OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	International Organization for Migration
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Provision of life-saving primary health care services through semi-static and mobile clinics in Renk County, Upper Nile as well as flexible rapid response teams for deployment across the country to provide services for vulnerable IDPs, returnees and affected host communities
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-16/H/88892	**Fund Project Code :**	SSD-16/HSS10/SA2/H/UN/3570
Cluster :	Health	**Project Budget in US$:**	510,000.01
Planned project duration :	6 months	**Priority:**	1
Planned Start Date :	01/09/2016	**Planned End Date :**	28/02/2017
Actual Start Date:	01/09/2016	**Actual End Date:**	28/02/2017

Project Summary :

This project will provide life-saving emergency PHC and RH through IOM static and mobile clinics, and RRT capacity. The first geographical area covered by the project is Renk County, Upper Nile, including IOM's three mobile clinics in Abayok, Payuer and Wonthou, while the second component will support IOM's RRT to deploy to the highest priority areas of the country, to be determined by the Inter Cluster Working Group (ICWG), health cluster and Rapid Response Mechanism (RRM) working group.

The project also aims to increase vaccination coverage, which has been identified as one of worst performing health indicators in the country, with immunization coverage of about 33%, and less than 15% in conflict affected states. In line with IOM's strategy for 2016 of providing comprehensive PHC, static clinics and the RRT will actively focus on improving access to routine vaccines among the population, outbreak prevention and response, while also providing preventive and curative health services, including nutritional screening.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
29,784	31,527	13,809	16,258	91,378

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	29,774	31,517	13,809	16,258	91,358
Trainers, Promoters, Caretakers, committee members, etc.	10	10	0	0	20

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

To contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving primary health care services, TB and HIV diagnosis and treatment, as well as strengthening access to mental health and psychosocial support services (PSS) for vulnerable IDPs, returnees and conflict-affected host communities, through semi-static and mobile services, as well as rapid response mechanisms.

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
OFDA (covers RRT but not Renk)	5,420,529.00
Government of Japan (covers RRT and a small portion allocated to Renk)	2,000,000.00
CERF (only covers Malakal post February attack	251,115.00
CHF Wau (does not cover RRT or Renk)	125,000.00
	7,796,644.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

South Sudan exhibits some of the worst global health indicators with a maternal mortality rate of 2,054/100,000 live births and an under five mortality rate of 104/1000 live births (WHO 2015). 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. This is exhibited clearly in that two years after the crisis, access to primary health care (PHC) services continues to be difficult for a large majority of the population. In the three most conflict affected areas including Unity, Upper Nile and Jonglei, 56% of health facilities are non-functioning (South Sudan Humanitarian response Plan 2006).

Since the original conflict erupted in December 2013, IOM has been providing lifesaving and critical interventions to internally displaced persons, refugees and host communities across the country. The country is characterized by constant population mobility due to insecurity, seasonality including a long rainy season resulting in reduced access due to weak infrastructure (mainly roads), as well as culturally and historically pastoralist movements for grazing of livestock (HRP 2016). By February 2016, more than 1.64 million people were sheltering in IDP sites, rural areas and within host communities, including over 200,000 in PoC sites at UNMISS bases (IOM DTM 2016). Conflict was re-ignited in July 2016 creating additional displacement and insecurity for South Sudanese populations. It is estimated that there are 1.69 Million IDPs affected by conflict in South Sudan and over 1,000,000 individuals displaced into neighboring countries (OCHA Humanitarian Bulletin Issue #12, August 2016)..

Protracted displacement affects the lives and livelihoods of the displaced and host communities. Many households have lost their homes and assets in conflict and as a result of the prolonged insecurity. The displaced populations contend with increasing insecurity, and host communities have a reduced capacity to survive as they have to share scarce resources with the displaced. The variations of population movement remain unpredictable, however what is documented is that most health risks are caused by food insecurity, limited or poor hygiene and sanitation practices including access to safe drinking water, preference of women to give birth at home, seasonal disease outbreaks, and chronic exposure to violence have made women, men, boys and girls, in many areas of the country.

