

Requesting Organization :	International Medical Corps UK				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Emergency Reproductive Health Care provision and Disease Surveillance for conflict affected and displaced populations in Akobo.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/H/103985	Fund Project Code :	SSD-17/HSS10/SA2/H/INGO/6556		
Cluster :	Health	Project Budget in US\$:	100,000.00		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/09/2017	Planned End Date :	28/02/2018		
Actual Start Date:	01/09/2017	Actual End Date:	28/02/2018		
Project Summary :	<p>Over 20 years of operations in South Sudan, International Medical Corps has accrued wide range of knowledge and understanding of the local context. Operations in all of South Sudan's former 10 states over that 20 year period have allowed the organization to generate key operational environment awareness. In addition to vital health service delivery, International Medical Corps plays a vital role in building the local capacity of health care workers.</p> <p>International Medical Corps is proposing an extension to its current OFDA programming in Akobo to allow a continuous response to the major health needs of internally displaced persons (IDPs) and host communities affected by conflict, with focus on reproductive health, diseases surveillance and response and repositioning of essential program supplies. Increased insecurity and population movements throughout 2016 and recent fighting between government and opposition in the west of Akobo County have consolidated and increased IDPs presence in Akobo. The health needs of these vulnerable populations, especially women and children, remain significantly high and are rising as violence continues to collapses health systems.</p> <p>Akobo Hospital: IMC will continue to provide comprehensive reproductive health services targeting women of childbearing age and adolescent girls, and strengthen both the IDSR and EWARNS for endemic and epidemic-prone diseases to detect the occurrence of disease outbreaks and allow timely response, targeting a population of 74,435 (17142 men, 17842 women, 19331 boys, 20120 girls).</p> <p>Beside the health program, IMC currently operates GBV prevention and response program, funded by DFID, which will complement the proposed intervention specifically addressing CMR.</p> <p>Following the IASC Gender in Emergencies guideline, IMC streamlines gender principles in all services. Gender equality and equity issues are being addressed in ongoing project activities in Akobo Hospital.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	17,142	17,842	19,331	20,120	74,435
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	5,033	5,239	3,720	3,872	17,864
People in Host Communities	12,109	12,603	15,611	16,248	56,571
Indirect Beneficiaries :					
Catchment Population:					
Link with allocation strategy :					

In order to scale up and strengthen Basic Reproductive Health Services with emphasis on clinical management of rape (CMR) and SGBV and to as well respond to disease outbreaks through disease surveillance intensification and timely response to confirmed disease outbreaks, International Medical Corps will provide and improve access to basic primary health care and seek to identify and address reproductive health concerns of women of child bearing age, as well as increase community awareness on prevention of priority public health diseases in selected outreach locations in Akobo.

IMC's strategy for this intervention takes into account the Strategic Cluster priorities and the Humanitarian Response Plan. . IMC project design recognizes the different needs of boys, girls, men and women in order to address gender specific needs and promote gender equity and equality. The proposed project therefore aims to reduce the vulnerability of host and internally displaced population in Akobo who are currently relying on services that are intermittently interrupted due to the persistence of conflicts in Jonglei State and to increase access to Basic RH services in the catchment population. In line with global strategy International Medical Corps will continue to contribute to the health cluster's priorities through:

- 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 and provision of essential medicines and other medical commodities.
- Maintaining the number of functional health services to respond to lifesaving health needs of IDP's and conflict affected population. Strengthening both the IDSR and EWARNS disease surveillance system in order to prevent, detect and respond responsively to disease outbreaks.
- Strengthen community based feedback mechanisms through total involvement of local stakeholders/authorities on quality of service provision. This will be done through bi-monthly meetings.
- Defining activities, geographic location and population type according to cluster identified priorities.
- Procuring and prepositioning of essential medicine and medical supplies to mitigate drug stock outs and ensure continued emergency response throughout the project period.
- Supporting routine immunizations in Akobo OPD and outreach sites targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns.
- Continual strengthening health education and awareness raising messages through outreach community mobilisation efforts utilizing community health workers.

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
OFDA supporting Juba, Ako and Malakal	4,500,000.00
	4,500,000.00

Organization focal point :

Name	Title	Email	Phone
Golam Azam	Country Director	gazam@internationalmedicalcorps.org	+211927000112
Boakai D. Ngaima	Program Manager	bngaima@internationalmedicalcorps.org	+211927000478
Aleksandra Davidovska	Program Officer	adavidovska@internationalmedicalcorps.org	+211927000377

BACKGROUND

1. Humanitarian context analysis

As a result of the persistent political instability and low socio-economic standards, the civilian population in South Sudan continues to experience increasing levels of violence nationwide. The population in Akobo is uprooted and internally displaced people (IDPs) continue to seek refuge in its neighborhoods while significant percent of the IDPs is on the run or sheltering in the bushes. The needs of the vulnerable segment especially the IDPs continue to increase as a result of multiple and intertwining threats, including inter-communal violence, economic decline and epidemic potential diseases.

