

Requesting Organization :	International Medical Corps UK	
Allocation Type :	2nd Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100
Project Title :	Emergency health services to conflict affected populations in Akobo town, Juba and Malakal POCs	
Allocation Type Category :	Frontline services	

OPS Details			
Project Code :	SSD-16/H/89581	Fund Project Code :	SSD-16/HSS10/SA2/H/INGO/3588
Cluster :	Health	Project Budget in US\$:	484,000.00
Planned project duration :	5 months	Priority:	2
Planned Start Date :	01/08/2016	Planned End Date :	31/01/2017
Actual Start Date:	01/08/2016	Actual End Date:	31/01/2017

Project Summary :	<p>International Medical Corps' strategy for 2016 in South Sudan is to work closely with partners and other stakeholders to prevent and respond to disease outbreaks and increase immunization coverage for children under 5, increase support to mobile medical units, and continue to provide life-saving sexual and reproductive health and neonatal care in Akobo Hospital outpatient department, Juba and Malakal POCs. Mental health is integrated in all of IMC's health projects.</p> <p>Malaria, diarrhea and pneumonia remain the top causes of morbidity and mortality in children under 5. International Medical Corps primary health care clinics will continue to provide medical consultations for the population targeting the common causes of mortality and morbidity while conducting prevention activities like EPI and health education. IMC will be incorporating mental health into primary health activities. Capacity building of national staff will also be a top priority in improving quality of care provided in the health facilities.</p> <p>IMC will continue to strengthen both the IDSR and EWARNs disease surveillance systems to detect the occurrence of disease outbreaks as was the case in 2015. Index cases of cholera and measles were detected in IMC health facilities in the PoCs in 2015. This helped mount a timely and effective response resulting in zero in-facility deaths and containment of the epidemics in the Juba PoC. Early in July 2016, a cholera epidemic was again reported of which 82 cases have so far been treated in Juba POC with a case fatality rate of 0%. Juba Teaching Hospital is under direct administration of the Ministry of Health. It's a national referral hospital functioning on cost recovery mode. The IDPs in Juba POC continue to express serious concern regarding their safety and security whenever a case requiring additional care is to be referred to this hospital. Many IDPs have refused this offer but preferred to remain in the POC to develop undesired complications.</p> <p>In all three program locations International Medical Corps will be providing psychosocial support services and integrating mental health into the primary care package.</p> <p>Through the proposed activities, IMC UK intends to increase access to and utilization of quality primary health care and integrated mental health and HIV/AIDS services, improve access to quality reproductive, maternal, newborn and child health care and integrated life-saving medical and psychosocial support to survivors of GBV.</p> <p>IMC UK currently operates GBV prevention and response programs in Malakal, Akobo and Juba. Following the IASC Gender in Emergencies guideline, International Medical Corps streamlines gender principles in all services. Gender equality and equity issues are being addressed in ongoing project activities in Akobo Hospital outpatient department, Malakal and Juba PoCs through gender mainstreaming activities.</p> <p>IMC UK is an independent affiliate of International Medical Corps (IMC), with which it shares the same name, charitable objectives and mission. IMC UK and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. IMC will be performing services under any agreement that results from this proposal under the supervision of IMC UK.</p>
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Direct beneficiaries :				
Men	Women	Boys	Girls	Total
28,271	29,425	31,880	33,181	122,757

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
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Indirect Beneficiaries :

Indirect beneficiaries may include displaced populations moving around the community as a result of the conflict. They may include population in the proximities of the Akobo town, Juba and Malakal POCs.

Catchment Population:

The catchment area covers Akobo town, Juba and Malakal POCs. All of these locations host internally displaced persons.

