OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Relief International
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Provision of Life Saving Health Services in Keich Kuon, Greater Nasir County		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-17/H/103410	**Fund Project Code :**	SSD-17/HSS10/SA2/H/INGO/6479
Cluster :	Health	**Project Budget in US$:**	100,000.00
Planned project duration :	3 months	**Priority:**	
Planned Start Date :	01/08/2017	**Planned End Date :**	31/10/2017
Actual Start Date:	01/08/2017	**Actual End Date:**	31/10/2017

Project Summary :

n line with the Health Cluster's Strategic Objectives and priorities, Relief International (RI) proposed intervention aims to improve access to essential health care services in Keich Kuon in Greater Nasir County. RI will deploy a mobile team targeting communities with limited access to health facilities. RI currently maintains strong relationships with community leaders and has coordinated with partner agency UNKEA and will undertake a community-based approach to provide complimentary services to scale up ability to respond to leading causes of morbidity and mortality and to manage severe acute malnutrition (SAM) with medical complications. In addition, the proposed intervention will improve ability to detect and respond to epidemic prone diseases through the initiation of community based surveillance system and strengthening of referral pathways.

Through current OFDA and UNICEF funding, RI will support the primary health care center (PHCC) in Keich Kuon to provide comprehensive primary health care services and in-patient therapeutic care for children with severe acute malnutrition with medical complications. RI's proposed SSHF-funded "provision of life-saving health services in Keich Kon" will compliment RI's existing programming to increase access to essential health and nutrition services at Keich Kuon PHCC through complementing static service delivery with mobile teams and outreach activities targeting hard-to-reach populations. The mobile team will provide: curative care to both children and adults, reproductive health services (ante-natal and post-natal care, family planning, and referrals for deliveries), immunization, and screening for malnutrition.

To scale up ability to address primary causes of mortality and morbidity, RI will adapt the Ministry of Health's (MoH's) Boma Health Initiative (BHI) as a vehicle to provide increased access to essential health services at the community level. RI's BHI supported by SSHF Round Two funding will also improve health seeking behaviors as well as initiate community-based-surveillance (active and passive) for priority conditions.

Taking into account the emergency context of that area, it will not be feasible to roll-out the BHI to scale. RI will thus focus on selected components of the BHI which are appropriate for the operating environment and pilot this tailored approach. Lessons of a small-scale BHI to meet emergency operating needs will be used to further refine the program before scaling it up.

Community health workers (CHWs) and home health promoters (HHPs) will be recruited from each boma and trained on health promotion, integrated community case management of childhood illnesses (ICCM), reproductive health, and surveillance. As community health workers have a higher level of education and will be working full-time, they will receive more comprehensive training to enable them to supervise home health promoters in each boma.

Community cadres off CHWs and HHPs will also support with obtaining and tracking vital statistics (including registration of births and deaths) in their communities. Cadres will also collect data on tracking population movement in case of displacement. With strong linkages to the health facility and the mobile team, CHWs and HHPs can effectively trace defaulters from the expanded programme on immunization (EPI) and nutrition programs and track pregnant women for ante-natal, delivery, and post-natal care at Keich Kuon healthcare facility.

Regular monitoring missions, including joint monitoring missions, will be conducted by senior staff to monitor and track progress and achievements in all locations, and coordinate any course corrections as necessary. RI will also consult community members and leaders throughout the project process to ensure accountability to affected populations.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
3,105	3,620	864	900	8,489

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total

Indirect Beneficiaries :

Indirect beneficiaries include family members benefiting from home nutrition promotion sessions. Strengthened referral pathways will also benefit community members following the completion of the proposed project. An estimated ten percent of indirect beneficiaries will be IDPs

Catchment Population:

A total of 19,472 beneficiaries will be directly targeted through this project. This includes approximately 10 percent IPDs. Among all 19,472 targeted beneficiaries, 11,112 women (18-60+), 4,830 men (18-60+), 1,801 girls (0-17) and 1,729 boys (0-17) will be targeted. Sex and age group disaggregation will be identified upon consultation as well as through house to house nutrition promotion sessions by RI staffs and trained nutrition promoters.

All proposed activities will be implemented for IDPs and Host communities in Keich Kon payams in Greater Nasir County. This project will be more focused to address the emergency needs and gaps in Greater Nasir County.

Link with allocation strategy :

RI's proposed program of "Provision of Life Saving Health Services in Keich Kuon, Nasir County" aims to contribute to the reduction of morbidity and mortality in Greater Nasir county through the expansion of essential health services in Keich Kuon. Greater Nasir County is prioritized and targeted for health interventions due to its population displacement, destruction of health facilities and low immunization coverage. RI's proposed program will respond to and address the complex needs of both host community and IDPs.

RI proposed interventions strongly support SSHF objectives and Health Cluster priorities for South Sudan in 2017 as most of the proposed activities are front-line and essential life-saving interventions. Funds requested are essential to complement and expand RI's interventions in Nasir supported by OFDA and UNICE, Proposed SSHF funding also complements nutrition activities, particularly OTP, provided by partner agency UNKEA. Proposed activities are implementable immediately as RI has already agreed on the transition of Keich Kuon PHCC from UNKEA to RI. The mobile team and community cadres' component of the proposed intervention is cost efficient, flexible, and allows to continue the provision of services during the rainy season and in cases of population displacement.