Humanitarian agencies are struggling to provide lifesaving services with health care being key priority among others. The security situation remains volatile and there are fears that the cycle of revenge killings will pick up again soon. The resumed conflict has also halted many activities outside of Akobo town. Akobo county has become hotspot of insecurity as tension continues between government and opposition forces. Early in March 2017, heavy clashes between armed groups in Jonglei's Uror and Nyirol counties forced thousands of civilians to flee to Akobo town.

Early in March 2017, there were new displacements of population from neighboring counties (Waat and Kodok) estimated at 1500 households comprising 7,500 individual according to a coordinated identification and needs assessment conducted by humanitarian actors (IMC, Oxfam and ACTED) in the county. This new influx indicates additional health burden on the only referral and functional hospital in the county – Akobo county Hospital. Since the onset of the emergency in 2013, the number of IDPs has risen to 45,500 (previously 38,000 plus the most recent 7500) in all of Akobo East.

The rising cost of living, the impact of the conflict and large scale displacements have undermined people's ability to access adequate health care services in the county. Vast majority of the population in Akobo have access to health services only in Akobo town. Thousands of women in child bearing age have limited access to basic, lifesaving, reproductive health services, such as antenatal care and health facility delivery with assistance of trained staff due to various factors: 1) lack of knowledge on the importance of the RH services, especially during pregnancy (pre, during and post - delivery); 2) distance between Akobo County Hospital and the periphery villages and settlements of IDP; 3) insecurity rooted in the tensions between the host and IDP population and revenge killings common for the area – denying women in need access to health facilities in due time.

2. Needs assessment

IMC is continuously providing comprehensive primary and secondary health services in Akobo over the last 10 years, ensuring need based programming in Akobo hospital and its catchment areas. Through the existing health program monitoring mechanisms, existing needs are timely identified and addressed. Needs addressed within this project are assessed based on the continuous data collection within the hospital facility, Rapid Needs Assessment conducted by IMC program staff in the beginning of July and feedback meetings with the target population. The data collection in the last 6 months in the maternity ward in Akobo shows that the number of ANC+2 visits is 750, the total number of hospital deliveries assisted by skilled birth attendants is 127, while 132 women received PNC services in the last 6 months. The reason for low number of visits and use of the existing RH services in Akobo hospital can be largely contributed the lack of knowledge and awareness on the importance of the RH services, especially during pregnancy (pre, during and post - delivery). The distance between Akobo County Hospital and the periphery villages and settlements of IDP is another factor as well as the insecurity rooted in the tensions between the host and IDP population and revenge killings common for the area – denying women in need access to health facilities in due time.

3. Description Of Beneficiaries

This project will specifically target women, including pregnant and lactating women (PLW), new-borns, infants and young children, adult males, females, persons with disabilities, minorities and vulnerable groups. Direct beneficiaries will be selected based on their lack of access to or identified gaps in primary and reproductive health services for vulnerable populations. Services will be offered free of charge regardless of socio-economic status, but based on the catchment area of the hospital. The beneficiaries will be targeted based on their vulnerabilities and specific needs related to RH services and outbreak prevention, as Akobo remains prone to disease outbreaks since the collapse of the health system, and the overall population largely unaware of prevention measures and referral system. In the framework of this project, total of 74,436 people will be targeted, out of which 17,842 are women, 20120 are girls, 19,331 are boys and 12142 are men. Based on assessments carried out and hospital maternity unit data, Pregnant women and lactating mothers living in Akobo hospital catchment areas have lack of awareness on the importance of RH care services to their health and the health of their children pre and postpartum, and the awareness regarding essential medical care in case of rape.

4. Grant Request Justification

International Medical Corps through the SSHF funding in 2017 aims at strengthening RH services with emphasis on clinical management of rape (CMR), to respond to disease outbreaks through disease surveillance intensification and timely response to confirmed epidemic-prone disease outbreaks in Akobo, and replenish Core Pipeline supplies to enable lifesaving interventions and ensure emergency vaccination and outreach activities

