

Project Proposal

Organization	IMC UK (International Medical Corps UK)																												
Project Title	Provision of emergency health assistance to IDPs and conflict affected persons in South Sudan																												
Fund Code	SSD-15/HSS10/SA2/H/INGO/620																												
Cluster	<table border="1"> <tr> <td>Primary cluster</td> <td>Sub cluster</td> </tr> <tr> <td>HEALTH</td> <td>None</td> </tr> </table>		Primary cluster	Sub cluster	HEALTH	None																							
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Project Allocation	2nd Round Standard Allocation	Allocation Category Type																											
Project budget in US\$	201,738.28	Planned project duration		5 months																									
Planned Start Date	01/08/2015	Planned End Date		31/12/2015																									
OPS Details	OPS Code	OPS Budget		0.00																									
	OPS Project Ranking	OPS Gender Marker																											
Project Summary	<p>International Medical Corps UK (IMC UK) aims to improve access to basic curative and preventive health care services for internally-displaced and conflict affected populations in targeted areas in Juba and Malakal PoCs, South Sudan. Proposed activities will focus on meeting the health cluster's strategic plan and response objectives through the provision of primary and secondary emergency and reproductive health care, mental health, psychosocial support and focused gender-based violence prevention and response services.</p> <p>Through the proposed activities, IMC UK intends to increase access to and utilization of quality primary and secondary health care and integrated mental health and HIV/AIDS services and improve access to quality maternal, sexual and reproductive health care and integrated life-saving medical and psychosocial support to survivors of GBV.</p> <p>The project will address the specific needs and concerns of different gender and age groups through age, gender and diversity mainstreaming. The project will ensure interventions address specific needs of vulnerable groups, males and females and build local capacity of project beneficiaries by designing gender sensitive health interventions. IMC UK currently operates GBV prevention and response programs in Malakal and Mingkaman. Following the IASC Gender in Emergencies Handbook, International Medical Corps streamlines gender principles in all services. Gender equality and equity issues are being addressed in ongoing project activities in Malakal, and Juba PoC through gender mainstreaming activities. A GBV and cross cutting issue mainstreaming strategy will be developed and streamlined at the implementation and monitoring stages.</p> <p>The proposed intervention will address the immediate needs of internally displaced and populations affected by the recent conflict while supporting efforts to build local capacity and strengthen systems to respond better in a protracted emergency situation. The intervention will specifically target vulnerable populations such as women, particularly of child-bearing age, PLW, infant and young children, and children under five years.</p> <p>To address the health needs of vulnerable groups (elders, disabled and isolated communities), identified in the needs assessment as having difficulty accessing health services, the IMC UK medical team will provide outreach primary health care through mobile medical clinics/units.</p>																												
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>22361</td> <td>21485</td> <td>5944</td> <td>5710</td> <td>55,500</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Internally Displaced People</td> <td>22361</td> <td>21485</td> <td>5944</td> <td>5710</td> <td>55500</td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	22361	21485	5944	5710	55,500	Total beneficiaries include the following:						Internally Displaced People	22361	21485	5944	5710	55500
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Indirect Beneficiaries	Catchment Population																												
Link with the Allocation Strategy	<p>International Medical Corps UK will contribute to the health cluster's priorities through:</p> <ul style="list-style-type: none"> Maintaining emergency primary and secondary health care services through provision of basic equipment, drugs, medical supplies, basic lab equipment and supplies including those to maintain VCT and PMTCT Supporting functioning health facilities in IDP locations, and increasing provision of care via mobile medical units in remote or underserved pockets of Awerial County, and outside the POC in Malakal County Supporting immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns Re-strengthening medical education and awareness raising messages through outreach community mobilization efforts with the deployment of community volunteers. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute 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. Increasing medical evacuation points and surgical capacity across the country to maintain an OT in Juba, introducing a new OT in Malakal PoC and a roving surgical team composed of a Surgeon, Anesthetist and ER Nurse. Provision of emergency mental health and psychosocial care to trauma affected populations through community based mechanisms as well as psychotropic management of severe cases at the outpatient level 																												
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)		<table border="1"> <thead> <tr> <th>Source</th> <th>US\$</th> </tr> </thead> <tbody> <tr> <td>OFDA-Juba only</td> <td>1,650,000.00</td> </tr> <tr> <td>ECHO-Malakal only</td> <td>890,000.00</td> </tr> <tr> <td>UNICEF- Malakal GBVonly</td> <td>280,000.00</td> </tr> <tr> <td>UNFPA-Maternity only (both sites)</td> <td>450,000.00</td> </tr> <tr> <td></td> <td>3,270,000.00</td> </tr> </tbody> </table>			Source	US\$	OFDA-Juba only	1,650,000.00	ECHO-Malakal only	890,000.00	UNICEF- Malakal GBVonly	280,000.00	UNFPA-Maternity only (both sites)	450,000.00		3,270,000.00												
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BACKGROUND INFORMATION

