

| | | | | | |
|---|--|---------------------------------|---|--------------|--------------|
| Requesting Organization : | International Medical Corps | | | | |
| Allocation Type : | Allocation Standard 1 | | | | |
| Primary Cluster | Sub Cluster | Percentage | | | |
| Santé | | 100 | | | |
| Nutrition | | 0 | | | |
| Protection | | 0 | | | |
| | | 100 | | | |
| Project Title : | Emergency health services to conflict affected populations in Ouaka prefecture | | | | |
| Allocation Type Category : | | | | | |
| OPS Details | | | | | |
| Project Code : | | Fund Project Code : | CAR-15/HCF10/SA1/HLT-NUT-PROT/INGO/1163 | | |
| Cluster : | | Project Budget in US\$: | 149,999.56 | | |
| Planned project duration : | 10 months | Priority: | | | |
| Planned Start Date : | 01/03/2015 | Planned End Date : | 31/12/2015 | | |
| Actual Start Date: | 01/03/2015 | Actual End Date: | 31/12/2015 | | |
| Project Summary : | <p>IMC, with the support of CHF funds, aims to strengthen and support the capacity of health centers around the Pladama Ouaka camp outside of Bambari (Awatche et Krakondji) as well as the health facility at Pladama Ouaka, to complement services provided to Sudanese refugees at the camp and strengthen local health facility capacity to respond to the local population outside of the camp. These health facilities will be supported with essential drugs and medical equipment, and staff will receive training on key topics including EWARS, rational drug prescription, and reproductive health. In addition, referral pathways to Bambari hospital for secondary care will be supported, and activities including EPI and awareness raising at the community level will be organized.</p> | | | | |
| Direct beneficiaries : | | | | | |
| | Men | Women | Boys | Girls | Total |
| | 5,689 | 5,921 | 0 | 0 | 11,610 |
| Other Beneficiaries : | | | | | |
| Beneficiary name | Men | Women | Boys | Girls | Total |
| Host Communities | 5,689 | 5,921 | 0 | 0 | 11,610 |
| Indirect Beneficiaries : | | | | | |
| Indirect beneficiaries may include displaced populations moving around the commune as a result of the conflict. This may include populations from NDV who may access the services. | | | | | |
| Catchment Population: | | | | | |
| The catchment area covers three health facilities on the axis Bambari – Kouango, crossing the Pladama Ouaka commune. This commune receives IDPs from neighboring villages attacked by armed groups. | | | | | |
| Link with allocation strategy : | | | | | |
| IMC's strategy for its intervention in Bambari aligns with the SRP global priorities of providing immediate assistance to improving living conditions of conflict-affected persons, reinforcing protection of civilians (with a focus on women and children) and facilitating durable solutions for returning IDPs/refugees. The aim of the intervention is to reduce the vulnerability of the local population surrounding the Pladama Ouaka camp, who are currently relying on services that are scheduled to cease with the closure of the refugee camp. The region around Bambari is marked by continued insecurity and is in need of reinforcement for the provision of basic social services. In line with the global strategy, IMC will use CHF funding to facilitate the transition from camp-based services to local service delivery, strengthening facility and community-based health services. Additionally, activities covered by this program align with specific objectives of the health cluster: provision of life-saving health services to conflict-affected populations. | | | | | |
| Sub-Grants to Implementing Partners : | | | | | |
| | Partner Name | Partner Type | Budget in US\$ | | |
| | | | | | |

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

| Other Funding Source | Other Funding Amount |
|----------------------|----------------------|
| UNHCR | 183,333 |
| | 183,333 |

Organization focal point :

| Name | Title | Email | Phone |
|-----------------|------------------|--|-------------|
| | | | |
| Frantz Mesidor | Country Director | fmesidor@internationalmedicalcorps.org | 75 79 53 50 |
| Jennifer Schulz | Program Officer | jschulz@internationalmedicalcorps.org | 75382715 |

BACKGROUND**1. Humanitarian context analysis**

Bambari is a town in the Central African Republic, with a population of 41,356 (2003 census) and is the capital of Ouaka prefecture. Following the violence which began in December 2013, Bambari has been constantly under attack by armed elements forcing population displacements. In addition, a refugee camp just south of Bambari housing Muslims from the Peul ethnic group has suffered a number of refugee abductions. These attacks have prompted retaliation inside Bambari against other armed elements and the civilian population. Those fleeing the violence have sought shelter in displacement sites around the town, which lies some 380 kilometers northeast of the capital Bangui. People are urgently in need of better protection, shelter, water and sanitation, and health services as well as food and other items. Humanitarian agencies are struggling to distribute non-food items, mainly tarpaulins. However, the security situation remains volatile and there are fears that the cycle of revenge will pick up again soon. The resumed conflict has also halted many activities at the nearby refugee camp of Pladama Ouaka, situated just 10 km from Bambari, which hosts approximately 1,960 Sudanese refugees – people who fled to CAR in 2007 due to fighting in Sudan's Darfur region. Tension continues in Bambari, where widespread fighting has displaced more than 13,000 people. Armed groups have continued fighting since and attacking the local population. Tens of people have been killed or injured, and hundreds of homes have been razed. Prices of basic goods are meanwhile soaring, and displaced people are returning repeatedly to the sites for internally displaced people.