Integrated reproductive health care- . Reproductive Health needs in Akobo remain partially addressed by the only functional hospital in Akobo town. Over the last 6 months there were 127 health facility deliveries by skilled birth attendants in Akobo, which compared to the total estimated number of female population in Akobo is a clear indication of the lack of access to basic RH services for women of childbearing age in Akobo periphery. SSHF will serve as cofounding to strengthen the existing RH services funded by OFDA in Akobo hospital by addressing additional lifesaving activities and increasing the outreach towards the targeted vulnerable population, and thus affect the mother/child morbidity and mortality rate in the county. With co-financing from SSHF, International Medical Corps seeks to continue with the integration of reproductive health care into the existing primary health care services. Minimum Initial Service Package (MISP) activities will continue to be implemented and strengthened through the proposed intervention. International Medical Corps will deploy a team of national doctors and midwives to targeted sites to implement MISP. Activities include the following: Skilled birth attendance; distribution of delivery kits to pregnant women and trained birth attendants; continuation where referral system in place of referral system; provision of emergency obstetric and newborn care (EmONC); syndromic treatment of STIs; PMTCT, clinical care for survivors of rape and coordinate closely with sub-cluster and other partners on the ground. Antenatal consultations (ANC) will be provided and pregnant mothers will receive malaria prophylaxis, iron supplementation, and syphilis screening. Women with complications in pregnancy will be identified during the ANC visit and referred to appropriate care. With the SSHF complimentary founding to existing OFDA, the project will be able to reach out to female targeted population in hard to reach areas, providing awareness raising on the importance of basic RH services, thus contributing to reduction of their vulnerability..

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. IMC will be prepared to respond to any outbreak, including vaccine preventable diseases such as measles. Trained CHW will be conducting regular outreach and provide awareness on epidemic potential diseases, such as measles, cholera etc., to the population In the catchment areas, monitor probable and suspected outbreaks and report back on regular basis. As a part of this program, International Medical Corps will work alongside the States Ministry of Health representative to ensure health facilities submit EWARN surveillance weekly and monthly reports to the MoH, WHO and IMC Juba. So far, the EWARN surveillance system is working well in Akobo. Community outreach will be strengthened through trained CHW that will conduct active disease surveillance activities, active referrals to Akobo hospital and increase the population awareness through education sessions. Vaccination campaigns will regularly be conducted. Isolation unit will be positioned and functional within Akobo county hospital and medical commodities propositioned for early response to potential outbreak.

5. Complementarity

The activities under this project will directly complement the OFDA-funded program in Akobo through added support to International Medical Corps run Akobo hospital and build the capacity of health care providers in Reproductive Health department, as well as strengthen and expand the outreach and referral activities. This program will capitalise on already existing resources- office, vehicles, and networks- to ensure the implementation of these additional activities. Beside the health program, IMC currently operates GBV prevention and response program, funded by DFID, which will complement the proposed intervention specifically addressing CMR.

LOGICAL FRAMEWORK

Overall project objective

Reduced morbidity and mortality rate of conflict affected population including host and IDPs in Akobo through improving access to reproductive health care services and active disease surveillance, control, awareness and response.

HEALTH							
Cluster objectives	Strategic Response Plan (SRP) objectives			Percentage of activities			
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations	SO2: Protect the rights and uphold the dignity of the most vulnerable			60			
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection			40			
<p>Contribution to Cluster/Sector Objectives : By implementing basic reproductive healthcare services, including maternal, new-born and child health care, reinforcing the referral system and CMR services, while conducting active disease surveillance and positioning supplies for early outbreak response, IMC will immensely contribute to the Cluster objectives by reducing morbidity and mortality in Akobo county.</p>							
Outcome 1							
Basic Reproductive Health services, including maternal, new-born and child health care are strengthened and available to women of childbearing age and adolescent girls, referral system is reinforced and rape victims have access to CMR and psychological first aid.							
Output 1.1							
Description							
Basic Reproductive Health Care services including HIV prevention/condom distributions are delivered 24/7 in Akobo Hospital and needs of female population in childbearing age are addressed including survivors of SGBV.							
Assumptions & Risks							
<p>Assumptions Akobo hospital provides services continuously without interruption. Coordination activities ensure smooth and effective service delivery. Security situation remains stable in Akobo. Funds are adequate to support the activities.</p> <p>Risks Insecurity will impede access to Akobo hospital and limit staff and supply movement.</p>							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states					250
Means of Verification : Maternity ward records; RH summary forms, Postnatal Register							
Indicator 1.1.2	HEALTH	[Frontline services] Number of facilities providing BEmONC services					1
Means of Verification : Maternity ward records, RH summary forms							
Indicator 1.1.3	HEALTH	[Frontline services] Number of health workers trained on safe deliveries	10	5			15
Means of Verification : Training Report; Participant Lists							
Indicator 1.1.4	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	10	5			15
Means of Verification : Training Reports, Participant Lists							
Indicator 1.1.5	HEALTH	Proportion of eligible rape survivors receiving PEP in 72 hours, disaggregated by age					100
Means of Verification : Hospital Reports, Maternity ward records							
Activities							
Activity 1.1.1							
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 new-borns.							
Activity 1.1.2							
Conduct in-service training for Registered Midwives incorporating antenatal and post natal care, Emergency Obstetric and Newborn Care, Basic Life Saving Skills, PMTCT and use of Partograph according to the BPHS, clinical training on modern family planning methods including implants and IUDs and FP counselling.							
Activity 1.1.3							
Ensure comprehensive PMTCT services are available in RH facility with supported referrals through community health workers of the mothers for follow-up on Anti-Retroviral Therapy after delivery.							
Activity 1.1.4							
Conduct trainings for Community Health Workers on importance of ANC services, delivery by skilled attendant, PNC, new born care, balanced diet, referral system.							
Activity 1.1.5							
Train health staff on CMR, PFA and confidential referral to PSS services.							