For these aforementioned reasons, the health care system in South Sudan is required to be flexible and innovative in order to provide access to health care for the population. IOM does this through provision of primary health care (PHC) and reproductive health (RH) through both semi-static and mobile clinics and rapid response teams (RRT) across South Sudan.

2. Needs assessment

Since January 2014, IOM has been providing lifesaving PHC and referral services and comprehensive reproductive health care including the Minimum Initial Service Package (MISP), antenatal and postnatal as well as emergency obstetric and normal deliveries, Prevention of Mother to Child Transmission of HIV (PMTCT) and family planning, mass and routine immunizations, nutritional screening, as well as health education in Upper Nile and Unity States. Overall, IOM has conducted more than 330,000 consultations across all six clinics 89% of which were for internally displaced persons (data from2015/2016)

In 2015, Malakal, IOM has conducted more than 47,000 consultations for men, women, girls and boys; and vaccinated more than 60,000 children under five through routine and mass vaccination. IOM has a strong reproductive health programme, and was the first organization to begin providing PMTCT for pregnant mothers. Moreover, in 2015 IOM conduct an about 1760 facility-based deliveries , in the presence of a skilled midwife. Furthermore, IOM is one of two agencies responding to an estimated 45,000 IDPs in Renk County, providing lifesaving basic services through three semi-static clinics located in Abayok, Payuer and Wonthou communities.

The project also aims to increase vaccination coverage, which has been identified as one of worst performing health indicators in the country, with immunization coverage of about 33%, and less than 15% in conflict affected states. In line with IOM's strategy for 2016 of providing comprehensive PHC, static clinics and the RRT will actively focus on improving access to routine vaccines among the population, outbreak response and prevention, while also providing preventive and curative health services.
Furthermore, IOM will contribute to the prevention and response of waterborne diseases in the target area using a two-fold approach focusing on direct services and health education/promotion. Closely linked with environmental management, waterborne diseases are best prevented through community-wide mechanisms of good hygiene practices, access to adequate sanitation facilities and clean water. IOM's comparative advantage lies in its role as a strong partner for both the Health and WASH clusters, particularly through IOM's designation as WASH Cluster lead for Upper Nile State.

Population estimations in Renk County vary greatly, IOM uses an estimated IDP population of 22,784 (IOM DTM 2016), 54,365 host community (2009 census divided in half and similar to reports in Medair's most recent SMART survey) for a total catchment population of 77,151. These numbers have been validated by the County Health Department; however, all stakeholders agree that an accurate population estimation remains unknown in the wake of constant population movements. IOM is one of only two agencies responding Renk County, providing lifesaving basic services through three semi-static clinics located in Abayok, Payuer and Wonthou communities. In 2015 in Renk County, IOM conducted more than 57,000 consultations and immunized more than 36,500 children under five through routine vaccination. Furthermore, in 2015 Renk started undertaking facility-based deliveries. In 2016 in the first half of the year, IOM undertook 29,033 health consultations, vaccinated 4,472 children, and facilitated 261 facility based births. Currently there are no HIV or TB services in Renk County.

In the first half of the 2016 IOM's RRT conducted 11 RRT missions to Bentiu PoC (measles Campaign and LLIN distribution) and Bentiu Hospital (mobile clinic), Unity; Malakal PoC (measles campaign and surge support post February attack) and Renk County (LLIN distribution) Upper Nile; Weichdeng, Jonglei (mobile clinic); Aweil West (measles campaign), NBeG; Yirol East and West, Lakes (measles campaign); Wau town, WBeG (four mobile clinics); and UNMISS Tongping transit site in Juba (mobile cl

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.

In line with health cluster strategy, 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 is one example of how IOM engages the community in a sustainable and accountable manner to determine context and culturally appropriate need-based responses.

