



November 25, 2008

BMB Mott MacDonald
c/o BSF 3rd Call for Proposals
Amsterdamseweg 15
6814 CM Arnhem
The Netherlands

To Whom It May Concern,

Please accept the following documents as the IRD US proposal submission for the Basic Services Fund (BSF) of the Government of South Sudan – Third Call for Proposals. The Community Health and Education Services in Southern Sudan (CHESS) project will target Duk County in Jonglei State. Partners for the project include the John Dau Sudan Foundation (JDSF), the Upper Nile Youth Mobilization for Peace and Development Agency (UNYMPDA), and Upper Nile Women Welfare Association (UNWWA), as well as the people of Duk County.

Thank you for your consideration and acceptance of this submission.

Please let us know if you need any additional information, and we look forward to working with you.

Sincerely,

Jasna Basaric-Keys
Chief of Program Operations

Basic Services Fund of the Government of Sudan and DFID Community Health and Education Services for Southern Sudan

November 28, 2008



Submitted by:
International Relief and Development US



Response to
Basic Services Fund of the Government of Southern
Sudan
Application for Third Call for Proposals

Community Health and Education
Services for Southern Sudan

Proposal Submitted by
International Relief and Development US



November 28, 2008

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1 Project Summary/Basic Data (Form 3)

1.1 Technical Overview of the Project

International Relief and Development US, Inc. (IRD) is pleased to present the Community Health and Education Services for Southern Sudan (CHESS) project that will support the extremely underserved Duk County, in Jonglei State. The CHESS project was developed and initiated by IRD US and its partners JDSF, UNYMPDA and UNWWA, along with the Duk County Commissioner and Jonglei State Ministries of Health and Education. Please refer to Section 2.6 for information regarding the IRD US process used for the design of CHESS goals and activities.

CHESS activities will target 50,000 beneficiaries including children under five, women of reproductive age, primary school students, returnees, and health and education staff. Please refer to Section 2.1 for more information regarding project beneficiaries. The **18-month project** will take place from January 2009 through June 2010, with rapid start up in January 2009. Activities will focus on provision of basic primary health care and education services, access to improved water and sanitation services.

The IRD US Team approach is to build government and local community capacity to develop and implement projects that respond directly to the needs of communities. The project will support the Comprehensive Peace Agreement (CPA) by engaging Duk County stakeholders to improve the health and education status of the population, through increased citizen participation in the planning, provision, and sustainability of basic health, education, and associated water and sanitation services. Objectives and activities of the project include: 1) Improved access to quality primary health care through child immunization and cold chain development, health worker training, health education campaigns including malaria and HIV/AIDS, provision of health supplies, distribution of mosquito nets, and construction of 4 primary health care units (PHCUs), rehabilitation of 1 PHCU as well as improvements in water and sanitation at 10 PHCUs; 2) Improved equitable access to basic education through teacher trainings, establishment of a teacher training center in Mareng, distribution of books and schools kits, establishment of payam level alternative education centers and parent-teacher associations (PTAs), and structural improvements in five schools including the establishment of water and sanitation services; and 3) Increased citizen participation and local responsibility for the effective implementation of health, education, and water/sanitation services in their community.

IRD US has collaborated with a team of partners with experience in these technical and geographic areas, including the John Dau Sudan Foundation (JDSF), the Upper Nile Youth Mobilization for Peace and Development Agency (UNYMPDA), and the Upper Nile Women Welfare Association (UNWWA), to implement project activities. Please refer to Annex Section 7.1 for a signed partnership agreement, and 7.5.2 for references for the partners.

1.2 Financial Overview of the Project

Total Project Cost: £2,762,478 (includes cost share)

Total Direct Costs: £1,423,549

Indirect Costs: £74,791

Direct Service Delivery Cost: 77% of the total cost of the project

Unit costs of services per beneficiary user group: primary health: £14.7/beneficiary (USD\$22/beneficiary); and primary education (excluding construction costs): £9.7 /beneficiary (USD\$14.5/beneficiary)

In addition, IRD has a commitment from UNICEF to provide health and hygiene supplies such as medicines, mosquito nets, water purification tablets, water containers, and soap to distribute to local communities.

2 Project Context and Problem Analysis (Form 4)

2.1 Program Initiators and Targeted Beneficiaries

IRD US, in collaboration with the Duk County Commissioner and the UN Regional Coordinator for Jonglei State to meet with local leaders, toured county payams, and discussed development needs to inform the design of the proposed CHESS project. The County Commissioner provided information regarding activities that would best support the Duk County Strategic Plan, and presented updated data prepared for the FY 2009 County Planning and Budget Report for Jonglei State and GoSS. IRD US and our partners developed the CHESS project based on the information gathered through these meetings, in order to help the GoSS address the basic needs of community members, and to instill sustainable processes for the provision of health, education and water and sanitation services.



The primary challenges facing Duk County following the Comprehensive Peace Agreement (CPA) are the extraordinary population growth from returning war-displaced populations, and the inability to provide these populations with basic services. During the 20 years of war, Duk County was nearly void of civilians, and lacked local government structure and basic services infrastructure. The UN and the Duk County Commissioner reported in the 2007-2011 Jonglei State Strategic Plan that of the estimated 130,000 current total population in Duk County, more than 40% of the population (54,000) returned since 2006, making the Duk returnee population growth one of the largest in Jonglei State. The IOM estimates that of total tracked returns to Southern Sudan, 60% of tracked households are female headed households, and the largest age group represented is children and youth (5-17) at 34% of total age groups. From January to August of 2008, UNHCR sponsored the repatriation return of some 8,000 returnees to Duk. Many of these were from Kakuma Refugee Camp in Kenya, according to a recent assessment conducted by IRD Team partner JDSF. According to officials in Bor, this growth is expected to accelerate given recent advances in road construction from Bor to Duk Padiet. Of note however, almost 75% of those that have arrived since 2006 are spontaneous returnees, returning to their homes outside of the UN-sponsored transport system, and thus the UN tracking of returnees and projections of expected returns are grossly underestimated.

CHES activities will target a portion of all seven payams in Duk County, and will base many of its training activities in Mareng the county headquarters. Direct beneficiaries are estimated to be approximately 50,000 including those receiving immediate benefit from the services. We estimate that approximately 20,000 children under five and 14,000 women of reproductive age will benefit directly from improved health care services. In particular, targeted beneficiaries will include children under five, women of reproductive age, returnees, school age children, health care service providers, school teachers and managers, County health and education teams, community workers, project volunteers and local NGOs. Through CHES interventions, all 130,000 residents of Duk County will benefit indirectly from improved services. Health education and hygiene campaigns, EPI interventions, health supply and book distribution will be conducted in all seven payams.

CHES activities will coordinate with the County Commissioner, Ministries of Health and Education, and County Health and Education Departments to select payams for school and PHCU rehabilitation and construction, and for associated improvements in water and sanitation. Selection criteria for payams will include:

- Areas impacted most heavily by refugee and IDP returns;
- Areas most underserved by existing INGO and UN assistance;
- Areas which are most severely cut off during the rainy season;
- Areas where local leaders and residents agree to community participation, follow up service and maintenance, and the creation of users committees to ensure sustainability of investments; and
- Areas where women, youth, and vulnerable groups will benefit from project activities.

2.2 Response to Need

Duk County has a high level of war-displaced returns, and is vulnerable in terms of education, health and water and sanitation services and related lack of infrastructure. State and County government understand needs, and are motivated to progress. The promise of peace and stability is fragile, and threatened by returnees who are so severely underserved they cannot wait for the long-term peace dividends generated by the CPA. A primary emphasis CHES activities then is to assist and strengthen the ability of local government and community leaders in showing demonstrable progress in health, education, water and sanitation and to illustrate the efficacy of the nascent government to plan and deliver services, capable personnel and basic infrastructure. The County Commissioner and State level MoH and MoE cite training for home health providers for the most remote areas, malaria prevention, school latrines, teacher training, training for mid-wives, and EPI coverage, as among the most pressing needs in the county.

Communicable diseases remain a large threat to children and families and the major ailments in the county, according to the JDSF, the MoH, and the Duk County Commissioner, include malaria, chronic upper respiratory infections, acute watery diarrhea, anemia, malnutrition, measles and mumps and even cases of guinea worm and imported cases of Kala-zar (lashmaniasis). There are also many cases of pelvic inflammatory disease and urinary tract infections, indicating that sexually transmitted infections (STIs) are rampant and even HIV/AIDS has made a striking appearance in a short while among returnees. Also outbreaks of cholera and polio are a very real threat, both occurring in neighboring counties in the last several months.



There is very little current statistical health information available for Duk County, which further indicates how underserved this area is having very little international or UN support. According to the Jonglei State MoH and Duk County Commissioner, infant mortality ranges from 80 – 100 per 1000 live births and 2,000 out of every 100,000 mothers die giving birth. These numbers are similar to those from the Southern Sudan Household Survey (SSHS) 2006, which also reports that for Jonglei State there is only 5% skilled birth attendance, 72% of children 6-59 months have never received Vitamin A, only 2% of mothers with a birth in the last 12 months was protected against neonatal tetanus, and only 20% measles immunization coverage of the state (the latter two are the lowest across Southern Sudan). The last nutrition assessment in the County was conducted by ACF in 2004, finding 22.7% malnutrition and 4.1% severe acute malnutrition. In 2004, Sudan Medical Care (SMC) conducted an immunization campaign for select areas for children under 5 and the WHO carried out a mass polio campaign. Apart from these, no regular EPI program has been implemented in the County. In a rapid assessment by JDSF among households in two payams in January 2008, immunization coverage could not be ascertained as no immunization cards had been distributed.

There also is little statistical data available for education in Duk County. The SSHS 2006 also found that for Jonglei State the net primary school attendance rate was 10%, only 1% of secondary school age children attend secondary school or high school, and only 2% of women aged 15-24 are literate. The Duk County Department of Education reported that there are 111 teachers in the county (one teacher for every 144 students), and of these, 55% are trained teachers, and only 4.5% are women. In addition, only 25% of attending pupils in the County are girls.

2.3 Operating in the Social, Political, and Security Environment of Duk County

To optimize operational processes, the IRD Team will establish the CHES project office and base camp at the Duk County seat, Mareng, co-locating with our partner, the JDSF and the Lost Boys Clinic. The county lies in the eastern flood-plain and is prone to flooding; thus many of the county's Payams and Bomas are seasonally cut off. The rainy season starts in April/May, increases towards June/July, declines in September/October, and ends in November. During the height of the rainy season, IRD will also have a presence in Bor co-locating with UNYMPDA and the Ministries of Health and Education, with IRD Team field monitors reporting by radio.

County Commissioner Mayen has advanced plans for the County's peaceful and sustainable development. He spent many years working for an international NGO prior to serving as a public servant and he brings that professional development orientation to his public management style. The technical staff in county government is generally inexperienced. Commissioner Mayen is strongly connected to key State Authorities in Bor. The Commissioner has assisted in the design of this proposal through guidance on the priorities and appropriate immediate actions and has fully endorsed IRD's initiative to work in Duk County. His active participation and support will be central in successfully implementing the program.

The population in Duk county is predominantly made up of the agro-pastoral Dinka tribe (Hol and Nyarweng), which practice subsistence farming and tend to cattle. There is relative harmony among various Dinka clans within Duk County. However, conflict tends to arise between neighboring tribal groups, predominately the Murle to the southeast and Nuer to the north and east. The Dinka/Nuer conflict is caused primarily by lack of resources such as grass and water for cattle feeding. Duk County is located on the Nile River, and the Nuer counties of Nyirol and Uror are located east away from the river. The Murle tribe have been known to abduct children and sell them, hiding in remote areas outside of villages and snatching children from 0-10 years. Frequently one sees armed local men guarding cattle, and to prevent child abduction by Murle raiders. Clashes between the Dinka and neighboring tribes has had a negative impact on community access to basic services, in these already underserved communities. These events, though not uncommon, were explained by county and state officials as episodic and strictly law enforcement matter, and has not to date posed a threat of expanding into a larger scale tribal and regional conflict.

