Project Proposal

Organization	IMC UK (International Medical Corps UK)			
Project Title	Provision of emergency health assistance to IDPs and conflict affected persons in South Sudan			
Fund Code	SSD-15/SA1/H/INGO/322			
Primary Cluster	HEALTH		Secondary Cluster	None
Project Allocation	1st Round Standard Allocation		Allocation Category Type	
Project budget in US$	299,999.07		Planned project duration	3 months
Planned Start Date	16/01/2015		Planned End Date	17/04/2015
OPS Details	OPS Code	SSD-15/H/73002	OPS Budget	0.00
	OPS Project Ranking		OPS Gender Marker	

Project Summary

IMC intends to support the provision of primary health (plus VCT&PMTCT) and reproductive health care to a catchment of 194,530 IDP beneficiaries across three locations: Juba, Awerial, and Malakal. Included in the activities is in-patient care in absence of a safe referral pathway and specific access to emergency obstetrics, medevacs and trauma at Juba UNHOUSE. IMC is also supporting roving surgical team, which has the ability to deploy to any location within 24-48 hours to serve emerging needs and conflict wounded beneficiaries. Following the IASC Gender in Emergencies Handbook, IMC streamlines gender principles in all services. Considering the needs of female beneficiaries, IMC recruits female personnel, aims for an equal ratio of female and male community workers, and considers the different needs and opportunities of women, men, boys and girls when designing, delivering and monitoring program interventions. IMC through program staff and community mobilizers will perform regular consultations with community groups to identify health needs and considerations of different groups. For adolescents, in 2015, IMC is specifically conducting ASRH activities in all sites, and intends to begin youth groups to focus on the specific needs of young adults and their right/access to appropriate health care. To serve those beneficiaries whose mental health is affected by the current crisis, IMC will continue to encourage the integration of mental health and psychosocial support activities into primary health care, as well as provide psychotropic treatment to patients who qualify. To meet the needs of women affected by GBV or domestic/partner abuse, IMC is strengthening the referral pathway to GBV actors after conducting clinical management of rape or other abuse. Outreach teams and community education will focus on vulnerable women/girls and encouraging them to seek assistance, while raising community awareness on partner based violence and domestic abuse within the POCs/settlements.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	157470	60651	10639	10228	**238,988**
Total beneficiaries include the following:					
Internally Displaced People	15447	60651	10639	10228	96965
Combatants and Ex-Combatants	500	0	0	0	500

Indirect Beneficiaries		Catchment Population	

Link with the Allocation Strategy

International Medical Corps will contribute to the following cluster priorities through the provision of staff, essential medicines, supplies, and logistics support over a 12 month period: • Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies including the provision of supplies to maintain VCT and PMTCT in all three locations •Continue support functioning health facilities in IDP locations, and increasing provision of care via mobile medical units in remote or underserved pockets of Awerial County, and outside the POC in Malakal County • Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns • Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies) which will include training a cadre of health workers on MISP and PMTCT •Increase medical evacuation points and surgical capacity across the country by maintain an OT in Juba and roving surgical team composed of a Surgeon, Anesthetist and ER Nurse • Provision of Emergency mental health and psychosocial care to trauma affected populations through community based mechanisms as well as psychotropic management of severe cases at the outpatient level IMC aims to strengthen current primary health service provision not only to reach out to underserved populations, but also by integrating mental health and psychosocial care into current programs. Additional focus will be put on strengthening the MISP and CEMONC services available at these sites as well as focusing on bolstering and including ASRH in sites where it does not exist. IMC is also aware of the fragile situation currently existing in South Sudan, and thus, intends to actively prepare for any mass casualty or reinvigorated conflict which could impact current operations inside POC sites by prepositioning emergency response supplies such as medical consumables, trauma kits (in kind and procured), additional essential medicines, tents for additional clinics and increasing the training on emergency response to all sites; this is in addition to supporting the roving surgical team mentioned above.

