

<b>Requesting Organization :</b>	Relief International			
<b>Allocation Type :</b>	1st Round Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
HEALTH		100.00		
		<b>100</b>		
<b>Project Title :</b>	Emergency Health Assistance for Greater Longechuk County			
<b>Allocation Type Category :</b>	Frontline services			
<b>OPS Details</b>				
<b>Project Code :</b>	SSD-17/H/103410	<b>Fund Project Code :</b>	SSD-17/HSS10/SA1/H/INGO/5174	
<b>Cluster :</b>	Health	<b>Project Budget in US\$ :</b>	144,000.00	
<b>Planned project duration :</b>	6 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/04/2017	<b>Planned End Date :</b>	30/09/2017	
<b>Actual Start Date:</b>	01/04/2017	<b>Actual End Date:</b>	30/09/2017	
<b>Project Summary :</b>	<p>Humanitarian needs in South Sudan remain acute and continue to be driven by conflict, displacement, economic decline, restricted market access, and disease. As of December 2016, 1.9 million people were internally displaced and an estimated 1.3 million South Sudanese had fled to neighboring countries as refugees. After over three years of conflict, South Sudan is now facing a chronic nutrition and health crisis, with one out of every three children under the age of five malnourished. In Longechuk, the humanitarian situation has been further aggravated by the indefinite suspension of the World Bank-funded Rapid Results Health Program (RRHP), which supported 186 primary health care facilities in Upper Nile State and provided health care to an estimated catchment population of over 3.1 million people.</p> <p>There is a clear and immediate need for humanitarian health interventions in Longechuk Counties. Since June 2016, access to health and nutrition services in both counties has been extremely restricted. CHF funding will therefore be used to address the gap in health services and improve, and expand RI's health interventions in all remote villages of Longechuk.</p> <p>Specifically, RI will strengthen health facilities to provide Integrated Management of Childhood Illness (IMCI) services; Basic Emergency Obstetric and Newborn Care services (BEmONC); and basic childhood immunizations (EPI) at selected facilities. The interventions will also include providing health services via outreach and mobile clinics to the hard to reach communities. Finally, RI will strengthen its partnerships with UNFPA and UNICEF to ensure the timely procurement and distribution of essential reproductive health and EPI supplies, as well as the functionality and continuation of essential cold chains. RI also plans to strengthen the capacity of health care providers at all supported facilities. This will be achieved through the training of facility staff on IMCI and BEmONC guidelines, as well as EPI guidelines and coverage protocols. Finally, RI will treat SAM with complications in an estimated 431 cases.</p> <p>To support communicable disease prevention and control, RI will also raise community awareness and boost immunization coverage through regular vaccination campaigns and promotion of improved hygiene practices. Moreover, RI will engage in case finding, treatment and health awareness raising for the prevention of common infectious diseases (e.g. cholera, meningitis, malaria, and other notable diseases).</p> <p>Longechuk County is currently only being served by Relief International and the CHD for health services. Additionally due to the cessation of IMA funding, there are currently twelve healthcare facilities which are not receiving funding from any actor including PHCCs, PHCUs, and only one PHCC+. RI is receiving nutrition funding for Mathiang OTP and SC, Malual OTP, Udier SC, Jangok OTP, Jongith OTP, and Belwang, however health services are not funded at these sites. Services are very limited and insufficient.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
153	1,577	2,208	2,412	6,350

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	20	100	177	213	510
Children under 5	0	0	1,800	1,950	3,750
Pregnant and Lactating Women	0	700	0	0	700
People in Host Communities	133	777	231	249	1,390

**Indirect Beneficiaries :****Catchment Population:****Link with allocation strategy :**

RI's proposed program will promote early action and respond to reduce loss of life by addressing the health needs of refugees, returnees, IDPs, and host community members Longechuk.

The funds requested for CHF programming will be essential to expand and improve on-going basic health and EPR activities. In addition, RI's proposed activities have been designed to ensure they strongly support CHF objectives and health cluster priorities for South Sudan in 2017. Specifically, RI will support:

(1) Increased access to basic, life-saving services through the procurement and distribution of basic medical supplies, and the provision of PHC services

(2) Improved disease surveillance and monitoring in order to significantly contribute to the sector/cluster priority of controlling the spread of communicable diseases and responding to disease outbreaks.

CHF support will enable RI to fully contribute to the priorities of the cluster in the year ahead and will ensure RI's life-saving health programming can continue, improve and expand into the underserved and hard-to-reach payams of Longechuk.

RI's proposed program will respond to and address the complex needs of returnees, IDPs, and host community members in Longechuk County. RI has not yet secured health funding after the ending of IMA funding in June 2016, resulting in a huge gap in healthcare and disruption of services funding in both counties. In addition, RI's proposed activities have been designed to ensure they strongly support CHF objectives and health cluster priorities for South Sudan in 2017. Specifically, RI will support: (1) increased access to basic, life-saving services through the procurement and distribution of basic medical supplies, and the provision of PHC services (2) improved disease surveillance and monitoring in order to significantly contribute to the sector/cluster priority of controlling the spread of communicable diseases and responding to disease outbreaks and (3) improved access to IMCI and BEmONC services through trainings for Health care providers and TBAs, and the procurement and distribution of emergency obstetric drugs and kits. (4) Expand immunization coverage by expanding the vaccines cold chain. CHF support will enable RI to fully contribute to the priorities of the cluster in the year ahead and will ensure RI's life-saving health programming can continue, improve and expand into the underserved and hard-to-reach Payams of Longechuk.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Ricardo Vieitez	Country Director	ricardo.vieitez@ri.org	+211921493088
Emily Johnson	Grants Coordinator	emily.johnson@ri.org	+211956775984
Lamiaa Nagib	Health and Nutrition Officer	lamiaa.nagib@ri.org	+211925654930
Meredith Maynard	Communications and Reporting Officer	meredith.maynard@ri.org	+211925654930

**BACKGROUND****1. Humanitarian context analysis**

The purpose of this project is to save lives and to contribute to the reduction of morbidity and mortality. RI's program is aligned with the CHF 2017 first allocation objectives and is designed to save lives and to contribute to the reduction of morbidity and mortality.