Politically, the State Governor and Duk County Commissioner have been proactive in promoting conflict resolution through peaceful negotiations with the local authorities, traditional leaders and community representatives in the counties that are affected by this communal conflict. The new governor was recruited from his post in Kakuma camp to deal directly with the security issues in Jonglei State. He has pushed Members of Parliament from the respective counties to engage county level and community leaders. The Governor sent armed forces, including police and army to Duk County to patrol the area but strongly prefers negotiation and peaceful resolution to the response by armed patrols. During times of inter-clan/tribal clashes and tensions in the area any UN/partner INGO movement in or to areas is to be strictly coordinated by UN Security in liaison with the local government authorities.



2.4 Current Level of Basic Services in Duk County

IRD US and our partners conducted two recent assessments in Duk County, in January and June 2008. Both assessments found social infrastructure to be grossly inadequate for both current and future residents, especially the presence of health clinics and primary schools. The following is a summary of current health and education service infrastructure:

2.4.1 Primary Health Care

Regular support of the PHCCs and PHCUs has been intermittent with the pull out of MSF, however some health care workers continue on a voluntary basis. There are 10 community health workers (CHWs), 6 traditional birth attendants (TBAs), 1 medical assistant, 1 hygiene promoter, and 4 support staff working with the SMC supported clinics. SMC supports 5 PHCUs and 1 PHCC. In the County there is a PHCC in Poktap and one in Padiet, in addition to the JDSF Lost Boys' clinic. There are only nine PHCUs; one in Pakam, Amiel, Payuel, Joolong, Pawai, Pajut, Ractong and two in Padiet. These facilities and less formal health posts face severe shortages of health supplies, and an unreliable supply chain of medicines, and no cold chain. IRD's partner, JDSF's Duk Lost Boys clinic, is a PHCC. The clinic staff consists of a Sudanese Medical Doctor, with a specialty in infectious diseases, a Clinical Officer/Physician's Assistant, a Nurse, a Lab Technician, a Pharmacist, and two ophthalmology assistants.

2.4.2 Primary Education

According to the Duk County Strategic Plan, the County currently has 23 primary schools serving an estimated 15,900 pupils (25% girls). Of these 23 schools, only one is cement brick with a permanent roof. Most schools are either "tukul" type substandard structures or just a barren rain/sun shelter, with the majority of schools holding classes outdoors in an open-air setting, especially under trees. School materials and supplies are insufficient in most schools and none of the schools has text books. There are 111 teachers (one teacher for every 144 students), and of these only 55% are trained and only 4.5% are women.

2.4.3 Water and Sanitation services and Hygiene practices

There are 84 boreholes in the county, with 70 serviceable and 14 needing repair and maintenance. The reliance on water from boreholes is less in the rainy season as people collect water from ponds, streams, rivers or hand-dug wells. Most schools and health facilities do not have water points or toilets and there are few household latrines. Interestingly, many returnees coming from camps practice good hygiene behaviors and this has had some positive impact on residents, however, most of the population still do not practice basic hygiene like safe fecal disposal and hand washing.

2.5 Collaboration with, and Leverage of Other Relevant Projects in Duk County

Sudan Medical Care (SMC) is a local NGO which receives USAID funding through Catholic Relief Services (CRS). Funding will end in December of 2008 and there are no concrete plans for extension for 2009. Health facilities served by SMC in Duk County include the Poktab PHCC and PHCUs in Poktab, Joloong, Pawai, Amiel, and Pajat. SMC has a primary role in distributing salaries, funded through a CRS mechanism to workers in these facilities. ASCOM, an oil company, has constructed a fully equipped and operational PHCC including an operating theater and intensive care unit. The Carter Center has Guinea Worm control activities in some payams. Lutheran World Federation (LWF), based in Twic County, is building four primary schools and planning to construct two others and a secondary school in Mareng. Norwegian People's Aid (NPA) and CARE work in food security and Save the Children Sudan recently received funding from PACT for Peace Building. PACT is planning to drill boreholes under its Water for Recovery and Peace Program (WRAPP), and the Church Ecumenical Action in Sudan (CEAS) had a smaller water/sanitation program and a representative conducting hygiene promotion in some locations.

The CHES project will actively engage these partners through the County Health and Education Departments and project created payam health and education committees. The CHES team will collaborate with other agencies to identify health providers to be trained, facilities to be constructed/rehabilitated, and in all health and hygiene campaigns to avoid duplication, complement health activities, and best reach all citizens of Duk County. IRD US will work with these partners to engage the MoH at the County, State, and Juba level as well as UNICEF in strengthening the pharmaceutical supply chain and timely distribution of salaries to workers. The CHES project will work closely with LWF to avoid duplication of education service delivery and to ensure that our activities are complementary. This project intervention will support the GoSS, State and County levels to most effectively work with any non-state providers to increase basic service delivery across the county as well as uphold the required, systemic interventions with guidance from the GoSS line Ministries and national standards for development in the respective sectors. CHES will gather the most up-to-date data through baseline survey and rapid assessments during the first few weeks of the program, including reports from IMA which has been the lead agency in conducting county level surveys in the



Region, and reports from LWR who has participated in education-based initiatives in Duk County payams. Cross-referencing a variety of sources, will help avoid duplication and ensure harmonization of county-wide interventions.

2.6 Relevance to BSF Core Principles and to GoSS Policy

The CHES project was designed in consultation with local government and State authorities, and was developed to assist local leaders in meeting their stated health, education, and water/sanitation objectives as laid out in their county and payam level strategic plans. CHES activities will provide integrated basic service delivery in these areas, while working with state and county officials to help build their capacity to manage service delivery including the monitoring and evaluation of these activities for long-term delivery of basic services. Community members will be involved in planning and implementation to further ensure local ownership. The project will predominately employ Sudanese staff (only the Project Manager (Ethiopian) is envisioned to be expatriate), and activities will be designed to be conflict-sensitive, mindful of existing tensions in the area. In addition, the project will work towards building accountability at all levels, between non state providers, beneficiaries, donors, local authorities and the GoSS.

All primary health interventions, including rehabilitation and construction of clinics, will follow the guidance outlined in the MoH, GoSS Basic Package of Health Services for Southern Sudan, second draft March 2006. Activities for primary education and related infrastructure will refer to GOSS and Jonglei State education standards for teacher training and certification, and will contribute to GOSS initiatives such as the “Go to School Initiative, Girls Education Movement (GEM).. Concurrently, all CHES activities will be planned and implemented referencing the GoSS Budget Sector Plans 2009-2001. Further, this project will launch at a time when Duk county officials have been actively engaged in planning their priorities for the next 3 years. IRD US will help optimize these planning efforts by concurrently engaging State, County, and Payam administrators in project planning, budgeting, community engagement skills, and technical skill development to execute health and education project plans (with multiple components) in all seven payams in Duk County.

3 Project Intervention Logic and Approach (Form 5)

3.1 Basic Package of Services

IRD US, our partners, and GoSS counterparts in Duk County will address the health, education, and associated water and sanitation needs of 50,000 direct beneficiaries. The CHES project will engage local authorities and through project implementation build their capacity to deliver sustainable services in these sectors. The project will provide:

- infrastructural improvements (clinic, school and water and sanitation construction/rehabilitation,);
- training and capacity development (for health providers, educators and local authorities);
- systems development and implementation (cold chain development, supply chain, Alternative Education System development, women’s literacy, and local authority involvement); and
- necessary inputs (medicines, medical supplies, textbooks, school supplies and equipment).

3.1.1 Primary Health Care Services

The health component will address the general health problems including curative, preventive and promotive services and will primarily target children under 5 and women of reproductive age. The project will specifically focus on child immunization, reproductive health, nutrition, and HIV/AIDS and STI awareness and prevention. Services will be brought closer to women and children through the increased number of trained health providers, community health education campaigns, demonstration gardens, mosquito net distribution, provision of medicines and health supplies, as well as the construction of four PHCUs and rehabilitation of one PHCU.

3.1.2 Primary Education Services

Through the education component the project will target current pupils attending primary school and work to increase school enrollment, specifically for girls. The project will focus on training of teachers, establishing a teacher training facility in Mareng, establishing payam level education centers and parent teachers associations (PTAs), women’s literacy, and the provision of school supplies. Access to education services will be improved through the increased number of trained school teachers, the structural improvement of five schools and distribution of books and school kits.

3.1.3 Water and Sanitation Services, and Hygiene Promotion

The project will focus on providing improved water and sanitation services at health facilities and schools. Committees will be organized to handle the maintenance and use of latrines, hand-dug wells and rehabilitated boreholes. The project will also conduct county-wide hygiene awareness and promotion campaigns. Access to these will be improved through water and sanitation improvements at 10 PHCUs and five schools.



3.2 Goal, Purpose, Outputs and Primary Activities

The overall goal of CHSS is to support the CPA by engaging Duk County stakeholders in improving the health and education status of the population, through increased citizen participation in the planning, provision, and sustainability of basic health, education, and associated water and sanitation services. Activities, outputs, outcomes and indicators are described below. Please also refer to Annex Section 7.2 of this application for a Logical Framework of the proposed program and activities, and to Section 3.9 for an M&E Plan. CHSS activities will support the following objectives:

- Improved access to quality primary health care services;
- Improved equitable access to basic education; and
- Increased citizen participation and local responsibility for the effective implementation of health, education, and water/sanitation services in their community.

3.2.1 Objective 1: Improved access to quality primary health care services

3.2.1.1 Activities & Outputs: Primary Health Care

Proposed Activities	Expected results
Rehabilitation and construction of PHCUs	+ 4 PHCU constructed + 1 PHCU rehabilitated + 10 PHCU have adequate water and sanitation facilities + Establish 5 community demonstration gardens for nutrition training
Re-establish EPI infrastructure and services	+ Cold Chain is established + EPI management protocols and training provided to local providers in collaboration with MoH and UNICEF
Provision of essential pharmaceuticals, medical supplies and equipment (GIK contribution)	+ 20,000 children receive routine immunization + Increased vaccination coverage* + 20,000 school children receive de-worming; de-worming of general population through clinics and outreach
Training of health care service providers using MoH approved training protocols and curriculum.	+ Staff of 10 PHCUs and JDSF clinic in trained on management of most common illnesses and rational drug use + 10 health care service providers are trained in PHCU management + 20 midwives and TBAs trained + 20 community health workers trained + 5 health care service providers are trained in VCT
Training of home health promoters	+ 70 home health promoters trained in basic health education
Conduct County wide community health education campaigns	+ Community based health education campaigns on vaccination, FP/RH, Diarrhea prevention, ARI, ANC, HIV/AIDS are organized in each Payam*
Conduct a county wide malaria awareness and prevention campaign	+ Train HCs and home health providers on malaria prevention messaging and proper use of nets + Distribute nets to at least 2,000 households
Establish Health Steering Committees (HSCs) to link Payam/Boma residents and community leaders to local government and health services decision making	+ Establish 7 HSCs in each Payam. + Conduct County wide health facility assessments, health provider assessment, per Payam to the County Health Department (CED) on Payam priorities; + Assist with community mobilization for CHSS county wide health campaigns and related initiatives; + Assist with conducting project community consultation meetings, developing rehabilitation project plans, mobilization of community labor, and design of infrastructural maintenance plans for all health related infrastructure projects.

* Exact targets will be set based on baseline survey

3.2.1.2 IRD approach to improving access to quality primary health care services

In collaboration with the County Health Department (CHD) and the State MoH, the CHSS project will increase access to health care. CHSS will leverage investments made to date by JDSF at the Duk Lost Boys' Clinic and expand their training and community outreach activities. IRD US's local partners UNYMPDA and UNWWA will be



active in community mobilization, trainings and the targeting of women and youth. The project will engage county health officials in program planning activities to help raise capacity for their own county-level planning, and include county health officials and government health workers in all proposed health staff training. The project will develop supervision plans and perform joint supervisory visits with county health officials using standard reporting formats that will feed into national health management information systems.