Link with allocation strategy :

International Medical Corps' strategy for its intervention in the Protection of Civilians (POCs) sites takes into consideration the strategic response plan global priorities of providing immediate assistance to improving living conditions of conflict affected persons. International Medical Corps will design all projects by recognizing the different needs of boys, girls, men and women in order to promote gender equity and equality. The aim of intervention is to reduce the vulnerability of internally displaced in the POCs who are currently relying on services that are intermittently interrupted due to the persistence of conflicts in the country and to improve emergency health services for the Akobo east catchment population. The regions around these sites are marked by continued insecurity therefore in need of reinforcement for provision of basic social services. In line with global strategy International Medical Corps UK will contribute to the health cluster's priorities through:

- Defining activities, geographic location and population type according to cluster identified priorities.
- Maintaining the number of functional health facilities to respond to frontline health needs of IDP's and conflict affected population. International Medical Corps will continue to provide both essential primary health care services that focus on the common causes of morbidity and mortality in the affected population.
- Strengthening both the IDSR and EWARDS disease surveillance system in order to prevent, detect and respond to disease outbreaks.
- Procuring and prepositioning of essential medicine and medical supplies to mitigate drug stock outs and ensure continued emergency response throughout the year.
- Supporting immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Re-strengthening medical education and awareness raising messages through outreach community mobilization efforts with the deployment of community volunteers.
- Provision of the Minimum Initial Service Package (MISP) of life-saving sexual and reproductive health services in affected communities (safe deliveries, 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.
- Integrating Mental Health, HIV and Tb treatment in all Primary health care facilities.

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
UNFPA	457,429.00
OFDA	4,336,885.00
UNICEF	697,668.00
	5,491,982.00

Organization focal point :

Name	Title	Email	Phone
Golam Azam	Country Director	gsazam@InternationalMedicalCorps.org	0927000112
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Boakai Ngaima	Programm Manager - CHF	bngaima@InternationalMedicalCorps.org	0927000478

BACKGROUND**1. Humanitarian context analysis**

Juba POC hosts the highest number of IDPs in the country (estimated at 55,000) so far and it is located at the suburb of Juba city, South Sudan's Capital while Malakal POC in Upper Nile State (also the capital for this state) with a population of 37,719 (32,719 Shuluk and Nuer ethnic groups in the POCs and 5000 minority Dinka in Malakal town). Following the 2013 violence, both cities have been constantly under attacks by armed elements forcing population displacements. Akobo has been suffering from persistent fighting since marked with inter-tribe revenge killings raising the tension levels in the county in excess of other similar places with persistent conflict. In December 2015 the Akobo Hospital recorded six casualties in the same day due to fighting.

As a result of the persistent political instability and low socio-economic standards, the civilian population continues to experience increasing levels of violence in all parts of the country with Juba witnessing the most recent deadly incursion that resulted in a significant death toll. Violence against civilians and along ethnic lines mainly between the Dinka and Nuer tribes has increased throughout the country, causing fear, mistrust and hatred between communities, and generating a dangerous spiral of violence marked by gruesome attacks and retaliation. South Sudan's entire population has been affected by the recent crisis. Violence and fear have gripped the country, resulting in the collapse of public infrastructures and a breakdown in basic social services. The protection and security dimensions of the crisis are key concerns. Armed groups have reportedly committed indiscriminate attacks against civilians, including sexual and gender based violence, forced disappearances, and torture. These attacks have prompted retaliation inside both POCs against other armed elements and the civilian population. Those fleeing the violence have sought shelter in these camps. People are urgently in need of better protection, health care, shelter, water and sanitation as well as food and other items.

Humanitarian agencies are struggling to provide lifesaving services with health care being key priorities among others. 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. Akobo town, Juba and Malakal POCs have become hotspots of insecurity as tension continues between government and rival forces.

Prices of basic goods are meanwhile soaring, and people are returning repeatedly to the sites for refuge.

2. Needs assessment

According to findings obtained from internal systems reviewed by International Medical Corps' monthly health management information, the on-going violence and sharp rise in displacement have augmented disease burden in the two POCs thereby increasing the population's need for basic health care. Juba and Malakal experienced repeated mass casualties owing to gunshots of which 155 patients were recorded in March and 352 in July only in Juba. In Malakal, the entire health facility of International Medical Corps along structures belonging to other partners operating within the POC were set ablaze by the bombardment following clashes between armed groups. These structures are restored through the help of humanitarian agencies operating in the country. In the proposed geographic areas (Akobo Hospital outpatients department, Juba and Malakal POCs) malaria, acute respiratory infections (ARI) and diarrhea continue to account for the highest proportion of diseases among internally displaced persons (IDPs). The economic crisis in South Sudan is increasing the cost of operation for all partners and increasing the demand for services and needs among beneficiaries. There is a high caseload in each proposed area: with up to 7000 consultations per month in Malakal, an average of 8500 monthly in Juba and 4000 consultations in Akobo Hospital.