Activity 1.1.6							
Perform emergency obstetric surgeries in Akobo Hospital							
Output 1.2							
Description							
RH kits, emergency health kits, essential drugs, medical supplies and required medical equipment are available to enhance provision of lifesaving services in Akobo Hospital.							
Assumptions & Risks							
Assumptions Security is stable and communities accessible Continued collaboration and coordination with partners to ensure smooth implementation of surveillance activities.							
Risks Insecurity would impede access to location, limiting both staff and supply movement.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	2,816	10,530	11,598	12,072	37,016
Means of Verification : Health facility records,							
Indicator 1.2.2	HEALTH	Number of health facilities providing SGBV services					1
Means of Verification : Training Reports; Attendance sheets;							
Activities							
Activity 1.2.1							
Preposition of core pipeline products (RH kits, essential drugs and medical supplies including required medical equipment) to ensure 24/7 provision of lifesaving health care services.							
Activity 1.2.2							
Conduct clinical audits to ensure rational prescriptions are in place in line with national and WHO guidelines.							
Activity 1.2.3							
Conduct in service training for clinical staff on rational drugs use with key focus on therapeutic indications, dosages and adverse effects.							
Outcome 2							
Epidemic-prone diseases are detected on time and responded to immediately in Akobo Hospital and its catchment areas.							
Output 2.1							
Description							
Infectious disease prevention and surveillance system functional to enable timely response to disease outbreaks.							
Assumptions & Risks							
Assumptions Security situation will remain stable and allow access to targeted populations.							
Risks Insecurity will impede access to location, limiting both staff and supply movement.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of CTU/C and ORPs established in outbreak locations					25
Means of Verification : Health Facility Report; ISDR, line list of epidemic disease							
Indicator 2.1.2	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			11,598	12,072	23,670
Means of Verification : Vaccination Report; Mass Immunisation Campaign Report;							
Indicator 2.1.3	HEALTH	[Frontline services] Number of people reached by health education /promotion	14,083	16,658	10,697	11,134	52,572
Means of Verification : Community Outreach Report							
Indicator 2.1.4	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	21	19			40
Means of Verification : Training Reports, Attendance sheets							

Indicator 2.1.5	HEALTH	Proportion of specimens for suspected epidemic diseases cases collected in required time frame and transported to the national public health laboratory for culture and analysis.								80
Means of Verification : Health facility report; line list of epidemic disease, laboratory records										
Indicator 2.1.6	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	4	7	6	8				25
Means of Verification : Cholera line list available, CTU/CTC register										
Activities										
Activity 2.1.1										
Active case finding for epidemic-prone diseases such as cholera through home visits by trained community health workers and refer to ORT points, to the hospital or to the CTU/CTC.										
Activity 2.1.2										
Establishment of a system for recording disease line list with details including number of admission dis-aggregated by sex, age, location and treatment outcomes.										
Activity 2.1.3										
Provide 24/7 referral services in Akobo Hospital ensuring treatment quality is in line with national standards and WHO guidelines.										
Activity 2.1.4										
Provide consistent weekly IDSR/EWARN reports to MOH, the health cluster and WHO.										
Activity 2.1.5										
Training of staff on epidemic prone disease preventions, detections, and response										
Additional Targets :										

M & R

Monitoring & Reporting plan

International Medical Corps ensures close monitoring of project implementation to identify challenges and arrange contingency measures as appropriate. Hence, there are various approaches at each level that include:

- Monitoring of overall project goal and objectives: This approach allows International Medical Corps to keep close observation on the trajectory of proposed objectives in terms of its relevant to the reality during the project implementation.
- Internal project monitoring system: International Medical Corps has developed what is referred to as project monitoring tool (PMT). The PMT is a flexible tool utilized for project management during an emergency. The design of the tool is to support programs by tracking key donor information, human resources, indicators, activities, meetings and procurement of project supplies.
- Contextual analysis: As the working environment remains extremely challenging as it relates to security, this approach is used to monitoring changes that might emerge in critical assumptions/risks analysis and take appropriate measure that will allow attainment of project objectives.