Targeted payams in Longechuk include: Mathiang, Jongjith, Warweng, Jangok and Wetber. Since June 2016, Longechuk has been affected by the closure/suspension of IMA funding, which supported a total of 10 facilities Longechuk.

The proposed area of Longechuk is extremely underserved. UNICEF's partnership unit has reported that nutrition and health referral systems have collapsed in neighboring counties to Longechuk, which has forced caretakers of malnourished children to now seek treatment across the South Sudan border in Ethiopia. Longechuk has also been significantly impacted by the suspension of World Bank-funded RRHP. Humanitarian assistance was already limited due to access constraints and insecurity. With the humanitarian needs projected to increase throughout 2017, there is an urgent need to reinitiate basic, life-saving health and nutrition services, increase access to humanitarian services, and improve access to clean water sources to reduce the eminent risk of disease outbreak.

The current situation in Longechuk County demands an immediate and coordinated response in order to address the urgent health needs of vulnerable groups, particularly children under five, pregnant and lactating women (PLW) and the elderly. The project will address these immediate needs through reactivating outpatient Maternal and Child Health services (MCH) by building the capacity of PHCU and PHCC staff, who are very crucial in life saving interventions. Special focus will be on boosting the coverage of measles and polio vaccination through outreach activities and regular cyclic vaccination campaigns. RI's strong presence in Longechuk and its understanding of the local context and operating environment will play a pivotal role in the delivery of quality emergency health services in the proposed areas of intervention. The Project will be facilitated through participation of the user community with high women engagement at all levels of project cycle and special attention will be given for skill transfer as women are the core player in family pillar.

New and emerging needs: Despite RI's achievements, the prevalence of malnutrition still remains above emergency levels in Longechuk and many counties within Upper Nile. RI's SMART survey conducted in Longechuk in June 2016 revealed there has been a sharp deterioration in the nutrition situation over the last year and global acute malnutrition (GAM) rates have increased by 48 percent (from 18.9 percent in June 2015 to 27.9 in June 2016). The nutrition situation is further aggravated by poor vaccination coverage, a lack of health services due to the suspension of the World Bank-funded RRHP in Upper Nile State, and poor hygiene and sanitation practices. All of these factors increase the risk of disease outbreak and a large-scale epidemic.

## **2. Needs assessment**

Longechuk County continues to serve as an important transit area in the greater Upper Nile region. Due to its proximity to the frontline and the Ethiopia border, Longechuk supports over 10,000 internally displaced persons (IDPs) from neighboring counties in Upper Nile as well as a growing number of returnees from Gambella, Ethiopia. Despite its importance to the displaced and returnee population, humanitarian access remains limited and inconsistent due to seasonal flooding, insecurity, and poor road networks. Following the outbreak of conflict in December 2013, many agencies were forced to close programming and evacuate staff as a result of insecurity.

Throughout 2015 and 2016, RI conducted several needs assessments in Longechuk, including a qualitative morbidity, mortality, and infant and young child feeding (IYCF) assessment (March 2016) and a pre-harvest rapid SMART survey (June 2015).

RI's SMART survey revealed that GAM prevalence has increased by nearly 150 percent from 18.9 percent in June 2015 to 27.9 in June 2016. SAM prevalence also rose to 10.8 percent (from 7.1 percent in June 2015). Routine nutrition screening data collected by RI during active and passive screening exercises from November 2015 to March 2016 revealed prevailing GAM levels of approximately 25 percent in Longechuk, nearly double the WHO threshold for a critical emergency. Figures from RI's SMART survey conducted in June 2016 indicate there has been a sharp deterioration in the nutrition situation over the last year in comparison to results from RI's SMART survey carried out in June 2015.

Most households do not have sufficient food or the capacity to purchase food, which has resulted in poor food consumption at household level. In addition, poor sanitation as evidenced by the rampant open defecation practices and poor hygiene, especially in hand washing, are among the key underlying factors for the high prevalence of under nutrition related diseases among children in the county.

In addition to food insecurity and WASH gaps, complementary feeding practices and poor dietary diversity were cited as major underlying causes of malnutrition in Longechuk. Poor food consumption at household level due to food insecurity and limited capacity to purchase foods given high market prices, poor sanitation (rampant open defecation practices), and poor hygiene (especially in hand washing) were additional underlying factors affecting the nutritional status of the children in the County. Findings from this survey revealed a crude mortality rate (CMR) higher than the emergency threshold for sub-Saharan African Countries 2.00 (1.48-2.70) with diarrhoea and malaria being among the major causes of death.

## **3. Description Of Beneficiaries**

Host communities, IDPs, conflict affected population and Returnees. The beneficiaries are from all age groups majority will be women and children which comprises 60% of the total population. The focus on children and mothers will be through the provision of basic Primary Health Care Services; IMCI protocol for Children under 5, inpatient services for children with SAM and with medical complications. and Basic Emergency Obstetric and Newborn Care (BEmONC) and Antenatal Care (ANC) for pregnant women and neonates.