Juba, Central Equatoria: The PoC in Juba has an estimated population of 55,000 and new arrivals continue to come from places such as Bentui and Southern Unity. At the moment IMC is the major health actor in the camp running two primary health care in the POC. The Inpatient department has a state of the art stabilization center for children with severe acute malnutrition (SAM) with medical complications. Additionally, vertical programs like Tuberculosis, HIV and Mental Health departments are also providing services. IMC is also providing clinical management for rape (CMR) for survivors of GBV in the PoCs. IMC responded to a cholera outbreak in 2015, carrying out an oral cholera vaccine campaign in Juba PoC covering 83% of target population with two doses. The needs remain high in the PoC as residents continue to fear movement into Juba. Early in July this year, a cholera epidemic was reported of which 82 cases have so far been treated in Juba POC with a case fatality rate of 0%. Juba Teaching Hospital is under direct administration of the Ministry of Health. It's a national referral hospital functioning on cost recovery mode.

Malakal, Upper Nile State: With its strategic positioning in South Sudan, Malakal remains the site of continued conflict. In the month of February 2016, fighting between government and opposition forces led to destruction of IMC health facilities which were immediately reconstructed to continue responding to the needs of internally displaced persons. The number of internally displaced persons has increased in the POC with additional 5000 others in Malakal town that cannot access the POC due to security concerns. The overall IDP population is estimated at 47,791. This insecurity greatly hampered humanitarian relief efforts due to lack of access. Transporting supplies, and accessing displaced populations along the river remains difficult; access is never guaranteed and could end at any time. Inside the POC, due to increasing IDP influx, the existing health structures are over stretched. IMC is meanwhile supporting the maternity wing of the Malakal teaching hospital as to allow timely response to emergency surgical services.

Akobo, Jonglei State: In 2015, International Medical Corps continued to implement health care and nutrition interventions in the Akobo East County for the initial host population with support from IMA/World Bank and OFDA funding. However, as funding levels were reduced in 2015, current funding to support Akobo hospital operations stand at only 20% of what is needed to run a functioning facility; this is not adequate to meet the most urgent needs.

3. Description Of Beneficiaries

This program is designed to help the local population affected by the conflict located in Akobo town, Juba and Malakal POCs. Services will be offered regardless of status, but based on the catchment area of the supported health facilities. This proposed project is to cover a total beneficiary population of 122,757.

4. Grant Request Justification

International Medical Corps through the CHF funding in 2016 is aiming to strengthen primary care services in Akobo Hospital, Juba and Malakal POCs.

Integrated reproductive health care-International Medical Corps seeks to integrate reproductive health care into the primary health care services available at the POCs. A network of community health workers in all three sites are responsible for sensitizing the community, particularly pregnant women, on the services available at the health facilities and the importance of attending the health facility for deliveries, ante-natal and post natal visits. In IMC health facilities Minimum Initial Service Package (MISP) activities are in place and will be strengthened through the proposed intervention. MISP is being implemented with regular support from UNFPA and includes for now the following activities: Distribution of delivery kits to pregnant women and birth attendants; referral system; Syndromic treatment of STIs; Intermittent Preventive Treatment (IPT) and Clinical care for survivors of rape.

Cholera response & disease surveillance-due to the precarious health situation which exists already within the affected population, monitoring morbidity rates of epidemic prone diseases is a key priority during the project duration. In June 2015, there was a cholera outbreak in the camp where IMC intervened and maintained the case fatality rate at an acceptable range. In 2016 July, the government through the Ministry of health announced an outbreak of cholera where IMC has so far treated 79 cases in its cholera treatment units. As a result children U5 are particularly vulnerable to contracting cholera. In order to prevent and respond actively to the outbreaks, IMC will ensure weekly submission of EWARNS reports and ensure epidemic prone diseases are monitored closely in case an outbreak occurs.

