OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	MEDAIR
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Increased access to primary health care for conflict affected and vulnerable populations in Renk County, South Sudan		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-16/H/89675	**Fund Project Code :**	SSD-16/HSS10/SA2/H/INGO/3595
Cluster :	Health	**Project Budget in US$:**	150,000.00
Planned project duration :	6 months	**Priority:**	1
Planned Start Date :	01/09/2016	**Planned End Date :**	28/02/2017
Actual Start Date:	01/09/2016	**Actual End Date:**	28/02/2017
Project Summary :	Through this project Medair will respond to prioritised, assessed, unmet health needs or gaps in primary health service provision, to reduce morbidity and mortality of vulnerable girls, boys, women and men in Renk County. This project aims to improve access to quality preventative and curative primary health care services, including reproductive health. Due to the underlying vulnerabilities of the population, high maternal and under 5 mortality rates, this project will focus on improving access to quality life-saving services for pregnant and lactating women and children under 5 years. This project will maintain provision of essential primary health care services to IDPs and the host community in Renk County where the health system has been dysfunctional due to conflict for some time and suffered an abrupt loss of RRHP funding to the CHD at the end of May 2016. A Medair SMART survey in June 2016 highlighted the fragile health and worsening nutritional status of the children in Renk County; in host communities GAM was 34.8% and in displaced communities GAM was 27.6%. These malnutrition rates further confirm the need to ensure access to quality primary healthcare, especially for children aged 6-59 months, in order to prevent excess mortality linked with malnutrition. In this still volatile area, with recurrent displacements, minimal health resources and emergency malnutrition levels, there remains a continuing need for emergency primary healthcare to limit preventable morbidity and mortality.		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
11,732	23,463	4,725	4,725	44,645

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	2,346	4,693	945	945	8,929
People in Host Communities	9,386	18,770	3,780	3,780	35,716

Indirect Beneficiaries :

Those benefiting from health interventions from decreased exposure to illness although not directly accessing services = 5000 men, women and boys and girls .

Catchment Population:

49,452

Link with allocation strategy :

This project is in line with the SSHF allocation strategy, as project activities directly address life-threatening risks and vulnerabilities, in a critical and vulnerable location. This project will contribute to the overall objective of the SSHF strategy, to save lives and alleviate suffering through safe access to services with dignity and links closely with the health cluster response strategy as it includes integrated health and nutrition life-saving packages including reproductive health, life-saving referral mechanisms and community based responses. Medair is able to implement these activities immediately.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

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

Other Funding Source	Other Funding Amount
OFDA	428,000.00
	428,000.00

Organization focal point :

Name	Title	Email	Phone
Anne Reitsema	Country Director	cd-southsudan@medair.org	+211 924 143746
Caroline Boyd	Head of Country Programme	caroline.boyd@medair.org	+41 21 694 8475
Lois Fergusson	Health Advisor	medicaladvisor-sds@medair.org	+211 927 172961
Louise Damant	Programme Funding Manager	funding-southsudan@medair.org	+211 927 058148

BACKGROUND

1. Humanitarian context analysis

After the outbreak of violence in Juba in July 2016, the August 2015 peace agreement dangles by a thread with the future of the Transitional Government of National Unity unknown. Violence in Juba reignited latent conflict across the Equatorias and Greater Upper Nile regions. This latest outbreak of fighting combined with a year on year inflation rate of 660% and a worsening food security situation have contributed to a worsening humanitarian situation. Unpredictable population movements and access constraints have impacted project activities. Medair has continued to monitor the security situation closely. Recent estimates indicate that over 1.6 million people are currently internally displaced across South Sudan, a figure that almost doubled in 2015 with the number increasing every day.

Due to its strategic positioning, Renk County has become host to a large number of IDP's fleeing the insecurity in surrounding counties and seeking safety at the Sudanese border. Renk County has seen several waves of conflict and displacement since December 2013. Throughout 2015 and during the first quarter of 2016 there has been ongoing conflict and recurrent displacement of the population, which has at times inhibited provision of and access to services. Displaced individuals continue to live in settlements in some locations such as Abayok and Wunthow. Aerial bombing in the east of the county in March 2016 caused the displacement of >3,000 IDPs to Renk town and 1,800 into Payuer settlement. Many smaller host communities continue to have pockets of displaced population living among them. Population numbers in Renk continue to fluctuate alongside depleting coping mechanisms.