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
Nellie Ghusayni	Health and Nutrition Program Manager	nellie.ghusayni@ri.org	+211925775524
Meredith Maynard	Communications and Reporting Officer	meredith.maynard@ri.org	+211 925 654 930
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BACKGROUND

1. Humanitarian context analysis

Greater Nasir County has suffered from large-scale displacements, food insecurity, high rates of malnutrition, and limited access to essential healthcare services. Since the outbreak of conflict in 2013, Nasir has experienced decreased access, population movements, cattle raids, and sporadic clashes. In January 2017, clashes led to the displacement of over 37,000 people to Jikmir payam and Wandeng payam in Ulang County. Most recently, fighting again between the Sudan People's Liberation Movement (SPLM) and the Sudan People's Liberation Movement-in-Opposition (SPLM-IO) in early July 2017 led to an estimated over 6,000 people being displaced from Longechuk and Maiwut Counties, north of Nasir, further adding to the threat of impending conflict. Insecurity in Upper Nile has hindered access and negatively affected healthcare status. Essential drugs, supplies, services and training for primary and reproductive healthcare services included treatment for malnutrition are constrained and limited.

The prevalence of malnutrition still remains above emergency levels in many counties within Upper Nile. GAM rates in Nasir remain above 20 percent (21.8 percent). The nutrition situation is further aggravated by poor vaccination coverage, lack of essential health care services, and poor hygiene and sanitation practices, increasing the risk of disease outbreak and large-scale epidemics. Measles is of particular concern, whereas almost all non-immune children are at risk. Outbreaks thus expand very rapidly, underscoring the need to vaccinate 100 percent of children (usually six to 59 months, and up to 15 years old if possible) before outbreaks, and maintaining a high vaccination coverage thereafter.

According to the South Sudan Health Cluster, as of March 2017, Nasir was classified as “emergency” in regards to access to health services; health services are limited and/or non-existent. Furthermore, several health facilities assessed by RI in April 2017 were reported to be non-functional, due to conflict that resulted in destruction, damage and closure of primary health care centers.

All factors indicate increased demand for immediate and coordinated response to address 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 crucial and lifesaving interventions.

2. Needs assessment

A rapid WASH and health care facility assessment conducted by RI in March 2017 in nine payams across Nasir revealed high needs and limited access to services. A majority of households do not possess soap for handwashing, nor reported to wash hands at critical times including during food preparation. Moreover, a majority of households did not have safe access to latrines, practiced open defecation, and had feces within 50 meters of their dwelling; all significantly contributing to high morbidity.

Health care services were extremely limited and crippled during outbreaks of conflict. Malaria is reported as the most common illness suffered from in Nasir on an annual basis. On average across nine payams surveyed by RI, 37 percent of households have been affected by malaria in the past year. Following malaria, typhoid and eye infection were the second most common diseases experienced at 24 percent across the county. On average, 21 percent of assessment respondents suffered from diarrheal diseases in the last two weeks, nine percent suffered from skin diseases and respiratory illnesses within the last two months.

Partners on the ground in Nasir report to RI high needs of essential life-saving health and nutrition services due to the suspension of IMA funding; support for primary healthcare facilities has ceased. Additionally, in-patient therapeutic care for malnutrition management is constrained, the closest referral center for residents in Keich Kuon is 2.5 days by footing.

The IPC nutrition analysis projecting through July 2017 classified Nasir, “severe” and projected the nutrition situation to worsen. In Nasir, drivers of malnutrition include high morbidity, low immunization coverage, and low micronutrient supplementation. SMART surveys conducted in Nasir cited poor infant and young child feeding (IYCF) practices and poor water and sanitation practices (due to high levels of open defecation, poor hand washing practices, and use of untreated water) as other contributing factors. According to the 2017 Humanitarian Needs Overview (HNO), 5,463 children will require treatment for severe acute malnutrition (SAM) within Nasir alone. Moreover, GAM rate in Nasir is at 21.8 percent.

The suspension of the World Bank-funded RRHP in June 2016 has taken a major toll on people’s ability to access health and nutrition care. The Nutrition Cluster reported that the suspension of health programming has resulted in the closure of nutrition services of at least five stabilization centers (SCs) and 21 out-patient therapeutic feeding programs (OTPs) in Upper Nile. In, Nasir and Ulang, in-patient therapeutic feeding services have not been reinitiated.

Overall healthcare coverage is as follows:
BCG vaccination coverage: 63.3%
Measles: 45.9%
Childhood Morbidity (14 days): 60.3%
Crude death rate (CDR): .54/10,000/day

According to the South Sudan Health Cluster, as of March 2017, Greater Nasir County was classified as “emergency” in regards to access to health services, primary healthcare is supported in 12 functioning facilities (PHCCs and PHCUs) only across the county through UNKEA and Nile Hope. UNICEF has reported caretakers of malnourished children (with complications) must seek treatment across the border in Ethiopia as services are not able to meet needs.