1. Humanitarian context analysis..
Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

In Juba UNHOUSE, IMC UK has been the provider of the majority of health services since June 2014. In the last 6 months, population at the UNHOUSE has increased from 21,000 to over 35,000, increasing demands in HIV/AIDS testing and treatment, emergency surgical interventions, primary health services and EPI. With the recent cholera outbreak in June 2015, there is a strong need to intensify the ongoing OCV campaign and disease outbreak preparedness and response interventions.

In Malakal, 30,500 people reside inside the UNMISS base, and given the continued insecurity, it's projected that these numbers will remain high. There are approximately 38,500 displaced in Wau Shilluk. OPD consultations for under five increased by 74% between January and April; consultations for individuals five and over also increased by 22% over the same time period. Due to continuous fighting, the IDP population is expected to remain high with few IDPs returning to Malakal town. IMC UK has been operational across Malakal County (inside the POC then outside) since January 2014, where it operates primary health care, reproductive health, GBV services, immunizations, and community outreach. However in recent months, the security situation in Malakal and its surrounding areas have

deteriorated; resuming health services in hard to reach and deprived communities outside of the PoC is unlikely.

In the proposed geographic areas, malaria, acute respiratory infections (ARI) and acute watery and bloody diarrhea continue to account for the highest proportion of diseases among internally displaced persons (IDPs). Given the stress that ongoing displacement and conflict cause, there is a high incidence of stress related disorders within these populations, such as PTSD and depression; these vulnerable populations become more likely to experience psychosocial trauma, domestic and partner based violence. The current outreach and psychosocial support program has been in place in 2 locations since August 2014, with Depression (38%) and Post Traumatic Stress (42%) as the most common cases.

2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

In Akobo East, approximately 44,000 persons in need among a host population of 180,000 are without access to proper health care due to insecurity resulting in limited accessibility and rupture of supply chain. Prepositioning of supplies due to rainy season accessibility issues and to cover any future and anticipated gaps in primary health care is also needed. International Medical Corps continues to provide nutrition and health services through Akobo county hospital in Akobo East, and enhanced reproductive health and community outreach to the additional influx of IDPs relocated to the host community. While some actors have returned to the whole of Akobo County, the POC area and UNMISS compound remain non-functional and unoccupied due to the events in December 2013.

In Juba, International Medical Corps is the lead primary and secondary health care provider in UNHOUSE, and was the only reproductive health actor in Tamping, before handing over minimal services (less than 20 ANC visits and 2 deliveries a week) on November 19 to a national partner, while the camp prepares for closer, and in order to better focus service delivery into the new POC at UNHOUSE. As the relocation to the POC Site 3 is completed, International Medical Corps will be the only health provider in this extension and is providing 24-hour ambulance services for referrals to the POC1 secondary level care. On August 1, 2014, International Medical Corps began inpatient department (IPD) services handed over from MSF-Belgium, and has been running a fully functional operating theatre since February. The surgical suite, which initially was intended for provision of CEMONC, is also used to facilitate multiple surgical operations, including amputations (four were completed with assistance from an ICRC team in August 2014). The surgical suite also can be scaled-up as a trauma center for medical evacuations, as referrals to Juba Teaching Hospital are not possible due to protection concerns and lack of a fixed trauma team inside the location. IMC is currently working with International Rescue Committee to create an appropriate referral pathway from Bor, particularly for cases of advanced pediatric care, which is not currently available inside Bor POC. The UNHOUSE OT and Akobo hospital are two of the four viable options for patients who need specialized care from opposition areas. The current surgical team will remain intact throughout 2015. This team of three roving staff can be deployed on demand to the most needed areas—to treat civilians who are unable to be referred to state hospitals, or who are unable to access care at facilities within their state of origin.