2. Needs assessment

There are no other actors in the proposed areas of intervention (Pladama Ouaka, Awatche, Krakondji). Unlike Pladama Ouaka where IMC is currently intervening, the two additional two sites are left without humanitarian services. The health facilities are not functional, and humanitarian assistance in the area (provided by Save the Children and MSF) is targeted in the town of Bambari and along the axes. As such, area populations are utilizing the services at the camp. Out of the 16,267 consultations registered at the IMC facility in Pladama Ouaka camp in 2014, 51% of all consultations were for local (non-refugee populations). SMART survey results for 2014 are not yet available for the region, but based on IMC routine MUAC screenings in and around Pladama Ouaka, of a total 1,866 persons screened, 134 had MAM and 60 had SAM, demonstrating that malnutrition is present in the area. In addition, the majority of the 15 cases of SGBV reported in the IMC-clinics were from the surrounding communities.

3. Description Of Beneficiaries

This action is designed to help the local population affected by the conflict located around the Pladama Ouaka camp. Services will be offered regardless of status, but based on the catchment area of the supported health facilities. The 11,610 persons in these communities are Christian, including 2,008 children and 5,921 women.

4. Grant Request Justification

IMC through the CHF funding in 2015 is aiming to strengthen primary health care services amongst the conflict-affected population in and around Pladama Ouaka, and reduce the impact of the future closure of the UNHCR-funded camp services. A similar strategy was implemented in the now-closed refugee camp at Batalimo along the border of DRC, in which the local clinic capacity was reinforced with a full handover of activities having taken place at the end of the year. This was a significant action, as epidemiological surveillance and support was greatly needed with the discovery of cases of hemorrhagic fever in the region, which required support in monitoring and ensuring technical assistance. The situation was managed by IMC and local health authorities, but demonstrated the need for effective handover strategies in the withdrawal of services, to reduce the risk of doing harm to the situation.

5. Complementarity

This activity will directly complement the UNHCR-funded program in Pladama Ouaka through added support to the health facility at Pladama Ouaka and building up capacity of the health structures of the catchment population, many who are using the IMC-supported facility at Pladama Ouaka. This program will capitalize on already existing resources- staffing, office, vehicles, and networks- to ensure the implementation of these additional activities.

LOGICAL FRAMEWORK**Overall project objective**

Improve access to quality, life-saving health services for conflict-affected communities in Pladama Ouaka Commune, in Ouaka Prefecture

