

Project Proposal

Organization	IMC UK (International Medical Corps UK)																																								
Project Title	Reduce maternal morbidity and mortality, and provision of emergency surgery through support of Akobo County Hospital																																								
Fund Code	SSD-15/SA1/H/INGO/411																																								
Primary Cluster	HEALTH	Secondary Cluster	None																																						
Project Allocation	1st Round Standard Allocation	Allocation Category Type																																							
Project budget in US\$	249,966.85	Planned project duration	3 months																																						
Planned Start Date	01/03/2015	Planned End Date	31/05/2015																																						
OPS Details	OPS Code	SSD-15/H/73001	OPS Budget	0.00																																					
	OPS Project Ranking		OPS Gender Marker																																						
Project Summary	IMC UK is currently supporting Akobo County Hospital with support from OFDA, IMA and CHF. Activities include provision of inpatient and outpatient, obstetric/gynecological, maternity, surgical, nutrition and mental health services. With support from CHF, IMC UK will be able to ensure continued provision of critical health services for the populations of Akobo. At this time, estimates calculate the population of Akobo East around 96,000 including upwards of 30,000 IDPs. Access constraints, insecurity and weak health seeking behaviors are amongst key challenges to ensuring health services are reaching this heavily under served population. With the oncoming dry season, the likelihood for conflict and the need for a referral facility increases drastically, and Akobo Hospital will be needed to serve the influx of trauma victims during this period. CHF funding will allow for delivery of key emergency services including 24hour availability for surgical interventions, the operations of a war wounded unit and key supplies for emergency operations. As Akobo serves as a key referral facility in the area, CHF funding will be critical to ensure necessary services.																																								
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>3447</td> <td>7589</td> <td>4500</td> <td>4815</td> <td>20,351</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Internally Displaced People</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>People in Host Communities</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	3447	7589	4500	4815	20,351	Total beneficiaries include the following:						Children under 5	0	0	0	0	0	Internally Displaced People	0	0	0	0	0	People in Host Communities	0	0	0	0	0
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Indirect Beneficiaries	Catchment Population																																								
Link with the Allocation Strategy	With this CHF funding IMC UK will be able to ensure the provision of essential health services in Akobo Hospital. As per Health Cluster priorities, interventions will focus on: improving access to emergency health services including surgical and emergency obstetric services, focus on disease monitoring and prevention through ensuring availability of health surveillance, laboratory services and capacity building of staff for effective diagnostics; and finally, increasing access to health services for some of the most vulnerable including women, children, pregnant and lactating women and displaced and marginalized populations.																																								
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)																																								
Organization focal point contact details	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Kourtney Rusow</td> <td>Program Manager</td> <td>+211927000122</td> <td>krusow@internationalmedicalcorps.org</td> </tr> </tbody> </table>					Name	Title	Phone	Email	Kourtney Rusow	Program Manager	+211927000122	krusow@internationalmedicalcorps.org																												
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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	Akobo County Hospital is the only secondary care facility in Akobo, serving a population of 157,000 (which increases to 180,000 during times of conflict). The most recent figures indicated that some additional 30,000 IDPs are residing in Akobo due to the conflict, which broke out in South Sudan on December 15th, 2013. On average, there are 356 patients in the inpatient department per month, and served 6982 outpatient consultations from January-April. Akobo County Hospital saw a total of 597 surgical procedures, including 180 major operations, including herniotomies and hernioraphies, appendicitis, and even cases of amputation from 2013 alone. Akobo is especially prone to malaria, representing 65% of all cases in 2014. While Malaria usually peaks during the rainy season, cases of malaria peaked in January and February with 1877 cases, of which 94% were under-fives. With the onset of the Cholera epidemic spreading throughout the country in early May, the situation is predicted to continue to worsen. Additionally, psychological trauma is high in the area from years of ongoing conflict, and due to access constraints the first 5 months of the year, the ability to assess and train on psychological first aid and community based psychosocial support services has been limited. "Other conditions", reported in the HMIS database make up nearly 20% of all consultations, but do not relate to acute or chronic physical ailments. With the onset of the conflict, the area in and around Akobo has remained volatile, with unpredictable population movements, and is now considered an AGF held area. Due to the ongoing and ever evolving security situation, securing a continuous supply of essential drugs, staffing, and conducting community outreach have been difficult in the past six months. International Medical Corps continues to be the leading INGO currently supporting the health care services in Akobo County, with intentions to expand to face the humanitarian needs as they evolve.																																								
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	Akobo County Hospital is the only secondary care facility in Akobo, serving a population of 185,000. The most recent figures indicated that some additional 30,000 IDPs are residing in Akobo due to the conflict, which broke out in South Sudan on December 15th, 2013. On average, there are 356 patients in the inpatient department per month, and served over 16,000 outpatient consultations from January-September 2014. Akobo County Hospital saw a total of 597 surgical procedures, including 180 major operations, including herniotomies and hernioraphies, appendicitis, and even cases of amputation from 2013 alone. Akobo is especially prone to malaria, representing 65% of all cases in 2014. While Malaria usually peaks during the rainy season, there were 4,241 cases treated during 2014, of which 94% were under-fives. Additionally, psychological trauma is high in the area from years of ongoing conflict, and due to access constraints the first 5 months of the year, the ability to assess and train on psychological first aid and community based psychosocial support services has been limited. "Other conditions", reported in the HMIS database make up nearly 20% of all consultations, but do not relate to acute or chronic physical ailments.																																								
4. Grant Request Justification.	International Medical Corps is already supporting Akobo County hospital and consultations have steadily increased during the period of IMC's support. International Medical Corps will continue fulfilling the gap that currently exists in the provision of life saving primary and secondary health care to vulnerable populations in the area. The South Sudan Ministry of Health (MoH) is still unable to provide the necessary services to operate Akobo County Hospital without external support, due to budgetary pressures, an expanding food gap and overstretched resources. Without the provision of necessary support to the MoH by humanitarian agencies, it is feared that the majority of the population in Akobo, will continue to have little or no access to health care services. The hospital supports a wide variety of programming, including focusing on emergency obstetric care, pediatrics, VCT, TB and clinical management of rape for survivors of gender-based violence. Funding from CHF the past 4 months was able to further assist in the minor renovation of the maternity unit, and repairs to the hospital infrastructure, however, further investment is needed to support the hospital operations and allow it to be functioning. Dry season prepositioning as well as increased likelihood of conflict make the need to continue services and prepare to deploy rapid surgical assistance crucial. Routine and emergency services at the hospital are in high demand, as IMC is currently the only health actor. IMA/WB funding was supporting a small portion of Akobo County Hospital costs in the first 6 months of 2014. IMA is currently negotiation with MoH to extend their service contract until July 2015. IMC has been in continuous consultation with IMA to ensure funding is extended for Akobo Hospital activities through July 2015. IMC has secured \$600,000 for the next 6 months through OFDA (until December 31st), specifically to assist in integrating psychosocial support, maternal care and emergency primary health to the displaced. CHF funding will serve to maintain full-scale hospital services, to further integrate the services funded under OFDA, and to maintain the capacity to respond to casualties due to violence, disease outbreaks and growing demands																																								