CHES will work through the MoH and County Health Department and communities to identify PHCUs to be rehabilitated and the locations of those to be constructed. The project will also promote community participation through the active involvement of community members in PHCU rehabilitation. All construction is to be done using semi-permanent and permanent materials including cement block construction with steel beams and zinc roofs. The project will focus on providing improved water and sanitation services at 10 PHCUs. Committees will be organized to handle the maintenance and use of latrines, hand-dug wells and rehabilitated boreholes as identified in initial assessment. The project will also conduct county-wide hygiene awareness and promotion campaigns and establish demonstration vegetable gardens (with inputs from FAO) at each of the 5 PHCUs as a basis for training in family nutrition and the importance of micro-nutrient in-take, especially for nursing mothers and infants.

The project will establish EPI infrastructure and services. The JDSF has procured the necessary equipment including solar panels, medicine and lab test refrigeration equipment and plans to have this equipment installed and operational by February 2009. The CHES project will assist in establishing and maintaining the cold chain through training of staff and local authorities, in addition to collaboration with UNICEF and GoSS for a sustained supply of medicines. The strengthened relationship between the local CHD, State and Juba level MoH, and UNICEF will work to avoid stock outs and generally increase the availability of MMR, BCG, DPT, Tetanus, OPV (polio) and other vaccines. JDSF and UNWWA mobilization and training of HCs and vaccination staff for campaigns will take advantage of and coincide with National Immunization days set up by GoSS MoH and supported by UNICEF and WHO.

The project will have a strong emphasis on training of health care service providers using MoH approved training protocols and curriculum. The project will train midwives, community health workers, existing staff in VCT, staff at new PHCUs in management, and a network of rural home health promoters (HHPs). Midwife trainings will focus on antenatal care, problem screening, birth and complication readiness, clean and safe delivery, postnatal care, general public health, and referral for emergency situations. Although investment directed at reducing maternal mortality will be made in training midwives and not in training TBAs, cooperation with already trained TBAs will be continued until the uptake of facility-based deliveries, itself conditioned by staffing PHCU/Cs with community midwives. In addition, midwives and TBAs will have access to safe birthing kits. CHWs will be trained following the MoH guidelines and curriculum. Staff will be trained in VCT in line with the GoSS MoH Guidelines for HIV Testing and Counseling, and will use the associated reporting forms. HHPs will be elected by the Health Committee and trained by the CHES project in collaboration with the CHD and PHCU/Cs. Their key functions will include health promotion, social marketing of condoms, and Water-Guard), community mobilization for health education campaign activities, and active case finding and referral, as well as morbidity and mortality surveillance.

Working through the HCs, local partners JDSF and UNWWA, and in collaboration with the CHD, CHES will conduct county wide community health education campaigns. Quarterly campaigns on diarrhea prevention, oral rehydration solution (ORS), acute respiratory infections (ARIs), ANC, and FP/RH will target returnee mothers and women of reproductive age. The project will also carry out a county-wide HIV/AIDS awareness and outreach campaign and sensitize the primary school teachers and Alternative Education System instructors in HIV/AIDS as they are trained through the project's education component. In addition, a county wide malaria awareness and prevention campaign will take place after the training of the HCs and HHPs in malaria messaging and proper use of nets. The project also will distribute 2,000 nets for returnee pregnant women and children under five.

3.2.2 Objective 2: Improved equitable access to basic education

Activities & Outputs: Basic Education

Proposed Activities	Expected results
Rehabilitation of primary schools	+ 5 primary schools will be rehabilitated + 1,500 children have access to improved school facilities + 5 schools with improved water supply and sanitation
Provision of schools supplies, furniture and textbooks	+ All 23 schools in the county (16,000 pupils) receive textbooks and school kits



<p>Teacher Training – Primary and Alternative Education System (AES):</p>	<p>+ 10 primary schools receive supplies/equipment + Increase the number of primary school teachers trained and certified by approximately 60% through supporting 3 MoE approved teacher training programs for 70 new teachers + Establish a centrally located county Teacher Trainer training center in the Duk County HQ Mareng.</p>
<p>Establish and support 7 Alternative Education, Women’s Literacy and Numeracy Centers in all Payams and the County Seat</p>	<p>+ 7 alternative education centers established and equipped + Enroll and train 25 women per center (175 total) in functional literacy, numeracy, and life building skills + Establish 7 community demonstration gardens per center for basic agricultural training and nutrition + Utilize education centers as a platform for health education campaigns and related CHES public awareness issues</p>
<p>Establish Education Steering Committees (ESCs) and Parent Teacher’s Associations (PTAs) to link parents and community leaders to local government and education services decision making</p>	<p>+ Establish 7 ESCs in each Payam and establish 7 PTAs in key Bomas with existing schools + Conduct County wide educational facility assessment, teacher assessment, and pupil census and submit a report per Payam to the County Education Department (CED) on Payam priorities + Provide analysis of current student teacher ratios per school, and provide a recommendation report to the County Education Department on double shifting opportunities and constraints + Assist with conducting project community consultation meetings, developing rehabilitation project plans, mobilization of community labor, and design of infrastructural maintenance plans for all education related infrastructure projects</p>

3.2.2.1 IRD approach to improving equitable access to basic education

The early and ongoing involvement of all stakeholders is critical to the success of local educational initiatives, maintaining sustainable expansion of education services, and creating sustainable improvements to the overall learning environment. IRD will partner with the County Education Department (CED), payam based Education Steering Committees (ESCs), local government and community members, and members of civil society and the private sector. The program will leverage relationships with many of these entities, particularly through our partners UNYMPDA and UNWWA. IRD US will hold meetings to facilitate dialogue around school rehabilitation investments, and water and sanitation for schools to promote information-sharing, coordination, and networking between beneficiaries and stakeholders.

IRD US will assist in creating an ESC in all 7 payams, consisting of members nominated by the CED, community and local government representatives. IRD US, and our local partner UNYMPDA will facilitate all education initiatives, with IRD US engineers overseeing and certifying all project rehabilitation work in each location. The ESC will guide the initial needs assessment and finalize the planning for clearing and community participation. Since the rehabilitation work will also generate income and create short-term job opportunities, IRD US will work with the Steering Committee to provide short-term income generation opportunities to as many households as possible. As noted in the needs analysis, in addition to poor, inadequate school physical infrastructure, Duk faces a severe shortage of certified teachers. CHES, along with the County Education Department, and State level Ministry of Education will facilitate 3 primary school teacher training courses over the life of CHES. Each training session will also be attended by current instructors who lack certification, or others who have interest in becoming a teacher. Teacher training will take place in Mareng at the CHES developed education center. Training curriculum will follow the Bor Teacher Training Institute’s 4 month, MoEST approved curriculum and will contract with instructors to work in Mareng.

Critical to the project’s outreach, impact, and sustainability will be the creation of PTAs in 18 Bomas (7 payams in Duk, 7 Steering Committees for Education, 3 PTAs supported by their respective Payam Steering Committee). The primary purpose of establishing grass-roots based PTAs is to provide a mechanism through which parents can have a voice in improving educational conditions in their communities. PTAs are intended to be Boma, school district based committees. PTA’s will be involved in: assessing the number of teachers in their school district and planning on placement of new teachers; development and implementation of Alternative Education System (AES) in their payams,



linkages to project women’s literacy and numeracy activities within in these centers, and planning distribution of textbooks and school supplies in their respective schools.

3.2.3 Objective 3: Increased citizen participation and local responsibility

3.2.3.1 Activities and Outputs to foster citizen participation and local responsibility

Proposed Activities	Expected results
Coordination of all key State, County, Payam, and community stakeholders	+ Project Kick Off conference held by week 3 of the project + Key GOSS stakeholders: County Commissioner, CED and CHD officers, Payam Administrators, meet and respective county officials are assigned as GOSS CHES counter parts + Payam Level counterparts are briefed and roles and responsibilities for the CHES project are agreed + Key UN and INGO (UNICEF, UNHCR, LWF, NPA and others) develop an integrated plan between CHES and other on-going or planned projects in Duk
Formation of ESCs and HSCs / Initiation of CHES community consultation and facilitation governance structure.	+ 7 ESCs and 7 HSCs are formed by week 6 after CHES and Payam Administration community consultation meetings in all 7 Payam / County Seat locations + ESC and HSC community consultation meetings occur in respective regional Bomas (total of 33 Bomas in Duk) by week 10
Establish a BSF CHES media awareness campaign	+ Radio spots, coordinated in Juba with other BSF implementing agencies are developed to promote BSF throughout Southern Sudan and focus attention on specific accomplishments; + CHES posters are designed and produced to alert communities to CHES initiatives and are posted monthly in all Payams, selected Boma, and key market centers + CHES Personnel, HSCs, ESCs, the County Commissioner, and other GOSS officials conduct public speaking tours to promote CHES initiatives over the life of the project
Payam Administrators, ESCs and HSCs develop Payam Basic Service Plans	+ Basic Service Plans for Health, Water/Sanitation, and Education for 6 Payams are developed. Plans will assess and define what role CHES will play in meeting plan objectives, and advocate to the County on further needs + County Health and Education Departments, along with relevant County agencies (Finance, Public Works, etc.) and will review with the IRD-US CHES team on opportunities, constraints, and recommendations
Create Community Facilities Management Plan for each CHES infrastructural project	+ Prior to approval of any CHES infrastructural improvement project the community, through the ESC or HSC must design a facility management plan. Approval of this plan is required before works begin.

3.2.3.2 IRD US approach to increasing citizen participation and local responsibility

The emphasis of our governance approach is to empower localities, create users groups of stakeholders, and to promote ownership and responsibilities for project initiatives. The IRD US team will follow the “Three P’s” of capacity building (Practicality, Participation and Practice) through a mentor – management based support model for basic services projects in targeted areas in Duk County. Activities under BSF will be planned and executed with relevant local government officials along with payam based HSCs and ESCs, providing them practical experience in project planning, design, and implementation. Within the first two weeks of the program start-up, the CHES team will hold County wide planning meetings to initiate local community engagement and management in the process to establish the foundations which the project will interface with localities over the life of the project and beyond.

The follow principles guide CHES community participation and governance:

- Focusing on performance outcomes leads to an improvement in the capacity to deliver services;
- When basic services are provided in response to citizen needs and demands, trust in government improves;



- When there is community cost share whether it's people's time, networks, or money, the sustainability of a project is greatly enhanced;
- Local service delivery capacity development must be linked into broader local government development programming underway through UNDP or related programming to assist in professionalizing local governance.

3.3 Procedures for Improving the Combined Impact of Services

Ensuring enhanced local capacity in tandem with improved locally-driven delivery and support of basic service provision in health, education, and water and sanitation is a key determinant to the continued success of the CPA, to the increased confidence in local government, and to the continued transition of Southern Sudan to a sustainable recovery. Specifically, the CHESSTeam approach emphasizes the inter-connectedness of health, education, and water/sanitation service delivery. A few examples include: County wide initiatives (EPI, health and hygiene education campaigns, text book distributions), supported by public awareness media campaigns which provide a platform to achieve multiple developmental outcomes; development of programs to recruit and support qualified teachers and health providers to Duk County bomas by community based committees to address shortfalls in health and education; increasing girl's attendance in primary school while supporting Mothers in participating in literacy/numeracy classes; using schools and clinics as a model for effective, efficient, and hygienic water and sanitation, thereby providing others in the community with models.

3.4 Involvement and Participation of Beneficiaries and Local Authorities

The design of CHESSTeam was done in close consultation with the County Commissioner, local payam administrations visited by IRD US and our partner organizations. The objectives, outputs and programmatic strategy builds upon what Duk County has identified in their recent Strategic Plan, as well as builds upon needed health initiatives identified through a community consultative process by our local partner, JDSF who have been operational locally in Duk County for the past 18 months. UNYMPDA and UNWWA have been engaged in the design process as well and will continue to be utilized for their expertise in community mobilization, and their ability to prioritize the involvement and empowerment of women and youth. From the very nature of the project design and its emphasis on local ownership, beneficiaries and local authorities will continually be engaged and involved through the life of the project.