| Santé | | | | | | | |
|--|---------|--|--------------------------|-------|------|-------|------------------|
| Cluster objectives | | Strategic Response Plan (SRP) objectives | Percentage of activities | | | | |
| 2015 Obj 1 : Offrir les soins de santé d'urgence (curatifs, préventifs et promotionnels) aux populations affectées par une crise humanitaire aiguë, y compris la prise en charge des maladies chroniques, les soins obstétricaux et néonataux d'urgence, et des blessés | | Objectif Stratégique SRP 1 : Améliorer immédiatement les conditions de vie des nouvelles personnes déplacées, en leurs assurant la protection et en leur fournissant des biens et services sociaux de base | 40 | | | | |
| 2015 Obj 2 : Renforcer l'accès aux services de santé de base des populations affectées par la crise et/ou en situation de déplacement prolongé, y compris les familles d'accueil | | Objectif Stratégique SRP 2 : Renforcer la protection des civils, y compris leurs droits fondamentaux, en particulier ceux des enfants et des femmes | 50 | | | | |
| 2015 Obj 3 : Prévenir les risques de survenue des épidémies dans les zones à risque | | Objectif Stratégique SRP 1 : Améliorer immédiatement les conditions de vie des nouvelles personnes déplacées, en leurs assurant la protection et en leur fournissant des biens et services sociaux de base | 10 | | | | |
| Contribution to Cluster/Sector Objectives : Activities under this program directly contribute to the health cluster priority of providing emergency services to conflict-affected persons. Health facilities in the communities are non-functional and the frequented health facility in the area (Pladama Ouaka) will be closed with the relocation of refugees out from the area, leaving a gap in health service provision. This activity aims to assist the transition of services back to local health facilities, strengthening emergency and non-emergency health services and improving disease surveillance to reduce risk of outbreak in the zone. | | | | | | | |
| Outcome 1 | | | | | | | |
| Conflict-affected communities in Pladama Ouaka commune have access to improved primary health care services | | | | | | | |
| Output 1.1 | | | | | | | |
| Description | | | | | | | |
| Free primary health services are available in three supported health facilities and mobile medical units visiting remote communities | | | | | | | |
| Assumptions & Risks | | | | | | | |
| The program has been designed with the following assumptions: 1. The security situation remains stable enough to operate (including through remote management procedures). 2. Access to implementation sites is possible, especially during the rainy season, through flights (UNHAS or charter) and motorbike/bicycle access (roads during the rainy season may be passable by these modes of transport when motor vehicles cannot pass). 3. MoH focal points and community agents (health workers) who are involved in implementation are reliable and motivated. 4. The MoH and CAR government continues to welcome International Medical Corps as a health partner. 5. UN Humanitarian Air Service remains operational, supplementing access to very remote sites in all seasons, for supply chain, monitoring, and evaluation. | | | | | | | |
| Activities | | | | | | | |
| Activity 1.1.1 | | | | | | | |
| Provide essential drugs, consumables and equipment to supported health facilities | | | | | | | |
| Activity 1.1.2 | | | | | | | |
| Train and supervise health care providers and members of community participation structures (COGES, CHWs) about core topics necessary to resume quality health services in health facilities such as disease surveillance (EWARS), drugs management, rational prescription, basic EmOC, etc. | | | | | | | |
| Activity 1.1.3 | | | | | | | |
| Integrate priority RH services of the MISP into PHC, including antenatal consultations (ANC) for pregnant women and postnatal consultations (PNC) for mothers and newborns | | | | | | | |
| Activity 1.1.4 | | | | | | | |
| Set up EmOC services linked with secondary health care facility in Bambari for CEmOC referrals | | | | | | | |
| Indicators | | | | | | | |
| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle Target |
| | | | Men | Women | Boys | Girls | |
| Indicator 1.1.1 | Santé | Nb de consultations curatives réalisées dans les zones ciblées (ref SRP 2.1) | 5,689 | 5,921 | 0 | 0 | 11,610 |
| Means of Verification : Health facility registers, IMC monthly program reports | | | | | | | |
| Indicator 1.1.2 | Santé | Nb de structures sanitaires fonctionnelles dans les zones ciblées (ref SRP 2.3) | | | | | 3 |
| Means of Verification : IMC activity reports, supervision checklists | | | | | | | |
| Indicator 1.1.3 | Santé | Number of pregnant women attend first antenatal consultation | | | | | 325 |
| Means of Verification : ANC registers | | | | | | | |

| | | | | | | | |
|-----------------|-------|--|--|-----|--|---|-----|
| Indicator 1.1.4 | Santé | Nb d accouchements assistés par un personnel qualifié dans les zones affectées par une crise humanitaire aiguë (ref SRP 1.2) | | 278 | | 0 | 278 |
|-----------------|-------|--|--|-----|--|---|-----|

Means of Verification : delivery registers

Output 1.2

Description

Health facilities and communities in Pladama Ouaka commune are performing infectious disease prevention and surveillance and are prepared to respond to outbreaks if they occur

Assumptions & Risks

The program has been designed with the following assumptions:

1. The security situation remains stable enough to operate (including through remote management procedures).
2. Access to implementation sites is possible, especially during the rainy season, through flights (UNHAS or charter) and motorbike/bicycle access (roads during the rainy season may be passable by these modes of transport when motor vehicles cannot pass).
3. MoH focal points and community agents (health workers) who are involved in implementation are reliable and motivated.
4. The MoH and CAR government continues to welcome International Medical Corps as a health partner.
5. UN Humanitarian Air Service remains operational, supplementing access to very remote sites in all seasons, for supply chain, monitoring, and evaluation.

Activities

Activity 1.2.1

Support EPI activities, and other infectious disease prevention actions

Activity 1.2.2

Organize behavior change communication (BCC) activities in households to improve health seeking behavior

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|---------|---|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.2.1 | Santé | Nb de rapports de surveillance épidémiologique (SIMR) dans les délais (ref SRP 3.2) | | | | | 120 |

Means of Verification : EWARS reports, health facilities registers

| | | | | | | | |
|-----------------|-------|--|--|--|-----|-----|-------|
| Indicator 1.2.2 | Santé | Nb d'enfants de 6-59 mois vaccinés contre la rougeole lors de campagnes de riposte (ref SRP 3.1) | | | 838 | 872 | 1,710 |
|-----------------|-------|--|--|--|-----|-----|-------|

Means of Verification : vaccination reports, IMC activity reports

Additional Targets :

Protection

| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
|--|---|--------------------------|
| 2015 Obj 3 : Assurer la prévention, la protection et la prise en charge pour les violences basées sur le genre (VBG) | Objectif Stratégique SRP 2 : Renforcer la protection des civils, y compris leurs droits fondamentaux, en particulier ceux des enfants et des femmes | 100 |

Contribution to Cluster/Sector Objectives : International Medical Corps' approach to health will also provide GBV support services to survivors, notably through the provision of the MISP of reproductive health.