5. Complementarity

This activity will directly complement the OFDA-funded program in Juba, Akobo and Malakal through added support to International Medical Corps health facilities in the POCs and building up capacity of the health structures of the catchment population. This program will capitalize on already existing resources- office, vehicles, and networks- to ensure the implementation of these additional activities. However, there will be a need to increase the current staffing in order to adequately respond to the cholera epidemic in Juba POC and the influx of thousands of additional IDPs due to the recent violence in July 2016.

LOGICAL FRAMEWORK

Overall project objective

Improve access to quality life-saving health services for conflict-affected communities in Akobo town, Juba and Malakal POCs.

HEALTH		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	80
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	20
<p>Contribution to Cluster/Sector Objectives : Contribution to Cluster/Sector Objectives :</p> <p>Outcome 1 Increase access to basic curative and preventive health care services for vulnerable internally-displaced and conflict affected populations in Akobo town, Juba and Malakal POCs through provision of primary ,sexual and reproductive and mental health services targeting the most vulnerable women and children.</p> <p>Output 1.1 Description IMC UK will continue to provide preventive and curative primary health care general consultation service in Akobo Hospital outpatient department, Juba and Malakal POCs. PHC services will cover EPI, out-patient services, emergency treatment of wounds and injuries; short stay observation, and health education. Further, mental health services that include pharmacological and psychosocial support services will continue and be integrated within primary healthcare services. HIV/AIDS intervention will be strengthened across all sites. Early Warning Alert and Response System and Incident Diseases Surveillance Report will continue in all sites aiming at improved early detection and response to any outbreak. Healthcare staff and Community Health Workers will be trained to detect and report potential outbreaks. Safe Motherhood Component of reproductive health within maternal health services (ANC, safe delivery, PNC) will be available in Akobo Hospital outpatients department and in Juba and Malakal POCs. IMC clinics will provide clinical management of rape to reported cases of GBV, basic emotional support and confidential referrals to healthcare and other available services</p> <p>Assumptions & Risks Clashes between armed groups are prevented by deployment of international stabilizing force and availability of funding to continue program support and supervision</p> <p>Activities Activity 1.1.1 Provision of essential drugs, consumables and equipment to supported health facilities, as well as infrastructure rehabilitation activities, including facility based WASH improvements</p> <p>Activity 1.1.2 Train and supervise health care providers and members of community participation structures (community leaders and CHWs) about core topics necessary to resume quality health services in health facilities such as disease surveillance (EWARNs), drugs management, rational prescription, basic EmOC, etc.</p> <p>Activity 1.1.3 Integrate priority RH services of the MISP into PHC, and make available antenatal consultations (ANC) for pregnant women and postnatal consultations (PNC) for mothers and newborns</p> <p>Activity 1.1.4 Conduct in-service training for Registered Midwives incorporating antenatal and post natal care, Emergency Obstetric and Newborn Care, Basic Life Saving Skills, Comprehensive PMTCT and Partogram Trainings according to the BPHS. The Registered Midwives will also perform FP counseling, and undergo clin</p> <p>Activity 1.1.5 Ensure comprehensive PMTCT services in primary health care facilities with supported referral through community health workers of the mothers for follow-up Anti-Retroviral</p> <p>Activity 1.1.6 Recruitment of required clinical and support staff to respond to the emergency</p> <p>Activity 1.1.7 Conduct joint supervision visits with MoH and health cluster partners</p>		
<p>Outcome 1 Increase access to basic curative and preventive health care services for vulnerable internally-displaced and conflict affected populations in Akobo town, Juba and Malakal POCs through provision of primary ,sexual and reproductive and mental health services targeting the most vulnerable women and children.</p>		
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<p>Assumptions & Risks Clashes between armed groups are prevented by deployment of international stabilizing force and availability of funding to continue program support and supervision</p>		
<p>Activities</p>		