Consultations for health beneficiaries are calculated as follows:

Renk (population figures and health consultations)
- IDPs: 22,787 (IOM DTM 2016) – 100% of the IDP population = 22,787
- Host Community: 54,365 (Census data, discussions with stakeholders, and comparison with Medair's recent SMART survey) - 60% of the Host Community population = 32,619
- Total Population: 77,152
- Estimated health consultation/year per person = 0.4 (77,152*0.4=30,860)
- ***Total health consultations: 15,430 direct beneficiaries (6 months)****

RRT (broken down by consultation numbers only, as population of Counties/Payams where RRT to be deployed is unknown)
- Two RRT missions, duration of 6 weeks (average based on 2015/16 IOM trends)
- 126 consultations/day, 6 days/week = 4,543 consultations/mission
- ***Total consultations: 9,085 consultations/direct beneficiaries (2 RRT missions)***

MASS Vaccinations - 2 Mass Vaccination Campaigns, approximate population of 60,000 each, total population 120,000

Total beneficiaries calculated for this project include:
Births attended: 508
Outpatient consultations: 24,515
Staff trained on disease surveillance: 20
Health education and promotion: 42,000
measles vaccinations in emergency situations: 24,335
Total: 91,378 direct beneficiaries.

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 (MISP), antenatal and postnatal as well as emergency obstetric and normal deliveries, Prevention of Mother to Child Transmission of HIV (PMTCT) and family planning, mass and routine immunizations, nutritional screening, as well as health education in Upper Nile and Unity. In the first half of 2016, IOM provided 140,000 health consultations, vaccinated more than 150,000 children with the routine schedule of immunizations and measles through static clinics and mass vaccination efforts, and provided health education to more than 150,000 beneficiaries.

This project will provide life-saving PHC and RH through IOM static and mobile clinics, and RRT capacity. The project also aims to increase vaccination coverage, which has been identified as one of worst performing health indicators in the country, with immunization coverage of about 33%, and less than 15% in conflict affected states.

IOM will contribute to the prevention and response of waterborne diseases in the target area using a two-fold approach focusing on direct services and health education/promotion. Closely linked with environmental management, waterborne diseases are best prevented through community-wide mechanisms of good hygiene practices, access to adequate sanitation facilities and clean water.
Finally, this project aims to contribute to the prevention, diagnosis and treatment of HIV and TB among IDPs. Renk currently has no HIV or TB services, and no data is available, but stakeholders agree this urgent gap needs to be immediately filled. IOM plans to commence prevention of mother to child transmission of HIV (PMTCT) in Renk County. HIV/TB is the leading cause of mortality in the PoC sites in 2016 (WHO EWARS), and trends in the poC are a relfection of the health status outside the PoC. These figures represent the critical need for emergency health partners to advocate for the support of community based DOTs. IOM also hopes to secure funding to refurbish the TB laboratory at Renk County hospital and to support TB diagnosis using an integrated community based approach with community health workers, integrated within the new Boma Health Initiative (to be rolled out by the MoH and partners) and the DFID HARISS.
Note, no HIV, TB, or MHPSS costs are included within the project budget, these are cross cutting activities across all of IOM's clinics, but no cost will be covered by this CHF project.

5. Complementarity

IOM's strategy for provision of lifesaving support to vulnerable populations in need is exemplified through it's flexible model of health operations. Through a combination of static and mobile clinics and the rapid response mechanism, IOM is able to shift resources and staffing as needed, to respond to the changing needs of the population. In the 2016 rapid response team model, staff will be based within the PoC sites, providing services in between rapid response team missions, rather than based in Juba, waiting to be deployed. This shift in the deployment aspects of the rapid response team will lead to greater efficiency. Also, IOM offers the basic minimum PHC package in addition to nutritional screening and referrals, ANC, PNC and deliveries, and TB/HIV services. Furthermore, complementarity is seen through collaboration with health cluster partners to ensure coverage, and avoid duplication of services. In Malakal, IOM collaborated with IMC and MSF to ensure coverage across the sectors. Finally, as already mentioned, IOM's has a distinct advantage in its role as a strong partner for both the Health and WASH clusters, through IOM's strong presence as a health partners in both Malakal and Bentiu POC sites and as IOM's designation as WASH Cluster lead for Upper Nile State.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction of avoidable mortality and morbidity through the provision of life-savingPHC services, TB and HIV diagnosis and treatment, as well as strengthening access to mental health and psychosocial support services (PSS) for vulnerable IDPs, returnees and conflict-affected host communities, through semi-static and mobile services, as well as rapid response mechanisms.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	75
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	25

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

Outcome 1

Avoidable mortality remains under emergency threshold among target populations

Output 1.1

Description

Mobile and semi-static health facilities are maintained ensuring provision of basic primary health and quality emergency obstetric care including reproductive health services.