## **4. Grant Request Justification**

Based on RI's assessment, primary health care services and activities need to build and expand community-based interventions and improve access to those who are in urgent need. In addition, CHF funding should strengthen emergency preparedness and response capacity and work to improve the capacity of local health cadres. Through a focus on maternal and child health (MCH) - especially Basic Emergency Obstetric and Newborn Care (BEmONC) and integrated management of childhood illnesses (IMCI) protocols, and EPI - RI will help to ensure the promotion of mother and child survival in its supported healthcare facilities while continuing to provide services in line with the Basic Package of Health Services (BPHS). At the same time, RI will strive to boost the coverage for measles & other childhood vaccines through enhanced outreach activities and Routine Immunization in the proposed project areas; intensify community education and social mobilization for the utilization of services; and strengthen community health structures. The funds requested for CHF programming will be essential to maintain and improve basic health and EPR activities. In addition, RI's proposed activities have been designed to ensure they strongly support CHF objectives and health cluster priorities for South Sudan in 2017. Specifically, RI will support: (1) increased access to basic life-saving services through the procurement and distribution of basic medical supplies and the provision of PHC services (2) improved disease surveillance and monitoring in order to significantly contribute to the sector/cluster priority of controlling the spread of communicable diseases and responding to disease outbreaks and (3) improved access to IMCI and BEmONC services through trainings for Health care providers and TBAs, and the procurement and distribution of emergency obstetric drugs and kits. (4) Expand immunization coverage by expanding the vaccines cold chain. (5) Provide inpatient services for children with Severe Acute Malnutrition (SAM) and with medical complications. CHF support will enable RI to fully contribute to the priorities of the cluster in the year ahead and will ensure RI's life-saving health programming can continue, improve and expand into the underserved, and hard-to-reach payams of Longechuk County.

Longechuk County continues to serve as an important transit area in the greater Upper Nile region. Due to its proximity to the frontline and the Ethiopia border, Longechuk supports over 10,000 internally displaced persons (IDPs) from neighboring counties in Upper Nile as well as a growing number of returnees from Gambella, Ethiopia. Despite its importance to the displaced and returnee population, humanitarian access remains limited and inconsistent due to seasonal flooding, insecurity, and poor road networks. Following the outbreak of conflict in December 2013, many agencies were forced to close programming and evacuate staff as a result of insecurity. RI is the only international NGO providing assistance.

Mortality Rates and Vaccination Coverage in Longechuk are as follows:

- BCG vaccination coverage: 42.1%
- Measles: 37.1%
- Childhood Morbidity (14 days): 73%
- CDR: 1.52/10,000/day (above emergency threshold for sub-Saharan African countries)

According to the South Sudan Health Cluster, as of March 2017, Longechuk County is classified as "emergency" in regards to access to health services. This means health services are limited and/or non-existent. Furthermore, over half of the health facilities Longechuk were reported to be non-functional, due to conflict related us in destruction, damage and closure and are unavailable to provide primary health care services.

#### **5. Complementarity**

RI will collaborate with relevant line ministries and the County Health Department (CHD) in Longechuk. RI will continue to participate in monthly coordination meetings at the field-level in Longechuk and monthly consultative meetings with community leaders. Within the host community, RI works closely with CHD and village elders, who will continue to be involved and engaged throughout the proposed program.

RI anticipates continued funding from UNICEF and OFDA for nutrition programming (out-patient and in-patient) and will ensure nutrition and health services are integrated. RI is supporting treatment of SAM through OFDA funding at static and mobile clinics as well as IYCF supported from UNICEF and WFP.

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To reduce morbidity and mortality and to save lives among the conflict-affected population in Longechuk

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations		SO2: Protect the rights and uphold the dignity of the most vulnerable	75				
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	25				
<b>Contribution to Cluster/Sector Objectives :</b> The current project will contribute to the cluster objective in many ways: the expanded Program on Immunization (EPI) and Integrated Management of Childhood Illnesses (IMCI) will directly reduce the suffering of people in conflict affected areas. The consultations to be made for children under five other people will help to mitigate transmission and mortality of preventable diseases.							
<b>Outcome 1</b>							
Improved access to high-quality, comprehensive primary health care (PHC)							
<b>Output 1.1</b>							
<b>Description</b>							
6,080 people benefit from out-patient department consultations							
<b>Assumptions &amp; Risks</b>							
Sustained and secure access; no significant displacement or conflict occurs within the target area. There will be consistent supply of drugs, equipment and medical supplies.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	# of Facilities strengthened to provide IMCI services					1
<b>Means of Verification :</b> Structures existing and functioning							
Indicator 1.1.10	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					100
<b>Means of Verification :</b> Facility registers and Reports							
Indicator 1.1.11	HEALTH	Number of Accountability to Affected Populations Rapid assessments conducted					2
<b>Means of Verification :</b> Survey forms, reports, beneficiary lists							
Indicator 1.1.12	HEALTH	# of health care providers trained on IMCI					20
<b>Means of Verification :</b> Training Reports, attendance sheets, photos							
Indicator 1.1.13	HEALTH	# of children under 5 Treated from Childhood Illness using IMCI guidelines					400
<b>Means of Verification :</b> Facility registers and Reports							
Indicator 1.1.14	HEALTH	[Frontline services] Number of facilities providing BEmONC services					1
<b>Means of Verification :</b> Structure existing and functioning							
Indicator 1.1.15	HEALTH	# of TBAs and health care providers trained on BEmONC services (delivery, prenatal and postnatal care, delivery complications and referral systems)					20
<b>Means of Verification :</b> Training Reports, attendance sheets, photos							
Indicator 1.1.16	HEALTH	# of Facilities strengthened to provide outpatient consultations					1
<b>Means of Verification :</b> Structure existing and functioning							
Indicator 1.1.17	HEALTH	# of health care providers trained on outpatient consultations and treatment protocols and infection control at facility level					20
<b>Means of Verification :</b> Training Reports, training attendance sheets, photos							
Indicator 1.1.18	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	100	900	960	1,040	3,000
<b>Means of Verification :</b> Facility registers and Reports							
Indicator 1.1.19	HEALTH	# of consultations done in mobile clinics					2,500
<b>Means of Verification :</b> Register and mobile clinics reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							

