

<b>Requesting Organization :</b>	International Medical Corps UK	
<b>Allocation Type :</b>	1st Round Standard Allocation	
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>
HEALTH		100.00
		<b>100</b>
<b>Project Title :</b>	Emergency lifesaving clinical HealthCare service packages (as stipulated in the health cluster strategy) provision and Disease Surveillance for conflict affected and displaced populations in Malakal, Wau, and Juba PoC.	
<b>Allocation Type Category :</b>	Frontline services	

OPS Details			
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-18/HSS10/SA1/H/INGO/8205
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	300,000.24
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	20/03/2018	<b>Planned End Date :</b>	30/09/2018
<b>Actual Start Date:</b>	20/03/2018	<b>Actual End Date:</b>	30/09/2018

**Project Summary :**

International Medical Corps (IMC) is a US-registered independent affiliate organization of International Medical Corps UK (IMC UK), with which IMC UK shares the same name and 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 UK will engage IMC to implement its programmes in the field, with IMC UK oversight, according to the terms and conditions of any agreement that results from this proposal and the terms of the parties' administrative service agreement. IMC maintains a branch office in Croatia, IMC Split that provides administrative and operational support to IMC UK and to the programmes on the ground, including but not limited to financial management, procurement management/international procurements, and logistics.

Over 20 years of operations in South Sudan, International Medical Corps has accrued a 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.

Under this project, IMC will continue to ensure Integrated Health Care services, including primary health care and comprehensive reproductive health service, are strengthened and available to vulnerable populations, referral system is reinforced and rape victims have access to CMR and psychological first aid and that epidemic-prone diseases are detected on time and responded to immediately in Juba PoC, Wau PoC, Malakal PoC and their catchment areas.

Beside the health program, IMC currently operates GBV prevention and response program in Malakal, and Wau, funded by DFID, which will complement the proposed intervention specifically addressing CMR.

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.

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
16,286	17,571	4,286	4,714	42,857

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total

**Indirect Beneficiaries :**

**Catchment Population:**

**Link with allocation strategy :**

This allocation will support:

1. 1 mobile team
2. 3 PHCC covering SAM with medical complications and clinical management of rape (CMR) and will focus on all the activities and indicators aligned to the clinical packages as per the Health Cluster strategy for this allocation
3. 2 RRM/ICRMs

The project aims at ensuring access to essential emergency clinical health care packages, as stipulated in the Health Cluster strategy, to IDPs and vulnerable communities in Wau, Malakal, and Juba PoC.

International Medical Corps will strengthen, support and manage 3 PHCCs, 1 mobile team and 2 RRM/ICRM missions to reach 42,857 people targeting 3 areas (Wau, Malakal, and Juba PoC) in Wau, Malakal, and Juba counties.

The activities aligned with the Health Cluster clinical packages as identifies will be implemented.

The project will ensure gender sensitivity by stratifying all gender parameters (men, women, boys, and girls).

**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

**Organization focal point :**

Name	Title	Email	Phone
Alexander Davey	Country Director	adavey@internationalmedicalcorps.org	+211927000112
Boakai D. Ngaima	Program Manager	bngaima@internationalmedicalcorps.org	+211927000478
Megan Weaver	Program Officer	mweaver@internationalmedicalcorps.org	+211927000373

**BACKGROUND**

**1. Humanitarian context analysis**

As a result of the persistent political instability and low socio-economic standards, the civilian population continues to experience increasing levels of violence nationwide. The needs of the vulnerable segment continue to increase as a result of multiple and intertwining threats, including inter-communal violence, economic decline and epidemic potential diseases.

The populations in Wau, Juba and Malakal PoC are uprooted and internally displaced people (IDPs) continue to seek refuge in neighborhoods while a significant percent of the IDPs are on the run or sheltering in the bushes. Thousands of people living with HIV, especially women, have seen their life-sustaining treatment interrupted without possibility of resumption due to displacement.

Humanitarian agencies are struggling to provide lifesaving services with health care being a key priority, among others. However, the security situation remains volatile and there are fears that the cycle of revenge killings will pick up again soon.

The conflict has heightened the chronic vulnerability of the population, especially Internally Displaced People (IDPs), and the continued inability of the health system to meet their basic needs. The health situation has also deeply suffered from the conflict as MoH does not have the capacity to deliver services to opposition areas (Juba PoC and Malakal PoC). Many roads are impassable, which seriously constrains health care delivery efforts and subsequently weakens economic activities in those areas.