Continued reevaluation of service provision to address the ongoing gap for clinical services occurs every 6 months these locations. Unfortunately, as the situation across the country continues to deteriorate, IMC will need to continue services in order to address the most urgent health needs.

3. Description Of Beneficiaries

The emergency response project will benefit a total of 55,500 beneficiaries in Juba PoC and Malakal. The project will target 25,000 internally displaced individuals in Juba PoC. I In Malakal County, the total beneficiary number is 69,000 individuals. with 30,500 IDPs in Malakal PoC.

This project will specifically target infants and young children, pregnant and lactating women (PLW), elderly, 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, particularly children and PLW and/or women of child-bearing age. These groups were identified among conflict affected and displaced populations, who are in immediate need in the proposed intervention locations. There is a gap in all locations in integrated mental health and psychosocial support services, response sexual and reproductive health and response to GBV (clinical management plus psychosocial support).

4. Grant Request Justification.

CHF funding is vital to ensure continuation of life saving emergency primary and secondary health and integrated mental health, HIV/AIDS and GBV services. The monthly general consultation figure in all sites on average is 8,000/month which is indicative of the need for the service. IMC is one of the only actors with referral facilities for surgical interventions to war wounded and for those without referrals outside the POCs for Nuers across the country, and not maintaining these facilities and surgical staffing raises protection concerns for patient referrals.

In Malakal IMC has planned to establish surgical unit for reproductive health care which will serve as the only and final referral point in the PoC and surrounding areas. In Malakal PoC the number of IDPs has increased from 23,000 to 30,500 between March and May 2015 due to the ongoing and escalating conflict in surrounding counties. OPD consultations for under five increased by 74% between January and April; five and over consultations increased 22% over the same time period.

Additionally, International Medical Corps main source of funding in 2015 (OFDA funding for Juba PoC and ECHO for Mingkaman IDP camp and Malakal PoC) has reduced as compared with the 2014 budget. International Medical Corps has been operating in all three locations since January 2014, where it operates primary health care, reproductive health, GBV (clinical management and case management), immunizations, and community outreach. HIV/AIDS, mental health and chronic care services across all sites are not funded fully by any other donors at this time. As the funding supports the PHC services mainly and in entirety, the enhanced provision of mental health, HIV/AIDS and mobile medical units, is not fully supported by ECHO and OFDA projects. OFDA has expressed interest in maintaining some portion of the roving surgical unit, but pharmaceuticals needed for surgery or prepositioning of supplies cannot be done under this donor. Additionally, there is no secured funding to support the IPD 100% in Juba 3.

Any funds received by CHF will assist International Medical Corps to maintain current programs, and filling the gaps mentioned above, as well as establish a surgical unit in Malakal PoC.

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

LOGICAL FRAMEWORK

Overall project objective

The overall objective of this project is to contribute to decreased morbidity and mortality rates among internally displaced and conflict affected populations in PoCs at Juba and Malakal in South Sudan. The designed intervention will accomplish the said objective by improving access to basic curative and preventive health care services for vulnerable internally-displaced and conflict affected populations in targeted areas through provision of primary and secondary, sexual and reproductive, GBV and mental health services targeting the most vulnerable women and children. The project objectives, outputs and activities are in compliance with the below health cluster strategic plan and response objectives.