from influxes of displaced populations.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

LOGICAL FRAMEWORK

Overall project objective To reduce maternal morbidity and mortality, and ensure provision of emergency surgery through support of Akobo County Hospital

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	95
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 2: Protect the rights of the most vulnerable people, including their freedom of movement	5

Outcome 1	Description	Assumptions & Risks
War wounded ward and surgical unit remain operation during dry season		
Code	Description	Assumptions & Risks
Output 1.1	Staff capacity building for emergency response and EMONC is built	

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	15	11			26
		Means of Verification: Training and program reports.					
Indicator 1.1.2	HEALTH	[Frontline services] # of key facilities able to perform surgery					1
		Means of Verification: Hospital registers					

Activities

Activity 1.1.1	Implement schedule for on the job trainings on the use of MoH tools, trauma care, and emergency simulations for medical staff
Activity 1.1.2	Evaluate the MISP checklist and 6 signal functions of EMONC
Activity 1.1.3	Preposition commodities to respond to trauma
Activity 1.1.4	Conduct minor renovation to war wounded ward and surgical unit

Outcome 2	Description	Assumptions & Risks
Continued provision of inpatient, outpatient and chronic care services		
Code	Description	Assumptions & Risks
Output 2.1	Consultations at Akobo hospital are maintained or increased	