Sub-Grants to Implementing Partners

Other funding Secured For the Same Project (to date)

Source	US$
Anticipated ECHO, OFDA, UNFPA (not confirmed)	2,000,000.00
	2,000,000.00

Organization focal point contact details

Name	Title	Phone	Email
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BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

In Juba, there are approximately 34,000 people inside UNMISS POC points. IMC assumed provision of primary health care, reproductive health, and community outreach to the population in UNHOUSE on January 6th 2014 and began to inpatient care at a 30 bed inpatient ward formerly run by MSF-Belgium on August 1st. The need to expand/continue chronic care , sputum testing , and VCT and treatment is great (8 new cases in November), and expand outreach on chronic conditions. The current referral pathway to Juba Teaching Hospital presents a significant challenge, as night referrals are impossible, and access to care 24 hours only available inside the POC. Emergency surgical interventions must be carried out inside the OT currently run by IMC at UNHOUSE. The need to upgrade this facility to accommodate trauma also exists in case of mass casualty or referrals from other states. The OT remains one of the few viable and secure referral facilities for Nuer beneficiaries. New arrivals of up to 1500 a week makes the situation inside the POC even more complex; likelihood of an additional POC looms in the near future. In Awerial, there exist emergency health needs of approximately 100,000 people, and semi-mobile cattle camps. There was an outbreak of Measles and Hepatitis E as well as Cholera, with the current county implementing partner unable to handle the additional case load of in and outpatients. IMC is running 5 facilities, 3 static and 2 mobile as well as a maternity, with hopes that as the conflict tin Jonglei subsides or remains calm, people will return to Jonglei. Strengthening the referral pathway to Bor State Hospital via boat remains a priority as the hospital become increasingly functional, as well as beginning VCT and maintaining supplies critical for HIV/AIDS treatment. In Malakal, 17,000 rside people inside the UNMISS base, and given the continued insecurity, it 's projected that these numbers will remain high. There are approximately 65,000 displaced in Wau Shiluk. Expansion of services to reach isolated populations and returning populations to Malakal Town is urgently needed. IMC has been operational across Malakal County (inside the POC then outside) since January 2014, where it operates primary health care, reproductive health, GBV services, immunizations, and community outreach. In Malakal, IMC aims to provide mobile medical services outside the PoC into Malakal town when feasible. Travel by boat is the only viable mechanism to reach areas outside of Malakal, and access remains an issue. Given the stress that ongoing displacement and conflict cause, there are high incidence of stress related disorders within these populations, such as PTSD and depression; these vulnerable populations become more likely to experience psychosocial trauma, domestic and partner based violence. The current outreach and psychosocial support program has been in place in all3 locations since August 2014, with the most common presentations being Depression (38%) and Post Traumatic Stress (42%). Due to the lack of viable referral facilities across the country, IMC has been maintaining a roving surgical team to treat war wounded and conflict affected in both Juba and Akobo. Thus far, 62 conflict affected have been treated since August, with the high possibility of more casualties as the dry season approaches. This team is able to deploy within 24 hours from Juba, and the need to preposition trauma packs with basic supplies, medications, and consumables, is necessary for the team to operate effectively wherever they may be needed. The current facilities for war-injured patients are in Wat and Lankien (run by MSF and ICRC), and are frequently overwhelmed. IMC is able to provide technical and human resources support to these organizations via maintaining our own surgical team. While the team is not conducting surgery, capacity building of national staff and scenario planning for emergency response and trauma is ongoing.

2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps.

State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	
3. Description Of Beneficiaries	½ the beneficiaries are residing inside the Protection of Civilians sites (17,000 Malakal, 34,000 Juba); and the others are residing in pockets or settlement sites, but not camps, and are thus not verified and ever changing (Awerial County, Wau Shiluk, etc). Women and children make up the majority of the population and are the most vulnerable to outbreaks of conflict. Beneficiaries were targeted based on current operating centers, as well as by identifying needed areas for expansion where no or few health actors are present. IMC maintains the ability to be felxible should the needs of these beneficiaries change, or should activities no longer be relevant in areas where it currently operates. The need for a roving surgical team and ability to respond to war injured was identified by the Health Cluster at the Juba level, and population was targeted based on the other 2 facilities being unable to handle increased caseload.
4. Grant Request Justification.	Across all three sites, IMC saw over 16,000 consultations in the month of September alone. As the lead health agency, a serious gap would exist particularly in the areas of GBV, mental health, and primary health care would exist if funding for these critical life saving activities ceases. IMC is one of the only actors with referral facilities for surgical interventions to war wounded and for those without referrals outside the POCs for Nuers across the country, and not maintaining these facilities and surgical staffing raises protection concerns for patient referrals. International Medical Corps has been operating in all three locations since January 2014, where it operates primary health care, reproductive health, GBV (clinical management and case management), immunizations, and community outreach. HIV/AIDS, mental health and chronic care services across all sites are not funded fully by any other donors at this time, particularly in terms of drugs and supplies which are sometimes difficult to secure in-kind from UN agencies, on a regular basis. IMC has requested funding from ECHO, UNFPA and OFDA for 12 months to support primary health care activities in Awerial(Echo only), Juba, and Malakal; however this leaves Awerial services particularly exposed as no funding for the county will be provided by UNFPA or OFDA. As the funding supports the PHC services mainly and in entirety, the enhanced provision of mental health, HIV/AIDS and mobile medical units, is not supported under any of these projects. OFDA has expressed interest in maintaining some portion of the roving surgical unit, but pharmaceuticals needed for surgery or prepositioning of supplies cannot be done under this donor. Additionally, there is no secured funding to support the IPD 100% in Juba 3, Any funds received by CHF will assist International Medical Corps in maintain current programs, and filling the gaps mentioned above, as well as providing the additional support to surge into areas with mobile medical units and war wounded.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	