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	70
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	30

Outcome 1	Improved access to basic curative and preventive health care services for vulnerable internally-displaced and conflict affected populations in targeted areas through provision of primary and secondary, sexual and reproductive, GBV and mental health services targeting the most vulnerable women and children.	
Code	Description	Assumptions & Risks
Output 1.1	In Juba and Malakal PoCs, preventive and curative primary health care general consultation service will be provided. Comprehensive secondary health care including major surgeries, pediatric and adult IPD will continue in UN House Juba PoC. PHC services will cover EPI, outpatient services, emergency treatment of wounds and injuries; short stay observation, and health education. Further, pharmacological and psychosocial support mental health service will continue in all areas. HIV/AIDS intervention will be strengthened specifically VCT and PMTCT services in UN House POCs and VCT in Malakal POCs. Early Warning Alert and Response System will continue in all sites aiming at strengthening disease outbreak preparedness and response capacity. Disease surveillance and routine reporting will be enhanced using the MOH weekly Incident Disease Surveillance Report form. Train healthcare staff and Community Health Workers to detect and report potential outbreaks.	Assumes that safety and security inside and outside the POCs allows IMC to operate. Also assumes that there is a high level of coordination among actors who operate in the same sector.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	5661	5439	8492	8159	27751
Means of Verification:		OPD registers and daily HF reports					

Indicator 1.1.2	HEALTH	[Frontline services] # of people reached with health education and promotion messages	1200	1800	0	0	3000
		Means of Verification:	Health education reports				
Indicator 1.1.3	HEALTH	Number of sites that have EWARS - Early Warning Alert and Response Systems					2
		Means of Verification:	Weekly IDSR reports				
Indicator 1.1.4	HEALTH	Number of new clients with mental distress and disorders who receive pharmacologic treatment and/or basic psychosocial interventions					80
		Means of Verification:	Mental health reports				
Indicator 1.1.5	HEALTH	Percentage of health facilities that are supplied with essential medicine in the appropriate dosage and formulation					100
		Means of Verification:	Pharmaceutical supply report				
Indicator 1.1.6	HEALTH	Percent of clients tested positive who receive treatment and/or are enrolled into care in Juba PoC					55
		Means of Verification:	VCT Reports				
Indicator 1.1.7	HEALTH	Number of patients receiving counselling and testing services in Malakal PoC, Juba PoC					360
		Means of Verification:	VCT weekly reports				
Indicator 1.1.8	HEALTH	[Frontline services] # of health facilities providing comprehensive HIV/AIDS services in IDP setting					1
		Means of Verification:	Program reports				

Activities

Activity 1.1.1	Provide curative and preventative outpatient consultations
Activity 1.1.2	Provide pharmacological and non-pharmacological psychosocial interventions for priority mental health conditions
Activity 1.1.3	Launch health education on common health conditions
Activity 1.1.4	Strengthen a disease EWARN (early warning) surveillance and response system based on a comprehensive risk assessment of communicable diseases
Activity 1.1.5	Procure medical supplies and commodities
Activity 1.1.6	Provide VCT and PMTCT HIV/AIDS service

Output 1.2

Safe Motherhood Component of reproductive health within maternal health services (ANC, safe delivery, PNC) will be available in Malakal and Juba PoCs. Secondary level health services for Comprehensive EmONC, will be provided in Juba PoC and the same service will be established in Malakal PoC with UNFPA funds and strengthened with the CHF project. The established referral pathways for rape victims and survivors will be maintained in Malakal and Juba PoC. IMC clinics will provide clinical management of rape to reported cases of GBV, basic emotional support and confidential referrals to healthcare and other available services.