Strengthen one Health facilities to provide Integrated Management of Childhood Illness (IMCI) services

**Activity 1.1.2**

Conduct Training for 20 health care providers on IMCI guidelines and case referral  
Locations: Mathiang, Warweng, Jongjith & Jangok.

**Activity 1.1.3**

Treat children under 5 identified with Childhood Illness using IMCI guidelines  
Locations: Mathiang

**Activity 1.1.4**

Strengthen Basic Emergency Obstetric and Newborn Care services (BEmONC) in 1 facility  
Facility: Mathiang PHCC+

**Activity 1.1.5**

Conduct Training for 20 TBAs and health care providers on BEmONC clinical guidelines and case referral  
Locations: Mathiang, Warweng, Jongjith & Jangok

**Activity 1.1.6**

Provide Basic Emergency Obstetric and Newborn Care (BEmONC) services  
Locations: Mathiang

**Activity 1.1.7**

Strengthen RI supported facilities to provide outpatient consultations  
Locations: Mathiang

**Activity 1.1.8**

Conduct refresher Training for 20 health care providers on outpatient consultations and treatment protocols and infection control at the facility level  
Locations: Mathiang, Warweng, Jongjith & Jangok.

**Activity 1.1.9**

Provide outpatient consultations at supported facility  
Locations: Mathiang

**Activity 1.1.10**

Conduct mobile clinics in 8 payams in Longechuk  
Locations: Jongjith, Pamach, Udier, Belwang, Warweng, Wetber, Chotbora and Majiok

**Output 1.2**

**Description**

Strengthen and enhance Expanded Program on Immunization (EPI) and coverage and services; treatment of SAM with complications

**Assumptions & Risks**

Sustained and secure access; no significant displacement or conflict occurs within the target area. There will be consistent supply of drugs, equipment and medical supplies and cold chain establishment and maintenance will be sustained with no interruptions in drug, supply or power supplies.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in conflict states					2
<b>Means of Verification</b> : Structure existing and functioning							
Indicator 1.2.2	HEALTH	# of health workers trained on EPI and coverage protocols					10
<b>Means of Verification</b> : Training Reports, training attendance sheets, photos							
Indicator 1.2.3	HEALTH	# of pregnant women who have received 2 doses of Tetanus Toxoid					60
<b>Means of Verification</b> : ANC Register, reports							
Indicator 1.2.4	HEALTH	# of Facilities strengthened to provide in-patient SAM services (SC)					1
<b>Means of Verification</b> : Structure existing and functioning							
Indicator 1.2.5	HEALTH	[Frontline services] Number of children with 3 doses of pentavalent vaccine			120	180	300
<b>Means of Verification</b> : EPI data, facility Registers							
Indicator 1.2.6	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			8	12	20

**Means of Verification** : Facility registers and Reports

**Activities**

<b>Activity 1.2.1</b>
Strengthen / Extend Immunization Cold chain in 2 Health Facilities Facility: Mathiang, Wetber
<b>Activity 1.2.2</b>
Conduct Training for 10 health care providers on Expanded Program on Immunization (EPI) and coverage protocols Facilities: Mathiang, Wetber
<b>Activity 1.2.3</b>
Provide Routine Immunization for children under 5 Locations: Mathiang, Wetber (including surrounding payams of close proximity)
<b>Activity 1.2.4</b>
Provide Tetanus toxoid to Pregnant mothers attending ANC services Locations: Mathiang, Wetber
<b>Activity 1.2.5</b>
Strengthen In-patient Therapeutic Program / Stabilization Center (SC) Facilities: Mathiang
<b>Activity 1.2.6</b>
Admit and treat children (under-5) with severe acute malnutrition (SAM) and with medical complication to In-patient Therapeutic Program/ Stabilization Center (SC) Locations: Mathiang
<b>Activity 1.2.7</b>
Conduct mid-term and end term rapid accountability to affected populations surveys
<b>Additional Targets :</b>

**M & R**

**Monitoring & Reporting plan**

RI has developed rigorous M&E framework and information management system for interventions. This toolkit has been adapted to the local context, is equipped with reporting formats and data collection tools for various activities, and relies on an integrated system of traditional monitoring (comprising data collection on inputs, outputs, and outcomes, and community based participatory monitoring mechanisms). Data will be disaggregated by sex and age wherever possible. Meetings will be facilitated in a participatory manner to ensure equal voice of all groups, including marginalized and vulnerable populations. Feedback will be both qualitative and quantitative and will include methods such as ranking and scoring matrices.