Medair will provide access to quality life-saving primary healthcare for vulnerable and displaced populations in Renk County.

In Renk County, reduced capacity of the CHD, multiple displacements, destruction of health facilities including the hospital and the abrupt onset of an RRHP funding gap, has crippled the health infrastructure. In Renk County, no PHC facilities have capacity for inpatient admissions. Rehabilitation of the County Hospital began in early 2016 and some staff and supplies are now available. However, its capacity remains extremely limited with only outpatient services. Accurate population estimates for Renk County are difficult to determine. Even using a conservative population figure of 50,000, primary healthcare coverage for Renk County falls well below minimum standards. Health personnel in the county include 8 doctors, 22 medical assistants (6 provided by Medair) and 10 midwives (5 provided by Medair), which based on an estimated 50,000 population is 4.4 medical assistants and 2 midwives/10,000 population well below the Sphere HR minimum standard of 22 qualified health workers/10,000 people.

A Medair SMART survey in June 2016 highlighted the fragile health and worsening nutritional status of the children in Renk County; host U5MR was 0.0.19/10,000/day (95%CI: 0.07-1.4), GAM 34.8% (95%CI: 30.3-39.5) and in displaced communities U5MR 1.64/10,000/day (95%CI:0.83-3.22), and GAM 27.6% (95%CI: 23.3-32.3). Despite a displaced and spread out population in Renk County, Medair provided over 45,000 PHC consultations between February and July 2016. In partnership with the CHD, Medair began implementation of iCCM in three remotes areas with distant access to facility based care. Efforts are ongoing to strengthen cold chain capacity across the county and improve routine EPI activities. Diarrhoea, ARI and malaria were the primary causes of morbidity among children <5 years. Presence of military personnel, a displaced population and a high number of female headed households increases the risk of SGBV. Medair's clinics are equipped to provide CMR. Medair's clinics provide integrated nutrition services with outpatient services services for children with MAM and SAM at all sites and inpatient management of SAM with medical complications at one site, A

2. Needs assessment

In Renk County, reduced capacity of the CHD, multiple displacements, destruction of health facilities including the hospital and the abrupt onset of an RRHP funding gap, has crippled the health infrastructure. In Renk County, no PHC facilities have capacity for inpatient admissions. Rehabilitation of the County Hospital began in early 2016 and some staff and supplies are now available. However, its capacity remains extremely limited with only outpatient services. Accurate population estimates for Renk County are difficult to determine. Even using a conservative population figure of 50,000, primary healthcare coverage for Renk County falls well below minimum standards. Health personnel in the county include 8 doctors, 22 medical assistants (6 provided by Medair) and 10 midwives (5 provided by Medair), which based on an estimated 50,000 population is 4.4 medical assistants and 2 midwives/10,000 population well below the Sphere HR minimum standard of 22 qualified health workers/10,000 people.

A Medair SMART survey in June 2016 highlighted the fragile health and worsening nutritional status of the children in Renk County; host U5MR was 0.19/10,000/day (95%CI: 0.07-1.4), GAM 34.8% (95%CI: 30.3-39.5) and in displaced communities U5MR 1.64/10,000/day (95%CI:0.83-3.22), and GAM 27.6% (95%CI: 23.3-32.3). The crude mortality rate amongst the camp population still exceeds emergency thresholds at 1.39 (0.93-2.07 95% C.I.). Despite a displaced and spread out population in Renk County, Medair provided over 45,000 PHC consultations between February and July 2016. In partnership with the CHD, Medair began implementation of iCCM in three remotes areas with distant access to facility based care. Efforts are ongoing to strengthen cold chain capacity across the county and improve routine EPI activities. Diarrhoea, ARI and malaria were the primary causes of morbidity among children <5 years. Presence of military personnel, a displaced population and a high number of female headed households increases the risk of SGBV. Medair's clinics are equipped to provide clinical management of rape to survivors of SGBV. Medair's clinics provide integrated nutrition services with outpatient services for children with MAM and SAM at all sites and inpatient management of SAM with medical complications at one site, Abayok.