Safety and security inside and outside the POCs allows IMC to operate. Also assumes that there is a high level of coordination among actors who operate in the same sector.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					100
		Means of Verification:	Delivery registers and daily RH report				
Indicator 1.2.2	HEALTH	Proportion of sexual violence/rape survivors that received medical assistance within 72 hours that was in line with GBV national/international protocols					100
		Means of Verification:	RH and SGBV reports				
Indicator 1.2.3	HEALTH	Maternal mortality ratio in the supported clinics (maternal deaths divided by live births x 100000)					0
		Means of Verification:	IMC clinic records				
Indicator 1.2.4	HEALTH	ANC 4 rate (ANC 4 visits/ANC 1 visits) in Malakal PoC, Juba PoC					50
		Means of Verification:	ANC register and daily RH report				
Indicator 1.2.5	HEALTH	Number of facilities providing Comprehensive Emergency Obstetric Care (CEmOC)					2
		Means of Verification:	RH report				
Indicator 1.2.6	HEALTH	Number of cases, caesarian sections performed in Malakal and Juba PoC.					3
		Means of Verification:	Delivery register and OT reports				

Activities

Activity 1.2.1	Execute antenatal and postnatal care consultations
Activity 1.2.2	Provide support for normal deliveries and EmONC
Activity 1.2.3	Provide clinical management of rape for survivors of sexual violence

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Provide curative and preventative outpatient consultations	2015								X	X	X	X	X

Activity 1.1.2 Provide pharmacological and non-pharmacological psychosocial interventions for priority mental health conditions	2015								X	X	X	X	X
Activity 1.1.3 Launch health education on common health conditions	2015									X	X	X	X
Activity 1.1.4 Strengthen a disease EWARN (early warning) surveillance and response system based on a comprehensive risk assessment of communicable diseases	2015									X		X	
Activity 1.1.5 Procure medical supplies and commodities	2015								X	X	X		
Activity 1.1.6 Provide VCT and PMTCT HIV/AIDS service	2015								X	X	X	X	X
Activity 1.2.1 Execute antenatal and postnatal care consultations	2015								X	X	X	X	X
Activity 1.2.2 Provide support for normal deliveries and EmONC	2015								X	X	X	X	X
Activity 1.2.3 Provide clinical management of rape for survivors of sexual violence	2015								X	X	X	X	X

M & R DETAILS

Monitoring & Reporting Plan:

Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project.

International Medical Corps provides and collects the following information: - Weekly primary health consultation reports - Weekly reproductive health reports - Weekly health promotion reports - Weekly epidemiological surveillance reports In addition to using the MoH HMIS/DHIS system, it also uses a robust M&E framework for all emergency response related activities. Reports will be sent to CHF on an interim and final bases, and any changes in project scope or objectives will be communicated by IMC to CHF.

OTHER INFORMATION

Accountability to Affected Populations

IMC is working within UNMISS bases (POCs) which are managed by ACTED and IOM, respectively. There are regular community leader meetings and community based activities that inform camp management about the state of services in these locations as well as provide a feedback mechanism for complaints against partners or unmet needs. As hosts within UNMISS bases, IMC is particularly attune to the affect that militarized protection facilities can have on beneficiaries, and the potential for neutrality to be questioned if an organization is seen to be directly coordinating with soldiers (even if they are peacekeepers). Due to this fact, IMC coordinates directly with camp management and RRP to build and keep trust among community members.

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

IMC has ongoing operations inside the POCs and thus will build off the existing program to properly execute activities. A procurement plan for any assets or consumables to be purchased under the project will be completed within the first month in consultation with the Juba logistics team, whom the local logistics officer reports to, and will conduct any procurement possible at local markets, will be supervised by the Site Managers and Juba based Logistics Coordinator. In kind procurement (IEHKS, trauma kits, etc) will be overseen by the Medical Commodities Officer and Program Manager through WHO logistics team. All needs for 2015 have been submitted to WHO and UNFPA, but ad hoc needs are submitted on an on demand basis.

All health activities and training 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 CHF in the reporting. The roving Mental Health Specialist will be conducting on the job supervision, on a predetermined schedule.

Emergency deployment of the roving surgical team will be organized by the Program Manager in coordination and support with the health cluster, WHO and UNHAS, or other engaged actors such as ICRC.