JUBA PoC: International Medical Corps will continue to deliver 24/7 full package of comprehensive primary healthcare to internally displaced people in the two Camps (PoC1 and PoC3). The existing Health Committee is functional and regularly assesses the impacts on service provision. The committee is a liaison between International Medical Corps and the population; members are responsible for gathering feedback from the community as well as providing information to the community on the health care delivery system including quality of services, availability of essential drugs, threats of epidemic prone diseases and measures for prevention at the household levels.

MALAKAL: There has not been much improvement regarding the overall security situation. Malakal town itself has been quite stable over the past couple of months but the situation remains unpredictable. However, security situation in surrounding areas continue to deteriorate. Clashes continue in the west bank of the Nile River between armed groups resulting into further displacement of civilians. The unstable political and security situation continues to create more pressure on health care services especially on maternal and child health. The actual number of internally displaced persons remains fluctuating due to population movements on a weekly basis. This expansion of the number of people in need of humanitarian assistance has overstretched the limited resources.

WAU PoC: The security situation in Wau in general remains calm with no major incidents reported since 2017. In Wau POC, International Medical Corps clinic continued with the provision of lifesaving Reproductive Health services along with basic primary health services for the beneficiaries.

**2. Needs assessment**

International Medical Corps recently conducted a needs assessment in three of its program sites, including Juba PoC and Malakal, which found that health needs remain high among affected communities. Please see the full assessment in the documents section for additional details. While Wau was not covered by the assessment, the International Medical Corps team working on the ground have noted continuous needs for emergency health services in the PoC and catchment areas.

### **3. Description Of Beneficiaries**

This project will specifically target vulnerable populations including women, new-born, infants and young children, adult males, females, persons with disabilities, and minorities. 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 health care facilities.

### **4. Grant Request Justification**

Through the SSHF funding in 2018, IMC aims at strengthening health care services with emphasis on primary health care, comprehensive reproductive health service, response to disease outbreaks through disease surveillance intensification and timely response to confirmed epidemic-prone disease outbreaks in Wau, Malakal and Juba PoC, and replenish Core Pipeline supplies to enable lifesaving interventions and ensure emergency vaccination and outreach activities.

**Primary Healthcare:** On all proposed locations, malaria (22%), ARI (8%) and AWD (6%) continue to account for the highest proportion of morbidities among IDPs and host communities, especially affecting children under the age of 5 that account for 36% out of the total number of consultations. Primary health care services offered are minimal as well as community health education and awareness to reduce morbidity and ensure early referrals to health facilities. Immunization services are low and absent on some locations due to unavailability of vaccines and lack of cold chain facilities. Live saving assistance for the most vulnerable, including women, under five children, people with disability and people living with HIV/AIDS/TB is minimal. All these factors contribute to the acute malnutrition situation in Malakal, and Wau where the malnutrition prevalence remains above the emergency threshold (GAM above 15%).

**RH:** The data collected on all health facilities/MMUs that offer basic to comprehensive reproductive, maternal and neonatal health care is showing that access and utilization of essential reproductive healthcare services (including ANC; health facility deliveries assisted by skilled personnel; PNC; timely STIs prevention/treatments especially for sexual violence survivors, etc.) is low due to insecurity, lack of awareness on the importance of utilization of RH services as well as lack of skilled RH providers in some locations (Wau, Malakal). There is a need to emphasize sensitization for women and girls of the importance of utilization of RH services, as well as men and community leaders.

**Disease surveillance and response:** Lack of material resources for prompt response to emergencies is a challenge. Rapid response teams are functional and operational only in Wau and Malakal. Transportation of samples for suspected epidemic prone diseases to the national reference laboratory is a challenge especially for some locations.

**Medical commodities and equipment:** supply chain interruption for essential drugs, medical supplies and nutrition supplies is affecting the quality of preventive and curative services in all locations. There is a lack of prepositioned essential supplies for prompt response to emergencies. Insecurity and lack of transportation to remote locations is additionally affecting the availability of supplies on filed level.

### **5. Complementarity**

Funding received from SSHF is designed to be complementary to International Medical Corps' existing funding and programming including support to mobile clinic/outreach activities in Wau and rapid response to support emergency response in all three target locations. We anticipate integrating the funding in our sites in the following ways:

**Malakal:**

- OFDA will cover only the POC while anticipated funding from SSHF will be used as complementary funding to a UNICEF grant supporting the PHC in Malakal town.