Outcome 1

N/A

Output 1.1

Description

N/A

Assumptions & Risks

N/A

Activities

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|---------|---|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.1.1 | Santé | Nb de structures sanitaires fonctionnelles dans les zones ciblées (ref SRP 2.3) | | | | | 3 |

Means of Verification : IMC program reports

Additional Targets :

| Nutrition | | |
|---|---|--------------------------|
| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
| 2015 Obj 2 : Prévenir la détérioration de l'état nutritionnel d'au moins 80% des populations vulnérables (filles et garçons, femmes enceintes et allaitantes). | Objectif Stratégique SRP 3 : Augmenter l'accès aux services de base et moyens de subsistance des hommes et des femmes vulnérables | 100 |
| Contribution to Cluster/Sector Objectives : Under this program, IMC will provide health services - prevention and treatment- that will contribute to efforts to reduce the deterioration of the nutritional status of the targeted population. | | |
| Outcome 1 | | |
| N/A | | |
| Output 1.1 | | |
| Description | | |
| N/A | | |
| Assumptions & Risks | | |
| N/A | | |
| Activities | | |

| Indicators | | | | | | | |
|-----------------|---------|---|-------------------------|-------|------|-------|-----------|
| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.1.1 | Santé | Nb de structures sanitaires fonctionnelles dans les zones ciblées (ref SRP 2.3) | | | | | 3 |

Means of Verification : IMC program reports

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring and Evaluation plan International Medical Corps and Prefectural Health Bureau will ensure that the program activities are undertaken as per the planned activities and set objectives. IMC has set internal mechanisms for continuous assessment, monitoring and evaluation to ensure the services are accessed by those most in need and accountability towards beneficiaries is ensured. Field teams will be supported by a specialist M&E team at country level. M&E will be conducted through: • Data analysis and reporting through regular weekly meetings, monthly reports, reporting from facilities, field sites and DHIS • Data verification at regular intervals • Development of work plans that incorporate monitoring and evaluation plans • Joint monitoring and supervision visits to facilities and communities with Prefectural Health Bureau on a monthly basis to ensure that quality and accountability is maintained at facility level • Monthly and quarterly meetings will be conducted with the Prefectural Health Bureau members at various levels to review the progress and to track regular progress against set targets • Monthly surveillance reports will be collected and shared • Monthly program progress reports and DHIS reports will be collected and analyzed to cope with any problem/challenges occurred during program implementation • Rational drug use and patient satisfaction surveys will be conducted in all facilities on a monthly basis using random sampling of patients during the support visit at facilities. Data collection & analysis: Data is collected and compiled on a daily basis using the IMC data registers. IMC staff provide training to MoH staff on data collection and reporting. Data collection and reporting are also supported by the mobile medical units who ensure the appropriate data collection tools are being utilized at the health facility level. On a weekly basis a summary of the data from these registers is compiled into a Weekly Data Report allowing calculation of the project performance indicators. Currently these weekly data reports are sent to Bangui every two to four weeks for data entry and the Monitoring and Evaluation (M&E) Officer enters the data into a centralized database. IMC is planning to hire a Data Collection Officer who will be responsible in the field for data validation with the field team, cleaning mistakes, and data entry into a decentralized database. Then, electronic templates will be transmitted to central level (Bangui) for entry into the central database. Data quality audits will be conducted at each level - health facilities, community, prefecture, and Bangui. The Project Manager, the Medical Director, and M&E Officer are responsible for verifying and analyzing the data to ensure achievement of results and any necessary changes in programming. To improve direct project monitoring at the field level, the Project Manager will conduct weekly team meetings to discuss project progress and challenges and share monthly internal indicator reports.