3. Description Of Beneficiaries

The proposed intervention targets primarily communities living more than one hour walk from the PHCC in Keich Kuon. Host communities, IDPs and conflict affected populations are the main beneficiaries. Women and children will comprise the majority of beneficiaries of proposed funding. Children including children under five (U5) will be treated for common illnesses, and receive routine immunizations and those with severe acute malnutrition (SAM) with medical complications will be treated at the stabilization center. Women will receive ante-natal and post-natal care and family planning and referrals for deliveries and will be targeted in health promotion activities. A total of 8,489 beneficiaries will be reached through the proposed funding, of whom 3,620 are women. Additionally, 864 boys and 900 girls (including U5) will benefit from the proposed project.

Targeted beneficiaries include the most vulnerable including PLWs, U5, IDPs, and those identified as vulnerable by community members and leaders. Mobile outreach will be conducted at the most optimal times to ensure those most in need can attend, including women and girls with household childcare burdens. Additionally, the specific needs of each beneficiary group, including IDPs will be taken into consideration ensuring feedback mechanisms are in place.

4. Grant Request Justification

Through funding from OFDA and UNICEF, RI will be supporting the primary health care center in Keich Kuon to provide comprehensive primary health care services and in-patient therapeutic care for children with severe malnutrition with medical complications. Through complimentary SSHF-R2 funding, RI will be able to effectively expand its services to hard to reach areas thus preventing excess morbidity and mortality. Nasir is extremely underserved as health care access has been limited and interrupted by aggravating factors, including conflict, displacement and limited availability of food. The proposed intervention increases access to essential life-saving healthcare services to populations. Mobile teams will support increased access to services targeting selected locations. Additionally, community health workers (CHWs) and home health promoters (HHPs) will link the most vulnerable to health services, conduct referrals, provide ARIs, as well as diarrhea and malaria treatment. Additionally, health education will be provided at the community level through home visits by HHPs and CHWs.

RI's proposed intervention aims to increase access to health services through complementing static service delivery with a mobile team targeting hard to reach populations. The mobile team will provide curative care to both children and adults, reproductive health services (ante-natal and post-natal care, family planning and referrals for deliveries), immunization and screening for malnutrition.
To scale up the ability to address primary causes of mortality and morbidity, home health promoters will be recruited and trained on integrated community case management of common illnesses (ICCM) and equipped to provide quality services at the community level. Home health promoters (HHPs) will also be trained on identification of suspected cases of priority diseases and conditions using community case definitions, to allow for early detection of outbreaks. HHPs will be supervised by community health workers who will provide a broader package of interventions and ensure adherence to standards of care. The mobile team, HHPs and community health workers (CHWs) will maintain a buffer stock of essential medications and supplies to allow them to continue providing services if health facilities become inaccessible or the population is displaced.

Proposed programming is flexible and adaptable to changing needs and potential population movement in Nasir allowing for continual service delivery. Integration of mobile clinics and remote management will allow for increased accessibility to life-saving services.

5. Complementarity

RI will collaborate with relevant line ministries and the County Health Department (CHD) in Nasir. RI will participate in monthly coordination meetings at the field-level in Nasir 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 and will ensure nutrition and health services are integrated.

Additionally, SSHF supported funding will complement existing services provided by UNKEA. SC services will be supported by RI, while OTP will be supported by UNKEA. Together, RI and UNKEA will collaborate to provide an integrated and complete package of essential life-saving health and nutrition services.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction in morbidity and mortality among host communities and internally displaced population in Keich Kuon, Greater Nasir County

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
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	70
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	30

Contribution to Cluster/Sector Objectives : RI's proposed intervention directly contributes to the Health Cluster's strategic objectives, priorities and basic activities. The mobile medical team will improve access of communities living far from health facility to essential life-saving care, focusing on the major causes of morbidity, immunization, and reproductive health. RI's services are improving access to services and resources as well as scaling-up responsiveness to integrated life-saving healthcare services. RI is focusing on the major causes of mortality including malaria, diarrhea, and measles as well as combatting malnutrition through the provision of treatment for SAM with complications. Basic pre- and post- antenatal care will be provided as well as referrals for deliveries.

This will be further scaled up through CHWs and HHPs who will conduct health promotion activities as well as treat acute respiratory infections, malaria, and diarrhea at the community level. HHPs and CHWs will implement community based surveillance, a Cluster priority, improving ability to detect and prevent disease outbreak in Keich Kuon.

Additionally, the stabilization center will manage cases of SAM with medical complications, significantly reducing time traveled to reach health care facility by days. Finally, early warning systems will be strengthened through the monitoring and reporting on diseases.

Outcome 1

Improved access to essential health services, focusing on the major causes of morbidity and mortality

Output 1.1

Description

Curative and preventative primary health care services are available to hard-to-reach populations through mobile teams and community-based activities

Assumptions & Risks

Relief International is assuming the below mentioned assumptions and risks upon program design and implementation:
- Access to target beneficiaries and locations will be sustained both upon project start-up as well as during implementation.
- The security situation in Nasir will not deteriorate.
- RI maintains community acceptance including acceptance of community leaders (both formal and informal).
- The availability of service delivery guidelines/ protocols for services included in the essential service delivery package would ensure that standard services are provided for individualized care.
- Continued community volunteerism to provide care to the most vulnerable groups.
- Other health interventions (e.g. health education) will be put in place and sustained.
- Functional referral linkages are established between the different service outlets starting from the community level.