3.5 Conflict Mitigation

Since the signing of the CPA, incidents of insecurity have generally been limited to communal skirmishes based on struggles over resources including water and grazing land. During the project, IRD US will work with the communities to continue to strengthen the teams understanding of the conflicts and seasonal propensities for clashes. IRD will also ensure that the CHESSTeam personnel, resources and assets are protected from a negative impact resulting from communal and inter-tribal conflicts. Our local partner UNYMPDA will also assist in community mobilization and IRD will work with the County Commissioner and the Payam Administrators in the payams where most inter-tribal clashes occur. Within each payam that have had incidents of Dinka/Nuer conflict, the project will host community meetings at one of the health or school facilities that focus on raising awareness around the topic of cattle raiding and inter-tribal conflicts. These meetings will reflect the items and recommendations discussed at the State Level with the County Commissioner's office, the Governor's office and with the Members of Parliament that represent the affected counties. The schools and clinics can provide a forum of outreach to help people at the boma-level to understand what is happening at the broader level to resolve conflict through peaceful resolution.

3.6 Social Inclusion

The CHESSTeam project will hold social inclusion as a high priority in all of our activities. The program design will be fine tuned in the first weeks with local participation from local governmental authorities in partnership with local leaders and key stakeholders in community basic services. The strategic direction of project interventions come from the grass-roots level and will respond directly to the needs of the community including the most vulnerable of returnees whose resettlement has occurred without resources, assets or predictability of environment and outcomes of the return to their place of origin. CHESSTeam is implemented in a county which is dramatically impacted by recent war displaced returnees. Their voice and participation in decision making committees will be actively encouraged, and measured as an indicator of the project's inclusively. Gender equality and empowerment of women and girls is a key feature of CHESSTeam. CHESSTeam has laid out specific targeted objectives for increasing women teachers in county, and increasing girls attendance in primary school. The AES component will focus specifically on Extremely Vulnerable Individuals (EVIs) such as women, widows, and youth whose livelihoods are disadvantaged solely on the basis of their social stature. The objective is to focus on functional literacy and numeracy for people whose conventional education was disrupted by circumstances out of their control. Both within the formal and alternative education systems, CHESSTeam makes specific, measurable provisions to enhance the social inclusion and participation of women and youth.



3.7 Mitigation of Environmental Impact

IRD US has developed environmental review and checklist procedures that will be utilized for the program. Engineers bear the responsibility for conducting the rehabilitation and preconstruction site review to determine whether the proposed action (scope of work) encompasses the potential for environmental pollution or damage and, if so, to determine the scope and extent of additional environmental evaluation, mitigation, and monitoring necessary requirements. The environmental assessment (EA) Checklist is intended to be used in conjunction with a brief Project Description prepared by the Engineer and looks at: Earth resources, Air quality, Water Resources and Quality, Cultural Resources, Biological Resources, Planning and Land use, Traffic, Transport and Circulation and Hazards. These assessments will be done in close coordination with the county health and education departments, and the project will work to build the capacity of local authorities to properly conduct their own assessments.

3.8 Risks and Assumptions

IRD US understand that there are risks associated with endeavoring into a program of this nature in this geographic location. Assumptions include logistical and operational challenges, potential for insecurity and programmatic risks. Please also see attached CHES Logical Framework for activity-specific discussion on risks and assumptions (Attachment).

3.8.1 Logistics and Operations

IRD will work with the Jonglei State Government, Duk County Commissioners Office, WFP and private operators to ensure that procurement and transport of construction items is expedited, cost-effective, and capitalizes on the dry season. This will require strong coordination and communication systems between IRD offices in Duk County, Bor, Juba and the Nairobi-based East Africa Regional Office. IRD engineering experts will locate local contractors as needed, and will identify local labor for construction, within the first months of the project. Logistics during the program will have to rely on continued communication and advantage of Duk's four airstrips and all weather roads, including the network connected through the Jonglei Canal. IRD will have a rapid set up in Duk County, expedited by the co-location with the Duk County Lost Boys Clinic.

3.8.2 Programmatic

IRD US has operations in difficult areas throughout Southern Sudan, and staff are committed to the purpose of our work and understand that luxuries are not something that can be afforded while delivering important services. Even with committed staff, the turnover in Sudan is very high for a multitude of reasons and IRD will continue to rely on its database of qualified professionals to ensure that there is never a managerial disruption due to operational or human resource glitches. The IRD US Country Office is located in Juba and technical staff provide support from headquarters office in Washington, DC. We also assume that our partners will remain committed to the project and that their staff stay for the life of the project. The CHES project also depends on the acquiring of needed pharmaceuticals and vaccinations which they will secure through UNICEF and the GoSS.

3.8.3 Security

IRD US has been operating in Southern Sudan for almost 5 years and our team have all experienced the varieties of incidents of insecurity that exist in this post-conflict context. IRD US's Security Team in the field and in headquarters are well versed and prepared to respond to issues of insecurity and rely on proper field equipment including terrain appropriate vehicles, several modes of communication, medical evacuations, and management systems for transportation and housing of all staff, assets and resources including cash. Cash handling is a very delicate matter which IRD takes very seriously and employs strategies to ensure that cash procedures are followed and financial accounting systems are planned out and treated with extreme vigilance.

3.9 Monitoring and Evaluation

The IRD Team approach to monitoring and evaluating CHES program activities and impact is described below. Please refer to Annex Section 7.2 for a CHES Logical Framework that provides indicators for each project activity.

3.9.1 Methodology

IRD technical approach builds on two tiers: 1) establishing community basic service infrastructure (physical facility improvement, capacity development, and systems development) and 2) longer-term capacity building for local government and communities. The M&E system will take both into account, and it will use the results from the quick start to help measure impact at the end of the project in key communities. IRD will incorporate both output and impact indicators into its M&E strategy, emphasizing accountability for community projects, assessment of local government performance, and active feedback mechanisms so that the communities can know how well they are performing as part of the larger group of communities participating in the project.



Project indicators will be reported on a quarterly basis to the GoSS-BSF. Annual reports will compile those quarters and provide a platform for additional outcome-level inquiry based on community performance. Impact indicators will be reported on an annual basis. Please refer to the Annex Section 7.2, the CHES Logical Framework to review these. Annual reports will be developed following community meetings to discuss performance on community identified and implemented basic service projects, and specific indicators for their performance will be drawn from the standard indicator list. These indicators will vary based on the specific activities under-taken and will include health, education, and community engagement/participation interventions. Indicators will be used to monitor the progress of the program. Information will be gathered and recorded in monthly Project Reports, which will include tracking sections for each indicator in order to measure progress. Community Animators will be responsible for proper and timely information gathering. The Field Monitors will be responsible for compiling these reports and ensuring timely submission. The Program Manager will be responsible for submitting compiling progress reports as required, and the Country Director will have overall responsibility for ensuring that goals are achieved, and that problems are addressed in timely fashion.

IRD will report to the BSF Technical Secretariat on program implementation process on a Quarterly basis, with an Annual Review Report submitted at the end of each year. Based on this report, an annual project report will be conducted during the fourth quarter of the year. During the start up phase IRD will collect the baseline data and measure project performance against this data. Local authorities will be involved from the outset in monitoring and evaluation. Duk County officials, as well as ESC and HSC committee members, engaged in designing and managing CHES basic service initiatives will also be involved in the monitoring and evaluation of approved and implemented project's impacts. CHES will utilize local partners for baseline and follow-up surveys.

4 Project Sustainability (Form 6)

The design of the CHES project, and all IRD US projects implemented in Southern Sudan, emphasize and build into the management and technical structure mechanisms to ensure programmatic sustainability when IRD, as an international NGO, exits the region. Primary sustainability measures CHES activities will employ include:

Local Partners: IRD is committed to working collaboratively with our partners, and to actively serve as a mentor to develop their internal management capacity to grow, and to continue to make contributions as civil society actors in Southern Sudan. The JDSF, through the Lost Boys Clinic, has made a permanent investment in Duk County through their 13 room health facility in Duk Payuel. CHES will link this resource to broader needs in the County beyond the life of the project. Additionally UNYMPDA's and UNWWA's Jonglei state-wide capacity will be linked from Bor to Duk County in serving the needs of communities at the local level. JDSF has strong support from the US based Sudanese Diaspora, as well as substantial links to US Hospitals and Medical Schools who have been providing technical assistance. UNYMPDA and UNWWA are large indigenous civil society organizations, specializing on community mobilization and empowerment. Both are committed to linking community needs and aspirations to action and local ownership.

Emphasis on Governance: Imbedded in our approach is a mentoring, counterpart approach with county government. Service delivery for health services, provider training, teacher training, water/sanitation installation, service, and maintenance, and related project deliverables are implemented with and through respective operational departments (CHD and CED). This provides service delivery actors experience and support in carrying out projects and providing public service. Specific indicators of governance development for basic service sustainability include:

- County Health, Education, and Finance departments are able incorporate CHES investments into their current operating budgets and make accurate budget projections to Bor and Juba on future basic service needs budgets in education, health, and water & sanitation;
- County and Payam governments accurately track project based health, education, and water & sanitation data, user rates, attendance records, and other basic data for future strategic planning; and
- County has operational maintenance plan for follow up on project investments.

Community Engagement, Ownership, and Advocacy: This is a key element of our sustainability. Local communities have little experience in defining the range of basic community services needed, developing an action plan to achieve these needs, organizing themselves to deliver such services, and advocate to their local government for partnerships for basic services. The formation of these relationships not only advances project deliverables, but also establishes durable grass-roots service delivery mechanisms, structures for ownership and maintenance, and finally community based advocacy. Specific sustainability indicators for community participation include:



- CHESSE facilitated ESCs, HSCs, PTAs, other community based committees remain actively engaged in supporting community based health, education, and water & sanitation initiatives beyond June 2010;
- County level government utilizes these committees to collect health and education data, programmatic suggestions, and joint planning beyond June 2010; and
- HSCs and ESCs continue to oversee project operation and maintenance plans for CHESSE investments, and future public infrastructure investments in their communities.

4.1 Phased Approach to Building Capacity to Manage Service Delivery and Exit Strategy

IRD, in close collaboration with our local governmental partners, as well as our national NGO partners JDSF, UNYMPDA and UNWWA propose to rapidly deliver on health, education, and water and sanitation projects. These basic service impact projects will serve as a catalyst for strengthening local governmental capacity as well as strengthening the linkages between government and their constituents. IRD projects implemented in Duk County follow the UN Inter-Agency Standing Committee's definition of Early Recovery; namely a focus on community ownership, skills transfer and development, introduction of sustainable community development methodologies, and local governance strengthening. Critical to BSF in Jonglei State, is that projects selected, and communities engaged, are always viewed with a "conflict lens" with investments used to mitigate existing conflict over scarce resources. From the beginning of the project the team will work to enhance sustainability of service delivery through close collaboration with the local government, local NGOs and the communities. IRD will develop an exit strategy in collaboration with Duk County and GOSS authorities, and throughout the project the focus will be on local ownership building. Constructed and rehabilitated facilities and trained personnel will be handed over to local government as the project works to secure State budgets for salaries and running costs of facilities. In addition, the project team will build the capacity of UNYMPDA, UNWWA and JDFS clinic staff to become effective development organizations and serve as trainers and mentors for other service providers.