LOGICAL FRAMEWORK

Overall project objective	In Juba: - To provide quality inpatient and outpatient adult and pediatric care at UNHOUSE In Awerial: - Increase primary health care service, outreach and immunization provision to under served populations In Malakal: - Provide primary health care, ANC outreach, and referrals for survivors of GBV - Increase health services to identified areas of highest need, such as wau shiluk Across all locations: -support the provision of VCT and PMTCT, including education and outreach - Continue mental health and psycho social support as well as treatment for priority conditions -Continue services for survivors of GBV, particularly for the clinical management of rape, and partner based violence

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	70
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	30

Outcome 1	Referral pathways for reproductive health, ANC, and PNC are strengthened	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Provide primary health care, ANC outreach, and referrals for survivors of GBV inAwerial county, and Juba and Malakal POC	Assumes that safety and security inside the POCs allows IMC to operate. Also assumes that there is a high level of coordination among actor who operate in the same sector.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					275
	Means of Verification:	Facility registers					

Activities

Activity 1.1.1	Maintain staffing to conduct community reproductive health outreach and CMR
Activity 1.1.2	Recruit additional CRHP and CHWs for RH outreach
Activity 1.1.3	1.1.3 Conduct monitoring of the project activities

Output 1.2	Continue to conduct clinical management of rape to survivors of sexual assault and strengthen referral pathways across all sites	assumes that there is no other actor conducting CMR, and that staff are well trained on CMR protocols; operating environment remains secure

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] # of health personnel trained in community-based Mental Health and Psycho-social support in IDP settings	60	50			110
	Means of Verification:	Program reports					
Indicator 1.2.2	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	38000	45000	30100	34000	147100
	Means of Verification:						

Activities

Activity 1.2.1	Community outreach team are equipped with outreach materials (EIC)
Activity 1.2.2	Conduct 1 refresher training on CMR
Activity 1.2.3	Additional community outreach workers are recruited

Outcome 2	A full service peadiatric and adult IPD is operational in Juba 3	
Code	**Description**	**Assumptions & Risks**
Output 2.1	Increased access to in-patient and emergency room services	The ambulance service remains operational; minor rehabilitation of IPD and ER is completed int he time period of the project; safety and security of night duty staff remains

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] # of functional health facilities in conflict-affected and other vulnerable states					7
	Means of Verification:	Program reports					
Indicator 2.1.2	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	12	10			22
	Means of Verification:	Training sheets					

Activities

Activity 2.1.1	Procure additional drug supply for 3 month IPD operations- WHO stocks and small buffer
Activity 2.1.2	conduct on the job supervision and refresher trainings to enhance national staff capacity
Activity 2.1.3	Conduct emergency preparedness and mass casualty training
Activity 2.1.4	Continue ambulance services

Outcome 3	At a minimum, basic mental health support is available to all beneficiaries, accessed through the current primary health care programs in Awerial and Malakal	
Code	**Description**	**Assumptions & Risks**
Output 3.1	Integrated basic mental health care and psychosocial support services into current primary care activities	Mental Health specialist is able to travel to all project sites; MH officers/staffing levels remain the same and there is no large clinical staff turnover. Trainings are able to be conducted as planned.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	[Frontline services] # of health personnel trained in community-based Mental Health and Psycho-social support in IDP settings	18	10			28
	Means of Verification:	Program reports					