Additionally, RI had previously agreed with local authority and partner on ground (UNKEA) to take over Kiech Kuon PHCC. Earlier this week RI received communication from local authority requesting that RI takes over Jikmir PHCC instead. Negotiations are ongoing, as RI is still advocating to support Keich Kuon facility as previously agreed. The risk is that local authority insists on RI taking over Jikmir facility. Should this happen, RI will discuss with SSHF and the Health Cluster the way forward.

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	529	554	857	892	2,832
Means of Verification : Mobile medical team reports ***Note: Consultations will be desegregated by diseases, focusing on priority diseases for this allocation.							
Indicator 1.1.2	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			7	8	15
Means of Verification :							
Indicator 1.1.3	HEALTH	Number of stabilization centers established and equipped					1
Means of Verification : Stabilization center photographs and records							
Indicator 1.1.4	HEALTH	Number of staff trained on in-patient therapeutic treatment of severe acute malnutrition with medical complications					10
Means of Verification : Training records							
Indicator 1.1.5	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	4	6			10
Means of Verification : Training records, attendance sheets, field reports, photos.							
Indicator 1.1.6	HEALTH	[Frontline services] Number of facilities with functioning Cold chain in priority locations					1
Means of Verification : Facility reports, field reports, inventory and drug reports							

Activities

Activity 1.1.1

Operate an integrated mobile medical team to provide curative care, reproductive health, immunization and nutrition screening services in hard to reach areas.

Activity 1.1.2

Establish and equip Stabilization Center (SC) to treat children with severe acute malnutrition (SAM) with medical complications.

Activity 1.1.3

Maintain cold chain at Keich Kuon PHCC

Activity 1.1.4

Train stabilization center staff on in-patient therapeutic care of severe acute malnutrition with medical complications

Activity 1.1.5

Identify and admit children under five with SAM with medical complications to stabilization center.

Activity 1.1.6

Provide routine EPI services to children and pregnant women through mobile team

Activity 1.1.7

Train staff on cholera prevention and case management

Output 1.2

Description

Referral pathways are strengthened and there is an enhanced ability to detect priority diseases at the community level

Assumptions & Risks

Relief International is assuming the below mentioned assumptions and risks upon program design and implementation:
- Access to target beneficiaries and locations will be sustained both upon project start-up as well as during implementation.
- The security situation in Nasir will not deteriorate.
- RI maintains community acceptance including acceptance of community leaders (both formal and informal).
- RI selects, trains and equip CHWs and HHPs and have them ready to be deployed before any possible security deterioration.

- Additionally, RI had previously agreed with local authority and partner on ground (UNKEA) to take over Keich Kuon PHCC. Earlier this week, RI received communication from local authority requesting that RI takes over Jikmir PHCC instead. Negotiations are ongoing, as RI is still advocating to support Keich Kuon facility as previously agreed. The risk is that local authority insists on RI taking over Jikmir facility.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	HEALTH	[Frontline services] Number of people reached by health education /promotion	1,000	3,000	0	0	4,000
Means of Verification : Mobile team records							
Indicator 1.2.2	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	20	13			33
Means of Verification : Training reports							
Indicator 1.2.3	HEALTH	Number of home health promoters and community health workers recruited, trained and equipped					32
Means of Verification : Training reports, activity reports							
Indicator 1.2.4	HEALTH	Number of pregnant women referred for delivery at health facility					50
Means of Verification : Health facility records, mobile team and HHP records							
Indicator 1.2.5	HEALTH	Number of community health workers and home health promoters trained on iCCM					32
Means of Verification :							
Indicator 1.2.6	HEALTH	Number of pregnant and lactating women referred for ante-natal care, delivery and post-natal care					50
Means of Verification : HHP and CHW records, health facility records							

Activities

Activity 1.2.1

Recruit and equip home health promoters and community health workers

Activity 1.2.2

Train home health promoters and community health workers on integrated case management of childhood illneses (iCCM)

Activity 1.2.3

Train home health promoters and community health workers on community based surveillance of priority diseases and conditions.

Activity 1.2.4

Identify and refer suspected cases of priority diseases/conditions to the health facility or mobile team

Activity 1.2.5

Identify and refer pregnant and lactating women for ante-natal care, delivery and post-natal care.

Activity 1.2.6

Conduct health education/promotion activities

Activity 1.2.7

Report on cases of priority diseases through active and passive surveillance at the community level

Additional Targets :

M & R

Monitoring & Reporting plan

All RI health project implementations will be monitored regularly by RI field health and nutrition staff, and RI's Health and Nutrition Program Manager and Health and Nutrition Officers. RI's Senior Management Team including the Country Director, Security Manager, and Senior Operations Officer based in Juba will conduct frequent field visits, and assist with program monitoring. Additionally, weekly, and monthly reports will be compiled at the field level and consolidated and analyzed with the help of team leadership for program improvement. 5Ws and donor reports will also be completed. To ensure the highest standard of the intervention, technical support on specific program activities is provided by Health and Nutrition Technical Program Manager regularly. In addition to that the project mainly be monitored with participatory approaches with communities, state & district authority and other stakeholders involve in the process.