4.2 Operational and Maintenance Facilities

IRD will oversee maintenance of assets for the duration to the project and, as with any engineering or construction work, contingencies will be put in place for the quality of construction and follow up repairs beyond reasonable wear and tear. CHESSE activities will include working with the County Health and Education Department and the state government to ensure proper handover. The IRD Team will develop a strategy to help local communities and government representatives continue with proper management of all CHESSE facilities. Each community-driven basic services infrastructure projects will require a maintenance and upkeep plan, designed and approved in advance of construction by relevant payam and county officials and HSC/ESC committees. Analysis of community project planning mechanisms, extent of community involvement in project implementation, and analysis of post construction maintenance and upkeep will be key indicators reported on over the life of CHESSE. All IRD Sudan offices have stringent systems in place for asset management, and asset databases are regularly updated to ensure accountability of equipment and non-expendable items. Staff are properly trained in the use, handling, storage and management of equipment including electronics, power supplies, and our vehicle and boat fleets. Maintenance schedules are adhered to strictly, and usage logs are recorded for accountability and cost review.

5 Project Management Arrangements (Form 7)

5.1 Project Implementation and Management Arrangements

IRD US, as lead agency, is responsible for the quality of all deliverables on this project and in the overall management of all components. IRD has developed a management plan that ensures quality control while providing support to develop capacity and install sustainable systems. IRD US also will serve as the lead agency for all infrastructure construction and rehabilitation supporting health and education, as well as all water and sanitation project interventions.

IRD will provide a dedicated **Project Manager** (PM) to oversee all financial and technical elements of CHESSE. The PM will manage the project staff, be the in-country focal point with the BSF-SS on program matters, approve work plans and implementation schedules, and direct the technical aspects of the program. The PM will interface with government officials, local authorities, traditional leaders, and community groups on development of activities and successful participatory implementation. Please refer to Annex Section 7.3 for a CV of the Project Manager.

The PM will report to IRD US Country Director based in Juba who receives support from IRD HQ. IRD US is assisted by the Chief Financial Officer, Chief of Operations, and the technical sector directors from IRD HQ. The CFO will be responsible for ensuring timely financial reporting to the BSF-SS and for overseeing field finance staff.



IRD US's Infrastructure Team, comprised of qualified engineers with experience in Southern Sudan will provide technical support to the CHES project team in Duk. IRD US Juba Director of Logistics and Director of Finance and Administration, will help ensure that financial and logistical aspects of the project, including site and staff security protocols, are implemented according to IRD US policies and regulations.

JDSF will serve as the technical and implementation lead on the primary health component of EPI, MCH, and HIV/AIDS testing and treatment, and will serve as the technical training and capacity development agency for this project through a *Health Director/GoSS Liaison Officer*, who reports to the PM. UNYMPDA will serve as the technical and implementation partner on the primary education through an *Education Director/GoSS Liaison Officer*, who reports to the PM. A Duk based *Finance Officer* will handle finances and report to the Juba based Finance staff. A *Logistics Officer* will work with the PM and Juba staff for delivery of supplies, materials for distribution, etc. The PM will be assisted in Duk by an IRD *Construction Engineer* overseeing implementation of all health and education infrastructure projects as well as responsible for ensuring proper construction and oversight of water and sanitation projects. There will also be a fulltime *Local Engineer*. The *Training and Local Government Coordinator* will report to the PM. The PM will supervise the Sudanese Health Director/GoSS Liaison Officer for the JDSF on the management and service delivery for all health. Specific reporting on GoSS and local capacity building will be a key part of project reporting. The IRD PM will have the same partnership, team approach with UNYMPDA and UNWWA on the delivery of education services, training and community mobilization. The PM will supervise all education service delivery on this project and will ensure quality control for all aspects of the various components. The UNWWA will focus on community mobilization and outreach, and will oversee implementation of the women's literacy centers. UNYMPDA will provide *Community Mobilizers* (CMs) to support these activities. The CMs will report to the Training and Local Government Coordinator.

5.2 Implementation Arrangements for Immediate and On-Going Results

The CHES approach will assist local government and communities to achieve tangible results for their communities during the first dry season. Quick and effective start up is critical to the project's long term success, credibility with our counterparts in Duk County GoSS administration, and to beneficiary communities. The CHES Team has designed an implementation plan that maximizes accomplishments during dry season periods (Jan – May 2009 / Oct 2009 – May 2010), and during the rainy season period (June 2009 – Sept 2009).

The CHES Team existing office compounds and infrastructure in Bor and in Duk Counties will allow the Team to focus immediately on developing key community relationships and deliverables. The Bor office will support Logistical and State Ministries Coordination, and the office in Duk Payuel will support staff housing, office, communications, and other logistics and procurement activities. The IRD Project Director, the Health Director for JDSF, the Education Coordinator from UNYMPDA, and the AES / Women's Literacy Coordinator from UNWWA are all available for deployment to Duk upon award. Cold chain equipment has been procured, and JDSF has made arrangements for all equipment to arrive February 2009. IRD US has proven, pre-existing administrative, financial, logistical, security, and other management systems that will be implemented immediately upon award. IRD Team working relationships in Duk with the County Commissioner and in Bor with relevant State Level Ministries will facilitate rapid startup and results. CHES activities were designed in partnership with the County Commissioner. This allows the CHES team to rapidly start up program operations and initiate the critical local community based project committee structures. IRD plans to organize community committees, to engage in key project identification, planning, and implementation prior to the on-set of the rainy season in May, 2009 with an objective of initiating two PHCU rehabilitation projects, two school rehabilitation projects (both with water/sanitation facilities connected); and four women's literacy, AES centers established by May, 2009.

5.3 IRD Current and Past Effectiveness in Southern Sudan

IRD US is part of the IRD Holdings. IRD is a non-profit development organization that works to reduce the suffering of the world's most vulnerable groups and provide the tools and resources needed to increase their self-sufficiency. Its programs strive to meet the basic human needs of these populations through community-driven work in health, civil society, infrastructure, economic development, food security, and relief. IRD is known for its ability to work successfully in conflict, post-conflict, and disaster affected communities while addressing the needs of affected populations efficiently and effectively.

IRD has been providing relief, recovery and development services in Sudan since 2005 to host communities, returning refugees, IDPs and vulnerable groups. Since that time IRD has been an implementing partner with UNHCR, WFP, UNICEF, FAO, the US Department of State Bureau of Population Refugees and Migration (BPRM), and NDI/USAID.



In addition to offices in Juba, Malakal, and Kuajok, IRD has maintained a presence in Baliet, Ulang and Nassir counties for the last 12 months. In Upper Nile and Warrap State, IRD is currently implementing the Rapid Impact Emergency Project (RIEP), an initiative of the Government of Southern Sudan through the Multi-Donor Trust Fund in partnership with UNDP. IRD has partnered with the local government and community representatives to identify, approve and implement projects and renovate Kuajok's only secondary and primary school structures and the town's only health center and is working with Women's Associations for community sanitation through construction of latrines and health and hygiene trainings. In Upper Nile State, local CBOs and tribes, through collaboration with IRD, are successfully constructing drainages, foot bridges, culverts, market clean ups and latrines.

CHESS Team partners have also demonstrated effective program delivery in the region. JDSF constructed and now operates the Duk Lost Boys' Clinic (a PHCC) which has been certified by the GoSS MoH. The clinic provides subsistence delivery of health care services, treating an average of 100 patients per day since May 2007, and conducts community outreach and health care worker trainings. UNYMPDA has over three years of experience implementing international donor funded programs in education, health, peace & reconciliation, gender equity promotion, and food security. Over the past two years, UNYMPDA has implemented eight separate international donor funded projects (donors include: UNFPA, Norwegian People's Aid, PACT Sudan, and the French Embassy of Sudan) totaling approximately \$140,000. UNWWA has been working since 2002 promoting girls' education, improving rural water and sanitation infrastructure, conducting HIV/AIDS and health education campaigns and contributing to women's economic and social status through income generating and educational activities. UNWWA has been an implementing partner with PACT, UNICEF, UNIFEM, World Bank, Mission 21, Creative Associates, and FAO.

6 Budget (Form 8)

6.1 Budget

Please refer to Annex Section 7.4 for a complete budget. Budgeted costs are based on IRD US and JDSF experience implementing programs in Southern Sudan. Both organizations have extensive experience setting up and maintaining offices and accommodation, procuring vehicle fuel and maintenance, equipment, and project supplies, and hiring local staff. Sudanese staff will be hired to play key support roles and will be mentored by the expatriate Project Manager and Construction Engineer. IRD US's Country Director and Director of Finance and Administration based in Juba will provide overall guidance and financial oversight. The local Finance Officer will report to the Director of Finance and Administration.

6.1.1 Projected Administration and Management Costs

Present as a proportion of total direct eligible costs of the project. Proposals with low indirect costs will be favored over comparable proposals with higher indirect costs.

6.2 Financial Monitoring Procedures and Projected Monitoring and Evaluation Costs

6.2.1 Internal Financial Monitoring Procedures

Demonstrate the appropriateness of the proposed internal financial auditing system

Over the past ten years of implementing a variety of USG, UN, international and private donor programs, IRD US has proven that it has the required organizational discipline, policies, and practices to ensure compliance with donor commitments. IRD program staff are experienced in implementation, reporting and overall donor compliance and are well-versed in accounting requirements and GAAP. An annual OMB A-133 audit addresses IRD compliance with contract provisions, laws and regulations. IRD has received unqualified opinions on both its basic financial statement and OMB A-133 audits for every year of operation. This program is of a size and scale that would be sufficiently accommodated by IRD financial resources.

6.2.2 Projected Monitoring and Evaluation Costs

Total costs for Monitoring and Evaluation activities are £9,424.

6.3 Funding Declaration

Please refer to Annex Section 7.6 for a declaration by IRD stating that no other funds have been secured or will be accepted for the same work in the same location.

6.4 Supporting Letters and References

IRD understands the value in obtaining buy-in from local authorities, to ensure local support and ownership. Please refer to Annex Section 7.5 for supporting letters from the Duk County Commissioner and the Jonglei State Ministries of Health and Education. Please refer to the same Annex for references for IRD Team partner organizations.

7 Annexes

- 7.1 Signed Partnership Agreement**
- 7.2 Logical Framework Matrix**
- 7.3 CV for Project Manager**
- 7.4 Budget**
- 7.5 Support Letters and References**
- 7.6 Signed Funding Declaration**



7.1 Signed Partnership Agreement

Please refer to the following pages for a signed partnership agreement.



Partnership Intention

This Partnership Intention is made by and between the following parties:

1. International Relief and Development US, Inc. (hereinafter called "IRD US"), 1621 North Kent Street, Suite 400, Arlington, Virginia 22209, USA;
2. The John Dau Sudan Foundation (hereinafter called "JDSF"), P.O. Box 4 Manlius, NY 13104, USA;
3. The Upper Nile Youth Mobilization for Peace and Development Agency (hereinafter called "UNYMPDA"), P.O. Box 242, Juba, Southern Sudan; and
4. The Upper Nile Women's Welfare Association (hereinafter called "UNWWA"), Hai Tong Ping plot 165, Juba, Southern Sudan.

IRD US intends to submit a proposal to the Basic Services Fund of the Government of Southern Sudan in response to the solicitation titled *Third Call for Proposals – Version 05-11-08*. IRD US, JDSF, UNYMPDA, and UNWWA have worked together in developing activities for the Community Health and Education Services in Southern Sudan (CHESS) project and intend to implement these activities in partnership in Duk County, Jonglei State, should IRD US receive the award. Therefore, IRD US, JDSF, UNYMPDA, and UNWWA will endeavor to:

1. Submit a proposal for the CHESS project based on IRD being the Prime Grantee to the Donor for any award being issued and JDSF, UNYMPDA, and UNWWA being Sub-Grantees, serving as program and technical service delivery partners under IRD US's management in support of the project;
2. Enter into good faith negotiations based on each organization's areas of expertise to formalize work and implementation plans and generally work in a mutually supportive and collegial manner throughout the life of the project, should IRD US receive the award.

John Dau Sudan Foundation

By: 
Sylvia Gonzalez, Vice President of Program Initiatives

Date: 11/22/08

Upper Nile Youth Mobilization for Peace and Development Agency

By:  PROGRAMME MANAGER

Date: 23/11/08



Upper Nile Women's Welfare Association
 Ruth Kessid, Programme Assistant
 (Upper Nile Women's Welfare Association)
 25/11/2008
 Khartoum, Sudan

By:

Date:

International Relief and Development US, Inc.