Activities

Activity 3.1.1	Refresher training for clinical staff on PFA
Activity 3.1.2	community awareness activity is conducted

Outcome 4	HIV/aids services available to IDP populations in Juba, Malakal, Awerial	
Code	**Description**	**Assumptions & Risks**
Output 4.1	Increase chronic care for HIV/aids patients in IDP settings	There is consistent access to supplies and reagents; support from the MOH in the Juba program remains consistent; access to prevention items (condoms) and outreach/mobilization is able to continue

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 4.1.1	HEALTH	[Frontline services] # of health facilities providing comprehensive HIV/AIDS services in IDP setting					7
	Means of Verification:	Program reports					

Activities

Activity 4.1.1	Recruit VCT staff in Malakal
Activity 4.1.2	Conduct outreach training for CHWs on HIV/AIDS prevention
Activity 4.1.3	Provide PMTCT supplies for all clinics

WORK PLAN

Project workplan for	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

activities defined in the Logical framework	Activity 1.2.1 Community outreach team are equipped with outreach materials (EIC)	2015	X	X										
	Activity 2.1.1 Procure additional drug supply for 3 month IPD operations- WHO stocks and small buffer	2015	X	X										
	Activity 2.1.2 conduct on the job supervision and refresher trainings to enhance national staff capacity	2015	X	X	X	X								
	Activity 2.1.3 Conduct emergency preparedness and mass casualty training	2015	X	X										
	Activity 4.1.1 Recruit VCT staff in Malakal	2015	X											
	Activity 1.1.1 Maintain staffing to conduct community reproductive health outreach and CMR	2015	X	X	X	X								
	Activity 1.1.2 Recruit additional CRHP and CHWs for RH outreach	2015	X											
	Activity 1.2.2 Conduct 1 refresher training on CMR	2015			X									
	Activity 2.1.4 Continue ambulance services	2015	X	X	X	X								
	Activity 3.1.1 Refresher training for clinical staff on PFA	2015	X	X										
	Activity 3.1.2 community awareness activity is conducted	2015			X									
	Activity 4.1.2 Conduct outreach training for CHWs on HIV/AIDS prevention	2015		X										
	Activity 4.1.3 Provide PMTCT supplies for all clinics	2015	X	X	X	X								
	Activity 1.2.3 Additional community outreach workers are recruited	2015	X											
	Activity 1.1.3 1.1.3 Conduct monitoring of the project activities	2015	X	X	X	X								

M & R DETAILS	
Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .	Medical Corps provides and collects the following information: - Weekly primary health consultation reports - Weekly reproductive health reports - Weekly health promotion reports - Weekly epidemiological surveillance reports In addition to using the MoH HMIS/DHIS system, it also uses a robust M&E framework for all emergency response related activities. Reports will be sent to CHF on an interim and final bases, and any changes in project scope or objectives will be communicated by IMC to CHF.
OTHER INFORMATION	
Accountability to Affected Populations	IMC is working within UNMISS bases (POCs) or settlement sites (as in Awerial), which are managed by ACTED and IOM, respectively. There are regular community leader meetings and community based activities that inform camp management about the state of services in these locations as well as provide a feedback mechanism for complaints against partners or unmet needs. As hosts within UNMISS bases, IMC is particularly attune to the affect that militarized protection facilities can have on beneficiaries, and the potential for neutrality to be questioned if an organization is seen to be directly coordinating with soldiers (even if they are peacekeepers). Due to this fact, IMC coordinates directly with camp management and RRP to build and keep trust among community members.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	IMC has ongoing operations inside the POCs and settlement sites, and thus will build off the existing program to properly execute activities. A procurement plan for any assets or consumables to be purchased under the project will be completed within the first month in consultation with the Juba logistics team, whom the local logistics officer reports too; any procurement possible at local markets, will be supervised by the Site Managers and Juba based Logistics Coordinator. In kind procurement (IEHKs, trauma kits, etc) will be overseen by the Medical Commodities Officer and Program Manager through WHO logistics team. All needs for 2015 will be submitted before January 1 to WHO. All health activities and training will be overseen by the Medical Coordinator at each site and Nurse Midwifes (for PMTCT and CMR). Pre and post tests will be conducted, and results shared with CHF in the reporting. The roving Mental Health Specialist will be conducting on the job supervision, on a predetermined schedule. Emergency deployment of the roving surgical team will be organized by the Program Manager in coordination and support with the health cluster, WHO and UNHAS, or other engaged actors such as ICRC.
Coordination with other Organizations in project area	
Environmental Marker Code	A: Neutral Impact on environment with No mitigation
Gender Marker Code	1-The project is designed to contribute in some limited way to gender equality
Justify Chosen Gender Marker Code	IMC uses the IASC handbook to streamline gender into primary healthcare to consider the different needs of various groups; specific outreach to adolescents is planned for 2015, as well as working with men and community leaders to address gender disparities inside the POCs. Community outreach, health education, provision of psychosocial support and services for prevention and response to GBV will all integrate consultative processes to ensure cultural and gender appropriate program interventions. IMC is currently integrating GBV awareness and activities into primary health care activities.
Protection Mainstreaming	
Safety and Security	
Access	
BUDGET	