RI's mobile health team will use a daily tally sheet capturing consultations (morbidities), reproductive health services, EPI and nutrition screening information. Data collected at the field level will be disaggregated by age and sex where applicable. Daily tally sheets will be aggregated on a weekly basis and entered into RI's database to generate monthly reports that can feed into the Health Cluster's 5Ws, donor reports, and internal monitoring tools. Daily tally sheets compiled will also be used to report on IDSR to the PHCC in Keich Kuon on a weekly basis contributing to surveillance mechanisms reducing the risk of a large-scale outbreak or epidemic.

Data collection tools capturing health education activities, screening, referrals and consultations will be used by home health promoters and community health workers to capture essential qualitative and quantitative beneficiary and activity information. Where available, MoH data collection tools will be used. CHWs & HHPs will be trained on these tools. Data collected from home health promoters and community health workers will be aggregated on a weekly basis and entered into RI's database for analysis and monitoring. Moreover, SC data will be captured using standardized MOH tools and reported to UNICEF on a bi-weekly basis and to the Nutrition Cluster on a monthly basis. Stock reports will also be compiled and shared with UNICEF and the Nutrition Cluster on a monthly basis.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Operate an integrated mobile medical team to provide curative care, reproductive health, immunization and nutrition screening services in hard to reach areas.	2017								X	X	X		
Activity 1.1.2: Establish and equip Stabilization Center (SC) to treat children with severe acute malnutrition (SAM) with medical complications.	2017								X				
Activity 1.1.3: Maintain cold chain at Keich Kuon PHCC	2017								X	X	X		
Activity 1.1.4: Train stabilization center staff on in-patient therapeutic care of severe acute malnutrition with medical complications	2017								X				
Activity 1.1.5: Identify and admit children under five with SAM with medical complications to stabilization center.	2017								X	X	X		
Activity 1.1.6: Provide routine EPI services to children and pregnant women through mobile team	2017								X	X	X		
Activity 1.1.7: Train staff on cholera prevention and case management	2017									X	X		
Activity 1.2.1: Recruit and equip home health promoters and community health workers	2017								X				
Activity 1.2.2: Train home health promoters and community health workers on integrated case management of childhood illneses (iCCM)	2017								X				
Activity 1.2.3: Train home health promoters and community health workers on community based surveillance of priority diseases and conditions.	2017								X				
Activity 1.2.4: Identify and refer suspected cases of priority diseases/conditions to the health facility or mobile team	2017								X	X	X		
Activity 1.2.5: Identify and refer pregnant and lactating women for ante-natal care, delivery and post-natal care.	2017								X	X	X		
Activity 1.2.6: Conduct health education/promotion activities	2017									X	X		
Activity 1.2.7: Report on cases of priority diseases through active and passive surveillance at the community level	2017								X	X	X		

OTHER INFO

Accountability to Affected Populations

RI places particular emphasis on its accountability towards the communities in which it operates. Recognizing that they represent our primary and often least powerful stakeholders, RI strives to put in place effective mechanisms which allow affected populations to understand and influence our work. To guide and ensure accountable management of our emergency response programs, RI will use a Humanitarian Accountability Framework (HAF). The HAF clearly states organization's commitment to quality and accountability provides concrete steps that need to be taken in order fulfill that commitment. It distinguishes, amongst others, eight benchmarks that inform accountable practice across our humanitarian work and touch upon issues such as information sharing, impartial assessment, participation, feedback, evaluation, and learning.

RI health and nutrition teams will ensure accountability to affected populations by:

1. Working with communities to identify locations for the mobile teams
2. Balancing both sexes in staff hiring process, in addition to consulting community members in hiring HHPs.
4. At the commencement of the project, organizing a launching ceremony with all key stakeholders to explain the project objectives and scope including setting joint planning and monitoring exercise,
5. Regularly reviewing of deliverables and activities with key stakeholders,
6. Conducting exit interviews
7. Strengthening feedback mechanisms with beneficiaries and,
8. Conducting regular community meetings with village health committees and community level structures to receive feedback on services provided

Implementation Plan

RI currently is operating two projects in Keich Kuon, Nasir (OFDA and UNICEF) supporting provision of health and nutrition services. RI si supporting Keich Kuon PHCC and establishing a Stabilization Center (SC) for malnutrition management under UNICEF and OFDA. RI's proposed SSHF intervention will be implemented in tandem with its current programming in Keich Kuon in order to increases access to essential health and nutrition services to populations in hard to reach areas through mobile teams and outreach activities.

Building relationships with local authorities in Nasir has already begun, RI has met with local authorities in Jikmir. Accordingly, Keich Kuon was recommended as an area of intervention with an emphasized need for health and nutrition services as the closest referral center is 2.5 days by footing. RI has been simultaneously coordinating with UNKEA – the lead agency providing health services in Nasir County - and has decided together to transition Keich Kuon PHCC support from UNKEA to RI. With UNKEA, Ri has also agreed on a set of complementary services to ensure expansion of coverage to hard to reach areas. RI will continue working with local authorities and communities in Keich Kuon to gain better understanding of the area, and identify locations for mobile outreach activities and to ensure community is in support of all suggested interventions.