In addition to the above, work plans, which form part of the monitoring tools, are reviewed on a regular 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

On a monthly basis, monthly HIS reports will be collected at the health facility level and analysed. This 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 SSHF intervention and lessons learnt findings will influence on-going activities planned.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: 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 new-borns.	2017									X	X	X	X
	2018	X	X										
Activity 1.1.2: Conduct in-service training for Registered Midwives incorporating antenatal and post natal care, Emergency Obstetric and Newborn Care, Basic Life Saving Skills, PMTCT and use of Partograph according to the BPHS, clinical training on modern family planning methods including implants and IUDs and FP counselling.	2017									X	X	X	X
	2018	X	X										
Activity 1.1.3: Ensure comprehensive PMTCT services are available in RH facility with supported referrals through community health workers of the mothers for follow-up on Anti-Retroviral Therapy after delivery.	2017									X	X	X	X
	2018	X	X										

The proposed activities are part of current and ongoing programs implemented by International Medical Corps. 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 daily basis. S/he ensures that the project work plan, monthly activities and targets set by the Program Department are followed.

All health activities and trainings will be overseen by the Medical Coordinator at each site and Nurse Midwives (for PMTCT and CMR). Pre and post tests will be conducted, and results shared with SSHF in the reporting. Monitoring and Evaluation officer and Medical director who are both based in Juba will do regular data quality check and field supervision to make sure that activities are implemented as planned.

Supervision visits: Members of the Senior Management Team conducts monitoring and supervision visits to Akobo on regular basis to ensure the project is 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 meet with the local community to ensure good collaboration and participation, and access beneficiary satisfaction of the project implementation.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
ACTED	Livelihood and food security
ICRC	Protection-family reunification and response to armed conflict casualties
Nile	Education, protection, WASH
Oxfam	Food security and livelihood; General distribution
INTERSOS	PROtection and GBV
Save the Children	Protection-family reunification; livelihood and ICCM

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

The project is designed with integrated gender approach in all phases of the project cycle. Gender, age and diversity mainstreaming techniques will ensure that proposed activities address the specific needs and concerns of gender and age groups during implementation and monitoring of the project. Relevant gender and age groups will adequately participate in the design, implementation and evaluation of the action. The project will work to ensure that women/girls and men/boys will benefit equally from the intervention and will advance gender equality through mainstreaming the IASC Gender Marker.

Protection Mainstreaming

The vulnerability of the affected population in Akobo cannot be overly emphasized especially following the 2013 incursion that brought split and marginalization on tribal lines. As a result of the complex humanitarian needs posed by the prolong conflict in South Sudan, the targeted population continues to be further exposed to prolong suffering.

IMC works closely with all partners to ensure that all projects mainstream protection principles such as do no harm. Every effort is made to ensure the safety and security of IMC beneficiaries. IMC adheres to the principles of "good programming" and promotes meaningful access, safety and dignity in humanitarian assistance, taking steps to avoid or minimize any adverse effects of project interventions and reduce risks, in particular the risk of exposing people to increased danger or abuse of their rights. IMC ensures that people in need can access our services and humanitarian assistance according to the need only and without adverse discrimination, with attention to their vulnerabilities and respect of their rights.

Violence prevention-IMC has clearly marked "No weapons arm is allowed" at the entrances of its facilities in Akobo. This helps to prevent military presence in service provision site thereby preventing any incident during normal project activities. In the Akobo Hospital also, it is clearly written that " services are free of charge". The population is acknowledged of the fact that services provided by International Medical Corps will remain free of charge without any preconditions attached.

As a global partner in protection programming, International Medical Corps understands the impact of conflict on vulnerable populations, especially women and children, and strongly incorporates protection principles into programming. Prevention of Sexual Exploitation and Abuse training is completed for all staff on a regular basis at the country and field levels. All staff are required to read, acknowledge, and sign the International Medical Corps Code of Conduct as well as PSEA policy. IEC regarding PSEA is posted at offices and staff houses, and computers and phones are available at the office to allow staff to report allegations of misconduct.

Impartiality-IMC is a non-political, non-denominational organization that provides medical assistance to those in need. In situations of ethnic or inter-tribal violence, it is especially important to maintain this principle of neutrality. IMC strongly support the establishment of self-protection capacities of individuals and communities by integrating community protection activities into all sectors of programming. IMC further ensures that access to services is available to all persons without discrimination or barriers and uses CHWs to disseminate protection education at households' level.

IMC's commitment for protecting vulnerable groups such as people with disabilities is reflected in its code of conduct which is mandatory to be signed by all staff as part of the contractual agreement. The code of conduct allows staffs to consider how their actions and behavior impact on the lives of people with disabilities and their families. Thus, IMC code of conduct ensures the following:

- Staff engagement strategies consider the individual and complex needs of people with disabilities
- The principles of universal access and inclusion for people with disabilities are considered in the physical environments.