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	5200	6400	4100	4600	20300
		Means of Verification: Hospital patient registers and HMIS data					
Indicator 2.1.2	HEALTH	# of TB patients treated according to MoH protocol					22
		Means of Verification: Facility registers; HMIS					
Indicator 2.1.3	HEALTH	# of clients tested via VCT and PMTCT					200
		Means of Verification: Facility register/ HMIS					

Activities

Activity 2.1.1	Provide TB treatment and lab reagents for sputum testing
Activity 2.1.2	Train staff on PMTCT and VCT

Outcome 3	Description	Assumptions & Risks
Increased access to reproductive health and mental health services		
Code	Description	Assumptions & Risks
Output 3.1	100% percentage of facility births attended by trained midwife/chw/nurse	facility is operation 24 hours

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					100

3.1.1	Means of Verification: Hospital patient register and HMIS reports
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Activities

Activity 3.1.1	Refresher training on Psychological First Aid for outreach workers
Activity 3.1.2	Maintain network of MCHWs in the community and facility midwives (co-funded by OFDA)
Activity 3.1.3	Conduct supportive supervision to clinical staff and mental health officer

Output 3.2 Survivors of SGBV receiving clinical care

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.2.1	HEALTH	[Frontline services] # of health facilities providing basic package of GBV services in IDP setting					1
Means of Verification:		Program reports					

Activities

Activity 3.2.1	Maintain training schedule for psychosocial support to relevant hospital staff
Activity 3.2.2	Conduct refresher training to hospital staff on clinical management for GBV and reinforce referral pathway

Outcome 4 Increased community awareness and health seeking behavior among host and IDPs

Code	Description	Assumptions & Risks
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Output 4.1 17 community outreach workers trained on health outreach messages

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 4.1.1	HEALTH	[Frontline services] # of people reached with health education and promotion messages	2000	2000	1800	1800	7600
Means of Verification:		Program reports					

Activities

Activity 4.1.1	Recruit additional CHVs/MCHWs/CNVs (co-funded by OFDA)
Activity 4.1.2	Conduct community based education and health promotion on a pre-determined schedule

Outcome 5 Ability to respond to humanitarian needs via surge support based out of Akobo hospital secured

Code	Description	Assumptions & Risks
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Output 5.1 30 health workers trained in emergency preparedness and response

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 5.1.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	18	12			30
Means of Verification:		training sheets					

Activities

Activity 5.1.1	Revise emergency preparedness and response plans and hold one simulation with hospital staff, and one with each Boma health committee who has completed a response plan
Activity 5.1.2	Procure (in kind) pharmaceuticals and medical consumables for emergency response or IDP scale up

WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		Activity 1.1.1 Implement schedule for on the job trainings on the use of MoH tools, trauma care, and emergency simulations for medical staff	2015			X								
Activity 1.1.2 Evaluate the MISP checklist and 6 signal functions of EMONC	2015				X									
Activity 1.1.3 Preposition commodities to respond to trauma	2015			X										
Activity 2.1.1 Provide TB treatment and lab reagents for sputum testing	2015			X	X	X								

Activity 3.2.1 Maintain training schedule for psychosocial support to relevant hospital staff	2015			X	X	X													
Activity 3.2.2 Conduct refresher training to hospital staff on clinical management for GBV and reinforce referral pathway	2015			X															
Activity 4.1.1 Recruit additional CHVs/MCHWs/CNVs (co-funded by OFDA)	2015			X															
Activity 4.1.2 Conduct community based education and health promotion on a pre-determined schedule	2015			X	X	X													
Activity 5.1.1 Revise emergency preparedness and response plans and hold one simulation with hospital staff, and one with each Boma health committee who has completed a response plan	2015			X	X														
Activity 1.1.4 Conduct minor renovation to war wounded ward and surgical unit	2015			X	X														
Activity 2.1.2 Train staff on PMTCT and VCT	2015			X															
Activity 3.1.1 Refresher training on Psychological First Aid for outreach workers	2015			X						X									
Activity 3.1.2 Maintain network of MCHWs in the community and facility midwives (co-funded by OFDA)	2015			X	X	X													
Activity 3.1.3 Conduct supportive supervision to clinical staff and mental health officer	2015			X	X	X													
Activity 5.1.2 Procure (in kind) pharmaceuticals and medical consumables for emergency response or IDP scale up	2015			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.