Natalie Topa, Country Director
 11/25/08
 IRD
 International Relief & Development
 SUDAN

By:

Date:



7.2 Logical Framework Matrix

Logical Framework Community Health and Education Services for Southern Sudan

Description	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
Goal			
Improved health and Education status of residents of Duk County.			
Purpose			
Improve capacity of GoSS and non-governmental service providers to improve basic primary health care, education, and WASH services through increased citizen participation in the planning, provision, and sustainability of these basic services.	<ul style="list-style-type: none"> Increased # of community committees at the Payam and Boma level involved in community-driven development of basic services Increased # of people (actual compared with targets) using basic services in BSF areas Increase of targeted communities using basic services, including previously excluded groups (e.g. returnees, women and girls, the elderly) # of project trained CHWs, Primary School Teachers, and other providers of basic services # of basic service facilities (PHCUs, schools rehabilitated, WASH) in Duk County 	<ul style="list-style-type: none"> Statistics on usage, with data from BSF reports, MOEST, UNICEF, MoH, WHO, Ministry of International Cooperation Baseline and follow up data on schools, health posts, boreholes and other service infrastructure in each project area Community based data from CHES users groups on access and utilization 	<ul style="list-style-type: none"> Community members understand the value of basic services and are interested in using the new services provided Continued stability/security in the area GoSS Policies in basic services implemented GoSS and its donors assure complementary investments in basic services and training GoSS and its donors will assure medium-term financing for continued provision and maintenance of basic services, and training Continued community participation after project ends
Outputs			
Objective 1: Improved Access to quality primary health care services			
Output 1.1 : Rehabilitation of primary health care infrastructure	<ul style="list-style-type: none"> % increase in use of primary health care facilities and services at payam and county levels # of health care facilities constructed, rehabilitated, or equipped and operational # of PHCU with adequate wat/san facilities constructed or rehabilitated 	<ul style="list-style-type: none"> IRD and JDSF baseline and follow up data on public utilization of health services State Department of Health records; Health Facility records; Project monitoring visits Engineering certifications 	<ul style="list-style-type: none"> Access to health facilities not compromised by security GOSS staff stay at posts Favorable access to roads Timely procurement and delivery of need supplies not locally available Community support and involvement remains



Description	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
Output 1.2 : Establishment of EPI Management Systems, Cold Chain, Training, and Provision of EPI to children > 5 years	<ul style="list-style-type: none"> • EPI management training for County Health Department, Clinic Personnel, and CHWs provided • Project Certifications on EPI systems from the GOSS MoH in Bor and UNICEF • Cold chain procured and system integrity verified • Comprehensive EPI plan developed with all seven targeted Payam HSCs and Payam/Boma clinics • # of children registered, immunized, and recorded at clinic & payam level • # of children receiving de-worming treatment 	<ul style="list-style-type: none"> • IRD, JDSF, and County Health Department baseline and follow up data on EPI • GOSS MoH and UNICEF independent monitoring 	<ul style="list-style-type: none"> • Availability and timely delivery of needed inputs • Access to roads/ability to reach remote areas • Community members participate in project • The GoSS and UNICEF remain committed to EPI coverage improvement • JDSF is committed to project • •
Output 1.2.3 Increased health care provider capacity	<ul style="list-style-type: none"> • 10 PHCU Managers trained on PHCU management • 20 midwives trained on MCH principles & practices; 500 safe birthing kits distributed • 20 Community Health Workers trained and linked into County health care infrastructure • 70 Home health care workers trained to support EPI, de-worming campaign, and other public health initiatives • 5 health care service providers trained on Voluntary Counseling and Treatment • Baseline and follow-up survey conducted 	<ul style="list-style-type: none"> • IRD, JDSF, and County Health Department baseline and follow up data; • GOSS MoH and UNICEF independent monitoring • Training records • Pre/post tests • Surveillance / monitoring visits for quality assurance 	<ul style="list-style-type: none"> • Active involvement form community members, retention of trained workers • GoSS MoH and CHD can retain trained workers through salaries • Committed local NGO UNWWA • JDSF is committed to project •
Output 1.2.4 Increased public awareness of key public health issues and preventable illnesses	<ul style="list-style-type: none"> • Conduct quarterly county wide public health campaigns on diarrhea prevention, ORS, ARI, ANC, and FP/RH • % of people surveyed who can verbally list the major risk factors for HIV/AIDS transmission • % of people surveyed who have attended a CHES sponsored health campaign • Conduct county-wide HIV/AIDS awareness campaign in all 7 payams by end of project 	<ul style="list-style-type: none"> • IRD, JDSF, and County Health Department baseline and follow up data on EPI • GOSS MoH and UNICEF independent monitoring 	<ul style="list-style-type: none"> • Active involvement form community members, retention of trained workers • JDSF is committed to project •
Output 1.2.4: Increased implementation of Malaria prevention practices in health care clinics and throughout communities	<ul style="list-style-type: none"> • # of CHWs, and other health providers trained in Malaria messaging and proper use of nets • # of BSF funded bed nets distributed 	<ul style="list-style-type: none"> • IRD, JDSF, and County Health Department baseline and follow up data on EPI • GOSS MoH and UNICEF independent 	<ul style="list-style-type: none"> • Favorable access to roads • Timely provision of needed inputs • Community support and involvement



Description	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
	<ul style="list-style-type: none"> # of agreements and # of additional bed nets resulting from agreements with UNICEF, MoH, or other INGOs on accessing additional mosquito nets for distribution through CHES 	<ul style="list-style-type: none"> monitoring 	<ul style="list-style-type: none"> remains
<p>Outputs Objective 2: Improved Equitable Access to Basic Education</p>			
<p>Output 2.1: Increase the supply of trained teachers in Duk County</p>	<ul style="list-style-type: none"> % increase in # of trained and certified primary school teachers (target is to train 70 teachers) % increase in # of women primary school teachers (target is to increase from the current 4.5 % of the total, to 25 percent, or 42 out of 171) % increased access to primary education (enrollment rates, related to payam and county populations) % of County GOSS contributions (man hours, financial, material) to the BSF CHES established teacher training facility 	<ul style="list-style-type: none"> County Department of Education records School records 	<ul style="list-style-type: none"> Agreement with the CED that increased teacher supply can be maintained with salaries Committed local NGO UNYMPDA
<p>Output 2.2: Establish 7 Women's Literacy, Alternative Education Centers; train 175 women over the life of the project in basic literacy and numeracy.</p>	<ul style="list-style-type: none"> Total # of centers functional (created and equipped) Survey of MoEST support from Bor provided (materials) in support of MoEST Alternative Education Objectives # or women participating per payam # of women successfully completing the basic literacy and numeracy curriculum; and # of centers providing health information on regular basis (define – weekly, monthly) # literacy instructors trained. 	<ul style="list-style-type: none"> Centre records Observational visits with checklist for equipment Training reports Pre/Post tests on women participants 	<ul style="list-style-type: none"> Committed local NGO UNWWA
<p>Output 2.3: Establish and strengthen community & parent involvement in community schools</p>	<ul style="list-style-type: none"> # of PTA formed # of "School Resource Plans" developed by each PTA and submitted to the CED by the end of CHES % of plans approved by the CED 	<ul style="list-style-type: none"> Local user group records Interviews with Payam Administrators and other GOSS officials 	<ul style="list-style-type: none"> Community's willingness to participate
<p>Output 2.5: Rehabilitation of primary school infrastructure.</p>	<ul style="list-style-type: none"> # of community education developed plans (budget, community labor and support, wat/san plans, and project implementation detail) 	<ul style="list-style-type: none"> Engineer inspections and QA/QC measurements 	<ul style="list-style-type: none"> Availability and timely supply of not locally available inputs



Description	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
	<ul style="list-style-type: none"> developed # of schools rehabilitated # of community members trained and participating in construction/rehabilitation; and 	<ul style="list-style-type: none"> Site visit Project documentation 	<ul style="list-style-type: none"> Favorable weather conditions
Output 2.6: Distribute textbooks to primary schools	<ul style="list-style-type: none"> # of schools and # of students receiving textbooks # of PTAs and ESCs participating in pre-distribution, distribution, and post-dist. Management and monitoring # of schools which establish and maintain a school or community based library 	<ul style="list-style-type: none"> Logistic records Site visits End user distribution records and monitoring 	<ul style="list-style-type: none"> Favorable weather conditions Timely procurement and delivery of materials/books Committed local NGO UNYMPDA
Outputs			
Objective 3: Increase Citizen Participation and Local Responsibility			
Output 3.1 Engage local officials in CHES outreach and coordination.	<ul style="list-style-type: none"> Kick off planning conference held by week 3 Roles and responsibilities of County and Local government within CHES defined 	<ul style="list-style-type: none"> Meeting notes Project documentation 	<ul style="list-style-type: none"> GoSS collaboration Effective local authorities on the ground
Output 3.2: Establish Payam level community committees (7 ESCs and 7 HSCs) to empower grass roots stakeholders in education and health	<ul style="list-style-type: none"> # of committees formed % female participants on committees # of advocacy meetings conducted 	<ul style="list-style-type: none"> Meeting notes Site interviews 	<ul style="list-style-type: none"> Community participation Women remain involved in the project
Output 3.3: Conduct a county wide media and public speaking campaign promoting awareness of CHES initiatives.	<ul style="list-style-type: none"> In coordination with health and education components, organize and conduct at least one public meeting in all bomas Develop and post CHES Education and Health Awareness posters in every Payam Center, and in 18 market centers throughout Duk 	<ul style="list-style-type: none"> Outreach materials Direct observations 	<ul style="list-style-type: none"> Community have access to radios/effective work of mouth GoSS support
Output 3.4: Improved access to drinking water and sanitation facilities	<ul style="list-style-type: none"> % of population >.5 km. from water source; # of water points created/ repaired and in service # of community members using new drinking water facilities 	<ul style="list-style-type: none"> State Rural Water Supply and Sanitation Directorate records IRD, JDSF, and County Health Department baseline and follow up data on EPI 	<ul style="list-style-type: none"> Availability and timely supply of not locally available inputs Community participation Effective created committees
Output 3.5: Improved local WATSAN regulation and provision management capacity	<ul style="list-style-type: none"> # of training pump technicians trained # of water point committees in operation # of State RWSSD officials trained 	<ul style="list-style-type: none"> NGO records IRD, JDSF, and County Health Department baseline and follow up data on EPI 	<ul style="list-style-type: none"> GoSS involvement Community support

7.3 CV for Project Manager

Position	Name	Education/Language Skills	
Program Manager	Merid Kebede Fanta	<ul style="list-style-type: none"> • BA, Business Admin., Wichita State, KS, USA – 1990 • MBA, Emporia State, KS, USA – 1992 • English and French 	
	Yrs In SOW Tasks	Yrs in Region	Total Yrs Experience
	11	5	15

Summary of Relevant Qualifications and Experience

Mr. Fanta has over fourteen years of relief, rehabilitation and development experience in South & North Sudan, Somalia, Ethiopia, Kenya, Djibouti, Burundi and Liberia. He has managed various multi-sectoral programs, such as food security, nutrition and healthcare, water and sanitation and micro-finance projects, along with relief programs specific to emergency responses and conflict resolution activities in diverse multi-ethnic, insecure environments. He has implemented and managed man-made and natural disaster responses, IDP assistance plans, economic analyses, food shortages responses, and other various other programs.

Work Experience

International Relief and Development

Consultant January 2008 – December 2008

- Served as IRD Representative and local point of contact for donors, UN agencies, NGOs, and respective Government of Ethiopia offices relevant to initiating IRD operations in Ethiopia as well as emergency response projects in the Somali Region in response to OFDA DART and UN Humanitarian Response Fund-identified needs.