Activity 1.1.1							
Provision of essential drugs, consumables and equipment to supported health facilities, as well as infrastructure rehabilitation activities, including facility based WASH improvements							
Activity 1.1.2							
Provide free outpatient consultations for vulnerable IDPs							
Activity 1.1.3							
Provide provide clinical management of rape services for GBV survivors							
Activity 1.1.4							
Identification of mental health conditions and provision of basic support services							
Activity 1.1.5							
Active disease surveillance and response to diseases of epidemic potential including cholera and measles							
Activity 1.1.6							
Ensure active case search through home visits by community health workers and refer to ORT points established in the POC, or at the hospital or the CTU/CTC							
Activity 1.1.7							
Preposition essential drugs and medical supplies including required medical equipment to ensure 24/7 provision of lifesaving health care services							
Activity 1.1.8							
Provision of antenatal services							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # Number of functional health facilities in conflict -affected and other vulnerable states					3
Means of Verification : health facilities reports							
Indicator 1.1.2	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	26,952	27,953	30,286	31,521	116,712
Means of Verification : health facilities morbidity reports							
Indicator 1.1.3	HEALTH	Frontline # of health facilities providing SGBV services					3
Means of Verification : Monthly facility report							
Indicator 1.1.4	HEALTH	Frontline Number of health personnel trained on MHPSS in conflict affected states	60	60			120
Means of Verification : Training sessions reports and monthly reports							
Indicator 1.1.5	HEALTH	Frontline # of staff trained on disease surveillance and outbreak response	120	120			240
Means of Verification : Training and monthly reports							
Indicator 1.1.6	HEALTH	24/7 cholera treatment available in Juba POC.					0
Means of Verification : CTC weekly report							
Indicator 1.1.7	HEALTH	# of days with stock out of tracer drugs					0
Means of Verification : weekly consumption report							
Indicator 1.1.8	HEALTH	Number of pregnant women attending antenatal visit 4					0
Means of Verification : Maternity report							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

Due to the current security situation International Medical Corps is ensuring close monitoring of program implementation to identify challenges and arrange contingency measures as appropriate. As a result weekly work plans, which form part of the monitoring tools, are reviewed on a weekly basis and activities which are delayed are highlighted to ensure catch-up or modification. Logistics and procurement activities, which are a timely process in South Sudan, are integrated into the work plan review. IMC-UK staff will gather morbidity and mortality data and report on a weekly basis in accordance with the national HIS reporting formats, as well as conduct disease and nutrition surveillance. Activities are developed in a context of volatile security. Reporting will be supported by the expatriate technical staff that will ensure the following data collection tools are being utilized at the health facility level:

- Weekly primary health consultation reports
- Weekly reproductive health reports
- Weekly health promotion reports
- Weekly epidemiological surveillance reports
- Bi-weekly update reports to the health cluster

On a monthly basis, monthly HIS reports will be collected at the health facility level and analysed. These information will be sent to IMC Juba, MoH and WHO. Evaluation plans –due to the short timeframe for the intervention a lessons learnt exercise will be conducted by the technical team to inform future programming and analyse the impact of the emergency intervention. This will focus on:

1. Assess the progress towards the expected results as outlined in the project proposals
2. Assess the strengths and weakness of the project through focus group discussion and interviews
3. Identify and document recommendations to influence future programmes

The impact of the CHF intervention and lessons learnt findings will influence on-going activities planned with the support of OFDA.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of essential drugs, consumables and equipment to supported health facilities, as well as infrastructure rehabilitation activities, including facility based WASH improvements	2016									X	X	X	X
	2017	X											
Activity 1.1.2: Provide free outpatient consultations for vulnerable IDPs	2016									X	X	X	X
	2017	X											
Activity 1.1.3: Provide provide clinical management of rape services for GBV survivors	2016									X	X	X	X
	2017	X											
Activity 1.1.4: Identification of mental health conditions and provision of basic support services	2016									X	X	X	X
	2017	X											
Activity 1.1.5: Active disease surveillance and response to diseases of epidemic potential including cholera and measles	2016									X	X	X	X
	2017	X											
Activity 1.1.6: Ensure active case search through home visits by community health workers and refer to ORT points established in the POC, or at the hospital or the CTU/CTC	2016									X	X	X	X
	2017	X											
Activity 1.1.7: Preposition essential drugs and medical supplies including required medical equipment to ensure 24/7 provision of lifesaving health care services	2016									X	X		
	2017												
Activity 1.1.8: Provision of antenatal services	2016									X	X	X	X
	2017	X											

OTHER INFO

Accountability to Affected Populations

International Medical Corps solicits feedback from the targeted community through a variety of channels, including community leaders within the POCs 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 its entire staff to read and sign off on the Code of Conduct, aimed at protecting beneficiary populations and improving accountability in program implementation. IMC supports health facility staff, community leaders and community health workers at supported health facility sites, who are engaged in disease surveillance. The various leaders in the POCs are responsible for identifying and mobilizing responses to health problems in their communities in collaboration with IMC. They can also help to monitor and evaluate the functioning of the health facilities. The leaders hold weekly meetings of which IMC participates regularly.