International 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 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 has been working within the Akobo community since 1994. Due to this factor, IMC has a large network of community members, government, non government, and local leaders which help influence the wants, needs and desires of those seeking services at the hospital. IMC is also committed to serving the whole populations, regardless of affiliation or status, particularly in regards to the non combatants and their families. Additionally, IMC regulates a hospital board made of stakeholders, including the CHD, who offer insights into access constraints, complaints, and good governance of Akobo hospital. Supportive supervision is provided to the CHD in order to encourage appropriate information sharing as well as a feedback mechanism for IMC staff. IMC actively follows the Do No Harm principles in this project specifically by simply providing priority needs in a neutral, impartial, and consultative manner with all parties involved. Working in an IO held area, this is particularly important.

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

IMC has ongoing operations in Akobo county, 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 in Akobo, will be supervised by the Site Manager 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. All health activities and training will be overseen by the Hospital Coordinator and Nurse Midwife (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

Name of the organization	Areas/activities of collaboration and rationale
1. Nile Hope	PHCU/PHCC for referral pathways and community mobilization

Environmental Marker Code

A: Neutral Impact on environment with No mitigation

Gender Marker Code

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

Justify Chosen Gender Marker Code

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.

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		Quarterly Total
								Q1	Q2	
1.1	Juba support international staff	S	1	117254	3	3.00%	10,552.86	2,000.00	8,552.86	10,552.86
	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.									
1.2	Site Manager	D	1	10761	2	80.00%	17,217.60	5,000.00	12,217.60	17,217.60
	S/he will coordinate operational activities of CHF funded programs in Akobo, and directly manage field staff and logistic support. This person also is responsible ensuring timely program delivery.									
1.3	Roving Trauma SurgeonThe	D	1	10761	3	30.00%	9,684.90	0.00	9,684.90	9,684.90
	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									
1.4	Roving Trauma Nurse	D	1	9476	3	30.00%	8,528.40	0.00	8,528.40	8,528.40
	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									
1.5	Roving Anaesthetist	D	1	9476	3	30.00%	8,528.40	0.00	8,528.40	8,528.40
	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									
1.6	Hospital Coordinator	D	1	9476	3	100.00%	28,428.00	0.00	28,428.00	28,428.00
	He will be coordinating all hospital related activities.									
1.7	National staff-RH and Outreach	D	1	15516	3	30.00%	13,964.40	3,000.00	10,964.40	13,964.40
	National staff members which will be primarily focused on RH and outreach									
1.8	National staff- Akobo Hospital	D	1	40678	3	30.00%	36,610.20	6,610.20	30,000.00	36,610.20
	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.									
1.9	National staff - Juba	S	1	66459	3	3.00%	5,981.31	0.00	5,981.31	5,981.31
	This will provide all administrative, accounting, cashiering, logistical, procurement, transport, travel, warehousing, M&A and IT support services to project from in-country HQ Juba.									
	Section Total						139,496.07	16,610.20	122,885.87	139,496.07

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 Supplies for support to program activities	D	1	10000	1	100.00%	10,000.00	0.00	10,000.00	10,000.00
2.2	Trauma ward maintenance and repair basic maintenance of trauma facility.	D	1	5000	1	100.00%	5,000.00	0.00	5,000.00	5,000.00
2.3	Hospital Generator Fuel	D	1	3000	3	100.00%	9,000.00	0.00	9,000.00	9,000.00
2.4	Hospital Generator maintenance	D	1	1500	3	100.00%	4,500.00	2,000.00	2,500.00	4,500.00
2.5	Mental health/GBV activities MH and GBV training	D	1	1000	1	100.00%	1,000.00	0.00	1,000.00	1,000.00
2.6	Reproductive health outreach payment to CRHPs, MCHWS, and mobilization	D	1	1000	4	100.00%	4,000.00	0.00	4,000.00	4,000.00
2.7	Transportation of program supplies and equipment This budget lines is requested to cover the cost of transporting supplies from Juba to the project implementation area.	D	1	6500	2	100.00%	13,000.00	6,000.00	7,000.00	13,000.00
2.8	EP&R Trainings- Juba and Akobo based Emergency planning, facilitation and responses for mass casualty	D	1	5000	1	100.00%	5,000.00	0.00	5,000.00	5,000.00
2.9	Trauma and mass casualty workshops and on the job supervision	D	1	1000	4	75.00%	3,000.00	0.00	3,000.00	3,000.00
2.10	Pharmaceuticals, medical equipment and supplies For buffer stock of medicines, and trauma equipment	D	1	4500	3	100.00%	13,500.00	0.00	13,500.00	13,500.00
	Section Total						68,000.00	8,000.00	60,000.00	68,000.00