Assumptions & Risks

Assuming IDPs remain within Renk County over the duration of the project, and that the operating environment remains conducive (e.g. safe) for IOM to continue to provide services through its clinics. Assuming RRT missions can be deployed and that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Risks and security and increased conflict over the dry season.

Activities

Activity 1.1.1

Provision of basic primary health care services through mobile and semi static health facilities (general clinical and trauma care, management of communicable and non-communicable diseases)

Activity 1.1.2

Provision of sexual and reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post-natal care.

Activity 1.1.3

Routine monitoring of service provision and reporting in EWARS

Activity 1.1.4

Regular reporting of activities to Cluster and CHF as required.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	HEALTH	Frontline # of births attended by skilled birth attendants in conflict-affected and other vulnerable states		508			508
Means of Verification : IOM records							
Indicator 1.1.2	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	9,204	9,579	1,885	3,847	24,515
Means of Verification : IOM Records							

Output 1.2

Description

Emergency health care is provided including health needs assessments; life-saving assistance; provision of drugs and medical supplies; routine and mass vaccinations; capacity building on management of communicable diseases.

Assumptions & Risks

Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Also assuming that Rapid Response teams are mobile, able to respond across country when needed. Risks are security and increased conflict over the dry season.

Activities

Activity 1.2.1

Provision of health needs assessments as part of a rapid, multi-sector response to include reproductive health care including referral services; logistical support and medical supplies.

Activity 1.2.2

Regular data collection and reporting of emergency health activities

Activity 1.2.3

Refresher trainings on epidemic prone diseases; support disease early warning response mechanisms

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	HEALTH	Frontline # of staff trained on disease surveillance and outbreak response	10	10			20
Means of Verification : IOM Records							
Indicator 1.2.2	HEALTH	Frontline # of people reached by health education and promotion before and during outbreaks	20,580	21,420	0	0	42,000
Means of Verification : IOM Records							

Outcome 2

Increase in Vaccination coverage across conflict affected states

Output 2.1

Description

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

Assumptions & Risks

Assuming that activities are able to be completed without hindrance or security affecting staff or implementation. Assuming that logistics are able to deliver without blockages. Also assuming that vaccines are deliverable in a cold chain and that they are functioning and high degree of efficacy. Risks are security and increased conflict over the dry season.

Activities

Activity 2.1.1

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

Activity 2.1.2

Collating and reporting data from rapid response missions, including health consultations, EPI vaccinations, morbidities, RH provision and EPI vaccinations

Activity 2.1.3

Regular monitoring and reporting on project, as needed

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			11,924	12,411	24,335

Means of Verification : # of kits delivered to the field

Additional Targets :

M & R

Monitoring & Reporting plan

IOM health staff are 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 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 2016. 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 two field visits from IOM Juba will be conducted during the implementation of this six month project to ensure all staff are aware of reporting requirements, tools and procedures.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of basic primary health care services through mobile and semi static health facilities (general clinical and trauma care, management of communicable and non-communicable diseases)	2016									X	X	X	X
	2017	X	X										
Activity 1.1.2: Provision of sexual and reproductive health services, including MISP, Emergency Obstetric and Newborn Care (EmONC), family planning and pre/post-natal care.	2016									X	X	X	X
	2017	X	X										
Activity 1.1.3: Routine monitoring of service provision and reporting in EWARS	2016									X	X	X	X
	2017	X	X										
Activity 1.1.4: Regular reporting of activities to Cluster and CHF as required.	2016									X	X	X	X
	2017	X	X										
Activity 1.2.1: Provision of health needs assessments as part of a rapid, multi-sector response to include reproductive health care including referral services; logistical support and medical supplies.	2016									X	X	X	X
	2017	X	X										
Activity 1.2.2: Regular data collection and reporting of emergency health activities	2016									X	X	X	X
	2017	X	X										
Activity 1.2.3: Refresher trainings on epidemic prone diseases; support disease early warning response mechanisms	2016									X	X	X	X
	2017	X	X										
Activity 2.1.1: Provision of and support to routine and mass campaign immunizations, particularly for boys and girls under five.	2016									X	X	X	X
	2017	X	X										
Activity 2.1.2: Collating and reporting data from rapid response missions, including health consultations, EPI vaccinations, morbidities, RH provision and EPI vaccinations	2016									X	X	X	X
	2017	X	X										
Activity 2.1.3: Regular monitoring and reporting on project, as needed	2016									X	X	X	X
	2017	X	X										

OTHER INFO

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 programme 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&E framework ensures that each project implemented is carried out effectively and continually reviewed in line with community needs and humanitarian frameworks.