For staffing, and through its current funding in Nasir, RI has advertised the positions for the PHCC and SC staff, also RI will be hiring a health and nutrition supervisor who will be overseeing all RI's health and nutrition interventions in Keich Kuon. Upon receipt of funding, RI will commence recruitment of mobile teams consisting of a clinical officer nurse, midwife, vaccinator, and CHWs. Additionally, community leaders will be involved in the nomination and selection of HHPs. Proposed mobile teams will be directly attached to the PHCC in Keich Kuon with reporting line to the PHCC and the health and nutrition supervisor. The HHPs will be supervised by the CHWs, and the CHWs will also be reporting to the health and nutrition supervisor. RI expatriate health and nutrition officers will be providing direct support to the program together with existing national staff. RI's health and nutrition program manager will oversee overall operations.

RI's strong health team will provide monitoring and technical support throughout implementation. The health and nutrition program manager and health and nutrition officers will be responsible for training staff as well as carrying out education sessions and campaigns. Senior project staff will visit the project sites frequently to give technical input and guidance. The Senior Management Team, based in Juba, will visit the project to ensure RI global standards are met.

Regular monitoring missions, including joint monitoring missions, will be conducted will be conducted by senior staff to monitor and track progress and achievements in all locations, and coordinate any course corrections as necessary. RI will also hold regular meetings with village health committees and community level structures to gather feedback on the services provided and to ensure accountability to affected populations.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health Cluster	The Health Cluster provides technical support, in-kind supplies through the UNICEF and WHO pipelines, as well as connections with parterign agencies to avoid service overlap. RI coordinates with the Health Cluster at both thhe country and state levels to enhance services and improve coordinaiton and collaboration.
Nile Hope	Nile Hope is currently supporting two primary healthcare facilities in Nasir. RI will work in coordination with Nile Hope to provide complimentary programming while avoiding overlap.
UNKEA	UNKEA is currently providing programmatic support in food security and livelihoods, health and nutrition, and some WASH activities. RI is in close communication with UNKEA to provide complimentary programming while avoiding overlap. UNKEA is supporting the OTP in Keich Kuon, RI and UNKEA will work together to provide supportive services.

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

RI prioritizes gender needs throughout the entire project cycle including design, implementation, and monitoring and evaluation. Female-specific needs will be considered and female beneficiaries will be engaged at all stages of the project.

Females will be given preference for hiring and recruitment as home health promoters and community health workers, also gender balance will be considered in recruitments for other positions to increase ability to meet patient's gender-specific needs.

As women are the primary caretakers and providers in their households, RI will be focusing more on women and their roles in household and will be reaching them with health education and promotion messages. Women's health needs including reproductive health care will be a main component of the program. RI will provide ante-natal, delivery, and post-natal referrals to Keich Kuon PHCC for pregnant women and new mothers. Pregnant women and mothers of malnourished children will be prioritized in the distribution of LLINs

Protection Mainstreaming

RI will mainstream protection by supporting integrity, dignity, and safety for all targeted populations. Women and children under five will be prioritized and sought counsel during the implementation process. Protection will be supported through women and youth consultations and representatives, targeting of the most vulnerable, and support rights-based and participatory approaches.

The project places high emphasis on gender throughout the design and implementation periods. Women will be involved in the design and implementation of activities at the community level, and are empowered by capacity building through technical training and outreached activities. Additionally, female caretakers of malnourished children are targeted for health and hygiene education.

Increased access to health and nutrition services reduces risk for women and girls as time traveled to SC to receive essential life-saving services will be reduced. Less time traveled reduces the household burden, especially for women and girls, and reduces risk to SGBV.

Additionally, basic EPI and nutritional needs will be met including the promotion of EPI services. Campaigns conducted will increase resistance to detrimental diseases and illnesses, increasing individual and household resilience. Health promotion sessions and EPI campaigns will be targeted towards the most vulnerable, prioritizing women, PLWs, and girls in consultation with the community. Moreover, proposed SSHF health programming will complement SSHF WASH, OFDA-funded health, nutrition, and WASH, as well as UNICEF-funded nutrition programming. The comprehensive programming approach will address basic multi-sectoral needs of the most vulnerable, increasing overall access to services and promoting rights and resilience.

Country Specific Information

Safety and Security

RI has prepared standard operating produces and protocols on security management and emergency evacuation. RI's Global Security Manager, Regional Safety Manager and in-country Senior Operations Manager will continue to monitor the security situation in all target areas. In addition to that RI maintains good relationship with local authorities in the field to inform and alert in case of any security threats and events in the counties of Greater Nasir.

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.