Weekly reporting: RI will continue to report weekly case admissions and IDSR statistics and monthly health 5Ws, at the state and national level.

Monitoring: Project work plans will be used to guide international and national staff at all RI target areas. These plans will form the basis of progress monitoring throughout the program period.

Field Visits: Expatriate field visits to RI target sites are critical to monitor the quality and integrity of RI's programs in remote program locations at a minimum monthly basis. RI has four health technical expatriate staff based in Maban all of whom provide routine oversight to program activities. Senior staff from Juba will also continue to provide oversight, project / implementation reviews, and course correction discussions.

Accountability to affected populations will be measured through participatory data collected at both the mid-line and end line of the project. Rapid assessments will include surveys for beneficiaries, community leaders, and RI staff to grade and assess stakeholder participation, engagement, and ownership during the project implementation period. Additionally, survey respondents will be asked as to their level of satisfaction with the services delivered, whether they have benefited from CHF funding, and to what extent they will use the skills, good and materials provided.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Strengthen one Health facilities to provide Integrated Management of Childhood Illness (IMCI) services	2017				X	X	X	X	X	X			
Activity 1.1.10: Conduct mobile clinics in 8 payams in Longechuk Locations: Jongjith, Pamach, Udier, Belwang, Warweng, Wetber, Chotbora and Majiok	2017					X	X	X	X				
Activity 1.1.2: Conduct Training for 20 health care providers on IMCI guidelines and case referral Locations: Mathiang, Warweng, Jongjith & Jangok.	2017						X						
Activity 1.1.3: Treat children under 5 identified with Childhood Illness using IMCI guidelines Locations: Mathiang	2017						X						
Activity 1.1.4: Strengthen Basic Emergency Obstetric and Newborn Care services (BEmONC) in 1 facility Facility: Mathiang PHCC+	2017				X	X	X	X	X	X			
Activity 1.1.5: Conduct Training for 20 TBAs and health care providers on BEmONC clinical guidelines and case referral Locations: Mathiang, Warweng, Jongjith & Jangok	2017					X	X						
Activity 1.1.6: Provide Basic Emergency Obstetric and Newborn Care (BEmONC) services Locations: Mathiang	2017									X			
Activity 1.1.7: Strengthen RI supported facilities to provide outpatient consultations Locations: Mathiang	2017									X			
Activity 1.1.8: Conduct refresher Training for 20 health care providers on outpatient consultations and treatment protocols and infection control at the facility level Locations: Mathiang, Warweng, Jongjith & Jangok.	2017					X		X					
Activity 1.1.9: Provide outpatient consultations at supported facility Locations: Mathiang	2017									X			
Activity 1.2.1: Strengthen / Extend Immunization Cold chain in 2 Health Facilities Facility: Mathiang, Wetber	2017					X	X		X	X			
Activity 1.2.2: Conduct Training for 10 health care providers on Expanded Program on Immunization (EPI) and coverage protocols Facilities: Mathiang, Wetber	2017						X						
Activity 1.2.3: Provide Routine Immunization for children under 5 Locations: Mathiang, Wetber (including surrounding payams of close proximity)	2017									X			
Activity 1.2.4: Provide Tetanus toxoid to Pregnant mothers attending ANC services Locations: Mathiang, Wetber	2017							X	X	X			
Activity 1.2.5: Strengthen In-patient Therapeutic Program / Stabilization Center (SC) Facilities: Mathiang	2017					X	X	X	X	X			
Activity 1.2.6: Admit and treat children (under-5) with severe acute malnutrition (SAM) and with medical complication to In-patient Therapeutic Program/ Stabilization Center (SC) Locations: Mathiang	2017					X	X	X	X	X			

Activity 1.2.7: Conduct mid-term and end term rapid accountability to affected populations surveys	2017						X	X	X			
--	------	--	--	--	--	--	---	---	---	--	--	--