Coordination with other Organizations in project area

Environmental Marker Code

Gender Marker Code

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

Justify Chosen Gender Marker Code

The project is designed to contribute significantly to gender equality. The proposed intervention will address the specific needs and concerns of gender and age groups through age, gender and diversity mainstreaming 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

Safety and Security

Access

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
1.1	M&E coordinator	D	1	10714	3	1.50%	482.13	241.00	241.13	482.13
	S/he will support the Program Manager with assistance from the Senior Monitoring and Evaluation Officer in the collection of data, provide program development support, edit and compile reports for CHF funded programs, and provide data quality and management support. Cost is shared with other donors, and is thus directly supporting this project as well as others.									
1.2	Medical Commodities Officer	D	1	8390	3	20.00%	5,034.00	2,517.00	2,517.00	5,034.00
	S/he will coordinate the pharmaceutical supply chain and warehouse stocks for all CHF funded programs, and directly line manages the pharmaceutical logisticians, and pharmacy staff. This person also is responsible ensuring the delivery dispatch and stocking of drugs in all sites, as well as quality control. Cost is shared with other donors, and is thus directly supporting this project as well as others.									
1.3	Mental Health Specialist	D	1	10799	3	10.00%	3,239.70	1,619.85	1,619.85	3,239.70
	"S/he will coordinate operational activities of CHF funded community based mental health and exclusively responsible for training field staffed in integrated mental health approach. This person will line manage the field sites implementing mental health activities, and program quality control. Cost is shared with other donors, and is thus directly supporting this project as well as others."									
1.4	Doctor	D	1	9193	3	75.00%	20,684.25	20,684.25	0.00	20,684.25
	The Emergency Medical Doctor will be required to diagnose and treat patients as required. In addition to this, she will be required to monitor and manage health activities in coordination 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.									
1.5	Nurse	D	1	8390	3	25.00%	6,292.50	6,292.50	0.00	6,292.50
	The nurse will be responsible for the medical care of all the patients in the clinics. They will be entirely responsible for the medical follow -up of the patients and to assist the Doctors or the Nutritionist in their tasks.									
1.6	Nurse	D	1	8390	3	25.00%	6,292.50	6,292.50	0.00	6,292.50