**Juba POC:**

- UNFPA is supporting Reproductive Health component of the IMC intervention in the POCs while OFDA covers primary comprehensive health care. However, the number of outpatient consultations is much higher per clinician per day. SSHF funding will help to hire additional clinical staff to provide adequate and quality services to the beneficiaries.

**Wau:**

- UNFPA covers all aspects of comprehensive RH services only for the period of six months. SSHF funding will be used to complement UNICEF anticipated funding to cover comprehensive primary health care.

Complementary funding can be anticipated as per the below:

**Current funding**

**DONOR : OFDA**

**Amount: \$4.5 million**

**Duration: 12 months (April 2017 - 31 March 2018)**

**Comments: Covers Juba POC and Akobo. Covered Malakal Town for three months (April-June 2017)**

**Donor: UNFPA**

**Amount: \$684,000**

**Duration: 12 months (January -December 2018)**

**Comments: Covers Juba, Malakal and Wau POCs. This grant covers Wau only for six months.**

**Anticipated funding**

**DONOR: OFDA**

**Amount: \$6 million**

**Duration: 10 months (April 2018-31 January 2019)**

**Comments: Juba POC, Akobo and Malakal POC**

**Donor: UNICEF**

**Amount: \$500,000**

**Duration: 10 months (March-December 2018)**

**Comments: Covers Malakal town and Wau POC**

## **LOGICAL FRAMEWORK**

### **Overall project objective**

To contribute to the reduction of mortality and morbidity among affected population through improved access and quality of integrated health care services according to specific needs of vulnerable populations; and prevent, detect and respond to epidemic prone disease outbreaks.

HEALTH		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Implement inclusive and dignified essential clinical health services targeting specific needs of vulnerable people	SO2: Reinforce protection and promote access to basic services for the most vulnerable people	60
Prevent, detect and respond to epidemic-prone disease outbreaks and promote WASH in health facilities for conflict-affected and vulnerable populations	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	40

**Contribution to Cluster/Sector Objectives :** The planned emergency response aims at ensuring access to essential life-saving services to targeted IDPs and vulnerable host communities in line with the Cluster objectives. This project stems from the needs, justification and findings of assessments and reports that explain the level of conflict and health risk exposure and the needs of vulnerable groups in Wau, Malakal and Juba PoC. The project also targets specific protection risk groups (rape survivors, victims of physical and psychological trauma, including women, men, girls, and boys) which contributes to the strategic objectives of the Cluster.

The target locations are aligned to the Health Cluster priority locations for this allocation.

Beneficiaries and activities are derived from the HC clinical packages which efficiently and effectively contributes to the overall strategy of ensuring access to life saving essential health care services including health protection and reduction in morbidity and mortality of vulnerable groups.

#### Outcome 1

Integrated Health Care services, including primary health care, comprehensive reproductive health service, mental health care, and secondary health are strengthened and available to vulnerable populations, referral system is reinforced and rape victims have access to CMR and psychological first aid.

#### Output 1.1

##### Description

Integrated Health Care services are delivered 24/7 in Wau PoC, Malakal PoC, and Juba PoC and needs of vulnerable populations are addressed including survivors of GBV.

##### Assumptions & Risks

###### Assumptions

Health facilities provide services continuously without interruption.  
Coordination activities ensure smooth and effective service delivery.  
Security situation remains stable.  
Funds are adequate to support the activities.

###### Risks

Insecurity will impede access to health facilities and limit staff and supply movement.

#### 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 attendant (facility or home).					943
<b>Means of Verification :</b> Maternity ward records; RH summary forms, Postnatal Register							
Indicator 1.1.2	HEALTH	(Frontline Services) Number of health Facilities providing SGBV/CMR services					5
<b>Means of Verification :</b> Maternity ward records, RH summary forms							
Indicator 1.1.3	HEALTH	(Frontline Services) Number of children under5 with SAM+MC treated in SC			22	38	60
<b>Means of Verification :</b> Nutrition cluster report, NIS database, SC register							
Indicator 1.1.4	HEALTH	(Frontline Services) Number of uncomplicated Malaria cases treated with ACT					8,571
<b>Means of Verification :</b> Patient records, HMIS Reports							
Indicator 1.1.5	HEALTH	(Frontline Services) Number of Beneficiaries from RRM/ICRM response	152	164	40	44	400
<b>Means of Verification :</b> RRM reports, HMIS database							

#### 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

Supply health facilities with post-rape kits and train health staff on CMR, PFA and confidential referral to PSS services.