Measles coverage in the county remains low at 71.30% in the IDP population and 66.67% in the host population (Medair's SMART survey, June 2016) meaning the population remain vulnerable to future measles outbreaks. Medair implements routine EPI at all facilities and has EPI outreaches coordinated with CHD and IOM. Medair implements disease surveillance using standard mechanisms (IDSR, EWARS) through regular clinic data reporting Any cases meeting outbreak disease case definitions are reported through standard alert mechanisms and laboratory testing facilitated and coordinated by Medair.

In this still volatile area, with recurrent acute displacements and minimal health resources, there remains a continuing need for emergency primary healthcare to limit preventable morbidity and mortality.

3. Description Of Beneficiaries

The beneficiaries of this project are girls, boys, women and men who have been internally displaced as well as vulnerable host communities, including those displaced multiple times but returning to their area of origin. In Renk County, staff take extra time and provide additional support for people with disabilities to access health services at the facility. This project is designed to decrease morbidity and mortality for the main diseases among the most vulnerable groups. Therefore, children, particularly under 5 years, pregnant and lactating women, people with special needs and the elderly are usually identified as especially vulnerable and the emergency intervention will be designed accordingly. Adolescent girls are also vulnerable and a priority for the RH component of Medair's PHC, along with PLW as they are often an at risk group for complicated deliveries. Health staff who receive targeted training are also beneficiaries of this project. Medair works through existing structures such as MoH to build the capacity of local health workers, which includes supervision and on the job training of female and male local health care workers and health and hygiene promoters. Medair provides public information to the beneficiaries about their projects through local government, community outreach and facility based awareness and health promotion activities. Medair consults with local authorities, community leaders, CHD and health staff regarding decisions to implement, adapt or complete projects. Medair uses household surveys and annual SMART survey to assess programme coverage and evaluate the impact of the project on the community.

4. Grant Request Justification

Medair has demonstrated the capacity to deliver quality primary healthcare in South Sudan. Medair has been supporting returnees, IDPs and other vulnerable groups in Renk County since 2011 with emergency health, nutrition and WASH services, which also respond to the needs of vulnerable host communities. Medair is one of the few emergency relief agencies currently present in the county, and the only agency providing nutrition services. Medair provides emergency PHC in 2 IDP sites through temporary facilities in Renk County and through restoration and strategic support to a MoH facility that was not functioning in a location of increased population and critical needs. Integrated nutrition services for outpatient management of severe and moderate malnutrition for children aged 6-59 months are available at all clinic sites, and inpatient management of severe malnutrition with medical complications is provided in Medair's stabilization centre in Abayok.

This allocation will enable Medair to continue PHC provision to vulnerable communities who would otherwise have no access to health care amidst alarming malnutrition levels. Medair, in collaboration with the CHD, has established iCCM to reach remote communities who are cut off from accessing facility based services in three locations in Renk County and will expand this activity to further improve access to community based treatment. Medair will continue with independent procurement of drugs and other medical supplies to fully provide for services at Medair run clinics and to ensure essential drug supply at Medair supported facilities. Medair clinics are civilian facilities in Renk County providing comprehensive ANC and basic EmONC alongside other routine RH services such as family planning. Medair will continue to advocate for the provision of CEmONC as well as HIV testing and safe blood transfusion for Renk County. In the interim, Medair will maintain its referral mechanism to a CEmONC facility in Sudan for obstetric emergencies. Medair's RH program in Renk integrates management of SGBV, including psychosocial support and uses the Care Groups to increase community awareness and uptake of services.

Medair programmes are designed to have minimal environmental impact. At PHC sites, Medair ensures an incinerator is available and clinical waste is disposed of correctly. Health Promotion at all programme levels promotes the use of clean water and sanitation in the community. Health staff are trained in universal precautions and made aware of HIV transmission and prevention. Free condoms are available from Medair supported health facilities. Where possible, patients with suspected HIV infection are referred to the nearest voluntary counselling and testing (VCT) centre. Treatment is provided for opportunistic infections during case management interventions. Medair's programme in Renk County is co-funded by OFDA.