Implementation Plan

Direct project implementation monitoring – field level: IMC expatriate field staffs are responsible for ensuring 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 Program 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.

Supervision visits: Members of the Senior Management Team conduct monitoring and supervision visits to all field sites on a regular 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 stakeholders 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.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health partners	<p>International Medical Corps is an active member of the cluster coordination system at Juba level and in the field sites we have humanitarian partners' meetings on a regular basis. International Medical Corps conducts coordination activities in the following ways:</p> <ul style="list-style-type: none"> • Regular representation at the health cluster with attendance to other clusters when necessary • Frequent communication with NGOs operational in the UN House to monitor emerging security, health, nutrition and protection issues. In particular International Medical Corps maintains regular communication with partners operational in in the UN House. • International Medical Corps coordinates closely with UN agencies including WHO, UNFPA, UNICEF and OCHA to secure programme support and share information At the national level International Medical Corps coordinates with the Ministry of Health through the Directorate of Primary Health Care attending scheduled meetings and providing feedback where necessary. <p>Community level coordination: International Medical Corps is well established within the communities in the POCs. Community participation has been a key aspect of the design of this proposed project with community leaders consulted during on-going project. IMC will continue to work closely with the community with the support of the health committees to encourage and increase community participation, with a focus on equitable participation of men, women and the elderly.</p>

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Although the health of the population at large was the principal motivator for the project, the fact that the information about the brutal assaults on women and girls during the recent Juba violence and in the Malakal context in February was finally acknowledged gave the IMC team a sense of urgency and a special dedication in putting this proposal together. IMC has been attending to gender issues as a primary concern since its birth over 30 years ago and is now at the vanguard of INGOs in South Sudan in addressing all aspects of GBV.

Protection Mainstreaming

Country Specific Information

Safety and Security

Access

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Nurse/midwife-Malakal	D	1	0.00	0	40.00	0.00
	<i>S/he is responsible for care and management of patients, the cost covers salaries and fridge benefits</i>						
1.2	Nurse Anesthetist -Malakal	D	1	0.00	0	40.00	0.00
	<i>S/he is responsible for care and management of patients, the cost covers salaries and fridge benefits</i>						
1.3	Nurse Anesthetist -Juba PoC	D	1	0.00	0	40.00	0.00
	<i>S/he is responsible for care and management of patients, the cost covers salaries and fridge benefits</i>						
1.4	Surgeon-Juba Emoc services for 24/7 coverage	D	1	12,464.00	5	50.00	31,160.00
	<i>S/he is responsible in conducting surgeries, the cost covers series and fridge benefits</i>						
1.5	Emergency Nurse Cholera Response	D	1	0.00	0	30.00	0.00
	<i>S/he will provide care and management of patients with Cholera, the cost covers salaries and fridge benefits</i>						