Access

RI has had access in Greater Upper Nile and for the last seven plus years and has operated with all possible support from 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/SSHF 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, and clusters. 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 and,
- 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/SSHF 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/SSHF based on the specific situation.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Country Director	S	1	8,000.00	3	7.00	1,680.00
	RI's country director will provide oversight on the project as part of the larger country portfolio.						
1.2	Program Director	D	1	3,800.00	3	7.00	798.00
	Overall manager of project, responsible for oversight and supervision of all program and operations aspects, including liaising with partners, engaging government, organizing training programs, and working with other stakeholders.						
1.3	Reporting and Communications Officer	S	1	3,000.00	3	7.00	630.00
	Directly supports the coordinator with reporting and donor communication and organizational representation/coordination at the national cluster level in Juba.						
1.4	Country Finance Manager	S	1	5,000.00	3	7.00	1,050.00
	RI's country finance manager will provide high level finance management support, including review of all finance reports and donor compliance accountability.						
1.5	Deputy Finance Manager - Field Based	S	1	3,500.00	3	7.00	735.00
	RI's 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.						
1.6	Sr. Operations Manager	D	1	5,000.00	3	7.00	1,050.00
	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 polices.						

1.7	Health and Nutrition Program Manager	D	1	5,800.00	3	15.00	2,610.00
	RI's health and nutrition program manager will provide expertise, technical oversight, and support capacity building for all aspects of the program related to health.						
1.8	Health and Nutrition Officer	D	2	3,000.00	3	15.00	2,700.00
	The Health and Nutrition Officer is responsible for direct implementation oversight in respective project location supervised by Health and Nutrition Program Manager.						
1.9	Vaccinator	D	1	500.00	3	100.00	1,500.00
	Vaccinators will ensure EPI services are provided at supported facilities. They will also assist in outreach campaigns.						
1.10	Midwife	D	1	1,100.00	3	100.00	3,300.00
	One qualified midwife will support maternal and child health services. She will be roving, supporting maternal care at facilities within the host community.						
1.11	Nurse	D	1	850.00	3	100.00	2,550.00
	Nurses will provide professional nursing services to the beneficiaries.						
1.12	Clinical officer	D	1	1,300.00	3	100.00	3,900.00
	The Clinical Officer is responsible for the day to day routine technical direct implementation at project locations. He/she is supervised by health coordinator.						
1.13	HR/Admin officer	S	1	1,600.00	3	10.00	480.00
	RI's Admin/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.						
1.14	Logistics officer	S	1	1,500.00	3	10.00	450.00
	RI's Logistics Officer will provide dedicated 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; This person will dedicate 20% of their time to this project, as it is logistics-intensive.						
1.15	Finance/Admin Officer	S	2	1,500.00	3	10.00	900.00
	RI's National 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.						
1.16	Security Guards	S	6	375.00	3	10.00	675.00
	The six (6) 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.						
1.17	Cooks/Cleaners	S	3	350.00	3	10.00	315.00
	"The three (3) Cooks / Cleaners will keep the office clean in accordance to RI standards.						
1.18	Drivers	S	3	650.00	3	10.00	585.00
	The three (3) drivers provide each project site with daily transport coverage and support in the deliverance of the activities in the field and country office level.						
1.19	Security Officer	S	1	1,300.00	3	10.00	390.00
	The Security Officer will provide direct security support will backstops and monitors the project at the country level.						
1.20	Community Health Workers (CHWs)	D	8	350.00	3	100.00	8,400.00
	Community Health Workers (CHWs) provide community health outreach services at the household, community and facility level.						
1.21	Regional Safety Manager	D	1	4,800.00	3	7.00	1,008.00
	Provided risk and safety assessment to staff in the field and evaluates program safety.						
	Section Total						**35,706.00**
2. Supplies, Commodities, Materials							
2.1	Essential Medicines and Supplies	D	1	0.00	1	100.00	0.00
	Covers the lumpsum costs of essential medicines and supplies which will serve the health facilities and mobile units.						