5. Complementarity

This project is a continuation of Medair's ongoing emergency PHC support to IDPs and vulnerable host communities in Renk County and will enable Medair to continue that support throughout the remainder of 2016. Medair's CHF 2016 Round 1 health allocation expired at the end of July 2016. Other donor funding secured for Medair's health activities in 2016 include OFDA. Wherever possible, Medair seeks to integrate health programming with nutrition and WASH activities to strengthen the response. For example, in Renk County, Medair fills a critical gap in the provision of multi-sector support across the health, nutrition and WASH sectors. Integration of all CMAM components through supported health facilities in Renk County, including a Stabilisation Centre in Abayok and mobile OTP/TSFP services in hard to reach locations, has increased the impact and scope of Medair's emergency health services. In responding to the SMART survey results of June 2016, Medair has initiated screening of every 6-59 month old child in Renk County which will be completed in September 2016. In fixed sites behavior change communication is implemented through the Care Group Model which address cross cutting health, nutrition and hygiene practices.

LOGICAL FRAMEWORK

Overall project objective

To reduce morbidity and mortality of vulnerable girls, boys, women and men in Renk County by improving access to quality preventative and curative primary health care services.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	100

Contribution to Cluster/Sector Objectives : Medair's project is designed to contribute to both of the health cluster objectives. In line with the first objective, Medair will improve access to essential and emergency health care with a focus on women and children in Renk County. Medair will provide PHC including Integrated Essential Child Health Care (IECHC) for the management of the main causes of morbidity and mortality among children under 5, essential PHC drugs and EPI, through both outreach and fixed facilities. Medair will continue to provide nutrition services integrated in PHC, with all components of Community Management of Acute Malnutrition (CMAM), including provision of a Stabilisation Centre for the management SAM with medical complications. This project will also enable Medair to provide antenatal care, skilled delivery, post natal care, SGBV services and continue to facilitate the only effective referral system for emergency obstetric care in Renk County.

This project will also support the prevention, detection of and response to epidemic prone disease outbreaks in conflict affected states. Medair will maintain disease surveillance using IDSR and EWARNS in all supported locations and facilitate timely reporting. Medair will continue to train and support local health care workers in prevention, diagnosis and surveillance for outbreak prone diseases in South Sudan. Through community based messaging, using the Care Group network, Medair will share health, nutrition and WASH messaging designed to reduce the vulnerability of host and IDP populations to outbreak disease.

Outcome 1

People in Renk County have increased access to quality lifesaving primary health services, including reproductive health care

Output 1.1

Description

Increased provision of quality PHC services, including reproductive health, for IDPs and host communities in Renk County

Assumptions & Risks

Security situation remains stable in intervention locations and authorities allow access to locations with vulnerable population. Medair is able to hire qualified staff and to procure, import where necessary and transport essential supplies in a timely manner.

Activities

Activity 1.1.1

Provide emergency primary health services, both facility and community based, in Renk County

Activity 1.1.2

Procure, provide and preposition emergency PHC supplies and essential medicines according to the MoH Basic Package of Health Services for PHC

Activity 1.1.3

Provide monthly facility based supervision for all clinic staff and conduct monthly exit interviews to assess correct diagnosis and treatment according to IECHC and PHC guidelines

Activity 1.1.4

Provide comprehensive ANC, PNC and family planning services. ANC to include TT, LLIN, IPT, micronutrient supplementation and provision of clean delivery kits

Activity 1.1.5

Provide skilled birth attendance in clinic locations

Activity 1.1.6

Provide training, including refresher training, to clinical staff on topics including MISP for midwives (including clinical management of rape), disease surveillance and Psychological First Aid

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	11,732	23,463	4,725	4,725	44,645
Means of Verification : Clinic registers and HMIS data							
Indicator 1.1.2	HEALTH	Percentage of cases diagnosed and treated per standardised case management protocols, by sex and age (Target 85%)					85
Means of Verification : Exit interviews and clinic supervision reports							
Indicator 1.1.3	HEALTH	Frontline # Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states		400			400
Means of Verification : Clinic and RH registers							
Indicator 1.1.4	HEALTH	Frontline # of staffs trained on Clinical Management of Rape (CMR)	3	7			10
Means of Verification : Clinic training records							
Indicator 1.1.5	HEALTH	Custom: % improvement in number of monthly drug stock outs of essential drugs in Medair run or supported facilities (Target 25% improvement)					25
Means of Verification : Monthly supervision checklists							
Additional Targets :							