<b>OTHER INFO</b>												
<b><u>Accountability to Affected Populations</u></b>												
I will ensure accountability by:												
<ol style="list-style-type: none"> <li>1. Actively engaging all segment of the community for planning exercises.</li> <li>2. Balancing both sexes in staff hiring process</li> <li>3. Actively engaging women groups in project planning, implementation and monitoring exercise.</li> <li>4. At the commencement of the project, organizing a launching ceremony with all key stake holders to explain the project objectives and scope including setting joint planning and monitoring exercise</li> <li>5. Regularly and periodically reviewing of projects with key stake holders and strengthening the feedback mechanisms with the beneficiaries</li> </ol>												
<b><u>Implementation Plan</u></b>												
<p>Qualified local South Sudanese and/or expatriate staff will be based full-time in all project target areas for direct management, monitoring, and oversight of activities. RI has established offices in South Sudan, including in Juba, Longechuk, Maban, and Pibor, and Pajak / Maiwut. RI also employs a strong national Health team who will provide monitoring and technical support throughout implementation. The Health Coordinator and Health Officers will be responsible for training staff, carrying out education sessions and campaigns.</p> <p>Senior project staff will visit the project sites frequently to give technical input and guidance (security allowing). The Country Director, based in Juba, will also visit the project to ensure RI standards are met. Regular monitoring missions, including joint monitoring missions, will be conducted by programs and M&amp;E staff, will help monitor and track progress and achievements in all locations, and coordinate any course corrections as necessary.</p>												
<b><u>Coordination with other Organizations in project area</u></b>												
<b>Name of the organization</b>						<b>Areas/activities of collaboration and rationale</b>						
ICRC						Serves as a referral hospital for patients arriving from RI's Udier facility						
CHD						RI will coordinate with CHD in Longechuk in regards to Primary Health Care activities						
<b><u>Environment Marker Of The Project</u></b>												
A+: Neutral Impact on environment with mitigation or enhancement												
<b><u>Gender Marker Of The Project</u></b>												
2a-The project is designed to contribute significantly to gender equality												
<b><u>Justify Chosen Gender Marker Code</u></b>												
<p>Women play a large and important role in both productive and reproductive activities, though their contribution is overlooked due to male dominance and the patriarchy system. Women are not represented in any decision making positions and there are few to no opportunities for women to be accepted in public roles, or for their voices to be heard publicly. In order to alleviate such problems, RI will empower women using available opportunities that allow women to participate in decision making processes. One of the available opportunities to involve women in public interest is this health project, where women will be actively involved in trainings that can build their capacity while increasing their visibility and their bargaining power. In order to improve equity and the sustainability of health activities, specific measures like placing women in leadership and decision making positions will take place to fulfill their strategic needs. All activities will include at least 50 percent females where possible. Gender is already mainstreamed in all RI projects in all project cycle management. As is true in other African countries, in rural areas of South Sudan, women are the primary caretakers and providers in their households. When women suffer, the entire family suffers. RI is committed to a focus on women and their roles in households, and a primary goal of health programming will be to significantly improve women's access to health services. Our goal is to give poor rural women access to the services and care they need to ensure the health and well-being of their household.</p>												
<b><u>Protection Mainstreaming</u></b>												
<p>RI's interventions are closely in line with relevant cluster priorities and approaches, and integrate gender and protection mainstreaming. RI actively works to ensure trainees and beneficiaries compose an equal balance of women and men. Additionally, throughout the project, RI will conduct Sexual and Gender Based Violence (SGBV) training for health staff, community outreach volunteers, and community champions.</p>												
<b><u>Country Specific Information</u></b>												
<b><u>Safety and Security</u></b>												
<p>RI's Global Security Manager, Regional Safety Manager, and in-country Operations Manager will continue to monitor the security situation in all target areas. In the case of sustained deterioration in security or access, RI may briefly suspend and in extreme cases relocate activities to more secure areas where similar needs exist, although it is envisioned that the use of remote monitoring and remote area management will ensure the continuity of services. RI has a robust security and evacuation plan in place.</p>												
<b><u>Access</u></b>												

RI has had full access in Upper Nile and for the last seven years in Longechuk. To mitigate the risk of program suspension or termination due to insecurity, RI works closely with local communities and authorities. RI is expecting to receive the same support from local communities and authorities in the future, however if RI is denied permission to work in certain areas, threats are issued against staff, or other circumstances arise that prohibit or limit RI's ability to implement the project, the following measure will be taken immediately:

- RI will communicate with OCHA / CHF immediately on the situation and the proposed mitigation plan;
- RI will engage all possible actors at various levels including local authorities, community leaders, OCHA, UNDSS, clusters, etc. to assist in the negotiation process and secure permission to implement the project activities enabling RI to provide critical humanitarian services to communities most in need;
- In case negotiation processes don't go well or RI is not able to implement activities as planned for any reason, RI will work closely with OCHA / CHF to take mitigating action. One example is if RI was unable to work in a given payam, the project team could utilize available resources to meet the needs of the population in neighboring areas / locations based on needs and gaps. However, RI will follow the guidance given by OCHA / CHF based on the specific situation.

## BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Country Director	S	1	8,000.00	6	10.00	4,800.00
	<i>RI's country director will provide oversight on the project as part of the larger country portfolio; He/she will dedicate 10% of his/her time.</i>						
1.2	Area/Field Manager	S	1	5,000.00	6	10.00	3,000.00
	<i>The Area/Field Manager provides managerial oversight to all programming and operational activities in Longechuk County and is based in in the field.</i>						
1.3	Country Finance Manager	S	1	5,000.00	6	10.00	3,000.00
	<i>He will provide high level finance management support, including review of all finance reports and donor compliance accountability. He will dedicate 10% of his time to the project.</i>						
1.4	Health Coordinator	D	1	5,800.00	6	20.00	6,960.00
	<i>RI's health coordinator will provide expertise, technical oversight, and support capacity building for all aspects of the program related to food security and livelihood, The position will dedicate 20% of his/her time to the project over a period of six months.</i>						
1.5	Senior Operations Manager	S	1	5,000.00	6	10.00	3,000.00
	<i>RI's Senior Operations Manager provides each project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI finance, audit, and competitive/transparent procurement policies and also over the security of the RI staff, beneficiaries and properties as advice as appropriate. He/she will dedicate 10% of time to the project.</i>						
1.6	Deputy Finance Manager (Field-Based)	S	2	3,500.00	6	10.00	4,200.00
	<i>The deputy finance manager is based in the field sites and provides technical backstopping to field offices. He rotates on the various field offices to ensure compliance with donor regulations.</i>						
1.7	Grants Coordinator	S	1	3,800.00	6	10.00	2,280.00
	<i>Overall coordinator of grants, responsible for oversight and supervision of program and operations aspects, including liaising with partners, engaging government, organizing training programs, and working with other stakeholders. The position will dedicate 10% of his/her time to the project.</i>						
1.8	Reporting and Communication Officer	S	1	3,000.00	6	10.00	1,800.00
	<i>The reporting &amp; communication officer supports the grants coordinator with reporting, donor communication, and project monitoring. He/she will support the project 10% of his/her time.</i>						
1.9	Health Officer	D	1	3,000.00	6	20.00	3,600.00
	<i>RI's Health Officer (field-based) provides direct managerial and technical support to enable program activities and services.</i>						
1.10	Senior Logistics/Operations officer	S	1	1,400.00	6	15.00	1,260.00
	<i>RI's Logistics Officers will provide dedicated project oversight, management, and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI finance, audit, and competitive/transparent</i>						
1.11	Senior Finance officer (Juba)	S	1	1,500.00	6	10.00	900.00
	<i>RI's Senior Finance Officer will provide daily oversight on project finances and finance staff as part of the larger country portfolio, reporting project expenditures and accounts to the finance manager; he/she will dedicate 10% of time to the project.</i>						
1.12	Finance Assistant (Field Locations)	D	1	650.00	6	15.00	585.00