##### Activity 1.1.3

Provide nutrition commodities for SCs and train staff on case management and treatment SAM+MC as per the national treatment guideline.

<b>Activity 1.1.4</b>							
Supply anti-malarial drugs plus para-check to all health facilities and conduct community awareness on prevention of malaria and early referral of cases to health facilities. Provide refresher malaria case management training to staff.							
<b>Activity 1.1.5</b>							
Provide emergency lifesaving services [primary health care, nutrition, and RH] for beneficiaries in all three program sites							
<b>Outcome 2</b>							
Epidemic-prone diseases are detected on time and responded to immediately in Juba PoC, Wau PoC, Malakal PoC and their catchment areas.							
<b>Output 2.1</b>							
<b>Description</b>							
Infectious disease prevention and surveillance system functional to enable timely response to disease outbreaks.							
<b>Assumptions &amp; Risks</b>							
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.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	(Frontline Services) Number of epidemic prone disease alerts responded to within 48hours					6
<b>Means of Verification</b> : Health Facility Report; ISDR, line list of epidemic disease							
Indicator 2.1.2	HEALTH	(Frontline Services) Number of health workers trained on infection prevention and control (Wash in health facilities)	18	12			30
<b>Means of Verification</b> : Training Reports, Attendance sheets							
Indicator 2.1.3	HEALTH	(Frontline Services) Number of people reached by health education /promotion	8,143	8,786	2,143	2,357	21,429
<b>Means of Verification</b> : Community Outreach Report							
Indicator 2.1.4	HEALTH	(Frontline Services) Number of staff trained on disease surveillance and outbreak response	16	14			30
<b>Means of Verification</b> : Training Reports, Attendance sheets							
Indicator 2.1.5	HEALTH	(Frontline Services) Number of OPD Consultations					42,857
<b>Means of Verification</b> : Health facility report; OPD registers							
Indicator 2.1.6	HEALTH	(Frontline Services) Number of children 6 months to 15 years receiving measles vaccination in emergency, outbreak or returnee situation.			2,117	1,954	4,071
<b>Means of Verification</b> : Health facility report; patient records							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Active case finding and prompt reporting of suspected cases of 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.							
<b>Activity 2.1.2</b>							
Provide refresher training to staff on IPC and waterborne diseases. Conduct rehabilitation activities to health facilities in Wau PoC and Malakal PoC, including facility based WASH improvements such as handwashing points and proper waste disposal.							
<b>Activity 2.1.3</b>							
Conduct weekly health education sessions for community members on disease prevention.							
<b>Activity 2.1.4</b>							
Training of staff on epidemic prone disease preventions, detections, and response.							
<b>Activity 2.1.5</b>							
Provide essential drugs and refresher training to staff on the leading causes of morbidity. Establishment of ORT corner. Provide 24/7 referral services in Juba PoC, Wau PoC, and Malakal PoC ensuring treatment quality is in line with national standards and WHO guidelines.							
<b>Activity 2.1.6</b>							
Maintain cold chain under recommended temperature and supply measles vaccines to all health care facilities in the three sites. Train staff on vaccine administration.							
<b>Additional Targets :</b>							

M & R

## **Monitoring & Reporting plan**

The project logical frame and work plan will be used to plan and measure implementation of activities.

1. Cluster M&E tools (FGD, support supervision assessments, accountability to affected population modalities) will be used to evaluate project response and performance.
2. The implementing partner will be contributing to the health cluster clinical package performance tracking on a monthly basis.
3. Guidelines on SSHF reporting will be adhered to as per mid-term and end of project submission.
4. Joint evaluation exercises will be conducted by the partner, health cluster team and the CHD.
5. Project reporting will use graphs and charts to represent project progress at all times.
6. Financial reporting will be analyzed on a monthly basis and shared with SSHF at the end of the project