1 **Staff and Other Personnel Costs** *(please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015 Q1	2015 Q2	Quarterly Total
1.1	M&E coordinator	D	1	10714	3	2.00%	642.84	600.00	42.84	642.84
	S/he will support the Program Manager with assistance from the Senior Monitoring and Evaluation Officer in the collection of data, provide program development support, edit and compile reports for CHF funded programs, and provide data quality and management support. Cost is shared with other donors, and is thus directly supporting this project as well as others.									
1.2	Medical Commodities Officer	D	1	8390	2	20.00%	3,356.00	1,678.00	1,678.00	3,356.00
	S/he will coordinate the pharmaceutical supply chain and warehouse stocks for all CHF funded programs, and directly line manages the pharmaceutical logisticians, and pharmacy staff. This person also is responsible ensuring the delivery dispatch and stocking of drugs in all sites, as well as quality control. Cost is shared with other donors, and is thus directly supporting this project as well as others.									
1.3	Mental Health Specialist	D	1	10799	3	10.00%	3,239.70	1,619.70	1,620.00	3,239.70
	S/he will coordinate operational activities of CHF funded community based mental health and exclusively responsible for training field staffed in integrated mental health approach. This person will line manage the field sites implementing mental health activities, and program quality control. Cost is shared with other donors, and is thus directly									