Country Specific Information

Safety and Security

As opposition controlled area, the main concern in Akobo and its environs is the prevailing security situation. Akobo and surrounding villages still remain challenging areas for humanitarian operations.

Early in April 2017, fighting erupted in Akobo west between government and opposition forces resulting into large scale displacements of civilian population in Akobo town that created burden on the only functional hospital run by International Medical Corps in the county. In the same month of April, youths from Akobo town organised themselves and carried out cattle raiding in Murle (a local tribe) IDP camp resulting in unknown number of casualties. Some of these patients could not easily access the Akobo Hospital due to personal insecurity. In addition to the above, inter-community violence/revenge killings continue to escalate in the area among inhabitants. With the presence of the rainy season, attacks are expected to be minimized as road travels become extremely challenging.

In order to further mitigate security risks, International Medical Corps will keep in close coordination with other humanitarian actors on ground as well as 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 International Medical Corps Country Security Manager based in Juba, who will keep in regular communication. Likewise, standard operating procedures (SOPs) including risk analyses and contingency plans are in place for all sites.

Risks posed to the environment will be mitigated through proper Management of Hazardous materials and solid waste by IMC in Akobo county Hospital. Medical waste from Akobo county hospital, that includes sharps, non-sharps, blood, body parts, chemicals, pharmaceuticals, medical devices and radioactive materials are being disposed in a manner that prevents harm to the population and to the environment.

Access

Physical access to the proposed site is not a challenge, as International Medical Corps has maintained a presence for the past 10 years in Akobo. However, mobile activities in the peripheral remain extremely difficult particularly during the rainy season as a result of bad road networks. In order to prevent stock out of essential items including drugs and medical supplies, International Medical Corps will ensure repositioning of adequate project supplies during the dry season to ensure continuity of proposed project activities.

In the likely event of serious insecurity threat in the region that might require evacuation of essential staff including expatriates and relocatable staff, International Medical Corps has established a contingency plan that ensures provision of minimal lifesaving services by locally recruited staff. The activities of the skeleton team during evacuation will mainly focus on the following:

- Antenatal care
- Health facility based deliveries
- Postnatal care
- Disease surveillance
- Provision of outpatient consultations for medical emergency cases and
- Measles vaccination in the Akobo Hospital

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Medical Coordinator-Akobo	D	0	13,049.00	6	25.00	0.00
	<i>Responsible for the overall management of the project activities. In addition to this, s/he will be required to monitor and manage health activities in co-ordination with other health actors. The Emergency Doctor will take responsibility in the treatment and referral of suspected or confirmed communicable diseases according to national protocols, and inform the Medical Director as necessary. The Medical coordinator will be working in Akobo exclusively; therefore no other funding is available to share the costs.</i>						
1.2	Program Manager	D	1	12,708.00	5	1.00	635.40
	<i>S/he will coordinate operational activities of SSHF funded programs, and directly line manages field site operations. This person also is responsible ensuring timely program delivery</i>						
1.3	Country Director	S	1	21,494.00	5	1.00	1,074.70
	<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>						
1.4	Medical Director	D	1	12,840.00	5	1.00	642.00
	<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>						
1.5	Program Director	S	1	12,842.00	5	1.00	642.10
	<i>/he is responsible for the overall oversight of the projects and ensuring that donor requirements are met. S/he will review program reports, program workplans, liaise with the donor and overseen the program manager to ensure sound implementation and completion of activities.</i>						
1.6	Program officer	S	1	11,466.00	5	1.00	573.30
	<i>S/He Will be responsible for editing and compilation of program reports reports.She</i>						

1.7	Finance Director	S	1	17,94 5.00	5	1.00	897.25
	<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>						
1.8	Finance Manager	S	1	12,54 7.00	5	1.00	627.35
	<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>						
1.9	Senior Logistics Manager	S	1	11,64 6.00	5	1.00	582.30
	<i>The logistic 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>						
1.10	Logistics Coordinator	S	1	13,31 2.00	5	1.00	665.60
	<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>						
1.11	Security Manager	S	1	15,05 8.00	5	1.00	752.90
	<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>						
1.12	Compliance Manager	S	1	11,47 8.00	5	1.00	573.90
	<i>He/She will be responsible for ensuring compliance with donor/IMC regulations and South Sudan law</i>						
1.13	Akobo national staff salaries	D	1	72,63 1.00	6	13.00	56,652.18
	<i>Local program staff will give technical support and guidance for the proper implementation of the project and will also be involved in SSHF 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. The breakdown of the staff is provided as separate tabs in the budget.</i>						
1.14	Community health workers-Disease surveillance	D	1	4,000 .00	6	20.00	4,800.00
	<i>Local program staff directly involved in disease surveillance activities against prone public health diseases.</i>						
1.15	Casual workers-Akobo	D	1	4,000 .00	0	100.00	0.00
	<i>This line will cover cost for any unskilled work during the project implementation period.</i>						
1.16	Juba National support staff	S	1	66,53 0.00	6	1.00	3,991.80
	<i>These staff members are based in Juba and provide support to all of the IMC programs in the field sites. Logistics staff are processing purchase requests and deliveries to the sites; finance staff are reviewing, monitoring and compiling financial reports, program staff are providing technical support and reviewing, monitoring and compiling programmatic reports. Other support staff and services include transport, travel, warehousing, M&E and IT services to the field sites. This cost is partially charged to SSHF and allocated at 8%.</i>						
	Section Total						73,110.78
2. Supplies, Commodities, Materials							
2.1	Pharmaceuticals	D	1	15,83 6.00	0	100.00	0.00
	<i>International Medical Corps will provide the essential medicines necessary to carry out life-saving Reproductive Health interventions, free of charge, to targeted beneficiary population. The list of pharmaceuticals has been developed by IMC's in-country pharmacist based on identified needs</i>						
2.2	Maternity ward supplies	D	1	4,557 .00	1	32.50	1,481.03