## **Workplan**

<b>Activitydescription</b>	<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
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.	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Supply health facilities with post-rape kits and train health staff on CMR, PFA and confidential referral to PSS services.	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Provide nutrition commodities for SCs and train staff on case management and treatment SAM+MC as per the national treatment guideline.	2018			X	X	X	X	X	X	X			
Activity 1.1.4: Supply anti-malarial drugs plus para-check to all health facilities and conduct community awareness on prevention of malaria and early referral of cases to health facilities. Provide refresher malaria case management training to staff.	2018			X	X	X	X	X	X	X			
Activity 1.1.5: Provide emergency lifesaving services [primary health care, nutrition, and RH] for beneficiaries in all three program sites	2018			X	X	X	X	X	X	X			
Activity 2.1.1: Active case finding and prompt reporting of suspected cases of 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.	2018			X	X	X	X	X	X	X			
Activity 2.1.2: Provide refresher training to staff on IPC and waterborne diseases. Conduct rehabilitation activities to health facilities in Wau PoC and Malakal PoC, including facility based WASH improvements such as handwashing points and proper waste disposal.	2018			X	X	X							
Activity 2.1.3: Conduct weekly health education sessions for community members on disease prevention.	2018			X	X	X	X	X	X	X			
Activity 2.1.4: Training of staff on epidemic prone disease preventions, detections, and response.	2018			X	X								
Activity 2.1.5: Provide essential drugs and refresher training to staff on the leading causes of morbidity. Establishment of ORT corner. Provide 24/7 referral services in Juba PoC, Wau PoC, and Malakal PoC ensuring treatment quality is in line with national standards and WHO guidelines.	2018			X	X	X	X	X	X	X			
Activity 2.1.6: Maintain cold chain under recommended temperature and supply measles vaccines to all health care facilities in the three sites. Train staff on vaccine administration.	2018			X	X	X	X	X	X	X			

## **OTHER INFO**

### **Accountability to Affected Populations**

International Medical Corps will develop a culture of engaging the community from the initiation of the project in order for the community to own it. Stakeholder workshops will be organized in Wau, Malakal, and Juba PoC and the community will be consulted and provided with information regarding the project implementation. This will include engaging existing CHD, community elders, women, youth groups, religious leaders and representatives of beneficiaries. This will be the medium through which communities will be encouraged to express their concerns, views and provide regular feedback to International Medical Corps in a regular structured modality. Other reasonable modalities for feedback that is useful to the communities/beneficiaries will also be considered. This feedback will form part of the project performance reporting to the health cluster and will help guide the fine tuning of the project to enhance positive beneficiary experience.

### **Implementation Plan**

1. Capacity building of clinical and community staff: All clinical and community teams involved in the implementation of the response will be provided initial orientation on their deliverables (Health, WASH, Nutrition and Protection as it pertains to the essential lifesaving packages)
2. Technical guidelines, standard reporting formats (data collections tools) and protocols will be availed to ensure efficiency of the deliverables
3. Plan will be in place to mitigate stock outs
4. International Medical Corps will closely coordinate with the Health Cluster at national and subnational levels to ensure the response is in-line with the Health Cluster strategy at all times
5. The Cluster will be informed regularly on the status of the implementation of the response in order to mitigate issues that will affect the response

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
Concern Worldwide,MAGNA,International Rescue Committee,UNMISS,ACTED,IOM,Johaneta,Danish Refugee Council,State Ministry of Health,	Juba PoC: Community management of acute malnutrition (CMAM). IMC participates in weekly coordination meeting to discuss programmatic related gaps and measures to strengthen referral system among the two agencies.,Juba PoC: Implements immunization activities in the POC targeting women of reproductive age as well as for children under one. Pregnant women and children attending IMC health facilities are immunized by MAGNA.,Juba PoC: Protection actor in the POC that provides psychosocial support counseling for survivals of SGBV. IMC is responsible for clinical management of rape.,Juba PoC; Wau; Malakal: Responsible for overall security and safety of the humanitarian actors and the IDPs. Weekly coordination meetings are held to discuss security concerns and measure to mitigate security threats.,Juba PoC: Responsible for coordination of activities amongst humanitarian actors in the POC. IMC meets with ACTED three times weekly.,Wau; Malakal: Responsible for coordination of activities amongst humanitarian actors in the POC. IMC meets with ACTED three times weekly. ,Wau: Community management of acute malnutrition (CMAM). IMC participates in weekly coordination meeting to discuss programmatic related gaps and measures to strengthen referral system among the two agencies.,Malakal: Responsible for coordination of activities amongst humanitarian actors in the POC. IMC meets with ACTED three times weekly. ,Malakal: Custodian of health services in Upper Nile State. Coordinate health cluster meetings among partners in Malakal.,

**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 will focus on gender disparity and sensitivity to ensure that all the vulnerable populations enjoy the same positive essential life-saving health services. Women bear the economic responsibilities of their families, are not in a position to make family and personal choices including reproductive issues.