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015 Q1	2015 Q2	Quarterly Total
	supporting this project as well as others.									
1.4	Doctor	D	1	9193	3	100.00%	27,579.00	13,789.00	13,790.00	27,579.00
	The Emergency Medical Doctor will be required to diagnose and treat patients as required. In addition to this, she will be required to monitor and manage health activities in co-ordination with other health actors. The Emergency Doctor will take responsibility in the treatment and referral of suspected or confirmed communicable diseases according to national protocols, and inform the Medical Director as necessary.									
1.5	Nurse	D	3	8390	3	50.00%	37,755.00	18,877.50	18,877.50	37,755.00
	The nurse will be responsible for the medical care of all the patients in the clinics. They will be entirely responsible for the medical follow -up of the patients and to assist the Doctors or the Nutritionist in their tasks.									
1.6	Juba site manager	D	1	9996	3	40.00%	11,995.20	5,997.60	5,997.60	11,995.20
	S/he will coordinate operational activities of CHF funded programs in Juba, and directly manage field staff and logistic support. This person also is responsible ensuring timely program delivery.									
1.7	Roving Trauma Surgeon	D	1	11177	3	20.00%	6,706.20	3,353.10	3,353.10	6,706.20
	The Emergency Surgeon will be required to perform emergency surgery for obstetric complications, complicated deliveries requiring caesarian sections, minor surgeries, and surgeries in case of mass trauma due to conflict. The Surgeon will be responsible for facilitating training of scrub nurses and operating theatre cleanliness.									
1.8	Roving Trauma Nurse	D	1	9592	3	20.00%	5,755.20	2,877.60	2,877.60	5,755.20
	The nurse will be responsible for the medical care of during and after surgical procedures, as well as at the ER. They will be entirely responsible for the medical follow -up of the patients and to assist the Doctors in their tasks									
1.9	Roving Anesthetist	D	1	9592	3	20.00%	5,755.20	2,877.60	2,877.60	5,755.20
	The Anesthetist is required to assist the Surgeon and surgical team in maintaining the operating theatre and administering anesthesia according to national protocols. In addition, responsibilities such as training and other duties as assigned.									
1.10	Logistics Manager - Awerial	D	1	8188	3	10.00%	2,456.40	1,228.00	1,228.40	2,456.40
	The logistics manager will be directly reporting to the Logistics Mnager in Juba and will assist in the overall management and coordination of the logistics department and supportive systems. S/he will partially work under this project.									
1.11	Field Site Manager - Awerial	D	1	9393	3	25.00%	7,044.75	3,522.00	3,522.75	7,044.75
	/he will coordinate operational activities of CHF funded programs in Awerial, and directly manage field staff and logistic support. This person also is responsible ensuring timely program delivery.									
1.12	Juba supprot staff international	S	1	125616	3	2.00%	7,536.96	3,768.00	3,768.96	7,536.96
	This is budgeted to cover the costs of existing Juba based staff that will provide support to the emergency response program including support in finance, procurement & logistics, human resources and administration									
1.13	Aweriel national staff	D	1	18469	3	25.00%	13,851.75	6,926.00	6,925.75	13,851.75
	Local program staff will give technical support and guidance for the proper implementation of the project and will also be involved in CHF project/site specific management. They will be responsible for the daily implementation of direct program activities, program monitoring and implementation of policies. The salaries are in accordance with established compensation scale.									
1.14	Juba national staff - Juba response	D	1	28250	3	100.00%	84,750.00	42,375.00	42,375.00	84,750.00
	Local program staff will give technical support and guidance for the proper implementation of the project and will also be involved in CHF project/site specific management. They will be responsible for the daily implementation of direct program activities, program monitoring and implementation of policies. The salaries are in accordance with established compensation scale.									
1.15	Malakal national staff	D	1	21931	3	25.00%	16,448.25	8,224.00	8,224.25	16,448.25
	Local program staff will give technical support and guidance for the proper implementation of the project and will also be involved in CHF project/site specific management. They will be responsible for the daily implementation of direct program activities, program monitoring and implementation of policies. The salaries are in accordance with established compensation scale.									
1.16	Juba national support staff	S	1	66459	3	2.00%	3,987.54	1,994.00	1,993.54	3,987.54
	This will provide all administrative, accounting, cashiering, logistical, procurement, transport, travel, warehousing, M&E and IT support services to project from in-country HQ Juba.									
	Section Total						238,859.99	119,707.10	119,152.89	238,859.99

2 **Supplies, Commodities, Materials** *(please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
2.1	Field Support Supplies	D	1	2339.5	1	100.00%	2,339.50	2,000.00	339.50	2,339.50
	line will cover the cost of health and hygiene awareness, reproductive health through community mobilization tangible materials, in patient department and emergency room supplies and patient care costs (such as meals and lab tests). Outreach staff will be supplies protection materials (for inclement weather), and health messaging charts to facilitate their awareness raising activities. This line will also cover supplies needed to run normal everyday activities, which includes basic facility maintenance.									
2.2	Minor Renovations and Repair	D	1	1000	1	100.00%	1,000.00	1,000.00	0.00	1,000.00
	This will be for clinic maintenence during the life of the project									
2.3	Cmmunity and Reproductive Health Volunteers	D	1	1900	2	100.00%	3,800.00	2,100.00	1,700.00	3,800.00
	This cost includes the support of Volunteers using minimal monetary and non-monetary incentives									
2.4	Transportation	D	1	2000	3	100.00%	6,000.00	4,000.00	2,000.00	6,000.00
	This budget lines is requested to cover the cost of transporting supplies from Juba to the project implementation area. The mode of transportation depends on the security conditions, distance and road conditions.									
2.5	Trainings for RH and mental health outreach activties	D	1	200	4	100.00%	800.00	400.00	400.00	800.00
	This will include the costs of the RH on site trainings, and selected mental health awareness activity									
	Section Total						13,939.50	9,500.00	4,439.50	13,939.50

3 **Equipment** *(please itemize costs of non-consumables to be purchased under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

4 **Contractual Services** *(please list works and services to be contracted under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