	<i>This line covers basic cost of outfitting and purchasing equipment for Akobo Hospital 5 maternity ward being supported by this program. These items include blankets, delivery couches, sterile instruments, and minor renovation materials for fixing or updating facilities.</i>						
2.3	Community Health and reproductive outreach activities supplies	D	1	5,000.00	1	15.00	750.00
	<i>This line will cover activities such as awareness campaigns on the importance of antenatal services as well as prevention of epidemic prone diseases.</i>						
2.4	Minor Renovations and Repair of maternity-Akobo Hospital	D	1	18,848.00	0	100.00	0.00
	<i>This line will cover painting, replacement of iron sheets, repair of doors and floor of the maternity department of the Akobo Hospital.</i>						
2.5	Rehabilitation of isolation unit-Akobo Hospital	D	1	17,707.00	0	100.00	0.00
	<i>This line will cover painting, replacement of iron sheets, repair of doors and floor of the isolation unit of the Akobo Hospital</i>						
2.6	Transportation of Supplies	D	1	3,500.00	1	40.00	1,400.00
	<i>This budget lines is requested to cover the cost of transporting supplies from Juba to the project implementation area. The mode of transportation depends on the security conditions, distance and road conditions. IMC proposes to use charters for transportation to Akobo.</i>						
2.7	Generator fuel for Medical facilities	D	1	1,500.00	5	30.00	2,250.00
	<i>There is no source of power in Akobo other than generators. Fuel is purchased on a monthly basis to maintain operations in the facilities and ensure safety of pharmaceuticals.</i>						
2.8	Program training (RH and disease surviellance)	D	1	3,000.00	1	30.00	900.00
	<i>This budget line will be used to cover all cost related to training of project staff on Reproductive Health and diseases surveillance</i>						
	Section Total						6,781.03
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	In country travel - airfare (WFP Flights)	D	1	550.00	3	40.00	660.00
	<i>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</i>						
5.2	National staff travel perdiem and accomodation	D	1	100.00	0	100.00	0.00
	<i>This covers the cost of staff per diem during training and other times of assignment outside of their duty station, including accommodation. Cost is budgeted as per actual cost IMC is paying, as per the policies</i>						
5.3	Boat/vehicle hire for mobile response team	D	1	250.00	0	50.00	0.00
	<i>This line is budgeted to cover the cost of hiring</i>						
	Section Total						660.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00