The project will ensure that women and girls are empowered proportionally to be given equal opportunity to be employed and serve their community. Women and girls must receive equal treatment in accessing essential lifesaving clinical health and protection services.

Special effort will be made to ensure that the needs of adolescent youth (boys and girls) are provided equal opportunities.

**Protection Mainstreaming**

1. Standardized psychosocial support will be provided ensuring confidentiality and privacy of individual who seek such services.
2. Capacity building for staff in the health facility will be conducted.
3. International Medical Corps will coordinate with organizations who conduct robust awareness and sensitization campaigns to raise awareness about protection concerns and human rights.
4. The project will make use of community-based local protection mechanisms such as Community Complaints and Management Structures.
5. Persons with specific needs like the unaccompanied boys and girls; older people (men and women) and disabled women and men in all three sites will be given priority in emergency health services.
6. Gender parity in this project will be reflected in staffing and during treatment of patient in the health facilities.

**Country Specific Information****Safety and Security**

In order to further mitigate security risks, International Medical Corps will keep in close coordination with other humanitarian actors on ground in all sites as well as local authorities to ensure safety of deployed staff. All staff deployed to the sites 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.

International Medical Corps will continue to monitor the humanitarian context in all sites to ensure the safety and security of its staff and beneficiaries.

Risks posed to the environment will be mitigated through proper Management of Hazardous materials and solid waste by IMC in all health facilities. Medical waste 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**



International Medical Corps has existing programs in all three sites, as such physical access is not a challenge. However, mobile activities in the peripheral of Malakal remains 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 prepositioning 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

#### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Country Director	S	1	15,26 9.02	6	4.00	3,664.56
	<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>						
1.2	Medical Director	S	1	10,74 7.87	6	4.00	2,579.49
	<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>						
1.3	Program Director	S	1	10,24 1.58	6	4.00	2,457.98
	<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 workplans, liaise with the donor and overseen the program manager to ensure sound implementation and completion of activities.</i>						
1.4	Finance Director	S	1	15,68 5.05	6	4.00	3,764.41
	<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>						
1.5	Finance Manager	S	1	9,947 .73	6	4.00	2,387.46
	<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>						
1.6	Program Officer	S	1	8,101 .84	6	4.00	1,944.44
	<i>S/He Will be responsible for editing and compilation of program reports.</i>						
1.7	Supply Chain Specialist	S	1	8,997 .74	6	4.00	2,159.46
	<i>The Supply Chain Specialist will assist with the overall management of logistics and procurement, with particular focus on supply chain management. S/he will partially work under this project.</i>						
1.8	Logistics & Supply Chain Director	S	1	11,58 5.43	6	4.00	2,780.50
	<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>						
1.9	Compliance Manager	S	1	8,997 .74	6	4.00	2,159.46
	<i>He/She will be responsible for ensuring compliance with donor/IMC regulations and South Sudan laws.</i>						
1.10	Security Manager	S	1	12,92 9.27	6	4.00	3,103.02
	<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>						
1.11	Wau national staff	D	1	19,57 0.12	6	20.00	23,484.14



	<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>						
1.12	Malakal national staff	D	1	25,118.91	6	15.00	22,607.02
	<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>						
1.13	Juba PoC national staff	D	1	94,338.48	6	15.00	84,904.63
	<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	3,000.00	6	20.00	3,600.00
	<i>Local program staff directly involved in disease surveillance activities against prone public health diseases.</i>						
1.15	Backstopping	S	1	1,532.33	6	20.00	1,838.80
	<i>This line is used for backstopping report from International Medical Corps Headquarters.</i>						
1.16	Juba national support staff	S	1	75,921.00	6	4.00	18,221.04
	<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&amp;E and IT services to the field sites. This cost is partially charged to SSHF and allocated at 8%.</i>						
	<b>Section Total</b>						<b>181,656.41</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Pharmaceuticals	D	1	21,150.00	1	100.00	21,150.00
	<i>International Medical Corps will provide the essential medicines necessary to carry out life-saving 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	Shipping and handling	D	1	8,000.00	1	50.00	4,000.00
	<i>Shipping and handling costs for pharmaceuticals and medical commodities.</i>						
2.3	Transportation of supplies	D	1	2,000.00	1	50.00	1,000.00
	<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 field sites.</i>						
2.4	Generator fuel for medical facilities	D	1	1,500.00	6	20.00	1,800.00
	<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>						
2.5	General health training	D	1	13,435.00	1	100.00	13,435.00
	<i>This budget line will be used to cover all cost related to training of project staff on general primary health care, including reproductive health and disease surveillance</i>						
2.6	Printing and binding of clinical guidelines	D	1	10,059.00	1	100.00	10,059.00
	<i>This budget line will be used to cover the cost of professionally printing and binding clinical guidelines for use in all SSHF supported health facilities. These guidelines will serve as a key reference for all clinical staff to ensure the highest quality and standard of care for beneficiaries.</i>						
	<b>Section Total</b>						<b>51,444.00</b>
<b>3. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>