	The nurse will be responsible for the medical care of all the patients in the clinics. They will be entirely responsible for the medical follow -up of the patients and to assist the Doctors or the Nutritionist in their tasks.									
1.7	Nurse	D	1	0	3	100.00%	0.00	0.00	0.00	
	The nurse will be responsible for the medical care of all the patients in the clinics. They will be entirely responsible for the medical follow -up of the patients and to assist the Doctors or the Nutritionist in their tasks.									
1.8	Juba site manager	D	1	9996	3	30.00%	8,996.40	8,996.40	0.00	8,996.40
	S/he will coordinate operational activities of CHF funded programs in Juba, and directly manage field staff and logistic support. This person also is responsible ensuring timely program delivery.									
1.9	Roving Trauma Surgeon	D	1	11177	3	20.00%	6,706.20	3,353.10	3,353.10	6,706.20
	The Emergency Surgeon will be required to perform emergency surgery for obstetric complications, complicated deliveries requiring caesarian sections, minor surgeries, and surgeries in case of mass trauma due to conflict. The Surgeon will be responsible for facilitating training of scrub nurses and operating theatre cleanliness.									
1.10	Roving Anesthetist	D	1	9592	3	20.00%	5,755.20	2,877.60	2,877.60	5,755.20
	The Anesthetist is required to assist the Surgeon and surgical team in maintaining the operating theatre and administering anesthesia according to national protocols. In addition, responsibilities such as training and other duties as assigned.									
1.11	Logistics Manager	D	1	8188	3	10.00%	2,456.40	1,228.20	1,228.20	2,456.40
	He/she will be responsible for managing the logistical aspects of program implementation.									
1.12	Country Director	s	1	17139	3	1.50%	771.26	385.63	385.63	771.26
	He/she oversees the entire operation in Juba, in direct coordination with the International Medical Corps headquarters. He/she will work directly with the Program Manager to ensure coordination with the donor and all partners.									
1.13	Medical Director	S	1	12805	3	1.50%	576.23	288.11	288.12	576.23
	/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									
1.14	Senior HR Manager	S	1	11395	3	1.50%	512.78	256.39	256.39	512.78
	S/he is responsible for developing and implementing HR policies and procedure, ensuring that all labor laws are complied with, and is a member of senior management team.									
1.15	Program Officer	s	1	10490	3	1.50%	472.05	236.02	236.03	472.05
	S/he will support the Program Coordinator and Medical Director in the collection of data, provide program development support, edit and compile reports									
1.16	Logistics Coordinator	S	1	10195	3	1.50%	458.78	229.39	229.39	458.78
	/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									
1.17	Logistics Manager	S	1	9592	3	1.50%	431.64	215.82	215.82	431.64
	The logistics manager will be directly reporting to the Logistics Coordinator and will assist in the overall management and coordination of the logistics department and supportive systems. S/he will partially work under this project									
1.18	Security Manager	S	1	11602	3	1.50%	522.09	522.09	0.00	522.09
	Security Manager (1) - LoE 10%: 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									
1.19	Finance Director	S	1	13730	3	1.50%	617.85	308.92	308.93	617.85
	S/he will be primarily responsible for the donor and HQ Financial and administrative reporting. 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.									
1.20	Juba National Staff	S	1	28250	3	64.00%	54,240.00	54,240.00	0.00	54,240.00
	Local program staff will give technical support and guidance for the proper implementation of the project and will also be involved in CHF project/site specific management. They will be responsible for the daily implementation of direct program activities, program monitoring and implementation of policies. The salaries are in accordance with established compensation scale.									
1.21	Finance Admin Manager	S	2	10284	3	1.50%	925.56	462.78	462.78	925.56
	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									
1.22	Program Director	s	1	11602	3	1.50%	522.09	261.05	261.04	522.09
	S/he will coordinate operational activities of all IMC programs, and directly line Program Managers									
1.23	Trauma Nurse	D	1	9592	3	20.00%	5,755.20	5,755.20	0.00	5,755.20
1.24	Malakal National Staff	D	1	6863	3	25.00%	5,147.25	5,147.25	0.00	5,147.25
1.25	Juba national support staff	S	1	66459	3	1.50%	2,990.66	2,990.66	0.00	2,990.66
	Section Total						139,882.70	125,401.71	14,481.01	139,882.72

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
2.1	Pharmaceuticals	D	1	8000	1	50.00%	4,000.00	0.00	4,000.00	4,000.00
	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									
2.2	Medical Supplies	D	1	5000	1	50.00%	2,500.00	2,500.00	0.00	2,500.00
	In order to ensure that health facilities are equipped with necessary supplies to carry out patient consultations, IMC is requesting the below medical commodities which include examination supplies, IVs, and syringes for injectables									
2.3	Community Health and reproductive outreach activities	D	1	0	1	100.00%	0.00	0.00	0.00	0.00
	Re-strengthening medical education and awareness raising messages through outreach community mobilization efforts with the deployment of community volunteers.									