M & R

Monitoring & Reporting plan

Medair will monitor health programme impact during and after interventions. The frequency depends on the services provided. Where Medair supports PHC facilities, impact will be measured using clinic registers to monitor clinic utilization and numbers treated. Medair has also internal quality indicators such as the percentage of children correctly diagnosed and treated according to South Sudan MoH guidelines. This data is gathered through monthly exit interviews which involve independent examination of under 5s seen in clinic, confirming whether diagnosis and treatment are correct according to IECHC guidelines (providing data for Indicator 1.1.2). Clinic supervisory checklists (using standardised South Sudan MoH, as well as internal Medair checklists) are also maintained by the team. On a monthly basis, these checklists will include checking on the number of stock outs of essential drugs in the facility over the previous calendar month, with a count being taken of the number of instances of stock of essential drugs running out in the facility (providing data for Indicator 1.1.5). In case of clinic support, weekly and monthly reporting is taking place following the same process. Evaluations may include qualitative or quantitative follow-ups such as focus group discussions and annual household surveys. Medair will contribute to all national reporting mechanisms relevant to the activities being implemented, and will build capacity of local healthcare workers to continue using those mechanisms. All data presented in weekly and monthly reports is monitored by local project managers as well as the health advisor based in Juba to determine any areas of concern, identify vulnerable populations or gender disparities in access to health services or note preparations needed for changes in disease trends.

Medair will use representative sampling methods such as Lot Quality Assurance Sampling (LQAS) or cluster sampling methodologies to conduct household surveys. Project Managers are responsible for monitoring of activities and tracking all required indicators during implementation and upon completion of assessments and interventions. The health advisor will provide technical input and quality assurance for this program. The monitoring and evaluation manager supports the project managers and assumes responsibility for survey design, in consultation with sector advisors at country and HQ levels.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide emergency primary health services, both facility and community based, in Renk County	2016									X	X	X	X
	2017	X	X										
Activity 1.1.2: Procure, provide and preposition emergency PHC supplies and essential medicines according to the MoH Basic Package of Health Services for PHC	2016									X	X	X	X
	2017	X	X										
Activity 1.1.3: Provide monthly facility based supervision for all clinic staff and conduct monthly exit interviews to assess correct diagnosis and treatment according to IECHC and PHC guidelines	2016									X	X	X	X
	2017	X	X										
Activity 1.1.4: Provide comprehensive ANC, PNC and family planning services. ANC to include TT, LLIN, IPT, micronutrient supplementation and provision of clean delivery kits	2016									X	X	X	X
	2017	X	X										
Activity 1.1.5: Provide skilled birth attendance in clinic locations	2016									X	X	X	X
	2017	X	X										
Activity 1.1.6: Provide training, including refresher training, to clinical staff on topics including MISP for midwives (including clinical management of rape), disease surveillance and Psychological First Aid	2016									X	X	X	X
	2017	X	X										

OTHER INFO

Accountability to Affected Populations

As a member of HAP-I, Medair seeks to provide public information to the beneficiaries about the programmes provided through local government, community outreach and facility based awareness and health promotion activities. Medair consults with local authorities, community leaders, other health actors, CHD and health staff throughout the project implementation to be transparent regarding decisions to commence, adapt or complete programmes. In static sites such as Renk, Medair uses annual household surveys to assess programme coverage and post exit interviews are used at the facility level for monitoring the quality of service provision. Every staff member joining to work with Medair in South Sudan gets an orientation on the Code of Conduct and has to sign upon it, together with a “Summary of Minimum Standards for the Protection of Women and Children Against Sexual Abuse and Exploitation” which form part of the National and International Staff Guidelines.

Implementation Plan

Medair proposes to use SSHF funds to address the most critical primary health care gaps, through provision of emergency primary health care facilities in two locations, provision of essential missing components of PHC services in a third location and provision of integrated Community Case Management (iCCM) in four villages linked with primary health care clinics.

At sites established due to displacement, Abayok and Wonthow, Medair will provide two emergency PHC clinics. As conflict in Renk County continues to impact population movement and the situation remains unpredictable, Medair may move these two mobile facilities with the population to ensure continuity of emergency health care provision. In the third location, Jelhak, Medair will help to fill the gap in CHD services to meet increased needs of both displaced and affected host communities. Medair will not set up new structures in Jelhak but will work with the CHD/IMA to implement comprehensive PHC through the existing CHD clinic and hand over support once quality services are established and the CHD has capacity to continue. Medair will maintain community based services with iCCM being carried out at three sites linked to PHC services and will add another iCCM site during this project in order to increase access to primary healthcare within vulnerable host communities.