4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
5. Travel							
5.1	In country travel - airfare (WFP flights)	D	12	550.00	1	100.00	6,600.00
	<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 per diem and accommodation	D	3	100.00	1	100.00	300.00
	<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>						
	<b>Section Total</b>						<b>6,900.00</b>
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
7. General Operating and Other Direct Costs							
7.1	Communications - site	D	1	2,812.50	6	20.00	3,375.00
	<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 accommodation	D	1	24,000.00	6	5.00	7,200.00
	<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	Office & guest house rent	S	1	30,000.00	6	4.00	7,200.00
	<i>This is budget line is requested to cover the cost of the office and accommodation for staff</i>						
7.4	Warehouse rent utilities and maintenance	S	1	3,000.00	6	4.00	720.00
	<i>This is budget line is requested to cover the cost of the warehouse rental and maintenance</i>						
7.5	Car rental	S	1	8,835.00	6	4.00	2,120.40
	<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>						
7.6	Office supplies	S	1	2,000.00	6	4.00	480.00
	<i>This line is requested to cover for various office supplies, which include stationery, toners &amp; cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost</i>						
7.7	Office utilities & maintenance	S	1	3,000.00	6	4.00	720.00
	<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 maintenance</i>						
7.8	Communications & internet	S	1	7,500.00	6	4.00	1,800.00
	<i>This budget line is requested to cover part of the internet and telephone costs of the Juba office which supports all offices</i>						
7.9	Generator fuel and maintenance	S	1	8,500.00	6	4.00	2,040.00
	<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>						
7.10	Vehicle fuel, maintenance & insurance (Juba)	S	1	2,000.00	6	4.00	480.00
	<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>						

7.11	Legal fees	S	1	2,000.00	6	4.00	480.00
<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>							
7.12	Postage/courier	S	1	165.00	6	4.00	39.60
<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>							
7.13	Security	S	1	4,600.00	6	4.00	1,104.00
<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>							
7.14	Bank charges	S	1	7,800.00	6	4.00	1,872.00
<i>This budget line is requested to cover costs of transfer of cash to field sites to facilitate payments</i>							
7.15	Software licensces	S	1	3,600.00	6	4.00	864.00
<i>This budget line is requested to cover costs of software upgrades and licenses. These include accounting, logistics and HR software</i>							
7.16	General insurance	S	1	2,000.00	6	4.00	480.00
<i>This budget line is requested to cover the cost of the insurance of IMC assets in the Juba office</i>							
7.17	NGO annual forum fee	S	1	1,070.00	6	4.00	256.80
<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>							
7.18	National staff transport	S	1	6,000.00	6	4.00	1,440.00
<i>This line is requested to cover transportation for local staff.</i>							
7.19	Office utilities and supplies - sites	D	1	1,000.00	6	20.00	1,200.00
<i>This line is requested to cover for various office supplies, which include stationery, toners &amp; cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost.</i>							
7.20	Fuel and maintenance of generators - sites	D	1	3,000.00	6	20.00	3,600.00
<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>							
7.21	Software upgrade and maintenance	S	1	28,037.00	1	5.00	1,401.85
<i>This line is to cover necessary software upgrades and maintenance for staff.</i>							
7.22	Security upgrades	D	1	1,500.00	1	100.00	1,500.00
<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>							
<b>Section Total</b>							<b>40,373.65</b>
<b>SubTotal</b>			59.00				<b>280,374.06</b>
Direct							209,814.79
Support							70,559.27
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							19,626.18
<b>Total Cost</b>							<b>300,000.24</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Malakal	25	4,072	4,393	1,072	1,178	10,715	<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 ...</p> <p>Activity 1.1.2: Supply health facilities with post-rape kits and train health staff on CMR, PFA and confidential referral to PSS services.</p> <p>Activity 1.1.3: Provide nutrition commodities for SCs and train staff on case management and treatment SAM+MC as per the national treatment guideline.</p> <p>Activity 1.1.4: Supply anti-malarial drugs plus para-check to all health facilities and conduct community awareness on prevention of malaria and early referral of ca...</p> <p>Activity 1.1.5: Provide emergency lifesaving services [primary health care, nutrition, and RH] for beneficiaries in all three program sites</p> <p>Activity 2.1.1: Active case finding and prompt reporting of suspected cases of epidemic-prone diseases such as cholera through home visits by trained community heal...</p> <p>Activity 2.1.2: Provide refresher training to staff on IPC and waterborne diseases. Conduct rehabilitation activities to health facilities in Wau PoC and Malakal Po...</p> <p>Activity 2.1.3: Conduct weekly health education sessions for community members on disease prevention.</p> <p>Activity 2.1.4: Training of staff on epidemic prone disease preventions, detections, and response.</p> <p>Activity 2.1.5: Provide essential drugs and refresher training to staff on the leading causes of morbidity. Establishment of ORT corner. Provide 24/7 referral servi...</p> <p>Activity 2.1.6: Maintain cold chain under recommended temperature and supply measles vaccines to all health care facilities in the three sites. Train staff on vacci...</p>