5 **Travel** *(please itemize travel costs of staff, consultants and other personnel for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
5.1	In country travel - airfare (WFP Flights)	D	1	400	3	100.00%	1,200.00	600.00	600.00	1,200.00
	This will cover the cost of travel both by road and by air within South Sudan. Staff travel will be required mainly between the Juba main office and the Implementation sites. The main means of transport between Juba and Project Implementation sites is by air since roads are impassable especially during the rainy season and International Medical Corps relies mainly on WFP flights for such travel.									
5.2	National staff travel perdiem and accomodation	D	1	37	33	100.00%	1,221.00	621.00	600.00	1,221.00
	This covers the cost of staff per diem during training and other times of assignment outside of their duty station, including accommodation									
	Section Total						2,421.00	1,221.00	1,200.00	2,421.00

6 **Transfers and Grants to Counterparts** *(please list transfers and sub-grants to project implementing partners)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

7 **General Operating and Other Direct Costs** *(please include general operating expenses and other direct costs for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
7.1	Vehicle / Truck rent	D	1	3000	3	50.00%	4,500.00	2,250.00	2,250.00	4,500.00
	This line is budgeted to cover the cost of renting vehicle for field support offices.									
7.2	Vehicle fuel	D	1	1000	3	50.00%	1,500.00	750.00	750.00	1,500.00
	included is monthly cost of vehicle fuel for purposes of IMC programs and official business.									
7.3	Communication - sites	D	1	1000	3	50.00%	1,500.00	750.00	750.00	1,500.00
	Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc.									
7.4	Staff Accomodation - response team	S	1	23000	3	2.00%	1,380.00	1,300.00	80.00	1,380.00
	This line will cover the expenses for accommodation of ERT staff in Juba, as well as in field sites.									
7.5	Juba office support costs	S	1	101000	3	2.00%	6,060.00	3,000.00	3,060.00	6,060.00
	This line is requested to cover the percentage of the costs that will be incurred by the Juba Country office while supporting the Project (including but not limited to legal and bank fees, office/GH/warehouse rent /maintenance, vehicle/generator fuel/maintenance/registration etc.).									
7.6	Office utilities -sites	D	1	1141	3	50.00%	1,711.50	1,000.50	711.00	1,711.50
	This line is requested to cover for various office supplies, which include stationery, toners & cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies.									
7.7	Fuel and Maintenance of Generators - sites	D	1	1500	3	50.00%	2,250.00	1,250.00	1,000.00	2,250.00
	Fuel for generator is essential for running of generators and regular supply of electricity of the compound, house and the offices in order to ensure smooth performing of daily project activities. Government agency power supply is either nonexistent or unreliable which has led to the dependence on generator power and supply of energy needed for work and living. Regular maintenance of generators is also necessary to ensure proper functioning in order to supply with the necessary electricity that is not available aside from generator power.									
7.8	Generatror fuel for Medical facilities	D	1	200	2	100.00%	400.00	200.00	200.00	400.00
	Fuel for generator is essential for running of generators and regular supply of electricity to the primary and secondary temporary facilities, to ensure smooth performing of daily project activities.									
7.9	Vehicle maintnence	D	1	500	3	50.00%	750.00	300.00	450.00	750.00
	Includes costs for repair and maintenance,									
7.10	vehicle registration	D	1	150	3	50.00%	225.00	125.00	100.00	225.00
	Includes cost of vehicle registration in SS									
7.11	vehicle insurance	D	1	350	3	50.00%	525.00	425.00	100.00	525.00
	Includes cost of insurance									
7.12	Office supplies-sites	D	1	1050	3	50.00%	1,575.00	1,000.00	575.00	1,575.00
	This line is requested to cover for various office supplies, which include stationery, toners & cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies.									
	Section Total						22,376.50	12,350.50	10,026.00	22,376.50

Sub Total Direct Cost	277,596.99
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	1%
PSC Amount	19,431.79

Quarterly Budget Details for PSC	2015	Total

Amount

Q1	Q2	
9,716.00	9,715.79	19,431.79

Total Fund Project Cost	297,028.78

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Lakes -> Awerial	30					0	
Upper Nile -> Malakal	30					0	
Central Equatoria -> Juba	40					0	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

Document Description
1. CHF Akobo - internal file revised 22nd december 2014.xlsx
2. National staff list.xls