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	
3.1	Computers Office equipment as laptop and desktops are needed to administratively support the project: write reports, enter and analyze data, keep in touch with the HQ.	D	1	1200	1	100.00%	1,200.00	0.00	1,200.00	1,200.00
	Section Total						1,200.00	0.00	1,200.00	1,200.00

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	National Staff Travel peridorm This covers the cost of staff per diem during training and other times of assignment outside of their duty station, including accommodation	D	1	12	22	100.00%	264.00	64.00	200.00	264.00
5.2	National & International Staff Travel accommodation	D	1	25	3	100.00%	75.00	0.00	75.00	75.00

	This covers the cost of staff per diem during training and other times of assignment outside of their duty station, including accommodation										
5.3	In country travel - airfare	D	1	400	3	100.00%	1,200.00		0.00	1,200.00	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.										
Section Total							1,539.00		64.00	1,475.00	1,539.00
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	Juba office support costs	S	1	100930	3	3.00%	9,083.70	3,000.00	6,083.70	9,083.70	
	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.).										
7.2	Office utilities and Supplies - Akobo	D	1	1300	3	40.00%	1,560.00	560.00	1,000.00	1,560.00	
	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.										
7.3	Fuel and Maintenance of Generators - Akobo	D	1	1500	3	40.00%	1,800.00	500.00	1,300.00	1,800.00	
	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.										
7.4	Communication - Akobo	D	1	1250	3	40.00%	1,500.00	500.00	1,000.00	1,500.00	
	Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc.										
7.5	Vehicle/Motorbikes/boats Registration/Insurance/Maintenance -Akobo	D	1	1300	3	40.00%	1,560.00	200.00	1,360.00	1,560.00	
	Includes costs for repair and maintenance, as well as costs for insurance/registration fees, since due to very poor to non-existing road conditions, regular maintenance is a necessity for normal functioning of the vehicles.										
7.6	Vehicle/Boat/Motorbike Fuel - Akobo	D	1	1270	3	41.00%	1,562.10	1,000.00	562.10	1,562.10	
	Included is monthly cost of vehicle/motorbike/boat fuel for purposes of IMC programs.										
7.7	Physical and Operational Security Upgrades	D	1	4000	1	100.00%	4,000.00	2,000.00	2,000.00	4,000.00	
	International Medical Corps' staff will continue to go through updated safety and security training to increase our staff's personal as well as our institutional ability in Southern Sudan to continue to safely and effectively operate in the high threat environment. This includes but is not limited to active training in personal security strategies, travel security, risk mitigation strategies, crisis management, risk avoidance, attack recognition, IED recognition etc.. As the environment becomes more challenging to operate in, it is essential IMC staff are given the training and tools required to continue providing quality programs with a minimized risk. Additionally, due to harsh security situation in Southern Sudan, International Medical Corps requires these funds to upgrade existing and implement additional layers of physical security infrastructure at its offices, clinics and other field sites as well as revise operational security protocols to enhance staff security, asset protection and crisis management systems. Due to the current risk, more frequent security assessments are occurring in our operational areas, which range from weekly to daily. It is critical that funding be applied to our proven safety and security systems to increase our ability to remain and continue our work in these high threat areas. The budgeted amount includes cost of accommodations, local transport, support supplies and other related costs associated with the security activities, in county or for HQ support when needed.										
Section Total							21,065.80		7,760.00	13,305.80	21,065.80
Sub Total Direct Cost										231,300.87	
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)										7%	
Audit Cost (For NGO, in percent)										1%	
PSC Amount										16,191.06	
Quarterly Budget Details for PSC Amount		2015		Total							
		Q1	Q2								
		6,000.00	10,191.06	16,191.06							
Total Fund Project Cost										247,491.93	
Project Locations											
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Akobo	100									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											