| Activitydescription | Year | Workplan | | | | | | | | | | | | |
|--|------|----------|---|---|---|---|---|---|---|---|----|----|----|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| Activity 1.1.1: Provide essential drugs, consumables and equipment to supported health facilities | 2015 | | | X | X | X | X | X | X | X | X | X | X | X |
| Activity 1.1.2: Train and supervise health care providers and members of community participation structures (COGES, CHWs) about core topics necessary to resume quality health services in health facilities such as disease surveillance (EWARS), drugs management, rational prescription, basic EmOC, etc. | 2015 | | | X | X | X | X | X | X | X | X | X | X | X |
| Activity 1.1.3: Integrate priority RH services of the MISP into PHC, including antenatal consultations (ANC) for pregnant women and postnatal consultations (PNC) for mothers and newborns | 2015 | | | X | X | X | X | X | X | X | X | X | X | X |
| Activity 1.1.4: Set up EmOC services linked with secondary health care facility in Bambari for CEEmOC referrals | 2015 | | | X | X | X | X | X | X | X | X | X | X | X |

| | | | | | | | | | | | | | | |
|--|------|--|--|---|---|---|--|---|---|---|---|---|---|---|
| Activity 1.2.1: Support EPI activities, and other infectious disease prevention actions | 2015 | | | X | X | X | X | X | X | X | X | X | X | X |
| Activity 1.2.2: Organize behavior change communication (BCC) activities in households to improve health seeking behavior | 2015 | | | X | X | X | X | X | X | X | X | X | X | X |
| OTHER INFO | | | | | | | | | | | | | | |
| <u>Accountability to Affected Populations</u> | | | | | | | | | | | | | | |
| <p>International Medical Corps solicits feedback from the targeted community through a variety of channels, including the COGES and CHWs for health programming. In addition, International Medical Corps project managers regularly make trip to field sites, meeting with health facility staff and stakeholders of the project to gain an understanding of how the progress is going. As an international humanitarian organization, IMC also requires all its staff to read and sign off on the Code of Conduct, aimed at protecting beneficiary populations and improving accountability in program implementation.</p> <p>IMC supports health facility management committees (COGES) and village health committees (CVSSP) at supported health facility sites, who are engaged in disease surveillance. The village health committees represent the population by encompassing leaders from different sub-populations (eg. youth associations, women's groups, church leaders, etc.). Though both committees participate in epidemiological surveillance, the health facility management committees also support the daily functioning of the health facilities – eg. managing human resources, receiving drugs donations from IMC. The village health committees, composed of various leaders in the village, are responsible for identifying, analysing, and mobilizing responses to health problems in their communities. They can also help to monitor and evaluate the functioning of the health facilities. The committees hold monthly meetings, and IMC aims to meet with them on a quarterly basis.</p> | | | | | | | | | | | | | | |
| <u>Implementation Plan</u> | | | | | | | | | | | | | | |
| <p>Direct project implementation monitoring – field level: IMC expatriate field staff are responsible for ensuring the close monitoring of program implementation and completion of activities, identifying challenges and arranging contingency measures as appropriate. Monitoring the implementation of the project is done by the Project Manager on a daily basis. S/he ensures that the project work plan and monthly activities and targets set by the Program Department are followed.</p> <p>Supervision visits: Members of the Senior Management Team conduct monitoring and supervision visits to all field sites on a monthly basis to ensure projects are implemented according to donor-agreed work plans and targets. These visits also provide an opportunity to hold discussions with the local MoH representatives on the improvement of services to beneficiaries and to meet with the local community to ensure good collaboration, participation, and that project implementation is meeting beneficiary expectations.</p> | | | | | | | | | | | | | | |
| <u>Coordination with other Organizations in project area</u> | | | | | | | | | | | | | | |
| Name of the organization | | | | | | | Areas/activities of collaboration and rationale | | | | | | | |
| | | | | | | | | | | | | | | |
| <u>Environment Marker Of The Project</u> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <u>Gender Marker Of The Project</u> | | | | | | | | | | | | | | |
| 2a- The project is designed to contribute significantly to gender equality | | | | | | | | | | | | | | |
| <u>Justify Chosen Gender Marker Code</u> | | | | | | | | | | | | | | |
| <p>International Medical Corps makes active efforts to mainstream gender considerations in all aspects of its programming, from hiring staff, working to ensure gender balance in community-based structure and compiling sex-disaggregated data to monitor outcomes as they affect men and women. In addition, the goal of the protection program is to empower women and communities to reduce gender inequality, particularly in terms of reduction of gender-based violence and activities to reduce vulnerability of women and girls.</p> | | | | | | | | | | | | | | |
| <u>Protection Mainstreaming</u> | | | | | | | | | | | | | | |
| <p>Considering women's and men's particular roles in the community, activities will be aimed at fostering equity. Improving women's health, by initiating and encouraging appropriate actions to address and respond to GBV as well as promote reproductive health will be a key part of programming. An effective referral system between the community and the health facility for GBV survivors shall be established and strengthened under this and the complementary UNHCR-funded program at Pladama Ouaka. To increase uptake of health services by women, the project shall strategize to increase the quantity of female health care providers.</p> | | | | | | | | | | | | | | |
| <u>Country Specific Information</u> | | | | | | | | | | | | | | |
| <u>Safety and Security</u> | | | | | | | | | | | | | | |
| <p>The juncture between Seleka, Antibalaka, and international forces, the security situation in Bambari can be very volatile. To mitigate this situation, IMC will keep in close coordination with other humanitarian actors and local authorities to ensure safety of deployed staff. All staff deployed to the site will receive a security briefing and will be monitored by the IMC Security Manager based in Bangui, who will keep in regular communication. Likewise, standard operating procedures (SOPs) including risk analyses and contingency plans are in place for all sites.</p> | | | | | | | | | | | | | | |
| <u>Access</u> | | | | | | | | | | | | | | |
| <p>Physical access to the sites is not a challenge, as IMC has maintained a presence for the past years in the area. However, mobile activities to the sites may take place along roads in poor condition, and will require the use of light transportation such as motorcycles. The primary challenge in access remains the level of insecurity on the road, which has been discussed in the above safety and security section.</p> | | | | | | | | | | | | | | |