Development Alternatives Inc, Burundi

Programs & Grants Manager January 2006 – May 2007

- Responsible for the implementation of reintegration activities of ex-combatants including child soldiers and young adults.
- Ensured children's rights-related issues were integrated into political, humanitarian and economic efforts and programs along with all assigned human rights activities.
- Managed grant and compliance to donor regulations while ensuring project targets were achieved. Established a regular system of project monitoring and evaluation
- Supported the review and development of organizational strategies, policies and practices in the area of emergency and conflict.
- Undertook analysis and advocacy on key conflict reduction/peace building issues and developed conflict awareness and response activities.
- Lead project teams in identifying potential projects, designing suitable logical frameworks; worked directly with field Program Development Officers to review grantee proposals, monitor the implementation of on-going projects and make specific recommendations to senior management.
- Provided training on periodic basis to project staff and local partners.
- Participated in the design of a regularly updated database with existing data, local conflict information, project progress reports, indicators, follow-up issues, political developments, and quick impact projects.

Development Alternatives Inc,

Regional Program Manager – South & North Sudan

January 2005 – December 2005

- Implemented the regional strategic plan for USAID/OTI program in Southern Sudan.
- Updated senior staff, donors and stakeholders about political, legal and economic developments; consolidated and analyzed information on program activities.
- Responsible for the implementation of reintegration activities for ex-combatants.
- Undertook analysis and advocacy on key conflict reduction/peace building issues as well as developing conflict awareness and response activities; supported local partners in the development and implementation

- of rural conflict reduction programs
- Established and maintained a regular system of project monitoring and evaluation.
- Performed day-to-day management functions, including financial management, procurement and preparation of operational work plans.
- Traveled nearly 40% of the time to conduct programmatic assessments, monitor the projects and provide direction to field-based teams.

**World Vision International Liberia, Mozambique, Zimbabwe & Burundi
Relief and Recovery Program Manager May 2001 – Dec 2004**

- Coordinated and provided senior leadership to over 45 local and 5 expatriate staff.
- Designed, implemented and monitored a large emergency assistance program targeting 440,000 internally displaced people (IDPs) in two provinces of Burundi and 250,000 IDPs in 3 counties of Liberia. Participated in joint assessment missions and prepared periodic Internal Disaster Preparedness and Response Plans (IDPPs) in Burundi and Liberia operational areas.
- Provided leadership and coordination of all food and non-food aid-related programming, focusing on nutrition and health, food security, water and sanitation, food aid, community development, HIV/AIDS and school feeding programs.
- Collected and analyzed human rights indicators in country/region of assignment, monitored evolving humanitarian situation in the project region and considered strategic and immediate responses.
- Assisted development program managers in transitioning relief programs into long-term and sustainable development initiatives.
- Established strong links and maintained close contact with key partners, donors, international support offices, local government and community-based organizations, NGOs and other stakeholders.

Save the Children –USA (Somalia, Djibouti & Ethiopia Field Offices)

Food Security Manager March 1999 - April 2001

- Managed projects efficiently and effectively, including providing direction and coordination of more than 61 local staff involved in the implementation of a large relief and development food security (Title II) program, along with supervising program budgets, evaluating financial program effectiveness, facilitating program development and monitoring and evaluation of programs.
- Responsible for training of staff in the use of project frameworks, reporting procedures, logistics and procurement, preparation of grant budgets and other related skills.
- Served as an effective spokesperson internally/externally and formed strong partnerships with relevant parties to help meet the organization's objectives.
- Assisted in cross-border (Somalia, Kenya & Ethiopia) relief operations in southern Ethiopia for Somali Refugees and IDPs in collaboration with WFP, UNHCR & UNICEF.
- Developed innovative targeting and selection modalities for the relief of chronic, persistent vulnerability.
- Reviewed Development Activity Proposals (DAP), Previously Approved Activities (PAA), Initial Environmental Examination (IEE), Annual Estimated Requirements (AER) for monetization, relief and regular programs.

World Vision International/East Africa

Program Officer & Grants Manager Jan 1997 - Feb 1999

- Overall responsibility for effective and efficient management of the field project, including daily operation of grants and contracts management unit and direct supervision and development of staff. Managed a large relief budget and adhered to proper financial systems that met donor standards and procedures.
- Carried out emergency assessments, prepared contingency plans and gathered data for early warning database designed to strengthen the capacity of the Agency in responding effectively to emergency situations.
- Established and maintained a regular system of project monitoring and evaluation.
- Performed significant networking with all relevant donor and government entities.
- With field staff identified and developed relief and development proposals in response to the needs of thousands of people affected by man-made and natural made disasters.

Concern Worldwide

Program Coordinator & Food Security Manager Jan 1993 - Dec 1996

- Assisted in the development and implementation of projects connected with a program of returnees, integration and reconciliation between various ethnic groups. Assisted in the development of a country program strategy. Supervised targeting procedures and ensured that food aid resources were used for relief and rehabilitation purposes.
- Provided technical support and advice to program staff particularly in relation to emergency and food security issues. Conducted training of staff and local partners on commodity management and rapid food security assessments techniques.
- Carried out periodic monitoring and evaluation with internal and external evaluators to examine the impact of food aid in project areas.
- Oversaw the implementation of the ECHO and WFP relief projects to IDPs and conflict-affected persons, with reference to SPHERE standards.
- Collaborated, planned and negotiated with other humanitarian actors to ensure proper coordination of the operations and avoid duplication.

Specialized Training and Skills

- Global IDP Project of the Norwegian Refugee Council, Assessing the Nutritional Status of Children, ToT on the SPHERE Standards, Emergency Management, Human Rights and Refugee/IDPs Protection, Introduction CAP Facilitation Kit prepared by OCHA, Participatory Learning Approach (PLA), Agricultural Impact Monitoring, Commodity Management, Food Aid Training of Trainers, Food Security Programming, Regional Environmental Assessment, Measuring and Analyzing Food Security Indicators, Rapid Food Security Assessment (RFSA), P. L. 480 Title II Monetization, Management and Administration of US Government Grants
- Currently attending UNHCR Diploma Program in Disaster Management in collaboration with the University of Wisconsin Disaster Management Center.

References

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Name: Getu Reta, COP
Organization: DAI
Email: Getu_Reta@dai.com



7.4 Budget

Please refer to the following pages for the CHES budget.

Basic Services Fund (BSF) of the Government of Southern Sudan and DFID

FORM B - EXPENDITURE & BUDGET CONTROL

Agency

BMB Mott MacDonald Grant Reference number

Period BSF Grant

Period covered by this expenditure statement

From 01-1-2009 To 30-06-10
From dd-mm-yy To dd-mm-yy

INSTRUCTIONS - Numbers refer to the codes given in Column 1

General

The BSF General Conditions (see contract) apply; in particular see para 9.2 for budget revision rules;

The budget is in Pound Sterling and it includes all project costs; do not use lump-sums;

The description must be sufficiently detailed to be informative (transparency);

Always identify the unit, give the number of units and unit costs; for example 5 motor bikes (make, model if possible) at GBP 1500; total GBP 7500;

1.1/ 1.2 The Unit Rate for human resources is always the monthly salary. Do not adjust monthly salary for part-time staff; for example: a fifty percent position over a 18 month period is recorded for 9 month (nr of units) with the full monthly salary; use real salaries because they can be verified with staff contracts

1.1/ 1.2 Provide always the number of positions and the percentage of input into this project; for example 4 midwives at 10%;

2.1/ 2.2 Indicate place of departure and the destination. All travel outside Southern Sudan is considered as International travel (no distinction regional and international travel)

2.4 Indicate the place for which the per diem rate applies (which must not exceed the UN published rate at the time of contract signature). Per diems cover accommodation, meals and local travel within the place of the mission and sundry expenses.

Signature of Authorised Certified Officer

Printed Name and Title

Date

Verification by BSF Secretariat

Signature of Team Leader BSF Secretariat or Representative

Printed Name and Title

Date

1 Code	2 Description	4 Unit	5 Nr Unit	6 Unit cost [GBP]	9 Total expenses [GBP]	Cost Share [GBP]
<i>01st Jan 09 - 30th Jun 2010</i>						
1	Human Resources					
1.1	Salaries and other emoluments (gross amounts, local staff)3		XXXX	XXXX		
1.1.1	Local Engineer	Month	18	1,210	21,772	
1.1.2	Finance Officer	Month	18	672	12,096	
1.1.3	Training and Local Government Coordinator	Month	18	806	14,515	
1.1.4	Logistics Manager	Month	18	806	14,515	
1.1.5	Office Manager	Month	18	336	6,048	
1.1.6	Driver (2)	Month	36	235	8,467	
1.1.7	Guards (4)	Month	72	168	12,096	
1.1.8	Cook/Housekeeper	Month	18	336	6,048	
1.1.9	Fringe Benefits (38% of Base Salaries)				36,312	
1.2	Salaries and other emoluments (gross amounts, expat staff)		XXXX	XXXX		
1.2.1	Project Manager	Month	18	3,360	60,479	
1.2.2	Construction Engineer	Month	12	2,340	28,084	
1.2.3	Finance Manager (10%)	Month	2	3,024	5,443	
1.2.4	Program Officer (5%)	Month	1	4,368	3,931	
1.2.5	Post Differential (Program Manager and Finance Manager) (25% Base Salary)				23,501	
1.2.6	Danger Pay (Program Manager and Finance Manager) (25% Base Salary)				23,501	
1.2.7	Fringe Benefits (38.73% of Base Salaries)				37,931	
	Subtotal Human Resources				314,740	0
2	Travel and Per Diems					
2.1	International travel:		XXXX	XXXX		
2.1.1	From - To: Nairobi, Kenya to Juba, Sudan (Round Trip)	RT	1	931	931	
2.1.2	From - To: Washington, DC to Juba, Sudan (Round Trip)	RT	2	2,701	5,403	
2.1.3	From - To: Juba, Sudan to Nairobi, Kenya (Round Trip)	RT	4	1,609	6,435	
2.1.4	From - To: Washington, DC to Juba, Sudan (Round Trip) for Consultant				2,161	
2.2	National Travel		XXXX	XXXX		
2.2.1	From - To: Juba, Sudan to Malakal, UPN (Round Trip)	RT	15	242	3,629	
2.3	Per diems		XXXX	XXXX		
2.3.1	Sudan (for Sudan-based staff based on IRD standards)	Day	120	25	3,024	
2.3.2	Sudan (for HQ staff based on US Department of State Standard Regulations)	Day	24	172	4,122	
2.3.3	Sudan (for Consultants based on US Department of State Standard Regulations)	Day	20	145	2,901	
	Subtotal Travel and Per Diems				28,606	0