2.2	Medical Equipment and Instruments	D	1	0.00	1	100.00	0.00
	Covers the lumpsum costs of medical equipment and instruments to service the health care facilities and mobile units.						
2.3	Health Facility Consumables and Supplies	D	1	0.00	1	100.00	0.00
	Covers the lumpsum cost of medical consumables and supplies including gloves and needles for health care facilities and mobile units.						
2.4	Long-Lasting Treated Insecticidal Nets	D	1	0.00	1	100.00	0.00
	Covers the cost of purchasing 1000 LLTINs at a unit cost of $3 each						
2.5	Establishment and Equipping the Stabilization Center	D	1	2,400.00	1	100.00	2,400.00
	Covers the cost of establishment and equipping the stabilization center including poles, sheeting, and nails.						
2.6	Cold Chain Equipment for EPI Outreach	D	1	1,000.00	1	100.00	1,000.00
	Lumpsum cost for cold chain equipment and EPI supplies to support EPI campaigns.						
2.7	Mobile Team Furniture and Supplies	D	1	6,500.00	1	100.00	6,500.00
	Includes the lumpsum cost for furniture and supplies for mobile team.						
2.8	Bicycles for Outreach Activities	D	20	120.00	1	100.00	2,400.00
	Covers the cost of 20 bicycles at a unit cost of $120 each to support EPI and provide transport for the CHWs to reach the most hard-to-reach payams.						
2.9	HHP and CHW Supplies	D	1	9,500.00	1	100.00	9,500.00
	Includes the cost of Home Health Promoters and Community Health Worker supplies including backpacks and stationery.						
2.10	Freight, Transport, and Storage	D	1	4,200.00	1	100.00	4,200.00
	Lumpsum cost to support freight, transport, and storage including Cost of hiring trucks from Juba to Bor or Rumbek for transport of supplies.						
2.11	Incentives and lunch allowances for HHPs and CHWs.	D	1	4,500.00	1	100.00	4,500.00
	Incentives and lunch allowances for HHPs and CHWs.						
2.12	Mobile Team Running Costs	D	1	4,200.00	1	100.00	4,200.00
	Mobile team running costs.						
2.13	Training for HHPs (ICCM, Surveillance, Reproductive Health)	D	1	2,750.00	1	100.00	2,750.00
	Covers the costs of training of home health promoters including stationary, transport, materials, and consumables.						
2.14	Training for Stabilization Centre Staff	D	1	2,100.00	0	100.00	0.00
	Training for Stabilization Centre Staff including incentives, transportation costs, consumables, and printing.						
2.15	Training for CHWs (iCCM, surveillance, reproductive health)	D	1	2,450.00	1	100.00	2,450.00
	Covers the costs of training of CHWs including stationary, transport, materials, and consumables.						
2.16	Visibility Materials	D	1	1,200.00	1	100.00	1,200.00
	Covers the cost of printing of visibility materials including stickers and t-shirts with RI and SSHF logos.						
	Section Total						**41,100.00**
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00

	NA						
	Section Total						**0.00**
5. Travel							
5.1	Staff travel (per diem)	D	1	50.00	3	100.00	150.00
	The budget line will be used to provide per diems and accommodation allowance for the staff working under this program.						
5.2	Local flights for staff travel (Juba-Nasir-Juba)	D	3	275.00	1	100.00	825.00
	These funds will be used to cater for the travels for the program staff to and from the field sites.						
5.3	Int'l flights for staff deployment (field-home)/Visa/Accomodations	D	1	850.00	1	100.00	850.00
	These funds will cater for the travel of the Nasir-based expats responsible for program implementation.						
	Section Total						**1,825.00**
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
7. General Operating and Other Direct Costs							
7.1	Stationary and office materials (field office)	S	1	1,647.00	3	10.00	494.10
	These budget will be used to purchase stationery to be used in the field sites where the project is being implemented.						
7.2	Office/guesthouse rent and maintenance (field office)	S	1	6,000.00	3	10.00	1,800.00
	These funds will be used to support satellite offices in field locations to ensure smooth delivery of program activities and provision of oversight to the ground team.						
7.3	Utilities - Nasir (field office)	D	1	2,500.00	3	10.00	750.00
	These funds will be used to pay for water, garbage collection and other services in the field locations of the project.						
7.4	Communications (field office)	D	1	2,300.00	3	10.00	690.00
	The budget will be utilized to buy thuraya airtime and other related communication supplies with the field locations for the purpose of reporting and dissemination of information in a timely manner.						
7.5	Printing/Photocopying	D	1	1,500.00	3	10.00	450.00
	Funds will be used to print and reproduce materials and pamphlets to be used for the program activities in the field sites.						
7.6	Maintenance and fuel for power generation	D	1	2,250.00	3	10.00	675.00
	Funds will be used to procure fuel for use to generate power for use in the offices where the program is being implemented in the day to day running of the office activities.						
7.7	Safety and Security	D	1	2,000.00	1	100.00	2,000.00
	Provision of 1 x trauma bag; Provision of hibernation kit; Sang bags; Sat phone with docking station for bunker; Maintenance of emergency lights & fence/barbed wire; First aid kits for RI vehicle(s).						
7.8	Juba office/guesthouse rent	S	1	13,200.00	3	10.00	3,960.00
	Monthly cost of rent of the main office in Juba as well as the guesthouse for the support staff.						
7.9	Vehicle rental (fourwheel and light vehicle)	D	1	1,200.00	3	10.00	360.00
	These funds are for renting vehicles for the use of supporting the program activities during the various campaigns and trainings.						
7.10	Vehicle fuel and maintenance	S	1	1,650.00	3	10.00	495.00
	These funds will be used to purchase fuel for the vehicles as well as maintenance of the vehicles during the project implementation.						

7.11	Banking charges	D	1	720.00	3	100.00	2,160.00
	These will be used to pay for the bank charges-ledger fees as well as swift charges and any other related charges during the cash handling of the funds.						
7.12	Insurances (Non-Personnel)	D	1	1,800.00	3	10.00	540.00
	This will cover insurance for the vehicles, property and premises upon which the staff working under the program are using.						
7.13	Legal Fees	S	1	1,509.48	3	10.00	452.84
	These are fees used to pay for legal services during the program duration.						
	Section Total						**14,826.94**
SubTotal			92.00				**93,457.94**
Direct							78,366.00
Support							15,091.94
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							6,542.06
Total Cost							**100,000.00**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Luakpiny/Nasir	100	3,105	3,620	864	900	8,489	

Documents

Category Name	Document Description