| BUDGET | | | | | | | |
|---|--|-------|----------|-----------|---------------------|------------------|------------------|
| Code | Budget Line Description | D / S | Quantity | Unit cost | Duration Recurrence | % charged to CHF | Total Cost |
| Staff and Other Personnel Costs | | | | | | | |
| 1.1 | Security Coordinator | S | 1 | 6825 | 10 | 5% | 3,412.50 |
| | <i>S/he will be responsible for all security matters in the country and the field. S/he will update SOPs and provide technical support training to staff involved in security issues. S/he will be responsible for monitoring the security situation in the country, review security and evacuation protocols on the basis of current information and ensure adherence to security plans of all staff. Safety and security training will be provided to IMC staff to enable them to responsibly and safely implement the project.</i> | | | | | | |
| 1.2 | Health Program Manager | S | 1 | 6000 | 10 | 10% | 6,000.00 |
| | <i>Overall responsibility for effective and efficient management of the field project consistent with the project management cycle; ensure adherence to IMC procedures, systems and guidelines; Initiate and maintain regular, reporting in line with the relevant donor contracts and compliance requirements; ensure monitoring systems are in place and that project reviews/audits are carried out periodically in conjunction with the team, local stakeholders and project partners; Monitor the evolving humanitarian situation in the project region and consider strategic and immediate responses to same.</i> | | | | | | |
| 1.3 | Allowances and Fringe Benefits (international) | S | 1 | 4853 | 1 | 100% | 4,853.00 |
| | <i>International Medical Corps provides benefits such as health, life and disability insurance, social security and retirements plans, foreign workers compensations and emergency medical evacuation to its eligible employees. Eligibility will depend upon the specific requirements of each benefit plan (prior employment (pension eligibility), age and annual salary (life insurance, disability) residence etc. For budgeting purpose estimated rate of fringe benefits is 28%. Actual cost of fringe benefits is charged directly to projects through established methodology following the ratio of total fringe benefits costs in total staff salaries charged.</i> | | | | | | |
| 1.4 | Doctor | D | 1 | 1400 | 7 | 100% | 9,800.00 |
| | <i>S/he will be in charge of clinical services, training and management of health center, health post and mobile clinics activities.</i> | | | | | | |
| 1.5 | Nurse | D | 1 | 700 | 7 | 100% | 4,900.00 |
| | <i>S/he will be responsible for the medical care of the patients in the supported health facilities; s/he will be responsible for the medical follow-up of the patients and to assist the Doctors in his/her tasks. T</i> | | | | | | |
| 1.6 | Midwife | D | 1 | 700 | 7 | 100% | 4,900.00 |
| | <i>S/he will responsible for ensuring sound delivery of the maternal and child health program at the supported facilities.</i> | | | | | | |
| 1.7 | Drivers | S | 1 | 350 | 10 | 20% | 700.00 |
| | <i>will provide transportation whenever necessary, and conduct maintenance checks on vehicles. They will assure field trips to sites whenever requested</i> | | | | | | |
| 1.8 | Guards | S | 2 | 200 | 10 | 20% | 800.00 |
| | <i>Guards are needed for IMC compound security.</i> | | | | | | |
| 1.9 | Cleaners | S | 2 | 200 | 10 | 20% | 800.00 |
| | <i>Cleaners are needed to maintain the upkeep of IMC office and guesthouses.</i> | | | | | | |
| 1.10 | National Staff Benefits | S | 1 | 21900 | 1 | 25% | 5,475.00 |
| | <i>Calculated as 25% of local staff salaries and includes social security benefits, taxes, installation allowance, family allowance and other costs according to local labor laws. Breakdown is as follows: 19% of the salaries International Medical Corps pays for Social Security Scheme and 2% of the salaries International Medical Corps is paying for Institute National for Professional Preparation as requested by local laws. 4% is used for reimbursement of medical benefits and for severance.</i> | | | | | | |
| | Section Total | | | | | | 41,640.50 |
| Supplies, Commodities, Materials | | | | | | | |
| 2.1 | Medical supplies | D | 1 | 4000 | 2 | 100% | 8,000.00 |
| | <i>This line will cover medical supplies to support activities at clinics and facilitate MMU activities.</i> | | | | | | |
| 2.2 | Essential drugs | D | 1 | 25000 | 1 | 100% | 25,000.00 |
| | <i>will be purchased and provided to health posts and mobile medical teams. The cost of these essential drugs is calculated on the population utilizing the facilities and as per current immediate needs on the ground.</i> | | | | | | |
| 2.3 | Medical equipment | D | 1 | 1500 | 2 | 100% | 3,000.00 |
| | <i>Medical equipment will be purchased and provided to two health facilities outside of the currently supported Pladama Ouaka facility to restore functionality.</i> | | | | | | |
| 2.4 | Staff capacity building | D | 1 | 900 | 4 | 100% | 3,600.00 |
| | <i>Staff trainings will be organized on a quarterly basis to provide support to health providers and improve quality of services</i> | | | | | | |