1.6	Juba site manager	D	1	10,960.00	5	20.00	10,960.00
<i>S/he provides operational support to the entire operation in the project area, the cost covers salaries and fringe benefits</i>							
1.7	Medical doctor/Field site Manager-Akobo	D	1	10,845.00	5	25.00	13,556.25
<i>S/he provides care and management of patients, cost covers salaries and fringe benefits</i>							
1.8	Country Director	S	1	19,811.00	5	7.00	6,933.85
<i>"The Country Director will have overall control and management of the program. S/he will be involved in the coordination and provide guidance in program policy issues. S/he will oversee the program implementation as per the proposal; s/he will be reviewing all reports before submission to the donors. S/he will partially work under this project. "</i>							
1.9	Medical Director	S	1	13,718.00	5	7.00	4,801.30
<i>"S/he will be responsible for managing all the health activities of the program, liaise with other agencies involved in medical programs and will make sure activities are carried within budgets and implementation time frame. S/he will ensure all medicines and medical supplies purchased for the program meet the MoH allowed lists, liaise with the MoH to ensure implementation of the programs are within MoH guidelines. S/he will partially work under this project. "</i>							
1.10	Program Coordinator	S	1	14,734.00	5	7.00	5,156.90
<i>"S/he is responsible for the overall oversight of the projects and ensuring that donor requirements are met. S/he will review program reports, program work plans, liaise with the donor and oversee the program manager to ensure sound implementation and completion of activities. "</i>							
1.11	Program Manager	D	1	11,361.00	5	10.00	5,680.50
<i>Support health program implementation. 1 person, total cost includes salary and fringe</i>							
1.12	Finance Director	S	1	15,234.00	5	7.00	5,331.90
<i>"S/he will be primarily responsible for the donor and HQ Financial and administrative reporting. S/he will be formulating new budgets and ensuring adequate cash is available in the field sites. S/he will also ensure all the donor requirements and IMC internal regulations are met and adhered to in all the field sites. S/he will also be the administration focal point ensuring all the local laws are adhered to in all IMC operating projects. S/he will partially work under this project. "</i>							
1.13	Finance Manager	S	1	10,409.00	5	7.00	3,643.15
<i>"S/he will be primarily responsible for the accounting and reports and HQ financial and administrative reporting. Support finance field officers IMC operating projects. S/he will partially work under this project. "</i>							
1.14	Finance Manager	S	1	10,858.00	5	7.00	3,800.30
<i>"S/he will be primarily responsible for the accounting and reports and HQ financial and administrative reporting. Support finance field officers IMC operating projects. S/he will partially work under this project. "</i>							
1.15	Senior Logistics Manager	S	1	9,858.00	5	7.00	3,450.30
<i>"The logistics manager will be directly reporting to the Logistics Coordinator and will assist in the overall management and coordination of the logistics department and supportive systems. S/he will partially work under this project. "</i>							
1.16	Logistics Manager	S	1	8,204.00	5	7.00	2,871.40
<i>"The logistics manager will be directly reporting to the Logistics Coordinator and will assist in the overall management and coordination of the logistics department and supportive systems. S/he will partially work under this project. "</i>							
1.17	Logistics Coordinator	S	1	13,280.00	5	7.00	4,648.00
<i>"S/he will be responsible for providing direction to the logistic team in accordance with project objectives and the proposal. S/he will provide support for project procurement, asset/inventory and report writing and liaising with the site manager to ensure lead time between purchasing and delivery of supplies and other is kept minimal and determined beforehand. S/he will partially work under this project. "</i>							
1.18	Security Manager	S	1	13,202.00	5	7.00	4,620.70
<i>"S/he will be responsible for monitoring security situation in country, review security and evacuation protocols on the basis of current information and ensure adherence to the security plans of all staff. Security training will be provided to staff (both Expatriates and National Staff) to enable them to responsibly and safely implement IMC programs in tenuous operational environments. IMC now routinely includes costs for expatriate staff security training in the budgets for programs in insecure countries and also extends this training to national staff when feasible. S/he will partially work under this project. "</i>							
1.19	Juba POC national staff	D	1	58,617.00	5	20.00	58,617.00
<i>Health program implementation. 20 person, total cost includes salary and fringe.</i>							
1.20	Juba Cholera Response	D	1	25,191.00	5	10.00	12,595.50
<i>provide support to cholera interventions, implementation, person, total cost includes salary and fringe.</i>							