	<i>RI's Finance Assistant based in the field will provide daily oversight on project finances and finance staff at the field-level as part of the larger country portfolio, he/she will dedicate 15% of time to the project.</i>							
1.13	Senior HR officer (Juba)	S	1	1,600.00	6	10.00		960.00
	<i>RI's Senior HR Officer will provide support on program oversight including on personnel recruitment and human resources matters, along with associated cross-cutting administration for operations and activity implementation in accordance with RI finance, audit, and HR standards; he/she will dedicate 10% of time to the project.</i>							
1.14	Regional Safety Manager	S	1	5,500.00	6	10.00		3,300.00
	<i>The Regional Safety Manager based in Juba devotes 60 percent of his time to South Sudan programming and will be funded by this project at an LoE of 10% . The Regional Safety manager provides safety technical oversight and support in Juba and at field locations.</i>							
1.15	Vaccinators	D	2	400.00	5	100.00		4,000.00
	<i>Two vaccinators will ensure EPI services are provided at supported facilities. They will also assist in outreach campaigns. They are covered on a 100% basis for five months.</i>							
1.16	Clinical officers	D	1	1,100.00	5	100.00		5,500.00
	<i>One clinical officer will be dedicated to the project on an 100% basis. They will provide direct health care for beneficiaries at targeted facilities, advise on referrals for those in serious conditions, and compile weekly reports to provide timely local information on community health trends.</i>							
1.17	Community Health Workers	D	4	350.00	5	100.00		7,000.00
	<i>Four Community Health Workers (CHWs) will support health programming in Longechuk through community mobilization, messaging, and training support</i>							
1.18	Office Guards/Cooks/Cleaners (Field Locations)	D	3	350.00	6	15.00		945.00
	<i>The two (2) Office/ Guesthouse / Warehouse Guards provide each project site with daily coverage of compound/warehouse security, necessary in the current fluid context , in accordance with RI safety and security procedures. They will dedicate 15% of their time to the project. The One (1) Cooks / Cleaners will keep the office clean in accordance to RI standards. They will dedicate 100% of their time to the project.</i>							
1.19	Nurses	D	3	650.00	6	100.00		11,700.00
	<i>Three nurses will be responsible for direct out-patient and stabilization center care. Nurses will assist the Medical Coordinator and medical staff in compiling weekly reports to provide timely local information on community health trends in addition to general healthcare facility support and backstopping.</i>							
1.20	Safety Officer (Field-Based)	D	1	1,250.00	6	15.00		1,125.00
	<i>The field-based Safety Officer will provide overall safety compliance support for Field sites, they will devote 10% of their time to this project.</i>							
1.21	Driver (Juba/Field Locations)	D	2	450.00	6	15.00		810.00
	<i>The two (2) drivers provides each project site with daily transport coverage and support in the deliverance of the activities in the field and country office level. They will dedicate 25% of their time to project activities.</i>							
	<b>Section Total</b>							<b>70,725.00</b>
<b>Supplies, Commodities, Materials</b>								
2.1	Essential drugs and Equipment supplies for static and mobile clinics	D	1	8,900.00	1	100.00		8,900.00
	<i>Pharmaceuticals and medical supplies will ensure continued service delivery at targeted facilities.</i>							
2.2	Purchase and installation of cold chain-solar powered fridges and freezer	D	1	3,500.00	1	100.00		3,500.00
	<i>This line item will support the purchase and installation of cold chain-solar powered fridge and freezer to maintain cold-chain management of essential medicines and supplies</i>							
2.3	Rehabitation of PHCC/PHCU	D	2	1,200.00	1	100.00		2,400.00
	<i>This will support small-scale repairs at targeted facilities</i>							
2.4	Conduct trainings on EPI & cold chain management, IMCI, BEmONC, outpatient consultations and Infection control	D	1	1,500.00	1	100.00		1,500.00
	<i>Supports the cost of trainings on EPI &amp; cold chain management, IMCI, BEmONC, outpatient consultations and Infection control including notebooks, mobilization activities, transport, and stipends</i>							
2.5	Construction of medical waste management pits at supported facilities	D	2	1,450.00	1	100.00		2,900.00
	<i>This line items supports the construction of medical waste management pits at supported facilities including casual labor, supplies and equipment</i>							
2.6	Freight and transport, Storage	D	1	2,800.00	1	100.00		2,800.00