Medair has identified these three locations as priority sites for providing and improving PHC services, based on the vulnerability of the population and prevalence of disease among women and children <5 years, the size of the population settlement including the number displaced, presence of nutritional needs and the lack of capacity of the CHD to meet the essential primary health care needs.

Medair directly implements the programme activities and strives to build capacity of local partners and link programming with longer term sustainability. Throughout the project, Medair works with the local community to ensure both men and women have equal access to employment with Medair as well as services. Medair has support bases, staff and resources in place to successfully implement the activities, given adequate funding. Medair has a team of Health and Nutrition Managers (clinical officers and nurses), logisticians and care group officers implementing behavior change communication through the Care Group Model (CGM) in Renk County. Gender analysis through focus group discussions with women, men, boys and girls will continue to take place to identify roles and responsibilities of each group and adjust programing whenever it is possible.

Medair actively participates in the national health cluster, national RRM TWG, health EP+R meetings and regular local coordination meetings in Renk. Medair staff will continue to work in collaboration with the County Health Department seeking coordination, informing on plans and adapting to the context. Medair also works in partnership with other NGOs within the same area (IOM) to ensure gaps are filled and seeks to avoid service overlap. Medair also liaises with UNICEF, WHO and UNFPA to access core pipelines to support programme implementation where needed.

Health programmes primarily target boys and girls <5 as well as PLW as the most vulnerable to morbidity and mortality. Project activities will provide PHC to fill a critical gap in service in this county where there are emergency needs. Medair will use facility and community based approaches to increase access to primary healthcare. Primary health services will include preventative and curative care including consultations, immunization and reproductive health services. Drugs will continue to be purchased independently especially as shortages are anticipated. Exit criteria are established prior to project implementation and reviewed on a yearly basis. Medair will maintain the flexibility to adapt time frames and activities of an intervention to fluctuating/increasing health needs in an area.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

During assessments of health related emergencies, the needs of men, women, girls and boys will be identified, including their requirements to access health care. Where possible Medair will hold single sex, age segmented FGDs to encourage participation, particularly of women, in health service design. Both men and women from local communities will be trained and used to provide staff for health facilities wherever possible. Primary healthcare delivered will be monitored through reviewing clinic data and patient exit interviews to ensure quality services and identify and resolve obstacles to equitable access. In all situations, targeting key causes of mortality and morbidity will lead the focus of the intervention. Community based health messaging, through the care group network, will preferentially target women more than men, particularly pregnant and lactating women as they are more vulnerable and the health and health knowledge of mothers has a direct impact on the health of their children.

Protection Mainstreaming

Medair seeks to incorporate protection principles through health programming, from assessment and prioritizing health needs to designing and implementing a response. This is done through awareness of protection risks during assessment and the impact of activities and services to reduce or exacerbate those risks. Medair will increase access to services and promote safety and dignity through the activities implemented. Despite under-reporting, SGBV is widespread in the conflict affected locations in South Sudan. Medair will provide SGBV services at all Medair run facilities, through both clinical management of rape and provision of PFA to survivors of SGBV. Medair will aim to identify and reduce barriers to accessing services for vulnerable groups.