7. General Operating and Other Direct Costs							
7.1	Communication - site	D	1	3,750 .00	5	10.00	1,875.00
<i>Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. Cost is budgeted as per the historical cost.</i>							
7.2	Staff Accomodation	D	1	24,00 0.00	5	1.00	1,200.00
<i>This line will cover the expenses for accommodation of staff in field offices. Cost is budgeted as per the historical cost</i>							
7.3	Car rental	S	1	7,800 .00	5	1.00	390.00
<i>This is line budgeted to cover the cost of transportation of staff and supplies in Juba which supports all programs in the country</i>							
7.4	Office Supplies	S	1	6,000 .00	5	1.00	300.00
<i>"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. Cost is budgeted as per the historical cost</i>							
7.5	Office utilities & maintenance	S	1	6,000 .00	5	1.00	300.00
<i>This budget line is requested to cover the cost of office utilities for the juba office including water and also to cover routine repairs and maintance</i>							
7.6	Communication& Internet	S	1	5,775 .00	5	1.00	288.75
<i>This budget line is requested to cover part of the internet and telephone costs of the Juba office which supports all offices</i>							
7.7	Generator fuel and maintenance	S	1	6,000 .00	5	1.00	300.00
<i>This budgeted line is requested to cover the cost of fueling and routine repair maintenance of the generator at the Juba office to ensure smooth operations</i>							
7.8	Vehicle fuel,maintenance and insurance	S	1	7,000 .00	5	1.00	350.00
<i>This budget line is requested to cover the costs of the fuel insurance and routine repairs of IMC cars at the juba office to meet the transportation needs of the support office which will also support this project</i>							
7.9	Legal Fees	S	1	1,800 .00	5	1.00	90.00
<i>This budget line is requested to cover the cost of the legal advice on employment and other matters pertaining to South Sudan law</i>							
7.10	Postage /Courier	S	1	165.0 0	5	1.00	8.25
<i>This budget line is requested to cover the costs of courier of the Juba office . A part of the cost is charged to this budget line</i>							
7.11	Office Security	S	1	4,000 .00	5	1.00	200.00
<i>This budget line is requested to cover the cost of security of the juba office .IMC has engaged a security company to provide security at it premises</i>							
7.12	Bank charges	S	1	7,000 .00	5	1.00	350.00
<i>This budget line is requested to cover costs of transfer of cash to field sites to facilitate payments</i>							
7.13	Software licences	S	1	467.0 0	1	100.00	467.00
<i>This budget line is requested to cover costs of software upgrades and licenses .These include accounting , logistics and HR software</i>							
7.14	General insurance	S	1	2,000 .00	5	1.00	100.00
<i>This budget line is requested to cover the cost of the inurance of IMC assets in the Juba office</i>							
7.15	NGO Annual forum fee	S	1	1,070 .00	5	1.00	53.50
<i>This budget line is requested to cover the cost of membership of the NGO forum which brings together NGOS to discuss and lobby for matters of mutual interests</i>							
7.16	Office utilities and supplies - Site	D	1	1,000 .00	0	50.00	0.00
<i>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. Cost is budgeted as per the historical cost.</i>							
7.17	Fuel and Maintenance of Generators - site	D	1	6,000 .00	5	3.00	900.00

	<i>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. Cost is budgeted as per the historical cost.</i>						
7.18	Security Upgrades	D	1	3,733.63	1	100.00	3,733.63
	<i>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. 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</i>						
7.19	Office & Guest house rent	S	1	40,000.00	5	1.00	2,000.00
	<i>This is budget line is requested to cover the cost of the office and accomodation for staff</i>						
	Section Total						12,906.13
	SubTotal			45.00			93,457.94
	Direct						77,879.24
	Support						15,578.70
	PSC Cost						
	PSC Cost Percent						7.00
	PSC Amount						6,542.06
	Total Cost						100,000.00

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	100	17,142	17,842	19,331	20,120	74,435	<p>Activity 1.1.1 : 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 new-borns.</p> <p>Activity 1.1.2 : Conduct in-service training for Registered Midwives incorporating antenatal and post natal care, Emergency Obstetric and Newborn Care, Basic Life Saving Skills, PMTCT and use of Partograph according to the BPHS, clinical training on modern family planning methods including implants and IUDs and FP counselling.</p> <p>Activity 1.1.3 : Ensure comprehensive PMTCT services are available in RH facility with supported referrals through community health workers of the mothers for follow-up on Anti-Retroviral Therapy after delivery.</p> <p>Activity 1.1.4 : Conduct trainings for Community Health Workers on importance of ANC services, delivery by skilled attendant, PNC, new born care, balanced diet, referral system.</p> <p>Activity 1.1.5 : Train health staff on CMR, PFA and confidential referral to PSS services.</p> <p>Activity 1.1.6 : Perform emergency obstetric surgeries in Akobo Hospital</p> <p>Activity 1.2.1 : Preposition of core pipeline products (RH kits, essential drugs and medical supplies including required medical equipment) to ensure 24/7 provision of lifesaving health care services.</p> <p>Activity 1.2.2 : Conduct clinical audits to ensure rational prescriptions are in place in line with national and WHO guidelines.</p> <p>Activity 1.2.3 : Conduct in service training for clinical staff on rational drugs use with key focus on therapeutic indications, dosages and adverse effects.</p> <p>Activity 2.1.1 : Active case finding for epidemic-prone diseases such as cholera through home visits by trained community health workers and refer to ORT points, to the hospital or to the CTU/CTC.</p> <p>Activity 2.1.2 : Establishment of a system for recording disease line list with details including number of admission dis-aggregated by sex, age, location and treatment outcomes.</p> <p>Activity 2.1.3 : Provide 24/7 referral services in Akobo Hospital ensuring treatment quality is in line with national standards and WHO guidelines.</p> <p>Activity 2.1.4 : Provide consistent weekly IDSR/EWARN reports to MOH, the health cluster and WHO.</p> <p>Activity 2.1.5 : Training of staff on epidemic prone disease preventions, detections, and response</p>

Documents

Category Name	Document Description