3	Equipment and supplies					
3.1	4x4 Vehicles (2)	Vehicle	2	29,940	59,880	
3.2	Generator	Unit	1	9,980	9,980	
3.3	VSAT	Unit	1	3,659	3,659	
3.4	Laptop Computers	Unit	3	1,419	4,258	
3.5	Desktop Computers	Unit	5	266	1,331	
3.6	Standard Software Application Packages	Unit	6	500	1,996	
3.7	Uninterrupted Power Supply (UPS)	Unit	3	500	998	
3.8	First Aid Kit	Unit	1	500	333	
3.9	Tents for Office/Accommodations	Lumpsum	1	49,900	49,900	
3.10	Furniture for Office/Accommodation	Lumpsum	1	6,653	6,653	
3.11	Concrete Slabs/Septic Tank for Office/Accommodation	Lumpsum	1	3,327	3,327	
3.12	Printer HP Laser Jet	Unit	1	798	798	
3.13	Bicycles	Unit	1	665	665	
3.14	Digital Camera	Unit	2	83	166	
3.15	Cell Phones	Unit	7	67	466	
3.16	HF Radios	Unit	4	566	2,262	
3.17	Thuraya Phones	Unit	4	965	3,859	
	Subtotal Equipment and supplies			150,532	0	
4	Project office					
4.1	Communications	Month	18	672	12,096	
4.2	Printing/Copying	Month	18	67	1,210	
4.3	Postage/Delivery	Month	18	67	1,210	
4.4	Bank Charges	Month	18	336	6,048	
4.5	Office/House Utilities	Month	18	336	6,048	
4.7	Legal/Registration Fees	Month	18	34	608	
4.8	Office Equipment Maintenance	Year	2	605	1,210	
4.9	Vehicle Maintenance (2 vehicles)	Month	18	403	7,257	
4.10	Vehicle Insurance (2 vehicles)	Year	2	2,026	4,052	
4.11	Vehicle Fuel (2 Vehicles)	Month	18	1,075	19,353	
4.12	Office Supplies	Month	18	336	6,048	
4.13	Travel permits/Visa Fees/Alien Registration (2 International Staff)	Exit	6	334	2,006	
	Subtotal Project office			67,145	0	
5	Direct service delivery costs					
5.1	Education					
5.1.1	Community Construction Fund for Primary Schools	Unit	5	16,733	83,666	
5.1.2	Materials for School Furniture	Lumpsum	1	6,653	6,653	
5.1.3	Textbooks	Lumpsum	1	399,202	0	399,202
5.1.4	IEC Materials	Lumpsum	2	5,040	10,080	
5.1.5	Education Program Officer	Month	18	672	12,096	
5.1.6	Payam Education Community Liaison	Month	18	403	7,257	
5.1.7	Bor Logistics and State Governemtn Liaison	Month	18	538	9,677	
5.1.8	Bor Office Rent	Month	18	504	9,072	
5.1.9	Primary School Teacher Trainings	/Training	3	6,653	19,960	

5.1.10	AES Instructor Trainings and Certifications	/Trainings	7	998	6,986	
5.1.11	Women's Literacy Centers - Payam Level	/Center	7	3,327	23,287	
5.1.12	Nutrition Training/Demonstration Garden	/Garden	7	665	4,657	
5.1.13	Community Mobilization Fund	/Payam	16	1,013	16,208	
5.1.14	Commodity Shipping and Handling	Lumpsum	1	30,240	30,240	
	Subtotal Education				239,838	399,202
5.2	Health					
5.2.1	Construction of Health Center	Unit	4	26,613	106,454	
5.2.2	Rehabilitation of Health Center	Unit	1	9,980	9,980	
5.2.3	Materials for Clinic Furniture	Lumpsum	1	6,653	6,653	
5.2.4	Medical Supplies/Commodities	Lumpsum	1	665,336	0	665,336
5.2.5	Subgrant to JDFS	Lumpsum	1	298,223	298,223	
5.2.6	Community Mobilization Fund	/Payam	16	1,351	21,610	
5.2.7	Health Campaigns	/Event	6	2,016	12,096	
5.2.8	HHP Training	/Event	4	1,341	5,363	
5.2.9	Nutrition Training/Demonstration Garden	/PCHU	5	665	3,327	
5.2.10	Commodity Shipping and Handling	Lumpsum	1	30,240	30,240	
5.2.11	Health Consultant	/Day	20	299	5,988	
	Subtotal Health				499,933	665,336
5.3	Water and sanitation					
5.3.1	Water Supply Systems Rehab Fund	/Facility	15	2,688	40,319	
5.3.2	Latrine Construction for Primary Schools	Unit	10	3,012	30,120	
5.3.3	Latrine Construction for PCHU	Unit	10	3,012	30,120	
	Subtotal Water and Sanitation				100,559	
5.4	Capacity Building					
5.4.1	Non-Medical Supplies/Commodities	Lumpsum	1	199,601	0	199,601
5.5	Monitoring and Evaluation					
5.5.1	Survey	Lumpsum	2	1,688	3,377	
5.5.2	M&E	Lumpsum	18	336	6,048	
	Subtotal Monitoring and Evaluation				9,424	
	Subtotal Direct service delivery costs				849,755	1,264,138
6	Other					
6.1	Visa Fees (for HQ staff traveling to Sudan)	Trip	2	203	405	
6.2	Airport Transfer (for HQ Staff traveling to Sudan)	Trip	0	68	135	
6.3	Airport Transfer (for consultants traveling to Sudan)	Trip	2	68	135	
6.4	In-country Subsistence Costs	Month	36	336	12,096	
	Subtotal Other				12,771	0
7	Total direct eligible costs of the Project (Items 1-6)				1,423,549	1,264,138
8	Administrative costs (express as a percentage of total direct eligible costs of the Project, maximum 7%)		7%		74,791	
9	Professional Audit Fees					
10	Total eligible costs (Items 7+8+9)				£1,498,340	£1,264,138

7.5 Support Letters and References

Please see the following pages for the following documents:

7.5.1 Support Letters from Duk County and Jonglei State Representatives

7.5.1.1 Duk County Commissioner

7.5.1.2 Jonglei Ministry of Health

7.5.1.3 Jonglei Ministry of Education

7.5.2 References for Implementing Partners

7.5.2.1 International Relief and Development US

7.5.2.2 John Dau Sudan Foundation

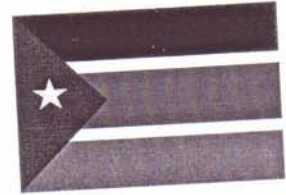
7.5.2.3 Upper Nile Youth Mobilization Development for Peace Agency

7.5.2.4 Upper Nile Women Welfare Association



DUK COUNTY COMMISSIONER'S OFFICE

Tel: + 8821643333818 / +256477182997
E-mail: ngormayen@yahoo.com



Dear Sir/Madame: Donor Agencies --Juba

REF: Endorsement for International Relief and Development Proposal in Duk County, Jonglei State

This letter serves to inform you that I have had extensive meetings with representatives of International Relief and Development as they have conducted thorough assessments on the issues of health, education, livelihoods and vocational training in Duk County. As County Commissioner, I must ensure that investments in aid and development are designed to meet the needs and realities on the ground.

In Duk County, my role is to understand the issues plaguing our population, and to be familiar with the circumstances of existing communities and returning populations in every payam. I am intimately familiar with community members, their most-local representatives, agencies, and investors that are located within our county. My responsibility is to understand the problems, challenges, as well as the opportunities within our area, and to develop a vision with our community on how we can move forward. This vision includes sustainable development that locates children and families near the services they need and to have access to healthy, thriving community and village centers. Such centers are anchored by the cornerstones of schools and clinics and are the first steps to developing an environment where our people can be educated and healed.

It is my sincere belief that IRD understand this vision and has the passion and capacity to help us materialize the first steps towards the future. I am committed to working in partnership with IRD to achieve the kinds of results that we need in Duk County.

Therefore, I hereby endorse the proposed activities of IRD for Duk County under Basic services Fund (BSF). I have been consulted in the process and have provided a great level of guidance to shape the concept design for health and education related activities and look forward to continued collaboration with IRD in Duk County. Please do not hesitate to contact me should you require additional information.

Sincerely,

17/11/08

Mayen Ngor Atem
Commissioner, Duk County,



THE GOVERNMENT OF SOUTH SUDAN
MINISTRY OF HEALTH
JONGLEI STATE
BOR



November 14, 2008

To Whom it May Concern:

RE: Letter of Recommendation for International Relief and Development for BSF in Jonglei

This letter serves to inform you that the Jonglei State Ministry of Health has met with representative from International Relief and Development (IRD) in Bor on November 14, 2008. During the meeting, IRD described the objectives of the DFID-funded initiative for the Basic Services Fund as well as IRD's proposed concept design to implement activities in Health Services.

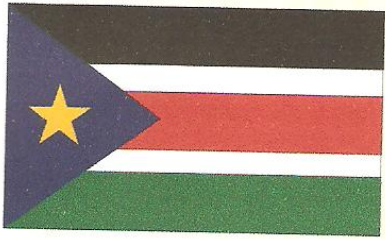
IRD is proposing to undertake these activities in Duk County, a county in the zone of Greater Bor which is experiencing a high-level of returns after the signing of the Comprehensive Peace Agreement. Duk County is an underserved area which is also facing issues of insecurity due to tribally-based conflicts.

The Ministry of Health is pleased to learn of IRD's interest in working in improving health facilities and services for the citizens of Duk County and we look forward to working together in close partnership with the IRD and the Duk County Department of Health to enhance the delivery of critical health services and improve access to health facilities. We hereby endorse the efforts of IRD in this proposal and can be contacted if further information is required.

Sincerely,

Dr. Kwai Deng
Director of Primary Health
Ministry of Health
Bor Town, Jonglei State
Southern Sudan





The Republic of Sudan
Government of Southern Sudan (GOSS)
Ministry of Education Science & Technology
Jonglei State
Minister's Office



NOVEMBER 14, 2008

TO WHOM IT MAY CONCERN

The ministry of Education hosted a meeting with international relief and Development (IRD) to discuss the proposed activities for Health and education with possible funding from the basic services Fund.

I had the opportunity to discuss priorities for Education in Jonglei State and specifically Duk County. Our Ministry is currently focused on two main priorities which include

- 1 Teacher training, particularly for primary Education,
2. Construction of facilities.

The facilities in Duk County are currently inadequate to serve the existing and growing needs of the children of Duk County.

In our last assessment, the ministry observed that 24 schools or education sites in Duk County, approximately 20 are without any structure and take place under a tree.

Although the jonglei State Ministry is working with the Government of Southern Sudan Ministry of education and the Duk county Department of education, we continue to require assistance from the international community to bring the capacity, facilities, and provision of services to a level that meets the basic needs of our communities.

It is therefore with much appreciation and gratitude that we recognize and endorse the proposed activities of IRD under this initiative to support education in Jonglei State. Please feel free to contact me in case of any inquiries

Sincerely,

Dr. John Antipas Ayei
Minister,
Ministry of Education –Jonglei State
MOE-Bor

7.5.3 References for Implementing Partners

Partner	Reference
International Relief and Development US	Husain Saiyed Programme Manager Rapid Impact Emergency Project UNDP Juba Office Email: saiyed.husain@undp.org
International Relief and Development US	Susan Stigant Civic Education Program Manager National Democratic Institute for International Affairs/USAID NDI Juba Office Email: sstigant@ndi.org
John Dau Sudan Foundation	Glenn W. Geelhoed, MD Professor of Surgery and Professor of International Medical Education George Washington University Medical Center Phone: 1-240-401-0247 ; Email: msdqwg@qwumc.edu
John Dau Sudan Foundation	Darlene Tranter Anderson Board Member Council of Advisors: National Geographic Phone: 1-513-260-3529; Email: danderson@anderson-realestate.com
Upper Nile Youth Mobilization for Peace and Development Agency	Theophane Boutrolle Total Petroleum Phone: +256 477 199 553; Email: theophane.boutrolle@external.total.com
Upper Nile Youth Mobilization for Peace and Development Agency	Brian Doe Grants Manager PACT Sudan Email: bdoe@pactsudan.org
Upper Nile Women Welfare Association	Sharon Mous Education Program Manager UNICEF Phone: + 256-477126996; Email: emous@unicef.org
Upper Nile Women Welfare Association	Mengisto Tekelemariam Water Program Manager PACT Sudan Phone: +256-477124729; Email: mtekelemariam@pactsudan.org



7.6 Signed Funding Declaration

Please refer to the following page for a signed declaration by IRD US that no other funding has been secured for the CHES program.



International Relief & Development

1621 North Kent Street

Fourth Floor

Arlington, VA 22209

P 703.248.0161

F 703.248.0194

www.ird.org

November 21, 2008

BMB Mott MacDonald
c/o BSF 3rd Call for Proposals
Amsterdamseweg 15
6814 CM Arnhem
The Netherlands

Reference: Letter of Declaration

To Whom It May Concern:

Please accept this letter as part of IRD's proposal for Duk County in Jonglei State to the Basic Services Fund (BSF) Third Call for Proposals. IRD hereby certifies that no other funds have been secured or will be accepted for the same work in the same location.

We look forward to working with the BSF on these important activities.

Sincerely,

Gulraiz Hassan
Chief Financial Officer