Western Bahr el Ghazal -> Wau	40	6,514	7,028	1,714	1,886	17,142	<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 ...</p> <p>Activity 1.1.2: Supply health facilities with post-rape kits and train health staff on CMR, PFA and confidential referral to PSS services.</p> <p>Activity 1.1.3: Provide nutrition commodities for SCs and train staff on case management and treatment SAM+MC as per the national treatment guideline.</p> <p>Activity 1.1.4: Supply anti-malarial drugs plus para-check to all health facilities and conduct community awareness on prevention of malaria and early referral of ca...</p> <p>Activity 1.1.5: Provide emergency lifesaving services [primary health care, nutrition, and RH] for beneficiaries in all three program sites</p> <p>Activity 2.1.1: Active case finding and prompt reporting of suspected cases of epidemic-prone diseases such as cholera through home visits by trained community heal...</p> <p>Activity 2.1.2: Provide refresher training to staff on IPC and waterborne diseases. Conduct rehabilitation activities to health facilities in Wau PoC and Malakal Po...</p> <p>Activity 2.1.3: Conduct weekly health education sessions for community members on disease prevention.</p> <p>Activity 2.1.4: Training of staff on epidemic prone disease preventions, detections, and response.</p> <p>Activity 2.1.5: Provide essential drugs and refresher training to staff on the leading causes of morbidity. Establishment of ORT corner. Provide 24/7 referral servi...</p> <p>Activity 2.1.6: Maintain cold chain under recommended temperature and supply measles vaccines to all health care facilities in the three sites. Train staff on vacci...</p>
Central Equatoria -> Juba	35	5,700	6,150	1,500	1,650	15,000	<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 ...</p> <p>Activity 1.1.2: Supply health facilities with post-rape kits and train health staff on CMR, PFA and confidential referral to PSS services.</p> <p>Activity 1.1.3: Provide nutrition commodities for SCs and train staff on case management and treatment SAM+MC as per the national treatment guideline.</p> <p>Activity 1.1.4: Supply anti-malarial drugs plus para-check to all health facilities and conduct community awareness on prevention of malaria and early referral of ca...</p> <p>Activity 1.1.5: Provide emergency lifesaving services [primary health care, nutrition, and RH] for beneficiaries in all three program sites</p> <p>Activity 2.1.1: Active case finding and prompt reporting of suspected cases of epidemic-prone diseases such as cholera through home visits by trained community heal...</p> <p>Activity 2.1.2: Provide refresher training to staff on IPC and waterborne diseases. Conduct rehabilitation activities to health facilities in Wau PoC and Malakal Po...</p> <p>Activity 2.1.3: Conduct weekly health education sessions for community members on disease prevention.</p> <p>Activity 2.1.4: Training of staff on epidemic prone disease preventions, detections, and response.</p> <p>Activity 2.1.5: Provide essential drugs and refresher training to staff on the leading causes of morbidity. Establishment of ORT corner. Provide 24/7 referral servi...</p> <p>Activity 2.1.6: Maintain cold chain under recommended temperature and supply measles vaccines to all health care facilities in the three sites. Train staff on vacci...</p>

**Documents**

Category Name	Document Description
Project Supporting Documents	IMC Health Needs Assessment report.docx