Country Specific Information

Safety and Security

Access

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Programme Nat. staff : 57 staff (9 Clinic Guard, 4 EPI Vaccinator, 3 Medical Assistant, 5 Midwife, 8 Nurse, 2 Registrar/Clinic Assistant, 2 Care Group Assistant, 2 Translator/Teacher, 2 Security Guard - Warehouse, 1 Care Group Officer, 2 Clinic Health Promoter, 2 Clinic Officer in Charge, 2 Community Midwife, 4 Cook/Cleaner, 4 Registrar Assistant, 1 Security Guard - Clinic, 1 Sr. Care Group Officer, 1 Clinic cook/cleaner, 1 Inventory Control Officer, 1 Reproductive Health Sector Manager, 2 Midwife Assistant)	D	51.54	1,466.98	6	9.13	41,418.14
1.2	Programme Int. staff: 4 staff (1 Health Manager, 1 Warehouse Manager, 1 Health Advisor, 1 Project Manager)	D	2	9,990.63	6	9.13	10,945.73
	Section Total						**52,363.87**
Supplies, Commodities, Materials							
2.1	Consumable supplies (Medicines and medical supplies, ANC cards, Vaccination cards, Stationery, charcoal, sugar, cleaning materials, OPD cards, Box files, Printing Cards)	D	10	3,498.19	6	29.30	61,498.18
2.2	Food, water, soap	D	3	207.05	6	9.13	340.27
2.3	Construction materials	D	3	1,103.32	6	29.30	5,818.91
2.4	"Equipment, furniture and accessories (Examination couches, Delivery beds, Blood pressure machine, Solar lights, Benches, Chairs, Tables)"	D	7	320.95	6	9.13	1,230.71
2.5	Incentives and Casual labour (Incentive for TBAs referring to delivery centre, 12 Care Group Promoter Incentives, Incentive for iCCM supervisors, iCCM backpacks & trunks, Casual cover for clinic staff, Casual labour for clinic maintenance, Casual labour for offloading cargo)	D	17	127.48	6	9.13	1,187.17
2.6	Transportation of medications to the field, Transportation of health items, Transport of medicines by truck, Referral of obstetric emergencies , Referall of critical patients, Transport for Care Group promoters, Transport for health trainings, Transport for iCCM training, Flight for 4 staff to attend external training (RH, PSS)	D	9	2,520.10	6	9.13	12,424.60
2.7	Promotion and training (Items for demonstration of behavior, ICCM incentive, Care group promoters, training supplies, food for training)	D	5	299.84	6	9.13	821.26
	Section Total						**83,321.10**

Equipment							
3.1	Laptop accessories	D	1	133.37	6	9.13	73.06
	Section Total						**73.06**
Contractual Services							
4.1	Surveys & evaluations	D	2	183.88	6	9.13	201.46
4.2	Translation	D	1	33.33	6	9.13	18.26
	Section Total						**219.72**
Travel							
5.1	Ground Travel (taxi to and from airport, travel to project site)	D	5	36.98	6	9.13	101.29
5.2	Continental flights (for programme staff)	D	16	243.14	6	9.13	2,131.07
5.3	Intercontinental flights (home leave for programme staff)	D	8	83.36	6	9.13	365.32
5.4	Rental of vehicle/boat, including fuel and maintenance	D	5	260.35	6	9.13	713.10
	Section Total						**3,310.78**
General Operating and Other Direct Costs							
7.1	Office supplies (cartridges, stationery, paper for the project)	D	3	7.87	6	9.13	12.93
7.2	Transport for non-beneficiary goods, conference fees, packaging materials linked to the project, customs fees	D	4	16.67	6	9.13	36.53
7.3	Communication costs (phone, internet, satellite communications) for the project	D	3	14.32	6	9.13	23.53
7.4	Visibility material (posters, sign boards, T-shirts, stamps, stickers, billboards) for project	D	5	50.01	6	9.13	136.98
7.5	Facility maintenance, and supplies. (Warehouse maintenance, supplies, generators, water for warehouse, warehouse rent, tables, chairs, beds)	D	8	80.85	6	9.13	354.32
7.6	Security supplies, training, Warehouse security maintenance	D	3	68.84	6	9.13	113.13
7.7	Rent costs for warehouse	D	1	403.38	6	9.13	220.97

	Section Total			**898.39**
SubTotal		172.54		**140,186.92**
Direct				140,186.92
Support				
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				9,813.08
Total Cost				**150,000.00**
Grand Total CHF Cost				**150,000.00**

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 -> Renk	100	11,732	23,463	4,725	4,725	44,645	Activity 1.1.1 : Provide emergency primary health services, both facility and community based, in Renk County Activity 1.1.2 : Procure, provide and preposition emergency PHC supplies and essential medicines according to the MoH Basic Package of Health Services for PHC Activity 1.1.3 : Provide monthly facility based supervision for all clinic staff and conduct monthly exit interviews to assess correct diagnosis and treatment according to IECHC and PHC guidelines Activity 1.1.4 : Provide comprehensive ANC, PNC and family planning services. ANC to include TT, LLIN, IPT, micronutrient supplementation and provision of clean delivery kits Activity 1.1.5 : Provide skilled birth attendance in clinic locations Activity 1.1.6 : Provide training, including refresher training, to clinical staff on topics including MISP for midwives (including clinical management of rape), disease surveillance and Psychological First Aid

Documents

Category Name	Document Description