| | | | | | | | |
|---|--|---|------|------|----|------|------------------|
| 2.5 | EPI+ health education sessions | D | 1 | 750 | 4 | 100% | 3,000.00 |
| | <i>this line covers the associated costs of conducting health education sessions at the health facilities and within communities to promote health messaging. In addition, activities to support EPI activities are included: support to vaccination agents, cold chain support, and related costs to support the stratégie avancée</i> | | | | | | |
| 2.6 | MOH incentives | D | 1 | 1705 | 10 | 100% | 17,050.00 |
| | <i>These lines allow for small monthly payments to health center/posts staff and CHWs selected for health promotion who are not receiving government salaries (due to the government's lack of budget), so that they do not have to recover salary costs from the services that they are providing. In other words, this ensures health providers are available for service delivery, and enables the provision of free services to IDPs and conflict-affected communities, which in the current context is necessary for them to be able to access health care. Payments will be conditional on completion of specific duties, mainly reporting on monthly service delivery (which will be validated by IMC staff or MoH focal points).</i> | | | | | | |
| 2.7 | Field supplies | D | 1 | 300 | 10 | 100% | 3,000.00 |
| | <i>these are expendable and semi-expendable supplies and materials to be used for the day-to-day activities .</i> | | | | | | |
| 2.8 | Visibility | D | 1 | 750 | 1 | 100% | 750.00 |
| | <i>This line will cover the purchase of visibility such as t-shirts, banners, and stickers to promote donor visibility at activity sites.</i> | | | | | | |
| 2.9 | Vehicle maintenance/insurance/registration | D | 1 | 300 | 10 | 100% | 3,000.00 |
| | <i>Includes costs of small repair and spare parts, insurance and registration of the vehicles.</i> | | | | | | |
| 2.10 | Vehicle fuel | D | 1 | 750 | 10 | 100% | 7,500.00 |
| | <i>this will cover the vehicle fuel to be used for the project.</i> | | | | | | |
| 2.11 | Truck Rental | D | 1 | 2500 | 1 | 100% | 2,500.00 |
| | <i>International Medical Corps plans to rent 1 truck to ensure transportation of nutrition supplies, from Bangui to Bambari town and other nearby communities, for the implementation of the project. Truck rental cost for two times at \$2,500/trip. Rental cost is based on current market price.</i> | | | | | | |
| | Section Total | | | | | | 76,400.00 |
| Travel | | | | | | | |
| 5.1 | International Airfare and Travel Per Diem | S | 0.15 | 2000 | 1 | 100% | 300.00 |
| | <i>This line covers the cost of air fare for international staff. As per IMC policy IMC employees are also eligible for paid home leave after one year of continues service where travel includes round trip airfare ticket.</i> | | | | | | |
| 5.2 | Visa/Departure Taxes/ Work Permits | S | 0.15 | 550 | 1 | 100% | 82.50 |
| | <i>This line is requested to cover the cost of visas, taxes, and work permits for expatriate staff traveling to work in CAR.</i> | | | | | | |
| 5.3 | In-country Flights WFP | D | 2 | 200 | 7 | 100% | 2,800.00 |
| | <i>Air tickets with WFP are budgeted in order to cover travel arrangements of all staff between Bangui and sites. Noted that in case of security issue or emergency that UNHAS flight was not available, this line budget will be used to rent private flight in order to relocated staff from the field to Bangui or to safe place.</i> | | | | | | |
| | Section Total | | | | | | 3,182.50 |
| General Operating and Other Direct Costs | | | | | | | |
| 7.1 | Office Rent and Maintenance | S | 1 | 2500 | 10 | 10% | 2,500.00 |
| | <i>This line will cover a portion of the cost of office rent and maintenance in Bangui and field as well as maintenance of these structures.</i> | | | | | | |
| 7.2 | Guest house rent/supplies | S | 1 | 2000 | 10 | 10% | 2,000.00 |
| | <i>This line will cover a portion of the cost of office rent and maintenance in Bangui and field as well as maintenance of these structures.</i> | | | | | | |
| 7.3 | Office Utilities | S | 1 | 1000 | 10 | 10% | 1,000.00 |
| | <i>This line is requested to cover portion of various office supplies and utilities needed in the field as well in Bangui .</i> | | | | | | |
| 7.4 | Communication | S | 2 | 1000 | 10 | 10% | 2,000.00 |
| | <i>Includes a portion of costs related to communications by fax, telephone, mobile/satellite phones, and Internet services between headquarters, field and support offices, donors and partners.</i> | | | | | | |
| 7.5 | Postage courier | S | 1 | 500 | 10 | 10% | 500.00 |
| | <i>This is budgeted to cover the costs of the postage and courier between the base office, field offices and HQ and their translations.</i> | | | | | | |
| 7.6 | Fuel for generator | S | 2 | 2000 | 10 | 10% | 4,000.00 |
| | <i>Generators are using both to support IMC Office activities and Health center activities.</i> | | | | | | |