1.21	Cholera Response support	D	1	7,491.00	5	20.00	7,491.00
	<i>provide support to cholera interventions, implementation, person, total cost includes salary and fringe.</i>						
1.22	Malakal national staff	D	1	18,490.00	5	40.00	36,980.00
	<i>Health program implementation, total cost includes salary and fringe.</i>						
1.23	Akobo National staff	D	1	53,444.00	5	25.00	66,805.00
	<i>Health program implementation. total cost includes salary and fringe.</i>						
1.24	Juba National support staff	S	1	73,791.00	5	7.00	25,826.85
	<i>National finance, HR and logistics staff providing support from IMC Juba main office for program implementation. Total cost includes salary and fringe</i>						
	Section Total						314,929.90
Supplies, Commodities, Materials							
2.1	Pharmaceuticals	D	1	21,928.55	1	100.00	21,928.55
	<i>This cost is for medicine procurement</i>						
2.2	Medical Supplies	D	1	6,116.00	1	100.00	6,116.00
	<i>This cost will cover procurement of medical supplies to support treatment program</i>						
2.3	RH trainings in Malakal, Juba and Akobo	D	0	0.00	1	100.00	0.00
	<i>cost will cover training of staff on RH, meal, accommodation, stationaries</i>						
2.4	Minor Renovations and Repair	D	0	0.00	1	100.00	0.00
	<i>cost covers rehabilitation of the health facilities</i>						
2.5	Generator fuel for Medical facilities	D	1	2,500.00	3	100.00	7,500.00
	<i>cost will cover, generator fuel and maintenance</i>						
2.6	Transportation of Supplies	D	1	2,500.00	1	100.00	2,500.00
	<i>Cost will cover hire of trucks, vehicles, to facilitate transportation of supplies to the field</i>						
2.7	Mobile medical units Malakal	D	1	5,567.00	1	100.00	5,567.00
	<i>This line is used to support outreach activities in Malakal</i>						
2.8	Field Support Supplies	D	1	2,017.00	1	100.00	2,017.00
2.9	Cholera Response Supplies	D	1	500.00	5	50.00	1,250.00
	<i>Cholera field supplies are items including soaps, gloves and gumboots needed to respond to any cholera outbreak</i>						
	Section Total						46,878.55
Travel							
5.1	In country travel - airfare (WFP Flights)	D	1	400.00	3	100.00	1,200.00
	<i>Travel and from duty sites.1 round trip per month at 550 USD based on current UNHAS travel cost.</i>						
5.2	National staff travel perdiem and accommodation	D	1	100.00	5	100.00	500.00
	<i>Staff accommodation, 2 days per month for 6 months calculated at 25 USD per day.</i>						
5.3	Boat/vehicle hire for mobile response team	D	1	0.00	5	100.00	0.00
	<i>cost will cover hire of vehicles during the response</i>						
	Section Total						1,700.00

General Operating and Other Direct Costs							
7.1	Surgical Team Accomodation in POC	D	1	24,000.00	5	5.00	6,000.00
<i>Cost will allow 24 hour services, accommodation for surgical team</i>							
7.2	Juba office support costs - see separate sheet	S	1	135,310.00	5	4.00	27,062.00
<i>this will cover support cost for Juba office</i>							
7.3	Communication - sites	D	1	3,750.00	5	50.00	9,375.00
<i>Communication program sites</i>							
7.4	Office utilities and supplies - Sites	D	1	1,000.00	5	50.00	2,500.00
<i>Office utilities and supplies for the field sites</i>							
7.5	Fuel and Maintenance of Generators - sites	D	1	6,000.00	5	50.00	15,000.00
<i>To support procurement of fuel, and repair and maintain of generator</i>							
7.6	Security Upgrades	D	1	6,766.00	1	100.00	6,766.00
<i>supports to cover cost related to security upgrades, such pharmacy, warehouse, security personnel</i>							
7.7	Vehicle / Truck rent -Juba (PoC)	D	1	4,200.00	5	50.00	10,500.00
<i>The cost will cover movement of staff, in the operational area</i>							
7.8	Vehicle fuel/maintenance/insurance/registration fee	D	1	4,650.00	5	50.00	11,625.00
<i>"The budget will cover the fuel for vehicle/motorbike /Maintenancein Field"</i>							
Section Total							88,828.00
SubTotal			42.00				452,336.45
Direct							354,189.80
Support							98,146.65
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							31,663.55
Total Cost							484,000.00
Grand Total CHF Cost							484,000.00
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Akobo	30	8,481	8,828	9,564	9,954	36,827	
Upper Nile -> Malakal	30	8,481	8,828	9,564	9,954	36,827	
Central Equatoria -> Juba	40	11,308	11,770	12,752	13,273	49,103	
Documents							
Category Name				Document Description			