	<i>Supports the cost of freight, transportation and storage of essential medicines and program supplies.</i>						
2.7	Mobile clinic running costs	D	1	3,470.00	1	100.00	3,470.00
	<i>Support to 8 mobile clinics, will support rapid response for IDPs, using items WASH NFIs prepositioned w/IOM in Mathiang.</i>						
2.8	Charter flights	D	1	8,500.00	1	100.00	8,500.00
	<i>This will support costs for the freight, transport and storage of program supplies (e.g. nutrition supplies and equipment) from Juba to Longechuk. This will be 100% covered by the project.</i>						
2.9	Treatment of SAM with complications	D	1	1,298.44	1	100.00	1,298.44
	<i>Covers the cost of strengthening In-patient Therapeutic Program / Stabilization Center (SC) as well as admission and treatment of children (under-5) with severe acute malnutrition (SAM) and with medical complication to In-patient Therapeutic Program/ Stabilization Center (SC) in Mathiang</i>						
2.10	Accountability to Affected Populations Rapid Assessments	D	2	300.00	1	100.00	600.00
	<i>Covers the cost of two rapid assessments at project mid and end-term to measure accountability, includes the cost of daily per-diems, printing, and travel</i>						
	<b>Section Total</b>						<b>35,868.44</b>
<b>Travel</b>							
5.1	In-country staff travel (per diem, accommodation)	D	1	650.00	1	100.00	650.00
	<i>The budget line will be used to provide per diems and accommodation allowance for the staff working under this program.</i>						
5.2	In-country staff flights (to / from Juba and Field Locations)	D	1	575.00	3	100.00	1,725.00
	<i>These funds will be used to cater for the travels for the program staff to and from the field sites.</i>						
5.3	Expat staff travel (flights to / from field and home locations, visas, and vaccinations)	S	1	750.00	3	100.00	2,250.00
	<i>These funds will cater for the travel of the technical coordinator in charge of the project.</i>						
	<b>Section Total</b>						<b>4,625.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Internet	D	1	1,750.00	6	10.00	1,050.00
	<i>Cost supports VSAT internet subscription and regular communication between field and Juba; 15% will be covered by the program.</i>						
7.2	Satellite Phone Usage (credit recharge)	D	1	400.00	6	10.00	240.00
	<i>Cost for credit recharge for Thuraya satellite phones for communication; charged only 25% to CHF.</i>						
7.3	IT Assistance	D	1	500.00	6	10.00	300.00
	<i>IT support to Juba and field offices; charged only 10% to CHF.</i>						
7.4	Mobile Phone (credit/usage)	D	6	110.00	6	10.00	396.00
	<i>Cost of mobile phone (credit/usage) in Juba; charged 10% to CHF.</i>						
7.5	Local Office Maintenance and Security Upgrades	D	1	2,200.00	6	10.00	1,320.00
	<i>Cost associated with office maintenance and required security upgrades; charged 10% to CHF.</i>						
7.6	Office / Guesthouse Rent, Maintenance & Utilities (Field)	D	1	1,800.00	6	10.00	1,080.00
	<i>Office / Guesthouse Rent, Maintenance &amp; Utilities (Field)</i>						
7.7	Office / Guesthouse Rent & Utilities (Juba)	S	1	16,300.00	6	10.00	9,780.00
	<i>Cost of rent, maintenance and utilities for Juba office and guesthouse. Charged 10% to CHF.</i>						
7.8	Office / Guesthouse - Generator Fuel / Maintenance (Juba)	S	1	1,800.00	6	10.00	1,080.00
	<i>Generator fuel and maintenance costs of Juba office. Charged 10% to the project.</i>						
7.9	Copying / Printing	D	1	2,100.00	6	10.00	1,260.00

	<i>Copying and printing of project materials at the field office. Charged 15% to CHF.</i>						
7.10	Office Supplies	D	1	2,100.00	6	10.00	1,260.00
	<i>Office supplies for field and Juba offices.</i>						
7.11	Banking Charges	D	1	620.00	6	100.00	3,720.00
	<i>Bank charges, charged 100% to CHF.</i>						
7.12	Legal Fees - South Sudan	S	1	1,800.00	2	15.00	540.00
	<i>Legal fees associated with operations in South Sudan. Charged 15% to the project.</i>						
7.13	Insurances (Non-Personnel)	D	1	2,000.00	1	15.00	300.00
	<i>Non personal Insurance cost and is charged 15% to CHF</i>						
7.14	Safety Compliance	S	1	2,500.00	1	30.00	750.00
	<i>Provision of 1 x trauma bag; Provision of hibernation kit; Sand bags; Sat phone with docking station for bunker; Maintenance of emergency lights &amp; fence/barbed wire; First aid kits for RI vehicle (s).</i>						
7.15	Branding and marking costs	D	1	285.00	1	100.00	285.00
	<i>Cost for visibility of CHF logos for program activities (100% charged).</i>						
	<b>Section Total</b>						<b>23,361.00</b>
<b>SubTotal</b>			67.00				<b>134,579.44</b>
Direct							91,679.44
Support							42,900.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							9,420.56
<b>Total Cost</b>							<b>144,000.00</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Longochuk	100	153	1,577	2,208	2,412	6,350	
Upper Nile -> Maban							
<b>Documents</b>							
Category Name				Document Description			
Budget Documents				Price List of Drugs (Medical Supplies)_31_03_2017.xlsx			
Budget Documents				Price List of Drugs (Pharma)_03 March 2017.xlsx			
Budget Documents				CORRECT_Price List of Drugs (Medical Supplies)_31_03_2017.xlsx			
Budget Documents				CORRECT_Price List of Drugs (Pharma)_31 March 2017.xlsx			