| | | | | | | | |
|-----------------------------|--|---|---|-------|----|------|-------------------|
| 7.7 | General insurance | S | 1 | 250 | 10 | 10% | 250.00 |
| | <i>A portion of premium insurance fee is included in the budget to ensure that IMC project assets and property are secured in the event of property loss, damage, arson attack fire & & & theft.</i> | | | | | | |
| 7.8 | Security | S | 1 | 5000 | 1 | 100% | 5,000.00 |
| | <i>IMC routinely trains its staff working in challenging security environment. This line item covers the cost of security issue in the site. Budgeted amount may include cost of equipment, supplies, security base improvement and other related costs associated with the security activities.</i> | | | | | | |
| 7.9 | Legal fees | S | 1 | 1000 | 10 | 10% | 1,000.00 |
| | <i>estimated expenses for the legal and professional consultants needed for the program to ensure everything is in accordance with the local law.</i> | | | | | | |
| 7.10 | Bank charges | S | 1 | 713.5 | 10 | 10% | 713.50 |
| | <i>This reflects the portion of bank charges incurred on wire transfers and withdrawals from the bank.</i> | | | | | | |
| | Section Total | | | | | | 18,963.50 |
| SubTotal | | | | 37.3 | | | 140,186.50 |
| Direct | | | | | | | 98,800.00 |
| Support | | | | | | | 41,386.50 |
| PSC Cost | | | | | | | |
| PSC Cost Percent | | | | | | | 7% |
| PSC Amount | | | | | | | 9,813.06 |
| Total Cost | | | | | | | 149,999.56 |
| Audit Cost | | | | | | 0% | 0.00 |
| Grand Total CHF Cost | | | | | | | 149,999.56 |

Project Locations

| Location | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location | | | | | Activity Name |
|------------------|--|---|-------|------|-------|--------|--|
| | | Men | Women | Boys | Girls | Total | |
| Ouaka -> Bambari | 100 | 5,689 | 5,921 | | | 11,610 | Activity 1.1.1 : Provide essential drugs, consumables and equipment to supported health facilities Activity 1.1.2 : Train and supervise health care providers and members of community participation structures (COGES, CHWs) about core topics necessary to resume quality health services in health facilities such as disease surveillance (EWARS), drugs management, rational prescription, basic EmOC, etc. Activity 1.1.3 : Integrate priority RH services of the MISP into PHC, including antenatal consultations (ANC) for pregnant women and postnatal consultations (PNC) for mothers and newborns Activity 1.1.4 : Set up EmOC services linked with secondary health care facility in Bambari for CEmOC referrals Activity 1.2.1 : Support EPI activities, and other infectious disease prevention actions Activity 1.2.2 : Organize behavior change communication (BCC) activities in households to improve health seeking behavior |

Documents

| Category Name | Document Description |
|---------------|----------------------|
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