender response activities (already being implemented by the IRC in other health programs in Panyijar) as part of the protection mainstreaming. Gender mainstreaming will be part of the implementation of the program, monitoring and evaluation

Protection Mainstreaming

The IRC will ensure that during service provision at all levels, including service provision at the facilities (consultations, pharmacy, laboratory services, reproductive health services, waiting areas) and service provision at communities (house-to-house visits, community gatherings and referrals from communities to facilities) will not expose beneficiaries to further risk.

Country Specific Information

Safety and Security

The IRC South Sudan Senior Management Team participates in reviews of the operating environment and security situations, and have developed detailed contingency plans laying out options for three scenarios (improvement, no change, or deterioration). Field-based staffs provide both formal and informal reporting to IRC Juba and the organization’s Security Management Team (SMT). Where possible, the IRC works with beneficiaries themselves, who provide support, and may help to ensure continued operations in the case of deteriorating security situation. To protect its staff and donor-funded assets and resources, IRC engages in fundamental security activities, including the following:
 Employing security experts who participate in UN and INGO security meetings and develop up-to-date security plans and protocols
 Maintaining a Security Management Team (SMT) in Juba and Area Security Management Team (ASMT) at the field level
 Conducting regular training for staff on risk mitigation

Access

The IRC has been operating in Panyinjar for the last 21 years and therefore has a strong working relationships with the authorities and other partners The IRC also works closely with other humanitarian actors at Juba and local level to ensure programming is complementary, avoids duplication and responds to the needs of affected populations, ensuring community participation and ownership of interventions.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Staffing - Expat staff Health programme	D	1	2,428.93	6	100.00	14,573.58
	1 staff budgeted at 16% and 5 at 2% level of effort all with 27.75% level of effort, R$R at $765, hardship at $ 500, homeleave at $ 1500 and COLA @ $ 833						
1.2	Staffing- Expat staff support	D	1	1,348.24	6	100.00	8,089.44
	*4 main office expat support staff budgeted at 2% level of effort with 27.75% benefits, R&R at $ 765 * 2%,one homeleave of $ 1500*5% , hardship allowance at 4*500*2%*						
1.3	Staffing - National staff health programme	D	1	9,602.64	6	100.00	57,615.84
	12 national programme staff Ganyiel budgeted at 100% with 23% benefit for NSSI and gratuity and medical at $ 75,						
1.4	Staffing - National staff support	D	1	1,476.01	6	100.00	8,856.06
	21 Ganyliel based staff budgeted at 3% level of effort, and 35 Juba based budgeted at 2% level of effort support; all with 23% benefit for NSSI and gratuity and medical at $ 75						
	Section Total						**89,134.92**
Supplies, Commodities, Materials							
2.1	Medical Equipment	D	1	5,000.00	1	100.00	5,000.00
	Procurement of medical equipment for primary health care centers in Nyal and Ganyiel						
2.2	Medical Supplies and Drugs	D	1	10,000.00	1	100.00	10,000.00
	Procurement of medical supplies for primary health care centers in Nyal and Ganyiel						
2.3	Capacity building of staff on integrated Health, Nutrition and WASH interventions	D	50	25.00	1	100.00	1,250.00
	Training of staff on integrated health,nutrition and WASH interventions in emergencies in Nyal and Ganyiel						
2.4	Training of PHCU /PHCC staff on BEmONC	D	30	100.00	1	100.00	3,000.00
	Training of staff on basic emergency obstetric and neo-natal care at primary health care unit and primary health care center level in Nyal and Ganyiel						
2.5	Training of PHCU /PHCC staff on Emergency Preparedness and Response	D	30	50.00	1	100.00	1,500.00

	Training of staff on emergency preparedness for malaria, cholera, and measles in Nyal and Ganyiel							
2.6	Stationery	D	2	1,500 .00	1	100.00	3,000.00
	Procurement of stationary for use at the health facilities in Nyal and Ganyiel						
	Section Total						**23,750.00**
Travel							
5.1	Domestic Travel / air travel	D	1	1,160 .25	6	100.00	6,961.50
	Airfare, accomodation, and air travel for aweil east, Juba, Ganyiel and Nyal field travels budgeted at $ 6,961 for 6 months combined. Rate is at $ 500 per travel, 16 per diem and 120 accomodation						
	Section Total						**6,961.50**
General Operating and Other Direct Costs							
7.1	Running Expenses Juba Office	S	1	1,601 .17	6	100.00	9,607.02
	*Running costs for Juba main office(Rent, Internet, security services, vehicle costs, communication, insurance, bank charges, legal fees, teambuildin, generator costs and postage) budgeted for 6 months at 1,601.17 *6 @ 2%*						
7.2	Running Expenses Field Office	S	1	697.6 2	6	100.00	4,185.72
	*Running costs for field office(Rent, Internet, security services, vehicle costs, communication, insurance, bank charges, legal fees, teambuilding, generator costs and postage) budgeted for 6 months at 3% Ganyiel @ 697.62*6*						
	Section Total						**13,792.74**
SubTotal			121.00				**133,639.16**
Direct							119,846.42
Support							13,792.74
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							9,354.74
Total Cost							**142,993.90**

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 -> Panyijiar	100	4,479	6,792	1,488	1,488	14,24 7	

Documents

Category Name	Document Description
Budget Documents	CHF Health- Staff breakdown details.xlsx