Implementation Plan

The project will be managed by IOM's Migration Health Unit (MHU) based in Juba, with close oversight by the IOM head of Sub-Office in Malakal. The project will be implemented directly by a team of qualified medical assistants, nurses, and midwives, in collaboration with traditional birth attendants from the community. The rapid response teams will be pulled for missions from existing staff stationed within the static clinics, operating in the POC. As already mentioned, this is a new model to be rolled in 2016, to maximize staff time between rapid response missions. Lessons learnt from 2014-15 show that in the time to plan the rapid response missions, staff could be providing services. The project will be monitored by IOM's Health Programme Manager, and Programme Support Officer based in Juba.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health Cluster	Project Coordination and Strategy

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Interventions have taken into account the specific needs of women and young girls. Specific health interventions will target the needs of women and men, girls and boys. Women and girls will be targeted with vaccinations to improve life outcomes and expectant and lactating mothers will be prioritised for awareness and education sessions. Women and girls are at high risk of gender based violence (GBV) and sexualized gender based violence (SGBV). Our health care professionals are trained on case detection and clinical management of rape (CMR) and will respond to the health needs of these patients as they are referred. Careful attention will be made to recruit and staff with gender balance so that SGBV cases can be treated by male or female staff, depending on the comfort of the patient. With regards to monitoring, data collected will be disaggregated by gender in order to assess the impact of the activities on both genders.

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.

Country Specific Information

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

IOM will work within the structures of the Health Cluster, Inter- Cluster Working Group, and Operational Working Group to ensure safety of staff and beneficiaries, while aiming to respond quickly.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health Programme Support Officer/M&E	D	1	12,000.00	6	30.00	21,600.00
	International staff P1 x 1. Field Project monitoring						
1.2	Migration Health Officer - RRT	D	1	11,000.00	6	50.00	33,000.00

	International staff P2 x1 RRT Roving						
1.3	Health Officer - Renk	D	2	11,000.00	6	50.00	66,000.00
	2X International staff P1. Renk based						
1.4	Senior Medical Assistant	D	2	2,300.00	6	50.00	13,800.00
	National staff G5 x 2. Renk and RRT roving.						
1.5	Clinical Officer	D	8	2,000.00	6	50.00	48,000.00
	National staff G4 x 8. Renk and RRT roving.						
1.6	Nurse	D	8	1,800.00	6	50.00	43,200.00
	National staff G3 x 8. Renk and RRT roving.						
1.7	Midwife	D	6	1,800.00	6	50.00	32,400.00
	National staff G3 x 6. Renk and RRT roving.						
1.8	Vaccinator	D	8	598.00	6	50.00	14,352.00
	Daily rates, field based.						
1.9	Health Promoter	D	30	286.00	6	50.00	25,740.00
	Daily rates, field based.						
1.10	Registrar/Crowd Controller	D	6	416.00	6	50.00	7,488.00
	Daily rates, field based.						
1.11	Guard	D	4	600.00	6	50.00	7,200.00
	Daily rates, field based.						
1.12	Traditional Birth Attendants	D	4	546.00	6	50.00	6,552.00
	Daily rates, field based.						
1.13	Cleaner/Water Carrier	D	4	416.00	6	50.00	4,992.00
	Daily pay rates, based in field locations.						
1.14	International Support Costs (Finance, Admin, HR, PSU, Logistics and Procurement, IT, Security)	S	4	16,000.00	6	5.00	19,200.00
	Field support staff that assist with various aspects of the project. This project will only charge 5% of the overall collective cost						
1.15	National Support Costs (Finance, Admin, HR, PSU, Logistics and Procurement, IT, Security, Drivers)	S	9	2,300.00	6	5.00	6,210.00
	Field support staff that assist with various aspects of the project. This project will only charge 5% of the overall collective cost						
	Section Total						**349,734.00**
Supplies, Commodities, Materials							
2.1	Medicines and Medical Commodities	D	1	10,000.00	1	100.00	10,000.00
	Medicines and supplies costs are calculated based average monthly consumption (ACM) reports from clinics. This included medicines as well as medical supplies including syringes, gauze, cotton wool, gloves, etc.						
2.2	Transportation and Storage of Medicines and Medical Commodities	D	1	12,000.00	2	75.00	18,000.00
	2 x lump sums for necessary medical supplies. Cost includes freight, storage and distribution costs. Transportation costs estimated using cargo flight costs from IOM vendors from 2015 to Renk (RRT + RRT)						
	Section Total						**28,000.00**
Travel							
5.1	M&E Travel	D	1	400.00	1	100.00	400.00

	Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs - 1 return flight. Each return is 400 USD per trip.						
5.2	M&E DSA	D	1	91.00	5	100.00	455.00
	Domestic - estimated number of trips based on previous experience and projected estimates. Based on IOM standard costs - 91USD for estimated 5 days of DSA.						
5.3	RRT Travel	D	16	500.00	1	100.00	8,000.00
	Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs. Each return is 400 USD per trip.						
5.4	RRT DSA	D	1	91.00	416	100.00	37,856.00
	Domestic - estimated number of trips based on previous experience and projected estimates. Based on IOM standard costs - 91USD pppd						
	Section Total						**46,711.00**
General Operating and Other Direct Costs							
7.1	Mobile and Semi-static Clinic Operations - Renk/month	D	1	2,500.00	6	75.00	11,250.00
	Clinic costs estimated based on average monthly expenditure over 2015, monthly costs include repair of infrastructure (e.g. tents, fencing supplies) and supplies as needed (solar lights, buckets, beds, linens, etc.)						
7.2	RRT Field Operations	D	3	2,000.00	1	100.00	6,000.00
	Cost per mission - includes on the ground logistical support for missions.						
7.3	Office Rent, Maintenance, Utilities and Other Common Costs	S	1	125,000.00	6	1.20	9,000.00
	Shared costs are directly linked to the project implementation, based on a well-justified, reasonable and fair allocation system. Rent, cleaning, water, electricity. Project only charged 1% of entire costs for mission.						
7.4	Communication Costs	D	1	80,000.00	6	1.20	5,760.00
	Standard communication costs supplies for use by project staff. This project only charged 1% of yearly cost.						
7.5	Vehicle Running Costs	S	1	110,000.00	6	1.20	7,920.00
	Costs include fuel, repair and maintenance and other vehicle related costs, project charged 2% of entire mission's yearly cost						
7.6	Security & Shared Radio Room Costs	S	1	145,000.00	6	1.20	10,440.00
	Security contract costs and common radio costs project charged 2% of entire costs for mission of yearly cost.						
7.7	Other Office Costs	D	1	25,285.00	6	1.20	1,820.52
	Costs include bank charges, office supplies and materials and other office costs not covered by other budget lines, project charged 1.5% of entire mission's yearly costs						
	Section Total						**52,190.52**
SubTotal			127.00				**476,635.52**
Direct							423,865.52
Support							52,770.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							33,364.49
Total Cost							**510,000.01**
Grand Total CHF Cost							**510,000.01**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Eastern Equatoria	5	1,489	1,575	690	813	4,567	
Jonglei	10	2,978	3,151	1,381	1,626	9,136	
Lakes	10	2,978	3,151	1,381	1,626	9,136	
Northern Bahr el Ghazal	10	2,978	3,151	1,381	1,626	9,136	
Unity	20	5,956	6,322	2,762	3,252	18,292	
Upper Nile	20	5,956	6,302	2,762	3,252	18,272	
Warrap	5	1,489	1,575	690	813	4,567	
Western Bahr el Ghazal	10	3,151	2,978	1,381	1,626	9,136	
Central Equatoria	10	3,151	2,978	1,381	1,626	9,136	

Documents

Category Name	Document Description