2.4	Mobile Medical Units	D	1	0	1	100.00%	0.00	0.00	0.00	
	Supporting functioning health facilities in IDP locations, and increasing provision of care via mobile medical units in remote or underserved pockets of Awerial County, and outside the POC in Malakal County									
2.5	Field Support Supplies	D	1	2000	1	100.00%	2,000.00	2,000.00	0.00	2,000.00
	line will cover the cost of health and hygiene awareness, reproductive health through community mobilization tangible materials, in patient department and emergency room supplies and patient care costs (such as meals and lab tests). Outreach staff will be supplies protection materials (for inclement weather), and health messaging charts to facilitate their awareness raising activities. This line will also cover supplies needed to run normal everyday activities, which includes basic facility maintenance.									
2.6	Minor Renovations and Repair	D	1	2000	1	50.00%	1,000.00	1,000.00	0.00	1,000.00
	This will be for clinic maintenance during the life of the project									
2.7	Community and Reproductive Health Volunteers	D	1	1000	10	50.00%	5,000.00	2,500.00	2,500.00	5,000.00
	This cost includes the support of Volunteers using minimal monetary and non-monetary incentives									
2.8	Transportation	D	1	6500	1	100.00%	6,500.00	0.00	6,500.00	6,500.00
	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.									
2.9	Generatror fuel for Medical facilities	D	1	2000	2	50.00%	2,000.00	1,000.00	1,000.00	2,000.00
	Fuel for generator is essential for running of generators and regular supply of electricity to the primary and secondary temporary facilities, to ensure smooth performing of daily project activities. Cost is budgeted as per the historical cost.									
2.10	Training and mental health outreach	D	1	0	3	100.00%	0.00	0.00	0.00	0.00
	Provision of emergency mental health and psychosocial care to trauma affected populations through community based mechanisms as well as psychotropic management of severe cases at the outpatient level									
2.11	RH trainings in sites and Juba	D	1	900	3	100.00%	2,700.00	2,700.00	0.00	2,700.00
	Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute 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.									
2.12	IEC materials (1200\$/site)	D	1	0	3	100.00%	0.00	0.00	0.00	0.00
	IEC materials in all sites will contribute to the re-strengthening of medical education and awareness raising messages.									
	Section Total						25,700.00	11,700.00	14,000.00	25,700.00

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
	Section Total						0.00	0	0	0.00

4 Contractual Services (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
	Section Total						0.00	0	0	0.00

5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
5.1	In country travel - airfare (WFP Flights)	D	1	400	3	100.00%	1,200.00	400.00	800.00	1,200.00
	This will cover the cost of travel both by road and by air within South Sudan. Staff travel will be required mainly between the Juba main office and the Implementation sites. The main means of transport between Juba and Project Implementation sites is by air since roads are impassable especially during the rainy season and International Medical Corps relies mainly on WFP flights for such travel.									
5.2	National staff travel perdiem and accomodation	D	1	37	33	100.00%	1,221.00	407.00	814.00	1,221.00
	This covers the cost of staff per diem during training and other times of assignment outside of their duty station, including accomodation									
	Section Total						2,421.00	807.00	1,614.00	2,421.00

6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
	Section Total						0.00	0	0	0.00

7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
7.1	Vehicle / Truck rent	D	1	5000	3	25.00%	3,750.00	0.00	3,750.00	3,750.00
	This line is budgeted to cover the cost of renting vehicle for field support offices.									
7.2	Vehicle fuel/maintenance/insurance/registration fee	D	1	3333.33	3	50.00%	5,000.00	2,500.00	2,500.00	5,000.00
	Included is monthly cost of vehicle fuel for purposes of IMC programs and official business.									
7.3	Communication - sites	D	1	1666.67	3	10.00%	500.00	250.00	250.00	500.00
	Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc.									
7.4	Staff Accomodation	D	1	25000	3	2.00%	1,500.00	750.00	750.00	1,500.00
	This line will cover the expenses for accomodation of ERT staff in Juba, as well as in field sites.									
7.5	Juba Office Support costs	s	1	132000	3	2.00%	7,920.00	3,960.00	3,960.00	7,920.00

7.6	Office Utilities and Supplies	D	1	0	3	50.00%	0.00	0.00	0.00	
7.7	Fuel and Generator Sites	D	1	0	3	50.00%	0.00	0.00	0.00	
Section Total							18,670.00	7,460.00	11,210.00	18,670.00

Sub Total Direct Cost 186,673.71

Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)* 7%

Audit Cost *(For NGO, in percent)* 1%

PSC Amount 13,067.16

Quarterly Budget Details for PSC Amount	2015		Total
	Q3	Q4	
	6,534.08	6,533.08	13,067.16

Total Fund Project Cost 199,740.87

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Upper Nile -> Malakal	40					0	
Central Equatoria -> Juba	60					0	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

